

Original article

CHARACTERISTICS AND NUMBER OF MEN WHO HAVE SEX WITH MEN IN PHUKET, THAILAND

Lakkana Thaikruea, MD.,¹ Surangsri Seetamanotch, M.S.²

¹Department of Community Medicine, Faculty of Medicine, Chiang Mai University, ²Talang Hospital, Talang district, Phuket

Abstract The objectives of this study were to describe the characteristics of Men who have sex with men (MSM) and estimate the number MSM involved in the sex trade in Phuket. Key persons were identified from organizations involved with MSM and face to face interviews were conducted. During these interviews, other key persons were identified and subsequently interviewed. Data from the government health service and Patong Entertainment Business Association were used to estimate the number of MSM involved in the sex trade. We found that the behavior of Phuket MSM differed by district. The majority of MSM in Muang district were students. Senior MSM advised junior MSM about hormonal replacement and gay social life. They were not concerned about condom use. In Kartu district, local MSM were more likely to work in cabaret shows, while those who came from the northern or northeastern region were more likely to work in the sex trade. Few local MSM from the sub-districts of Kartu and Talang districts publicly acknowledged themselves as gay for reasons that included their behavior being contrary to the Muslim religion and their family's acceptance. Some MSM got married to females in order to disguise their sexual identity. Local MSM occasionally had sexual relationships with gay men, heterosexual male students, heterosexual males, and tourists. The number of MSM involved in the sex trade in Phuket increased from 59 in 1997 to 1022 in 2002. The HIV prevalence was 13.07% in 2003. Effective intervention is in urgent need. **Chiang Mai Med Bull 2005;44():**

Key words: men have sex with men, HIV, Thailand

According to the 2004 UNAIDS report on the global AIDS epidemic, Thailand still has a problem in the population of men who have sex with men (MSM).⁽¹⁾ Most of the HIV-affected populations have been well described in Thailand. Many intervention

programs were launched, such as 100% condom use, campaign peer education, and anti-retrovirus treatment among pregnant women. However, the MSM population has not been well studied in Thailand, compared with other countries.⁽²⁻⁹⁾ The findings from those studies

Address requests for reprints: Tharntip Mahawana, MPH., Department of Community Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai 50200, Thailand. E-mail:tpromkut@mail.med.cmu.ac.th

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conducted abroad may not be generalized to Thai MSM because of social and cultural differences.^(5, 10-12) Gathering information from this population is difficult, as being homosexual is taboo in Thai and many other societies.^(5, 11-17) HIV seroprevalence among homosexual men attending a clinic at King Chulalongkorn Memorial Hospital, Bangkok, was 6%.⁽¹⁸⁾ A report from the U.S. Centers for Disease Control and Prevention found that the prevalence of HIV among Bangkok MSM was 17.3%. A pilot study of commercial MSM was conducted in Bangkok. It showed potential HIV transmission among this group.⁽¹⁹⁾ Trends of the HIV epidemic in many countries are increasing among the MSM population.^(2,4,20) This population, particularly members using illicit drugs, serves as a bridge for HIV transmission to and from other populations such as heterosexual men, heterosexual women, drug-using heterosexual men, and drug-using heterosexual women.^(11,12,16) Behavior change is an effective means of preventing the spread of HIV. Different strategies are needed for MSM subgroups such as homosexual men, bisexual men, transvestite men, drug-using homosexual and bisexual men, transsexual men, and heterosexual male prostitutes.^(10,21-23)

An important mission of the Thai Ministry of Public Health is to reduce HIV incidence. To implement effective interventions, epidemiological data on MSM is in urgent need. The aims of this study were to describe the characteristics of MSM in Phuket and estimate the number of MSM involved in the sex trade.

Method

A descriptive study was performed from March to August 2004. Organizations in ei-

ther the government or non-government sector were contacted. These organizations included all community hospitals, the provincial health office, district health centers, private clinics, and the Patong Entertainment Business Association. Key persons were identified from these organizations. Some MSM who did not publicly acknowledge being gay were identified by MSM from the same networks. These MSM had received information about the study from their colleagues. Interviewers conducted face-to-face interviews after explaining the study. During these interviews, other key persons were identified and subsequently interviewed.

The number of MSM involved in the sex trade was retrieved from routine systems of the government sector. This included all hospitals and the Provincial Health Office. Additional data were retrieved from registration records of the Patong Entertainment Business Association and a thesis conducted in Phuket. The author of the thesis was also interviewed.

Our study was reviewed and approved by the Ethics Committee of the Provincial Health Office, Phuket, Thailand. Verbal informed consent was performed in our study with regard to confidentiality and some of interviewees did not publicly acknowledge being gay.

Results

Ten MSM from 3 districts were interviewed. Four of them were health workers. Their ages ranged between 25 and 45 years. Their exact age was unobtainable since some of them did not publicly acknowledge being gay and verbal informed consent was performed in our study.

1. General information

There are 3 districts in Phuket, namely Muang, Kratu, and Talang. Phuket is well

known to tourists from all over the world for its beaches, islands, and diving. Besides natural tourism, Phuket's nightlife is also famous. Most of the entertainment businesses are located in Patong Beach of Kratu district. The second most common location is Muang district and there are only a few entertainment places in Talang district. In the past twenty years, Patong has changed dramatically due to tourism, commerce and the entertainment business. The cost of living is quite high.

2. Characteristics of MSM

Differences in behavior by district and networks of MSM were found.

2.1 Muang District

The majority of MSM were students and adults. For students, most MSM attended high schools and convocational schools. This group tended to publicly acknowledge being gay as early as in high school. Senior MSM, (MSM who studied in senior junior high school) gave junior MSM (MSM who studied in junior high school) advice regarding hormonal and gay social life. They were less likely to be concerned about condom use.

Adult MSM, who worked or resided in Muang district, did not want to express themselves as gay or bisexual. Some of them got married to females, but still had sexual relationships with other MSM secretly. MSM, who were white-collar workers, had their own social networks. Occasionally, they had sexual relationships with MSM from the sex trade.

2.2 Kratu district

Almost all entertainment businesses are located in Patong sub-district, particularly along Patong beach. These include pubs, bars, nightclubs, show girls, cabaret shows, karaoke bars, and massage parlors. In this

study, most MSM, who were involved in the entertainment business, worked in the Soi Bang La and Royal Paradise areas. MSM who were born or resided in Phuket (local MSM) were more likely to work in cabaret shows, while those who came from the northern or northeastern region were more likely to work in the sex trade. Other cabaret shows that were not located in the Patong area provided show services at hotels. These MSM might have several shows per night by moving from hotel to hotel. Sometimes, they traded sex for money.

Some local MSM who resided in other sub-districts publicly acknowledged being gay, while many of them did not because their behavior was against the Muslim religion, and unacceptable for their family. Many MSM had occupations that were not related to the sex trade. Sometimes they had sexual relationships with tourists in addition to their friends in the same network. Some MSM who publicly acknowledged being gay got married to females to disguise their sexual identity. Some parents of these MSM believed that getting married might help their offspring change their behavior to a heterosexual orientation. Among this group, however, some MSM had secret sexual relations with other MSM.

2.3 Talang District

Generally, MSM in Talang district were born or resided. This was different from those of Patong district, where the majority of MSM were from the northern and northeastern region of Thailand. Similar to some sub-districts of Kratu district, Many local MSM did not publicly acknowledged being gay. Two of the reasons cited were, being gay was against the Muslim religion, and their families did not accept gay behavior. These

MSM were more likely to have occupations that were not related to the sex trade such as merchants, salon stylists, and general laborers. Although they had their own ones, they might interact with other networks in some social events such as beauty contests and the turtle egg laying festival in Nai Yang beach. MSM from other provinces also participated in these events. Some older MSM had sex with young gay men, heterosexual male students, tourists, heterosexual males, and other gay men. These older MSM were more concerned about using condoms, particularly those who had friends who had died from AIDS. However, sometimes they did not use condoms if they thought their partners were free of HIV infection or condoms were not readily available. A few MSM, who publicly acknowledged themselves as a gay queen, lived their lives with male partners as a married couple.

For student MSM in Talang, the characteristics were similar to those of Muang district, who publicly acknowledged being gay as early as in high school, where senior MSM advised junior MSM regarding hormonal replacement and social life, and there was less concern about condom use.

3. Estimated Number of MSM

The number of MSM involved in the sex trade was retrieved from Patong Hospital, since most of this group worked in Patong district. The numbers increased from 59 in 1997 to 1156 in 2002 (Table 1).

Discussion

Thailand still has the problem of AIDS with its MSM population, based on UNAIDS report on the global AIDS epidemic 2004 and the XV International AIDS Conference in

Bangkok, Thailand.⁽¹⁾ Many HIV/AIDS interventions have been successfully implemented in target populations of Thailand.⁽²⁴⁾ Large MSM groups reside or work in 4 tourist provinces in Thailand; Chiang Mai, Chon Buri, Bangkok, and Phuket. MSM, who worked in the entertainment business and traded sex for things that they wanted, moved in and out of these provinces. The latest report of HIV prevalence among MSM in Bangkok was as high as 17.3%.⁽¹⁾ Based on the sentinel surveillance data from Patong Hospital, the HIV prevalence rate among MSM decreased from 13.53% in 2000 to 9.26% and 4.16% in 2001 and 2002, respectively. In 2003, HIV prevalence increased to 13.07%.⁽²⁵⁾ This trend was similar to that observed in Phuket province, since the majority of the MSM population reside or work in the Patong subdistrict of Kathu. While the HIV prevalence rates in pregnant women dropped from 4.22% in 2000 to 1.82% in 2002, sexually transmitted infection (STI) rates increased from 1.37 per 1000 population to 2.62 per 1,000 population.⁽²⁴⁾ The highest rate of STI was gonorrhea (1.31 per 1,000 population). Among these STI cases, commercial sex workers (CSW) accounted for 81.57%. In addition, the number of MSM involved in the sex trade increased from 59 in 1997 to 1,022 in 2002.⁽²⁶⁾ These data may reflect an on-going spread of HIV among some high-risk groups such as MSM.

Some of the reasons why MSM characteristics differed by district may be due to the demographic characteristic of MSM. In Muang district, the majority of MSM were students, since many colleges, convocation schools, and high schools are located in this area. In addition, young gay men are more likely to express their homosexual orientation,

particularly when they reach high school. These young MSM also came from other districts or other provinces. Friends and seniors had some influence on their behavior. In contrast, the MSM who had white-collar occupations were less likely to publicly acknowledge being gay. Most of the entertainment businesses were located at Patong beach, Kartu district. Therefore, many MSM who worked in the entertainment businesses lived in this area. Besides Phuket MSM, there were also many MSM from the northern and northeastern region working at Patong beach. Many MSM were residents of Phuket and not involved in the entertainment business. However, some of these MSM did not publicly acknowledge being gay and got married to females in order to disguise their sexual identity. These local MSM still had sex with tourists, young gay men, heterosexual male students, heterosexual males, and MSM from different networks. They may be a bridge population of HIV transmission to low risk populations. There is no specific program for this group to access health services or HIV/AIDS education. This finding provides useful information for further and effective intervention.

It is difficult to ascertain the exact size of the MSM population in Phuket, particularly of those who do not publicly acknowledge being gay. The number of local MSM in each district might range from 20-30 based on face-to-face interviews. The real numbers may be higher, since some MSM did not publicly acknowledge being gay and interviewers did not count them as MSM. The number of MSM involved in the sex trade has increased over the past 5 years (Table 1). In general, this group moved in and out of Phuket throughout the year to social events or activi-

Table 1. The number of MSM involved in the sex trade in Patong district, Phuket.

Year Business	1997	1998	1999	2000	2001	2002
Beer Bar	-	-	32	-	386	386
Gay Bar	59	172	698	559	636	636
Total	59	172	730	559	1022	1022

ties in other provinces, including Chiang Mai, Bangkok, and Chon Buri. Therefore, the number of MSM could vary. This group could not be identified easily, since they did not register the new addresses they moved to. In addition, some lived in apartments or dormitories that were illegally operated. Nevertheless, our reported numbers are still useful for health planning. Over 1,000 MSM are involved in the sex trade. This group could access health services and receive health education from the government sector.

This study has some limitations. Firstly, it was an exploratory study to confirm the characteristics and social networks of MSM, and further qualitative studies are needed. Secondly, the number of MSM may be underestimated, since some MSM might not have been included in the government sector database during the data collection period. In conclusion, this study provides useful information for further analytic study.

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ลักษณะและจำนวนของชายรักชายในจังหวัดภูเก็ต

ลักขณาไทยเครือ, พ.บ.,¹ สุรางค์ ศีตมโนชญ์, วท.ม.²

¹ภาควิชาเวชศาสตร์ชุมชน คณะแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่,

²โรงพยาบาลถลาง อำเภอดง จังหวัดภูเก็ต

บทคัดย่อ วัตถุประสงค์การศึกษาเพื่ออธิบายลักษณะชายรักชายและประมาณจำนวนของชายรักชายที่เกี่ยวข้องกับธุรกิจทางเพศในจังหวัดภูเก็ต โดยทำการสัมภาษณ์ชายรักชายจากองค์กรหน่วยงานต่างๆที่ถูกระบุโดยเครือข่ายว่าเป็นผู้ที่มีข้อมูลหรือกว้างขวางในวงการ ในขณะที่สัมภาษณ์แต่ละคนจะระบุและติดต่อชายรักชายคนอื่นๆให้ผู้วิจัยทำการสัมภาษณ์ต่อไป การประมาณจำนวนของชายรักชายใช้ข้อมูลจากหน่วยงานราชการและชมรมผู้ประกอบการสถานบันเทิงป่าตอง พบว่าพฤติกรรมของชายรักชายแตกต่างกันไปในแต่ละอำเภอ ในอำเภอเมืองมักจะเป็นกลุ่มนักเรียนชายรักชายรุ่นพี่จะแนะนำรุ่นน้องเกี่ยวกับการใช้สอโหม่งทางเพศและวิถีชีวิต กลุ่มนี้ไม่ค่อยให้ความสำคัญในการใช้ถุงยางอนามัยเท่าไร ในอำเภอกระบุรี ชายรักชายที่เป็นคนท้องถิ่นมักจะทำงานทางด้านการแสดงคาบาเร่ท์ ในขณะที่ผู้ที่มาจากภาคอีสานและเหนือจะเกี่ยวข้องกับธุรกิจทางเพศ พบชายรักชายที่เป็นคนท้องถิ่นของตำบลอื่นๆในอำเภอกระบุรีและถลางเพียงจำนวนเล็กน้อยที่กล้าเปิดเผยตัวเองเนื่องจากไม่เป็นที่ยอมรับของศาสนาพุทธและครอบครัว บางคนแต่งงานเพื่อปกปิดสภาพ คนท้องถิ่นกลุ่มนี้ยังคงมีเพศสัมพันธ์เป็นครั้งคราวกับชายรักชายด้วยกัน ชายทั่วไป เด็กผู้ชาย และนักท่องเที่ยว จำนวนของชายรักชายที่เกี่ยวข้องกับธุรกิจทางเพศเพิ่มขึ้นจาก 59 คน ในปี พ.ศ. 2540 มาเป็น 1022 ในปี พ.ศ. 2545 ความชุกของการติดเชื้อเอชไอวีจากการสำรวจในปี พ.ศ. 2546 สูงถึงร้อยละ 13.0 การควบคุมป้องกันโรคที่มีประสิทธิภาพจึงเป็นเรื่องเร่งด่วนในขณะนี้ เชียงใหม่เวชสาร 2548;44(0):

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