

Conference Paper

Preventive Behavior of HIV Transmission among Young Men Having Sex with Men (YMSM) Working in Entertainment Places of Chonburi Province, Thailand

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Abstract

This qualitative research aimed at identifying behaviors to prevent HIV transmission and its contributing factors among thirty young men having sex with men (YMSM) working in entertainment places in Pattaya City, Thailand. In-depth interviews were conducted between 1 August and 30 September, 2015. Content analysis was used to analyze data to verify key answer themes.

Results revealed that the majority of YMSM aged 20 to 24 years came from northeastern Thailand.

Poverty and being a good son to earn money to support their family were reasons to join the work. Half of respondents knew condom use can prevent HIV. Reasons for not using condoms included being drunk, request from male clients to exchange for money, sexual pleasure, love and trust in their lovers. The other behavior was having sex without penetration. Awareness on risk of HIV transmission, peers, and entertainment owners influenced condom use while work environments exposed respondents to risk of HIV. YMSM knew benefits of HIV-Pre-Exposure Prophylaxis (PrEP) but reasons for non-use were accessibility and availability. Though health workers had raised awareness on sexually transmitted diseases (STDs) including HIV prevention and promote free condom use, YMSM preferred utilizing outreach service at their workplace from non-governmental organizations (NGOs) due to embarrassment to go to public hospital.

Keywords: Men Who Have Sex with Men; HIV Prevention; Condom Use; Male Commercial Sex Workers

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Received: 16 November 2017

Accepted: 15 December 2017

Published: 8 January 2018

Publishing services provided by Knowledge E

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Selection and Peer-review under the responsibility of the ICGH Conference Committee.

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1. INTRODUCTION

Young men who have sex with men (YMSM) are males aged 10 to 24 years old who engage in sexual relations with other males, [31]. YMSM are at risk of sexually transmitted diseases (STDs) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) because their sexual risk behaviors involve penile-anal intercourse (PAI); inconsistent use of condoms [32] and multiple sex partners [1, 8].

New HIV transmission was found among MSM in large population centers in Thailand. In 2014, the prevalence of HIV among MSM was 24% in Bangkok, 23% in Chiang Mai, 14% in Phuket, and 9.67% in

Chonburi, and nearly half of the prevalence were YMSM (National AIDS Management Centre 2015). Chonburi is a tourist province of Thailand where 1,365 entertainment and sex service places can be found [6]. The trend of HIV transmission among MSM sex workers has increased from 2.6% in 2004 to 11.2% in 2009 [12]. YMSM is an urgent group for HIV prevention and control [3, 4]. To limit the spread of HIV among YMSM, preventive behaviors to prevent HIV transmission like condom use should be emphasized [30]. From a recent study in Thailand [18] only 48% of YMSM used condoms when having sex. Influencing factors on condom use comprised condom knowledge [16]; peer support [2, 15] and accessibility to condom [25]. YMSM in entertainment places are vulnerable groups due to nature of their work and stigma associated with their sexual behaviors. The study on prevention behaviors among them is limited. This qualitative study aimed to explore behaviors to prevent HIV transmission and related factors among YMSM in entertainment places in Chonburi Province. The findings will support responsible organizations in planning effective strategies to reduce HIV transmission among YMSM in entertainment places.

2. METHOD

A qualitative study was conducted by in-depth interviews between 1 August and 30 September 2015. Samples comprised of thirty YMSM in entertainment places; two entertainment owners and three healthcare workers from both government and non-government organizations. The YMSM subjects were selected based on inclusion criteria as aged between 18 and 24, of Thai nationality, at least one year of work experience and were willing to participate. Snowball technique was used to recruit YMSM informants. The entertainment owners were selected based on their willingness to provide

information. The healthcare workers were selected based on their responsibilities in HIV/AIDS prevention.

YMSM were interviewed at their workplace before they started to work. During the interviewing process, researchers took notes and audio-recorder. A broad set of questions on background information, perception on HIV transmission, knowledge on condom use, peer factors, work environment, accessibility to healthcare services (for condom use, physical checkups, HIV screening and HIV-Pre-Exposure Prophylaxis (PrEP), sexual behaviors, behaviors to prevent HIV transmission was used to collect information until no new data were obtained. Concerning the entertainment owners, in-depth interviews were conducted to explore their attitude in encouraging YMSM on condom use and regular checkups. The health personnel were asked about their responsibilities in providing HIV prevention. The interview guidelines were checked for content validity by three experts and were pilot-tested with three YMSM.

Data were transcribed and translated from audio-records and analyzed using content analysis with code-recoded methods between pair researchers to identify key theme answers.

The protocol was submitted for approval to the Committee on Human Rights Related to Human Experimentation, Mahidol University, Thailand (MUPH 2015-127).

3. RESULTS

3.1. Background information

Thirty YMSM, aged 18 to 24 (mean = 22 years) mostly came from northeastern region, the poorest part of Thailand. Almost of them had one to two years of work experiences and only three subjects had worked more than five years. Poverty and the obligatory of being the family good son to earn money to support their parents were the push factor to join the work. The pull factors to work in entertainment places were the ease to earn money and close friends' persuasion.

3.2. Perception on HIV transmission and knowledge on condom use

All YMSM knew HIV was a sexually transmitted disease and condom use could prevent transmission.

They perceived they were at risk of HIV transmission due to their work.

3.3. Peer factors

The YMSM had close friends who were MSM, transgender, and both. They had similar work in entertainment places nearby. Their peers had negotiated YMSM to sell sexual services when they experienced shortage of money or financial problem in their families. The peers also persuaded YMSM to try illicit drugs to enhance sexual desire and to extend time to reach several orgasms. Some peers encouraged YMSM to use condoms every time having sex and their peers also provided them free condoms.

3.4. Work environment

All entertainment places open between 7 pm. to 2 am. YMSM worked in beer bar, gay bar and karaoke bar with different duties such as drink entertainer, a-go-go dancer, waiter, cashier, and manager. The entertainment owners recruited their sex workers aged above 18 years and being MSM. Almost all respondents sold their sexual services to foreign MSM. Only three YMSM had male lovers and did not go out with their clients. Although they had different duties, they had chances to go out with clients. A manager or a cashier would request more money from the client. YMSM received monthly wages from the owner but the main income was obtained from client tips and service charges when staying overnight with clients, ranging between 1,500 to 3,000 baht nightly. Waiters, drink entertainers, and a-go-go dancers had more chance to go out with clients. Entertainment owners usually provided information to the new commercial sex workers concerning nature of their work that puts them at risk of STD/HIV transmission and the importance of condom use and regular checkups.

3.5. Accessibility to healthcare services

YMSM could access to outreach program of Service Workers in Group (SWING) and local NGOs to provide STD/HIV prevention, free condoms, counseling, physical checkups, and referral cases to community hospital. Another provider was Banglamung hospital to provide HIV screening, physical checkups, treatment of STDs. The health personnel from SWING and Banglamung hospital also joined together with outreach services. The aims were to provide STDs/HIV knowledge, raise awareness on HIV prevention, and socialize condom use. Majority of clients attended physical checkups from SWING during the daytime. Some of YMSM denied access to healthcare services at community hospital due to embarrassment and perceived stigma. Usually, YMSM preferred to

obtain services from SWING at their workplaces. Six of them knew PrEP drugs helped reduce the risk of HIV transmission but they never used it because it was not free of charge.

3.6. Behaviors to prevent HIV transmission

All YMSM knew condom use could prevent HIV. Twenty of them used condoms every time they had sex while the rest often neglected to use condoms due to being drunk, needed to earn more money by having sex without a condom, sexual pleasure with the client, and trust and love with a steady lover. Eight YMSM indicated avoid oral sex when having oral ulcer and having sex without PAI by ejaculating outside was a suitable way to prevent HIV. Three mentioned masturbation by hand was another good method.

“We know how condom use helps prevent HIV but sometimes our clients refuse to use them and we need to follow them... because of money” (Tonkao, 21 years old from gay bar).

“Sometimes I was drunk. I could not ask my client to use a condom when he inserted into my body” (Mark, 20 years old from karaoke bar).

“I never use condoms when having sex with my lover because of love and trust” (Bass, 23 years old from beer bar).

4. DISCUSSION

Twenty YMSM had preventive behaviors by using condoms every time they had sex because they realized the benefits of condoms. By having knowledge on condoms to prevent HIV transmission, the YMSM intended to use them [16, 27]. Another preventive method was having non-penetrative sex by masturbation technique. It was supported by the Washington State Department of Health (2014).

Ten of them still had unprotected sex because of being drunk, needed to earn more money when selling sex, individual satisfaction by clients and trust when having sex with steady partners. When having sex after drinking alcohol, YMSM could fail to use condom. This finding was supported by Bruce et al. (2013); Fan et al. (2016) and Hess et al. (2015). The main contributing factor to work in the entertainment places was financial problem, similar to the study of de Lind van Wijngaarden (2016). When they would like to earn more money by selling sex they would not deny the clients' needs

[10]. Another reason not to use condoms when having sex was individual satisfaction. Good looking guys and attractiveness led YMSM away from safe sex practices [9]. When having sexual services with steady sex partners, MSM reported unprotected anal sex due to their trust for their lovers [19, 26].

When considering peer factors, the peers influenced both preventive and risky behaviors. Their peers told them to use condoms every time they had sex and also gave condoms to the YMSM. Friends constituted formal sources of HIV prevention information [28]. In contrast, some of their peers also negotiated YMSM on sexual services and introduced them to illicit drugs use. After illicit drug use, they would not use condom [14, 24].

Regarding the work environment, despite their different job types, all respondents had the chances to go out with clients. YMSM who were in close contact with clients, like drink entertainers, waiters, and a-go-go dancers were more likely to be taken out. The role of work environment influenced risk behaviors [20]. The entertainment owners also influenced the YMSM on condom use and regular health checkups. This finding was supported by Morisky et al. (2006) reporting that the manager influenced condom use among commercial sex workers. Accessibility to healthcare services was possible in case of outreach services. Some barriers of accessibility were embarrassment and feeling of stigma. This was supported by Malta et al. (2007).

This qualitative study had some limitations in generalizing findings because it may not represent behaviors to prevent HIV transmission among YMSM in Thailand because the respondents' characteristics may differ from the general YMSM. In-depth interviews without participation as a peer member of the YMSM group may not directly reflect their actual behaviors since all YMSM informants responded the questions based on what they could recall.

5. CONCLUSION

YMSM service workers in entertainment places were vulnerable to HIV transmission. Financial problems, persuasion to sell sexual services by peers, being drunk, illicit drugs use, and individual satisfaction with clients induced YMSM not to use condom. In contrary, perception on risk of HIV transmission, knowledge on benefits of condom use, negotiation from peers and entertainment owners to use condom, and accessibility to free condom from outreach services could enhance preventive behaviors.

YMSM were an unreachable group for HIV prevention because the same sex practices induced them to feel stigmatized and they would not reveal themselves to the

public. A barrier to use oral PrEP was because it was not free of charge. Outreach intervention was effective to combat HIV/AIDS among this group. Establishing a club to recruit the YMSM in entertainment places and training for peer educators should be initiated to encourage the self-help group among the YMSM. Continuous support on free condom, blood screening, and free oral PrEP should be provided to all YMSM at their workplaces.

ACKNOWLEDGEMENT

The authors would like to thank the health staffs who facilitated data collection and were involved as key informants. We would like to thank entertainment owners and the YMSM who devoted their time to participate in this study. The authors would like to give special thanks to Mr. Thomas M^cManamon for his assistance in writing style of this manuscript.

References

- [1] Bai, H., X. Huan, W. Tang, et al. 2011. A survey of HIV infection and related-risk factors among men who have with men in SuZhou, Jiansu, China. *Biomedical Research* 25, no. 1: 17-24.
- [2] Bakeman, R. and J. L. Peterson. 2007. Do beliefs about HIV treatments affect peer norms and risky sexual behaviour among African-American men who have sex with men? *International Journal of STD & AIDS* 18: 105-108.
- [3] Baral, S. D., M. R. Friedman, S. Geibel, et al. 2015. HIV and sex workers 5- Male sex workers: Practices, contexts, and vulnerabilities for HIV acquisition and transmission. *Lancet* 385: 260-273.
- [4] Beyer, C., P. S. Sullivan, J. Sanchez, et al. 2012. HIV in men who have sex with men 6- A call to action for comprehensive HIV services for men who have sex with men. *Lancet* 380: 424-438.
- [5] Bruce, D., S. Kahana, G. W. Harper, et al. 2013. Alcohol use predicts sexual risk behavior with HIV-negative or partners of unknown status among young HIV-positive men who have sex with men. *AIDS Care* 25, no. 5: 559-565.
- [6] Bureau of AIDS, Tuberculosis, and STIs, Ministry of Public Health. 2012. Sex services and sex workers in Thailand.
- [7] Nonthaburi Province: Department of Disease Control, Ministry of Public Health.

- [8] Carmine, L., M. Castillo, and M. Fisher. 2014. Testing and treatment for sexually transmitted infections in adolescents-what's new? *Pediatric Adolescent Gynecology* 27: 50-60.
- [9] Chakrapani, V., P. Boyce, P. A. Newman, et al. 2013. Contextual influences on condom use among men who have sex with men in India: Subjectivities, practices and risks. *Culture, Health & Sexuality* 15, no. 8:938-951.
- [10] Chipamaunga, S., A. S. Muula, and R. Mataya. 2010. An assessment of sex work in Swaziland: Barriers to and opportunities for HIV prevention among sex workers. *Social Aspects of HIV/AIDS* 7, no. 3: 44-50.
- [11] de Lind van Wijngaarden, J.W. and T. T. Ojanen. 2016. Identify management and sense of belonging to gay community among young rural Thai same-sex attracted men: Implications for HIV prevention and treatment. *Culture, Health & Sexuality* 18, no. 4: 377-390.
- [12] Chonburi Provincial Health Office. 2010. Surveillance report on prevalence of HIV infection and risk behavioral related to HIV infection among MSM in Chonburi Province. (in Thai)
- [13] Fan, W., R. Lu, G. Wu, et al. 2016. Alcohol drinking and HIV-related risk among men who have sex with men in Chongqing, China. *Alcohol* 50: 1-7.
- [14] Folch, C., P. Fernandez-Davila, L. Ferrer, et al. 2016. High prevalence of drug consumption and sexual risk behaviors in men who have sex with men. *Medicina Clinica* 145, no. 3: 102-107.
- [15] Forney, J.C., and R. L. Miller. 2012. Risk and protective factors related to HIV-risk behavior: A comparison between HIV-positive and HIV-negative young men who have sex with men. *AIDS Care* 24, no. 5: 544-552.
- [16] Franssens, D., H. J. Hospers, and G. Kok. 2009. Social-cognitive determinants of condom use in a cohort of young gay and bisexual men. *AIDS Care* 21, no. 11: 1471-1479.
- [17] Hess, K.L., P. R. Chavez, D. Kanny, et al. 2015. Binge drinking and risky sexual behavior among HIV-negative and unknown HIV status men who have sex with men, 20 US cities. *Drug and Alcohol Dependence* 147: 46- 52.
- [18] Kaomareung, M. 2014. Risk behaviors to HIV infection among men who have sex with men in Lopburi Province. *J Medical and Public Health* 2: 1-7. (in Thai)
- [19] Knox, J., H. Yi, V. Reddy, et al. 2010. The fallacy of intimacy: Sexual risk behaviour and beliefs about trust and condom use among men who have sex with men in South Africa. *Psychology, Health & Medicine* 15, no. 6: 660-671.

- [20] Latkin, C.A. and A. R. Knowlton. 2005. Micro-social structural approaches to HIV prevention: A Social Ecological Perspective. *AIDS Care* 17 (Supplement): S102-S113.
- [21] Malta, M., F. I Bastos, S. A. Strathdee, et al. 2007. Knowledge, perceived stigma, and care seeking experiences for sexually transmitted infections: A qualitative study from the perspective of public clinic attendees in Rio de Janeiro, Brazil. *BMC Pub Health* 7: 18. doi:10.1186/1471-2458-7-18.
- [22] Morisky, D.E., J. A. Stein, and C. Chiao. 2006. Impact of a social influence intervention on condom use and sexually transmitted infections among establishment-based female sex workers in the Philippines: A multilevel analysis. *Health Psychol* 25, no.5: 595-603.
- [23] National AIDS Management Centre, Ministry of Public Health, Thailand. 2015. Situation analysis and factors affecting HIV infection among Thai youths. Nonthaburi Province: Ministry of Public Health.
- [24] Nehl, E.J., K. K. Nakayama, N. He, et al. 2012. Substance use and sexual risks among general MSM and money boys in Shanghai, China. *Drug Issues* 42, no.3: 263-278.
- [25] Nelson, L. E., L. Wilton, T. Agyarko-Poku, et al. 2015. Predictors of condom use among peer social networks of men who have sex with men in Ghana, West Africa. *PLOS ONE* 10, no. 1: doi:10.1371/journal.pone. 0115504, January 30: 1-22.
- [26] Rhodes, S.D., K. C. Hergenrather, Vissman, et al. 2011. Boys must be men, and men must have sex with women: A qualitative CBPR study to explore sexual risk among African American, Latino, and White gay men and MSM. *American Journal of Men's Health* 5, no. 2: 140-151.
- [27] Rosenberger, J.G., M. Reece, V. Schick, et al. 2012. Condom use during most recent anal intercourse event among a U.S. sample of men who have sex with men. *International Society for Sexual Medicine* 2, no. 9: 10371047.
- [28] Voisin, D.R., D. P. Bird Jason, C-S. Shiu, et al. 2013. It's crazy being a black, gay youth, getting information about HIV prevention: A pilot study. *Journal of Adolescence* 36: 111-119.
- [29] Washington State Department of Health. 2014. HIV prevention education: An HIV and AIDS curriculum manual for health facility employees, revised edition. [http://www.doh.wa.gov/portals/1/Documents/Pubs/410007-KNOW Curriculum.pdf](http://www.doh.wa.gov/portals/1/Documents/Pubs/410007-KNOW_Curriculum.pdf). [Accessed May 1, 2016].
- [30] World Health Organization. 2011. Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva: World Health Organization.

- [31] World Health Organization. 2015. Technical brief: Young men who have sex with men. Geneva: World Health Organization.
- [32] Zou, H., G. Prestage, C. K. Fairley, et al. 2014. Sexual behaviors and risk for sexually transmitted infections among teenage men who have sex with men." *Journal of Adolescent Health* 55: 247-253.