EXPLORING HIV PREVENTION WITH *CHAAY RAK CHAAY* (GAY MEN) IN BANGKOK-A NURSING ETHNOGRAPHY

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A thesis submitted in total fulfilment for the degree of Doctor of Philosophy (Nursing) of the University of Newcastle, NSW, Australia.

25 August 2016

DECLARATION

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968.

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25 August 2016

Date

ACKNOWLEDGEMENT

First of all, I express my sincere gratitude to my principle supervisor, Professor Anthony Paul O'Brien for his continued support of my Ph.D. study. I'm extremely appreciative of his patience and the knowledge he has shared related and relevant to my research project. He is also my inspiration and the best academic role model. His supervision was very worthwhile in helping me conduct the project and complete this research manuscript.

Beside my principle supervisor, I acknowledge my co-supervisor, Associate Professor Jane Maguire for assisting to support the entire process of my study. I am grateful for her guidance and it has been invaluable in assisting me to complete the study.

I am thankful to my mentor for the data collection process, Assistant Professor Tippamas Chinnawong from the Faculty of Nursing, Prince of Songkla University. Her suggestions were essential in encouraging me to gain greater confidence in conducting quality research during my fieldwork.

This Ph.D. study would not have been successful without the gathering of essential information in Thailand. I express my sincere appreciation to the volunteer participants who provided me with significant information and insight into the world of the gay men in Thailand and in this thesis they are referred to as *chaay rak chaay (ชายรักชาย)*

My sincere thanks is also directed toward staff of the Thai Red Cross Research Centre (Niranam Clinic), the key agency to assist in the outcomes achieved

through the interviewing process. Moreover, I would like to acknowledge Mrs Siriporn Nonenoy and Miss Warapat Kongmaungchuwong and Miss Chamaiporn Phaisitwittaya who assisted and cooperated with me during the interview process ensuring its success.

Another successful component of my project is owed to staff of The Bangkok Rainbow Organization. They accompanied and assisted me to conduct the non-participant observation. I strongly appreciate their patience, especially Mr Sutthawit Meerum, Mr. Ponkrit Mnagkornkaew and Mr Kowit Sukda who were my co-workers in entertainment venues during the three month period of data collection. Additionally, my thanks go to all the entertainment venues throughout Bangkok that provided me the opportunity to observe the events occurring in them that assisted me to understand the everyday lives of gay men in Bangkok.

In full gratitude, I must acknowledge my family members for supporting me mentally and emotionally. Thanks are directed to my father who has nurtured me to place an importance on higher education, and my mother who looks after and supports me to be more courageous throughout difficult times. I'd like to express my gratitude to my siblings, Piangjai and Pumepuk and their families for encouraging me to be strong whilst living overseas.

I would also like to emphasise my appreciation to all my friends, both in Thailand and Australia who were always beside me, helping me get through my journey of studying toward a Ph.D. Thank you to HO's Family (Tyra, Keith and Clayton) who have supported me mentally and have guided me during my Newcastle life. I must express gratitude to all Bangkok UON alumni (Apichaya

Sujaray, Thiti Nokpueng and Kornsupa Sammaphetcharat) who supported me whilst in Bangkok, especially Miss Suwapond Sin-uai and Miss Nattakarn Nithakorn and their family who have assisted me with numerous issues.

Appreciation must be addressed for the English language assistance provided by Thanapol Thamnuvat, who helped to translate the transcriptions from Thai to English and Angela Smith and Andi Pramono who continue to assist in improving the English quality of my thesis. Without their hard work, this project would not have been completed.

Financial support for this project was provided by The University of Newcastle and Suratthani Rajabhat University. For all technical assistance and moral support, I would like to thank the staff of the School of Nursing and Midwifery, The University of Newcastle and The Office of Education Affairs, Royal Thai Embassy, Australia

Without their great support, assistance, encouragement and devotion, this thesis would have taken much longer to complete.

ABSTRACT

This doctoral ethnographic research project aimed to explore the experience of *chaay rak chaay* in Bangkok who are at risk of contracting Human Immunodeficiency Virus (HIV) infection via unprotected sexual encounters with other men who have sex with men. The study is qualitative and was conducted in Bangkok, Thailand during the period May-September 2014. Bangkok was chosen for the research because it has the highest incidence of HIV infection (19.8%) in comparison to other Thailand provinces and cities.

Thirty-one participants in this study attended the Niranam clinic as scheduled for their routine care. Participants for the project were recruited by purposive sampling, participants had to: (1) identify themselves as either *"Chaay rak chaay (ชายรักชาย)/ Rak ruaam phet (รักร่วมเพศ)" "gay" (เกย์) "King (คิง) /Rook (รุก)" "Queen (ควีน) /Rub (รับ)" "Both (โบ๊ท) /Quing (ควิง)" "Bai (ไบ) /Suea bi (เสือไบ)" or "kathoey (กะเทย)/tut (ตุ๊ด)*"; and (2) Be 18 years of age or over; and Thai speaking.

Potential Participants were invited to take part in face to face semi-structured, in-depth, digitally recorded interviews

Furthermore, eight entertainment venues throughout Bangkok were visited for non-participant observations. In order to gather rich observational data, entertainment venues were chosen with diverse characteristics and that were popular in the Bangkok gay community. The chosen venues were also suggested as suitable for conducting the research by the director of the Bangkok Rainbow Organization.

The inductive content analysis of all data, including participant interviews, field work observations and notes, and from the researchers personal reflective diary entries present the essential subcultural issues relevant to the *chaay rakchaay's* experience in this study. The findings from the in-depth interviews and non-participant observation episodes have been merged to highlight the significant points in relation to HIV concerns. The following features are the key findings:

1. A variety of sexual identity and unique characteristics have been identified throughout the Bangkok gay male community;

2. Most *chaay rak chaay* participants use smart phone applications to cruise for sexual partners. This use of a smart phone enables gay men to meet other gay men to increase the opportunity for sexual activity. In some cases participants describe it can happen with multiple partners;

3. The field work observations revealed that most entertainment venues provide an event related sexual purpose that openly induces sexual stimulation and sexual desire in their gay male customers. The participants spoke about the artificiality of venues where alcohol led to intoxication which then placed them at a higher risk of engaging in unsafe sexual activities;

4. Discrimination and stigma are commonly displayed toward the Bangkok gay male fraternity. Men exhibiting effeminate behaviours and feminine expression can expose them to the negative effects of public ignorance and effect their interpersonal connections with others;

5. Self-esteem plays an important part in enabling gay men to participate comfortably in society and to lead a 'normal' life. The study found the gay

participants who accepted themselves as being gay had a stronger self-esteem and were able to be gay in a positive way; and

6. Many participants reinforced the need for specific clinics and information for the gay male community in Bangkok. In order to meet their needs and improve HIV prevention throughout this group. Furthermore, *chaay rak chaay* participants commonly described privacy concerns as a barrier to accessing health care services when interviewed for this study.

The research findings are considered beneficial in relation to the reduction in the incidence of new HIV infections and may assist to develop an essential health promotion strategy such as providing HIV education and developing relevant websites to improve the lives of HIV positive men but also to educate men at risk of contracting HIV. Further studies can be more deeply embedded in the subculture of gay men and further explore particular identities and characteristics in the study of HIV infected individuals and their sexual preferences.

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GLOSSARY OF TERMS AND ABBREVIATIONS

The glossary contains the terms and abbreviations that are frequently used in this thesis.

AIDS - Acquired Immunodeficiency Syndrome.

ART- Anti-Retroviral Therapy.

Bai/sua bai- Bisexual men or men who have sex with men and women.

Bangkok - Capital city of Thailand.

Both/quing- Gay men who take both the insertive and receptive role in sex.

Chaay rak chaay/ Rak ruaam phet- Homosexual men or men who have sex/love with men. This term has included all homosexual male identities such as *kathoey, gay* and *bai.*

Clinic Niranam- The clinic that organises the health promotion, HIV prevention, counselling and HIV blood testing for gay men in Bangkok.

HIV- Human Immunodeficiency Virus.

Homosexual men/Gay men- Characterised by men who have sexual desire towards the same gender, including engaging in sexual intercourse with a person of the same gender. There are several identities dependent on the role in sex, such as gay king, gay queen and both.

HPM- Health Promotion Model.

Kathoey/tut- The term for homosexual men.

king/rook/gay king- Men who take the insertive role in sex.

La phu chaay- Cruising for sexual partner.

Maay- Sexual partner.

MSM- Men who engage in sexual activities with other men

NGO- Non-Government Organisation.

NVivo- The software programme using for organising the data in the analysis process.

Ook-Sao- Men who have the feminine expression.

PrEP- Pre-exposure prophylaxis

Queen/rub/gay queen- Men who take the receptive role in sex.

Sao pra phet sorng- Men who are transgender to women.

Sao-Siab- An effeminate gay male who take the insertive role in sex.

Siam square and Siam paragon- The largest shopping centre in Bangkok

Silom road and Sathorn road- The road, in Bangkok, well known, for its' many sex venues for gay men.

STI- Sexual Transmission Infection.

WHO- World Health Organisation.

CHAPTER ONE

Introduction-Nature of study

Introduction

This doctoral research study explored the personal experiences of *chaay rak chaay* (ชายรักชาย/homosexual men/gay men) in Bangkok, and attempted to clarify their perspectives as to why the *chaay rak chaay* fraternity may be at a higher risk of contracting HIV infection. The project employed non-participant observation, in-depth interviews and field work as data collection methods. The ethnography was designed to explore and develop a deeper understanding of the male gay subculture in Bangkok, Thailand; including activities, behaviours, knowledge, rituals, and other aspects of their lives within the limitations of a qualitative research design.

This chapter provides a brief outline of the study including information about the incidence of HIV infection, the cultural and social context of Thailand and definition for "*Chaay Rak Chaay*" (homosexual men). Information relevant to HIV prevention in the gay male community is also discussed. The aims of the study and the research questions are described and the process of data collection and structure of the thesis are briefly outlined.

Background

In the last four decades HIV infection has emerged globally as one of the most serious health issues for many countries. Several developed and developing countries have attempted to solve this problem, but despite this, the disease has continued to spread and it still remains without a cure (Biswas, 2012). HIV is a virus that destroys the immune system resulting in a HIV infected person having greater exposure to Opportunistic Infections (OIs), such as Pneumonia and Tuberculosis. As a result, the number of Acquired immunodeficiency syndrome (AIDS) cases and subsequent mortality rates have been increasing globally (Saeed, Farid, & Jamsheer, 2015).

According to the World Health Organisation (WHO), in the period preceding 2012, approximately 35.3 million people worldwide were reported to be living with HIV; 1.6 million had died, 2.36 million had become newly infected and more than 8 million people had accessed antiretroviral therapy (WHO, 2012). In 1998, by comparison, the WHO global and HIV and AIDS surveillance data indicated that there were at least 5 million people in the world infected with HIV (WHO, 1998). The major mechanism of HIV infection is sexual transmission, in particular, unprotected anal intercourse which, when compared to other modes of transmission, results in the highest rates of infection (Choi & Farquhar, 2008).

Thailand is a developing country that experiences an increasing spread of HIV infection, with the first cases of AIDS being reported in 1984. Over the next few years, the Thai government found that cases of infection among sex workers,

injecting drug users, *chaay rak chaay* and tourists was higher than in other groups of the Thai population (AVERT, 2013).

In 2011, the Bureau of Epidemiology reported that since the beginning of the epidemic in 1984 there were 376,690 AIDS cases and 98,721 AIDS related deaths (Bureau of Epidemiology Thailand, 2011). Moreover statistics show that in 2015, there were 4,704 new infected cases in males and 2,019 in females. 11,409 men and 4,645 woman have died from AIDS related illnesses (Bureau of Epidemiology, 2015). The bureau found that the major cause of HIV infection in Thailand was sexual transmission with the incidence of infection approximately 84.3% (Bureau of Epidemiology, 2012). This report also surmised that *chaay rak chaay* who had unprotected intercourse may have inadvertently contributed to the annual number of HIV positive cases.

Elements of mainstream Thai society have subsequently blamed homosexual behaviour for increases in HIV infection and for HIV infection in other groups of the population (Darawuttimaprakorn, 2012; Ojanen, 2009). Such mainstream ignorance has had an impact on *chaay rak chaay* in the context of rejection by the broader Thai community and at the family level by influencing traditional Thai men to move away from family connections (Darawuttimaprakorn, 2012). Indeed, Ojanen (2009) affirms that family status is affected by others in the community knowing a male child is gay.

Many *chaay rak chaay* can experience a loss of authority in their workplace and discrimination and stigma have also become problematic. If they want to lead a successful and acceptable life they may choose not to disclose their HIV status publically or even to their own family (Darawuttimaprakorn, 2012; Matzner,

2011). This rejection of same sex behaviour in Thailand and the subsequent stigmatisation has familial and socio cultural ramifications that influence the perceptions and behaviours of *chaay rak chaay* (Duangwises, 2011). Despite the stigma, familial shame and public discomfort that Gay men experience in Thailand, they are now more emancipated than in previous years (Matzner, 2011), this quasi acceptance remains far removed from that experienced in gay relationships in other countries.

A recent study suggests HIV-AIDS is the leading cause of disease burden in Thailand and is responsible for 4.4 percent of all deaths in the country (Vos, 2013). Furthermore, when the virus was at its peak in the early 90's it affected more than 100,000 men, largely young men and drug users, before moving into the wider public through commercial sexual encounters (ABC News, 2013). Vos (2013) claims that some of these young men were married and their wives were infected, so there was a third peak of women who were infected by their husbands.

Some research indicates that *chaay rak chaay* have multiple unprotected sexual encounters (Jarama, Kennamer, Poppen, Hendricks, & Bradford, 2005; Poudel, Nakahara, Poudel-Tandukar, Yasuoka, & Jimba, 2009) and that HIV infections among *chaay rak chaay* are higher than other sections of the Thai population (de Lind van Wijngaarden, Brown, Girault, Sarkar, & van Griensven, 2009; Family Health International & Bureau of AIDS, 2008), particularly in the big cities that attract and support a better gay lifestyle (Baxter, 2005; van Griensven et al., 2010).

Large cities such as Bangkok, Phuket and Chiang Mai have a higher incidence of HIV than the rural areas of Thailand (Li et al., 2009). These areas, as suggested by Vos (2013), are known to be locations for venues such as saunas and gay bars which are specifically used to solicit sexual encounters. The convenient availability of these venues may be a factor that influences the behaviour of *chaay rak chaay*.

Another consideration thought to influence risky behaviour of *chaay rak chaay* is how health services are delivered to target this high-risk group. Thailand has few specific clinics that provide holistic care for the *chaay rak chaay* population (Sirivongrangson et al., 2012) and as a consequence, it is difficult to determine the effect of health promotion and HIV prevention strategies on the spread of HIV within the gay community, particularly MSM (Mansergh et al., 2006).

This doctoral study explores and seeks to understand the perceptions, behaviour and sub-culture of *chaay rak chaay* in Thailand. A deeper appreciation and understanding for the same-sex behaviours of gay Thai men could ideally assist health services to develop customised approaches to HIV prevention, health promotion and tailored nursing intervention (Patthum, Kessomboon, Sinsuphan, & Ratanasiri, 2010).

Social context and definition for *Chaay Rak Chaay* (homosexual men) in Thailand

Thailand has a unique culture compared to that of other countries. Thai people are strict about religious (Buddhist) and cultural attitudes (Ojanen, 2009), especially sexuality which is difficult to discuss in daily life (Viddhanaphuti,

1999). For example, it is not common to see public displays of affection such as kissing or holding hands (Darawuttimaprakorn, 2012) in Thailand, especially amongst men. It is therefore important to understand any possible connections between HIV infection and men in an effort to provide health promotion interventions for the male gay fraternity (Fordham et al., 1998).

Thailand displays a variety of sexualities pertaining to the social construct of gender. A female *(phuu-ying)* and male *(phuu-chaay)* role has been accepted by traditional Thai society, however, a third gender is not acceptable. This third gender *(phet-thi-sam)* in Thailand is commonly known by the term ***kathoey*** *(กะเทย/homosexual men);* men who perceive themselves as women, and who also have sex with men. It is estimated that there are 300,000 *kathoey* throughout Thailand (Ocha, 2012). Between 1960 and 1985 the following categories, or definitions, of male sexual identity were published (Jackson, 2000, pp. 409-410):

- kathoey thae (กระเทยแท้) a true hermaphrodite (thae = 'true', 'genuine');
- kathoey thiam (กระเทยเทียม) variously a pseudo-hermaphrodite or a cross-dressing man (thiam = 'false', 'artificial');
- kathoey sao (กระเทยสาว) a cross-dressing young woman (sao = 'a young woman') Other 1960s expressions for masculine women were: sao lakka-phet (สาวลักพศ), 'a cross-dressing young woman' and *ying plorm pen chai* (หญิงปลอมเป็นชาย), literally, 'a woman who impersonates a man';
- kathoey num (กระเทยหนุ่ม) a young masculine homosexual man (num = 'a young man');

- kathoey phu-chai (กระเทยผู้ชาย) a masculine adult homosexual man (phu-chai = 'man');
- kathoey praphet sornga (กระเทยเพศที่สอง)-second type of 'kathoey', that is, a man who prefers males but does not cross-dress or act effeminately.

In today's Thai society men who are homosexual (Gay) have several types of identification (Ojanen, 2009). The majority of Thai gay men do not like to refer to themselves as "kathoey" but are now more likely to identify themselves as "chaay rak chaay" (ชายรักชาย) or "gay" (เกย์). Although homosexual men still have difficulty expressing themselves in Thai society because of its traditional cultural beliefs regarding sexuality, the Thai people are gradually becoming more accepting (Choomgrant, 2009). While the above terms used to describe gay men have changed over time, these are still unique and current in the context of current Thai culture.

Several Thai terms other than the more well-known term of kathoey have been used to identify Thai homosexual men and it is important to understand the perceived differences in these definitions. ***Chaay rak chaay/ Rak ruaam phet*** (ชายรักชาย/รักร่วมเพศ = Homosexual men = men who have sex with men), ***King/rook*** (คิง/รุก=gay king = Men who have the insertive role in sex), ***Queen/rub*** (ควีน/รับ=gay queen = men who have the receptive role in sex), ***Both/quing*** (โบ๊ท/ควิง=gay both = men who have both the insertive and receptive role in sex), ***Sao pra phet sorng*** (สาวประเภทสอง= men who are transgender to women), ***Bai/sua bai*** (ไบ/เสือไบ= bisexual men = men who have sex with men and women) (Jackson, 2000; Ocha, 2012; Ojanen, 2009). Although these definitions have the

specific meaning described above, within the *chaay rak chaay* subculture, the words can acquire a totally different meaning according to the group who uses them. Thus, the contextual understandings we derived from the study of this subculture was shaped in part by mainstream societal interpretation and beliefs, but also through the subcultural group interpretation and identification with these sexual identities.

HIV prevention in the male gay community

For the gay community, the sexual activity patterns of men who have sex with men, or more commonly known as MSM inadvertently contribute to an increased risk of HIV infection when unprotected intercourse occurs. This is no different than for heterosexual people who have more than one partner and engage in unprotected intercourse (Heath, Lanoye, & Maisto, 2012; Holt et al., 2011; Phillips, Wohl, Xavier, Jones, & Hidalgo, 2011; Prestage, Jin, Grulich, de Wit, & Zablotska, 2012; Sirivongrangson et al., 2012).

Despite the provision of a few HIV prevention programs throughout Thailand the incidence of HIV infection is seen to be increasing in Thai gay men (Chariyalertsak, Aramrattana, & Celentano, 2009). There have been no previous studies that explore gay life in Thai culture from a nursing community health promotion perspective (Mansergh et al., 2006). This perspective is needed to obtain a deeper awareness of gay culture in order to determine the best intervention intersection points.

Additionally, the Thai names attributed to men who are gay relate mostly to *chaay rak chaay* sexual activities. For example, *chaay rak chaay* who have the

insertive role in sex call themselves *Gay king*. A recent Thai study for example, found that gay king engaged in higher risk sexual behaviours than men who identify as gay queen (Kittitornkul, Ratanadilok Na Phuket, & Tongtan, 2011). It is necessary to have an understanding of *chaay rak chaay* sexual identity differences in Thailand in order to more fully grasp the factors that might determine sexual risk behaviours, as well as a consideration for the development of prevention and education programs for any man at risk of HIV infection.

Aims of the study

The key aim of this doctoral research was to explore and understand the experience of '*chaay rak chaay'* in Thailand who are at risk of contracting HIV infection via unprotected sex. A further aim of the study was to use the research findings to develop health promotion approaches and to identify potential community nursing interventions for '*chaay rak chaay'* who are at risk of HIV infection.

Research Questions

The following research questions were formulated:

1. What is the everyday life of *chaay rak chaay* and how is their behaviour influenced by the *chaay rak chaay* subculture in Bangkok?

2. What strategies do *chaay rak chaay* in Bangkok employ in order to decrease the risk of HIV AIDS infection?

3. What is the experience of *chaay rak chaay* with Bangkok health services and nursing care for sexual health promotion and HIV prevention?

Research methodology

This research project was based on the qualitative paradigm of ethnography in order to understand the *chaay rak chaay* subcultural experience in Thailand. Ethnography was used to explore the daily lives of *chaay rak chaay* who have experienced HIV infection risk, with a focus on cultural context and social norms and expectations.

Collection of data

The data collection in this study was from face to face, digitally recorded, semi structured interviews. The in-depth interviews were conducted at the Thai Red Cross research centre in Bangkok over a three month period. Moreover, non-participant observation was conducted in eight sexual entertainment venues that are popular among *chaay rak chaay* in Bangkok. The researcher accessed these sites with the staff of the Bangkok Rainbow Organization and conducted observations of *chaay rak chaay* social behaviours.

Structure of the thesis

The thesis will be presented in nine chapters. The first chapter provides an introduction to the thesis, its background, aims and research questions. Briefly, the context of HIV prevention in the male gay community and the process of data collection are explained. The second chapter describes the evidence base derived from the literature review undertaken of HIV risk infection among

chaay rak chaay. It also explores previous research that describes experiences of members of the *chaay rak chaay* subculture in Thailand. The theoretical framework of health promotion is identified in this chapter.

The third chapter discusses the methodology of the study, as well as describing the justification for using ethnography to explore the behaviours and perspectives of participants. Qualitative research and the rigour of the study methodology and research design are also explained and discussed in this chapter. The strategies employed in the selection of participants and the sites where the research was conducted, the data collection process and analysis of the data are also described. Next, information relevant to ethical considerations is outlined and the research project limitations are discussed.

The fourth chapter is the first chapter describing the research findings and provides detail in relation to the gay sense of self, particularly the diversity of *chaay rak chaay*. The individual *chaay rak chaay's* perspectives in relation to HIV infection and gay life are also described.

Chapter five describes the *chaay rak chaay's* personal experiences of discrimination and stigma. This chapter provides an explanation of the social constructs influencing *chaay rak chaay* life, in particular, family conflict and social pressure. This chapter also discusses the effect of discrimination and stigma on *chaay rak chaay's* perspective and behaviours.

Chapter six elaborates on the research themes and combines the substantial knowledge gained from the in-depth interviews and non-participant

observations. In this chapter, the influences of entertainment venues on the gay community are described.

Chapter seven explains the negative and positive factors influencing *chaay rak chaay's* sexual behaviours. Chapter eight is the final chapter of research findings and presents the *chaay rak chaay's* experiences when engaging in the health care system. This includes their experience of access and the barriers to health care services, as well as the expectation and experience of *chaay rak chaay* within the health care system and their suggestions for possible initiatives for effective HIV prevention strategies.

Chapter nine, the final chapter, provides a detailed discussion of the results of this ethnographic study. The chapter discusses the significant issues described in the finding chapters and highlights the key points and concepts and links these with the project aims and research questions. Recommendations for future research and possible strategies to employ for effective prevention are suggested in this final section.

In summary, this chapter has briefly provided some background and context to the study and HIV prevalence in Thailand. This chapter has also described the aims of the study, research questions and the predominant methodology applied in the study of ethnography. Ensuing chapters are briefly outlined above, to provide a guide to the structure of the thesis. The next chapter in the manuscript is the literature review where the epidemiological evidence and context of HIV/AIDS in Thailand is critically examined. The health promotion model and issues of integrating health promotion into the health care system in Thailand are described.

CHAPTER TWO

Chaay rak chaay health: related HIV concern

Introduction

This chapter presents the literature reviewed for the doctoral research project. This includes the published grey literature and original research about the experience of *chaay rak chaay* who are at risk of HIV infection. A further objective was to review the evidence base around factors related to sexual risk behaviours among *chaay rak chaay* in Thailand and discuss the health promotion framework for HIV prevention. Grey literature such as reports and government documents were also reviewed and included in the last section of the chapter.

A search of the literature assessing HIV sexual risk behaviour in MSM was undertaken in the CINAHL, MEDLINE and EMBASE databases using keywords: "HIV risk factor" AND "sexual risk behaviour in gay men" "MSM in Thailand" and *"Kathoey".* The searches were limited to English full-length original research articles in peer-reviewed journals from the year 2000 to 2013 inclusive. The inclusion criteria were research articles that defined HIV sexual risk behaviour among MSM, and risk factors for HIV infection among MSM that involved the prevalence of same-sex behaviours. The exclusion criteria for the literature review included any research that described sexual risk behaviours in other populations, such as in female sex workers, drug users and male transgender.

Research was not included if it did not specifically address homosexual men in Thailand. A total of 140 articles were initially identified and reviewed for appropriateness. Of those 140 articles, 17 articles met the inclusion criteria (Figure 1 and Appendix 3).

Figure 1. Literature search results for HIV sexual risk behaviours among *chaay rak chaay* in Thailand

Database	No	Search (s) term	Retrieved: (Number in brackets used in combined searches)	Met inclusion criteria	Article
EMBASE	S1	sexual intercourse/ and sexual behaviour/and high risk behaviour	(293)		
EMBASE	S2	prevalence/ and Thailand/ and sexual behaviour/ and male homosexual/	9	1	(van Griensven et al., 2013)
EMBASE	S3	Thailand/ and sexuality/ and lifestyle/ and high risk behaviour	2	1	(Arroyo et al., 2010)
EMBASE	S4	Thailand	(22420)		
EMBASE	S5	S1 and S4	2	0	
EMBASE	S6	male homosexual	(4488)		
EMBASE	S7	S4 and S6	49	2	(van Griensven et al., 2005), (Patthum et al., 2010)
Total			***62***	***4***	
CINAHL	S1	sexual risk behaviour in MSM	(89)		
CINAHL	S2	HIV risk factor	(3867)		
CINAHL	S3	MSM in Thailand	16	2	(Newman, Lee, Roungprakhon, & Tepjan, 2012) (Sirivongrangson et al., 2012)
CINAHL	S4	Homosexual men community	(27)		
CINAHL	S5	Thai culture	(145)		
CINAHL	S6	AIDS and Thai policy	25	1	(Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2010)
CINAHL	S7	Kathoey	6	0	
CINAHL	S8	S2 and S3	5	1	(Mansergh et al., 2006)
CINAHL	S9	S3 and S3 and S5	1	0	
CINAHL	S10	S1 or S3	(105)	0	
Total			***48***	***4***	
MEDLINE	S1	sexual risk behaviour in MSM	(2735)		
MEDLINE	S2	HIV risk factor	(33284)		
MEDLINE	S3	MSM in Thailand	(52)		
MEDLINE	S4	Homosexual men community	(1451)		

Database	No	Search (s) term	Retrieved: (Number in brackets used in combined searches)	Met inclusion criteria	Article
MEDLINE	S5	Thai culture	(15516)		
MEDLINE	S6	Kathoey	3	0	
MEDLINE	S7	S2 and S3	25	9	(Tunthanathip et al., 2009), (Li et al., 2009), (Toledo et al., 2010), (Sringernyuang, Thaweesit, & Nakapiew, 2005), (Chemnasiri et al., 2010), (Chariyalertsak, Kosachunhanan, et al., 2011), (van Griensven et al., 2010a), (Guadamuz et al., 2011), (Edwards-Jackson et al., 2012)
MEDLINE	S8	S2 and S3 and S5	1	0	
MEDLINE	S9	S1 or S3	(2270)		
MEDLINE	S10	S1 or S3 and S6	1	0	
Total			***30***	***9***	

The evidence selected for review has been organised into several key sections. These include factors influencing sexual behaviours, sexual relationship, drug and substance use and HIV prevalence.

Factors influencing sexual risk behaviours among *chaay rak chaay* in Thailand

Unprotected sexual activity patterns of *chaay rak chaay* have contributed toward the number of HIV positive cases in Thailand (van Griensven et al., 2005), and such outcomes are suggested by other authors to weigh heavily on the conscience of *chaay rak chaay* (Sirivongrangson et al., 2012). According to one Thai study focusing on *chaay rak chaay* and their sexual behaviour, it was found that the participants were having oral (82%), and anal (32%) sex without condoms, at levels that would indicate an increased risk of contracting a sexually transmitted disease (Sirivongrangson et al., 2012). One study linked HIV incidence and sexual behaviours among homosexual men in Thailand to

several risk factors for contracting HIV such as casual sexual relationships, frequent internet access to find sexual partners and the use of alcohol and illicit substances that disinhibit decision making (Li et al., 2009). These factors contribute to unsafe sexual activities between *chaay rak chaay* which can then be seen to be partially responsible for an increase in the spread of HIV infection (Li et al., 2009; van Griensven et al., 2005).

Sexual relationships between *chaay rak chaay*

Chaay rak chaay are reported in the literature to have multiple partners and this is understood to increase the incidence and likelihood of STI and HIV infections (Tunthanathip et al., 2009). Currently, *chaay rak chaay* relationships in Thailand follow a variety of low to high risk patterns which may include having steady partners, casual partners, buying a sex partner and/or one night stands (Mansergh et al., 2006).

The community–based study by Mansergh et al. (2006) is the first reported study of sexual risk behaviours of Thai gay men in urban areas. The method of recruitment took a broad approach with a large sample of Thai gay men (n=894), but despite this, the study was limited to a small number of venues. Another study did not involve participants who were intravenous injecting drug users (Tunthanathip et al., 2009) and this perhaps resulted in the absence of significant data for analysis in this subgroup. It is known that infected injecting drug users have a higher incidence of HIV contraction when using and sharing the same syringe multiple times (Gostin, 1991; Rafiey et al., 2009).

Previous research in Phuket identified that *chaay rak chaay* had more than 2-3 sexual partners in the previous year (Kittitornkul et al., 2011). Similarly, the study by Mansergh et al. (2006) developed a survey with numerous items as an assessment tool to assist in a greater exploration of gay men at risk of HIV infection. This research focused on *chaay rak chaay* in Bangkok and found that over seventy per cent of participants (n=927) had casual partners, with forty per cent of participants having sex without condoms. The same study found however that *chaay rak chaay* who had a steady partner also had higher incidences of unprotected sexual intercourse (Mansergh et al., 2006). Whilst a small sample size and qualitative study limits generalisability, Thaikruea and Seetamanotch (2005) identified important characteristics of gay men in Thailand. This included discovering that some gay men are also in heterosexual relationships where condoms are not used, thus placing their partner at risk. The reasons for the variability around these encounters and the need for dual relationships is not well understood, however some of the reasons and implications of these high risk choices are more readily documented and worthy of further research. All of these studies suggest that a HIV prevention project for gay men should be established through raising the exposure to quality of knowledge regarding HIV concerns more frequently. Additionally, the government should more widely publish HIV messages to this subgroup of MSM.

In Thailand today the issue of commercial sex is further complicating the spread of HIV infection, particularly when the regulation of the sex industry is questionable. It has been found that a number of sex entertainment venues in the mega cities of Thailand have been increasing every year. For example,

Phuket reported the number of gay bars since 1997 has increased from 59 venues to 636 venues by the year 2002 (Thaikruea & Seetamanotch, 2005). Furthermore, due to the increasing numbers of entertainment venues, it has become easy to locate gay partners for casual paid encounters leading to a greater risk of HIV infection where protection is not part of the deal (Newman et al., 2012).

Not surprisingly, HIV sero-status disclosure and non-disclosure between *chaay rak chaay* and their partners is also reported to be associated with increasing HIV transmission rates (Guadamuz et al., 2011). The findings of this study highlighted that HIV sero-status needs to be of continuing public health concern and this concern integrated into HIV prevention projects. Furthermore, *chaay rak chaay* who had disclosed their HIV status apparently still engaged in unprotected intercourse with casual partners (Kittitornkul et al., 2011; Tunthanathip et al., 2009). In order to reduce HIV transmission rates counselling and educational approaches would need to consider both HIV sero-status disclosure and decision making around high risk behaviours (Jarama et al., 2005). In this context the issue of negotiation before intercourse can be a critical moment in preventing HIV infection.

In summary, current evidence reports that the need for many *chaay rak chaay* to engage in sexual activity with multiple partners is not well understood but is likely to relate to attitude, awareness and personal exploration and perhaps in the Thai sexual tourist context, sexual exploitation.

Alcohol and illicit drug use

In Thailand, the increase in the number of entertainment venues such as pubs and bars has resulted in a direct increase in the incidence of drug availability (Limaye et al., 2013). There is some evidence of a link between alcohol consumption and risky behaviours (Li et al., 2009; van Griensven et al., 2005; van Griensven et al., 2010). Most of the literature related to alcohol and substance use was based on quantitative research and used cross-sectional study designs. Results from these surveys include how alcohol and substances influenced gay men to engage in unsafe sexual activities and reported less use of protection during sex. These studies had large sample sizes and thus sufficient power to report significant findings (Li et al., 2009; van Griensven et al., 2005; van Griensven et al., 2013; van Griensven et al., 2010a).

Chariyalertsak et al. (2009) also indicated that alcohol disinhibits people and when intoxicated and disinhibited there is an increase in risk taking behaviour such as unprotected sexual intercourse and a concomitant decrease in safe sex awareness between *chaay rak chaay* couples. Unsafe sexual behaviour is facilitated by alcohol consumption and in the situation when illicit substances are combined with alcohol it can lead to an increase in the practice of high risk sexual activities (Li et al., 2009; van Griensven et al., 2005; van Griensven et al., 2013; van Griensven et al., 2010a).

Similarly, other studies in Thailand reported that sexual risk behaviours among *chaay rak chaay* increased relative to the degree of drug and alcohol use (Guadamuz et al., 2011; Nemoto et al., 2012). In Bangkok, there is evidence to suggest that a higher incidence of drug and alcohol use is directly related to

higher incomes and increased tourism. For this reason, there is competition among sex entertainment venues to capture this market and profit is the aim of these venues (Duangwises, 2011). To attract customers, alcohol prices are often discounted and consumption invariably increases when the price is lower, leading to greater intoxication, reduced inhibition and resultant exposure to high risk sexual activity (van Griensven et al., 2010). Thus these factors expose *chaay rak chaay* who frequent the bars and clubs in Bangkok to a greater risk of becoming HIV infected.

HIV prevalence and incidence of HIV infection among *chaay rak chaay*

Several demographic factors are thought to influence HIV prevalence in Thailand, and each geographic area has its own unique characteristics that impact on HIV incidence (van Griensven et al., 2010). Bangkok is a large thriving city and because of its culture, economy and government policy is one area where demographic characteristics must be considered. In Bangkok, age, education level, sexual orientation, living situations and soliciting sex for financial purposes are known to be related to HIV infection rates (Chariyalertsak, Beyrer, et al., 2011; de Lind van Wijngaarden et al., 2009; Guadamuz et al., 2011; Lim, Guadamuz, Wei, Chan, & Koe, 2012; Newman et al., 2012; Toledo et al., 2010; Tunthanathip et al., 2009; van Griensven et al., 2005). There are several additional demographic factors that contribute to keeping gay men, particularly those who sell sex and/or have unprotected sex, in the higher risk group for HIV positive infection compared to other gay men. These men tend to be better educated, live alone and have engaged in, at some time, providing sex for financial gain. Importantly they declare as being “gay” which is

defined as taking both the insertive and receptive sexual roles (van Griensven et al., 2010).

Additionally, the key issues relevant to HIV in the *chaay rak chaay* population in Thailand have been reported in grey literature such as government documents, reports and NGO publications. Discussion and commentaries cover topics such as *chaay rak chaay* in Bangkok society, the impact of information communication technology (ICT) on sexual risk behaviour, and a discussion of the health promotion model and public and non-government policy and health services for *chaay rak chaay.* These topics relevant to HIV concerns and derived from the grey literature are presented in the following sections.

Chaay rak chaay in Bangkok society

The following section discusses the issues of sex and entertainment venues and how they contribute to the increase of HIV infection in Thailand and Bangkok.

Sex venues for *chaay rak chaay* in Bangkok

Bangkok has over 30 saunas and 20 gay bars (Utopia, 2013) the majority of which are located on Silom and Sathorn Roads. This area is well known among Thai people and foreigners (ฝรั่ง/*Phalang*). Additionally, Lummpini Park and Snam Luang are public areas that are easily accessed by *chaay rak chaay* and *Phalang* who are attracted to sex workers working alongside the roads.

Sex venues may have an influence on the behaviour of *chaay rak chaay* as they are not routinely regulated and could be perceived to provide a quasi-

government sanctioned place for sexual activity. Little is known about the degree of influence a venue may have; however, some sex venues are not controlled at all by the Thai government and the lack of regulation around safety and services has a negative impact on the wider *chaay rak chaay* population. This is particularly in respect to HIV infection (Kittitornkul et al., 2011).

Shopping centres for *chaay rak chaay* in Bangkok

Homosexuals are more widely accepted in Thai society than in the past and the male gay population has increased nationwide. Indeed, several businesses have now invested in *chaay rak chaay* needs, particularly clothing, beauty treatments and hairdressing. Examples of private enterprise for the gay man can be found on Silom Road, which is a famous place for shopping in Bangkok. Siam Paragon and Siam Square are well known areas for unique and specific high-end shopping for *chaay rak chaay*. These areas are appropriate for shopping and meeting people (Choomgrant, 2009). Bangkok's annual tourism numbers with over 43 million visitors (Nation statistical office, 2013) have made the area popular to commercial investors from around the world and this may in turn have an influence on the activities of *chaay rak chaay***.** Many people arrange to meet in Silom road using smart phones and via the internet.

The impact of information communication technology (ICT) on the sexual risk behaviour of *chaay rak chaay* in Thailand

Globalization directly impacts on HIV prevalence throughout the world, especially as the availability and advancement of information communication

technologies now enables people to connect with each other more easily (Zembylas & Vrasidas, 2005). The number of people using the Internet for example to seek sexual partners and engage in sexually risky behaviours is increasing daily, not just in gay community life but also in the heterosexual community (Yiwu, 2008). The internet is important now in all aspects of daily life, though for some people it is used to solicit sexual meetings; and not always with men.

The number of young men for instance who meet male sexual partners via the Internet is rising (Bolding, Davis, Hart, Sherr, & Elford, 2007; de Lind van Wijngaarden et al., 2009; Mustanski, Lyons, & Garcia, 2011). Gay internet sites have also become an easy way to meet people. Many *chaay rak chaay* have accessed gay or porn sites for sexual purposes. One example is the popular gay website http://www.gthai.net/. Since the beginning of October, 2007, this website has had approximately 17,924,013 visitors. Here, *chaay rak chaay* can find out many facts about *chaay rak chaay* including, sex venues, web links to gay sites in other countries, chat sites and also health information (GThai, 2013).

The Internet has had a wide spread influence on increasing the opportunities for people to meet other like-minded people (Lim et al., 2012). Increased encounters with casual partners may be a source of potential infection through unprotected sexual engagements. *Chaay rak chaay* who use the Internet as a tool to meet each other may also be placing themselves in a higher risk category (Mustanski et al., 2011). For this reason it is important to identify ways to increase public knowledge about healthy sexual encounters in an effort to

reduce the rate of HIV infection. One way to do this is via health promotion activities and programs focusing on relationships and sexuality.

Discussion of Health Promotion model (HPM)

Evidence shows that global health organisations have placed an importance on health promotion and that they have been developing a number of strategies to employ to encourage people's well-being and the modification of at risk behaviours (Pender & Murdaugh, 2015). The relevant issues of health promotion framework are presented in the following content.

The historical background of health promotion models

Health promotion worldwide

The HPM is used to modify people's behaviours and help promote wellbeing. Health organizations around the world have integrated this framework into a number of Health promotion projects. The World Health Organization (WHO) also mentions the significance of health promotion for the global population (WHO, 2015c). In 1986 the Ottawa Charter (*Ottawa, 21 November 1986)* was developed and provides the following definition of health promotion:

> *"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing*

> *social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being" (WHO/Europe., 2015, p. 1).*

The Ottawa Charter was established at the first international conference on health promotion and provides the first guidance on promoting global health. According to the Ottawa Charter, to achieve improvement in a person's well-being many components of the health promotion model need to considered. Since the establishment of the Ottawa Charter health promotion has been integral to developing strategies to improve people's health.

Additionally, the fourth international conference, the Jakarta declaration on leading health promotion in to the 21st century was conducted. This conference identified strategies and set the direction for establishing effective health promotion programs in the 21st century (WHO, 2015b). The five strategies identified to guide achievement in health promotion were as follows:

- *build healthy public policy;*
- *create supportive environments;*
- *strengthen community action;*
- *develop personal skills;*
- *re-orient health services* (WHO, 2015b, p. 2).

The above five strategies are a practical approach important to the establishment of health promoting processes. WHO (2015b) notes that the combination of the five strategies to approaches in promoting health lead to much more effective results and they can be measured with outcomes.

In 2013, the Eighth Global Conference on Health promotion was conducted by the World Health Organisation. This conference aimed to address the contribution of health promotion toward the regeneration and improvement of primary health care. It reviewed progress, impact and achievements of health promotion since the Ottawa Conference (WHO, 2013). It highlighted that health organisations around the world place importance on integrating HPM to encourage well-being in their population. Moreover, the 21st World conference on Health promotion was also organised by 'The International Union for Health Promotion and Education' (IUHPE). The purpose of this conference was to attend to health promotion work under the theme "Best Investment for Health" (IUHPE, 2013). Globally, it is apparent that the key role of Health Promotion is to address health issues on a broader international platform and this approach is taken seriously by a range of notable organisations. The health promotion model appeared in the nursing sciences in the 1980's. This framework proposed an integration of nursing and behavioural science perspectives on health behaviour modification. The integration of health promotion content was used to encourage motivation toward better health outcomes and individual health behaviour improvement (Pender, 1996).

The health promotion model (HPM) is integrated from expectancy-values theory and social cognitive theory. This framework is multidimensional and includes interpersonal and physical environmental factors with these dimensions influencing a person's behaviour and a sense of well-being (Pender, Murdaugh, & Parson, 2006).

The HPM can be integrated into nursing science as a perspective of human holistic care. Many components were included in the health promotion model established by Pender and Murdaugh (2015). This model plays a significant role in running health promotion programs in a variety of populations (Pender & Murdaugh, 2015, p. 35) (Figure 2).

The health promotion framework for example indicates two domains which are important to understand in running a health promotion program. Firstly, there is the prior related behaviour relevant to the individual characteristics and experiences and this is seen to have both positive and negative impacts on the health promotion outcome through conceptions of perceived benefits of action, perceived barriers to action, perceived self-efficacy and activity-related affect. Another important component of health promotion is personal factors; biological, psychological, and sociocultural. These factors may influence attitude, knowledge and health behaviours and such factors have to be considered in providing an effective community nursing health promotion intervention (Pender & Murdaugh, 2015).

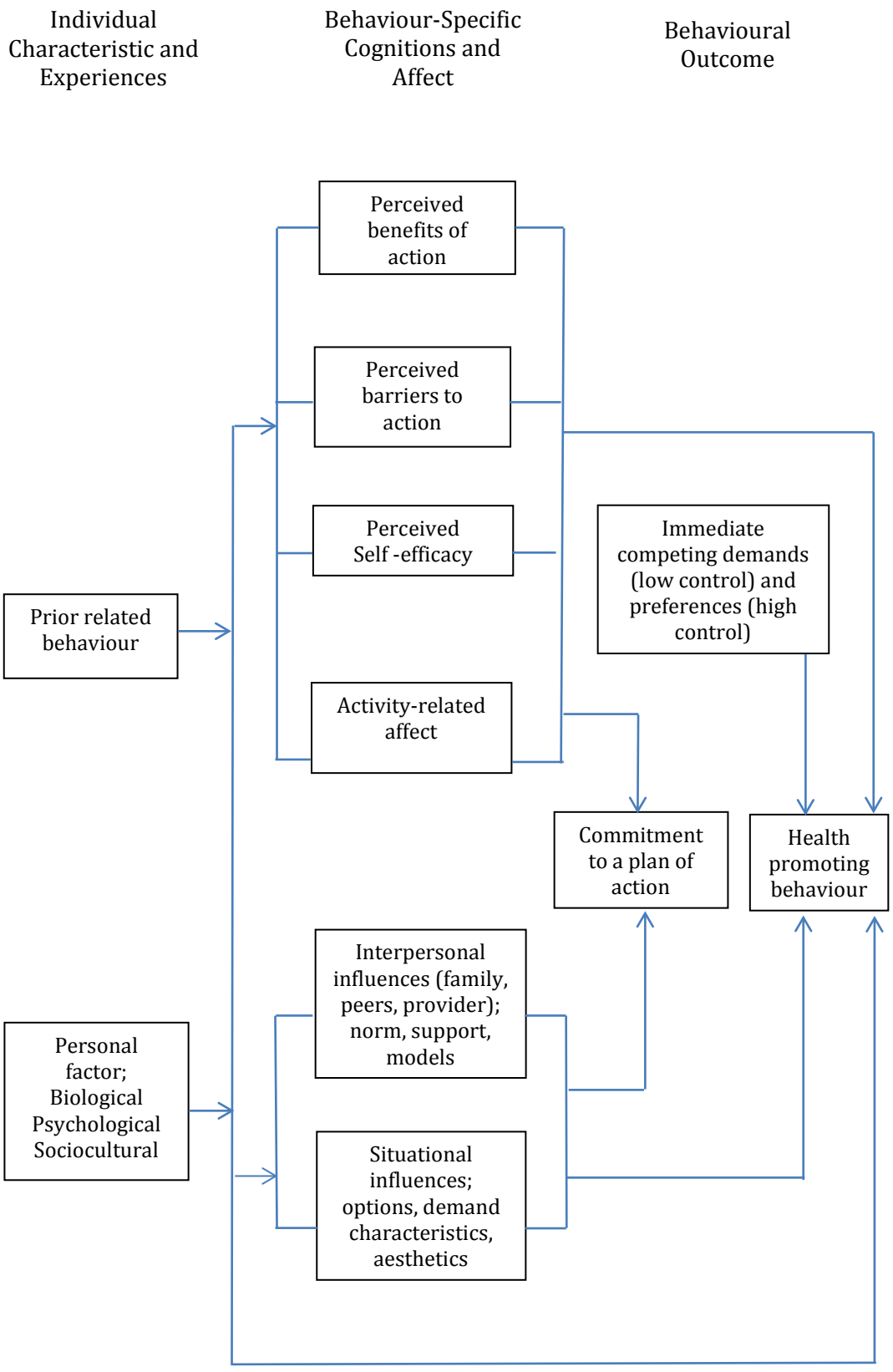

Figure 2. Health promotion model (revised) (Pender & Murdaugh, 2015, p. 35).

Furthermore, the HPM model highlights the behaviour-specific cognition and emotional affective factors that are an essential element of any health promotion approach. Interpersonal influences are mentioned and categorised as family, peers, providers, norm, support and models. These categories are important in predicting the health behaviour of the target group. Moreover, situational influences are indicated as a component to be considered in promoting health and well-being. These influences involve the concepts of options, demand characteristics and aesthetics. Pender et al. (2006) highlighted that situational influences are a good predictor of the health promotion outcome and assist to develop strategies for achieving health promotion.

Thailand has adopted the HPM with varying degrees of success and is discussed in detail in the following section.

Integrating Health promotion into the health care system in Thailand

Since the first recorded HIV infection in the general population, Thailand has been faced with a high rate of HIV infection (Ainsworth, Beyrer, & Soucat, 2003). Consequently, Thai public policy and non-government organisations (NGOs) became committed to finding HIV prevention solutions and have established several HIV prevention projects for the general community. Responsibility for HIV prevention projects throughout the country rests with the HIV Control Committee alongside political and financial commitment determined by government policy for HIV prevention. Controlling HIV risk relies on the cooperation of organisations across the country to work with gay men to change

behaviours to match the principles of safe sex. Such an approach has the support of government policy that successfully supports HIV prevention (Merson, O'Malley, Serwadda, & Apisuk, 2008).

Thailand has developed several campaigns for specific groups designed to reduce HIV infection, for example the 100% Condoms Campaign, Prevention of Mother to Child Transmission (PMTCT) and Voluntary Counselling and Testing (VCT) (Chariyalertsak et al., 2009) programs are relevant initiatives. While these campaigns have proven to be effective in the general population, they have been less effective among *chaay rak chaay* (Punpanich, Ungchusak, & Detels, 2004). For this reason, over the last four years, the Thailand Ministry of Public Health has implemented a "getting to zero" project (2012-2016) (AIDS TB and STIs Control Division, 2013). This project, which is a UN global initiative that the Thai government has based their protocol on to establish the project throughout Thailand is comprised of three separate sub projects: (1) zero new infection, (2) zero AIDS related death and (3) zero discrimination.

The getting to zero project has been utilised to specifically reduce new HIV infections among the population of *chaay rak chaay*. Strategies have included expanding the use of condoms and lubricant gels. These strategies are being coordinated by health promotion centres working in public areas (The nation committee for the prevention and alleviation AIDS, 2007). However, Thailand has too few of these clinics providing specific services related to health promotion and counselling with a focus on sexual risk behaviour for men who have sex with men (MSM). It is therefore difficult, despite the government

support, to assess their behaviour and design targeted health promotion and intervention strategies to reduce HIV problems (Sirivongrangson et al., 2012).

In addition to the above initiatives, the Thai Government has established Anti Retrovirus Therapy (ART) and included universal public health insurance for people who are living with AIDS, improving the quality of life and survival of those affected. People living in poor and remote areas however, cannot access these services and are being denied health provision and monitoring of health outcomes (Chariyalertsak et al., 2009).

Thailand has few interventions specifically designed for *chaay rak chaay*, so it is difficult to assess this population (Chariyalertsak et al., 2009; Sirivongrangson et al., 2012). Many experts suggest that HIV/AIDS solutions should promote an awareness of HIV/AIDS prevention and skills in safe sex activities (Coleman, 2011) as community support, and a greater awareness of the cultural context has had some success slowing the HIV epidemic throughout the country (Del Casino, 2012).

Another component to the existing support available for health promotion are the Non-Government Organisations (NGO). Many groups of NGO in Thai society are concerned about homosexual human rights and are advocating on their behalf and providing organisational support to work with *chaay rak chaay* throughout the country. Some established projects were funded by national and international organizations. The following networks are organised to work for *chaay rak chaay* in Thailand (UZoGay, 2013).

- Rainbow sky association of Thailand (*สมาคมฟ้าสีรุ้งแห่งประเทศไทย*) http://www.rsat.info/ (Rainbow Sky Association of Thailand, 2013);
- Bangkok rainbow organisation (*องค์กรบางกอกเรนโบว์*) http://www.bangkokrainbow.org/home.html (Bangkok rainbow organisation, 2013);
- Mplus Foundation (*มูลนิธิเอ็มพลัส*) http://www.mplusthailand.com/ (Mplus Foundation, 2013);
- Thailand's Official MSM Health (***Adam love*** *ศูนย์วิจัยสภากาชาดไทย*) http://www.adamslove.org/ (Thailand's Official MSM Health, 2013);
- Thai Queer resource Centre (*ศูนย์ข้อมูลความหลากหลายทางเพศแห่งประเทศไทย*) http://www.tqrc.org/ (Thai queer resource centre, 2013).

These organisations provide support for HIV prevention and have assisted in changing the public attitude toward *chaay rak chaay* in Thai society. Their activities contribute to the improvement of quality of life and acceptance of *chaay rak chaay*. Critical however to establishing subcultural change in safe sex behaviours is to reduce discrimination and public condemnation of gay men in Thai society. In fact in such a devoutly Buddhist religious country cultural acceptance of the *chaay rak chaay* life may still be many years away.

Health promotion's role in the nursing effort

Nurses are the majority group of health care professionals in Thailand. Nurses also have a significant role in the running of the health care system to meet quality goals. Pender and Murdaugh (2015) indicated the four key components of the role of the nurse in supporting successful health:

1. *An individual perspective. Nurses facilitate individuals and families in their health decisions and support their health promotion activities.*
2. *A philosophy of empowerment. Nurses collaborate with individuals, group, and communities to enable them to increase control over their health.*
3. *Knowledge of social and health policy. Nurses advocate for and support local, state, national and international policies to promote health equity.*
4. *A community orientation. Nurses collaborate with all health professionals and community leaders to promote healthy communities.* Promotion (Pender & Murdaugh, 2015, p. 4).

Health promotion and nursing care play an important role in supporting these HIV prevention projects. The following diagram represents the various roles nurses have in promotion and implementation of health promotion services associated with HIV prevention in Thailand (Figure 3.)

The Thai government has established several projects that aim to reduce the incidence of HIV but they are still facing an annual increase of new HIV infections (6,759 new cases of HIV were reported in 2015) (Bureau of Epidemiology, 2015; Phoolcharoen, 2005; van Griensven et al., 2010). There are limited health services and nursing interventions for HIV prevention in Thailand. Precaution strategies are likely to be ineffective in contributing to an improvement in the incidence of HIV infection in *chaay rak chaay* because little is known about this subculture and this requires deeper critical exploration (Chariyalertsak, Kosachunhanan, et al., 2011; Patthum et al., 2010).

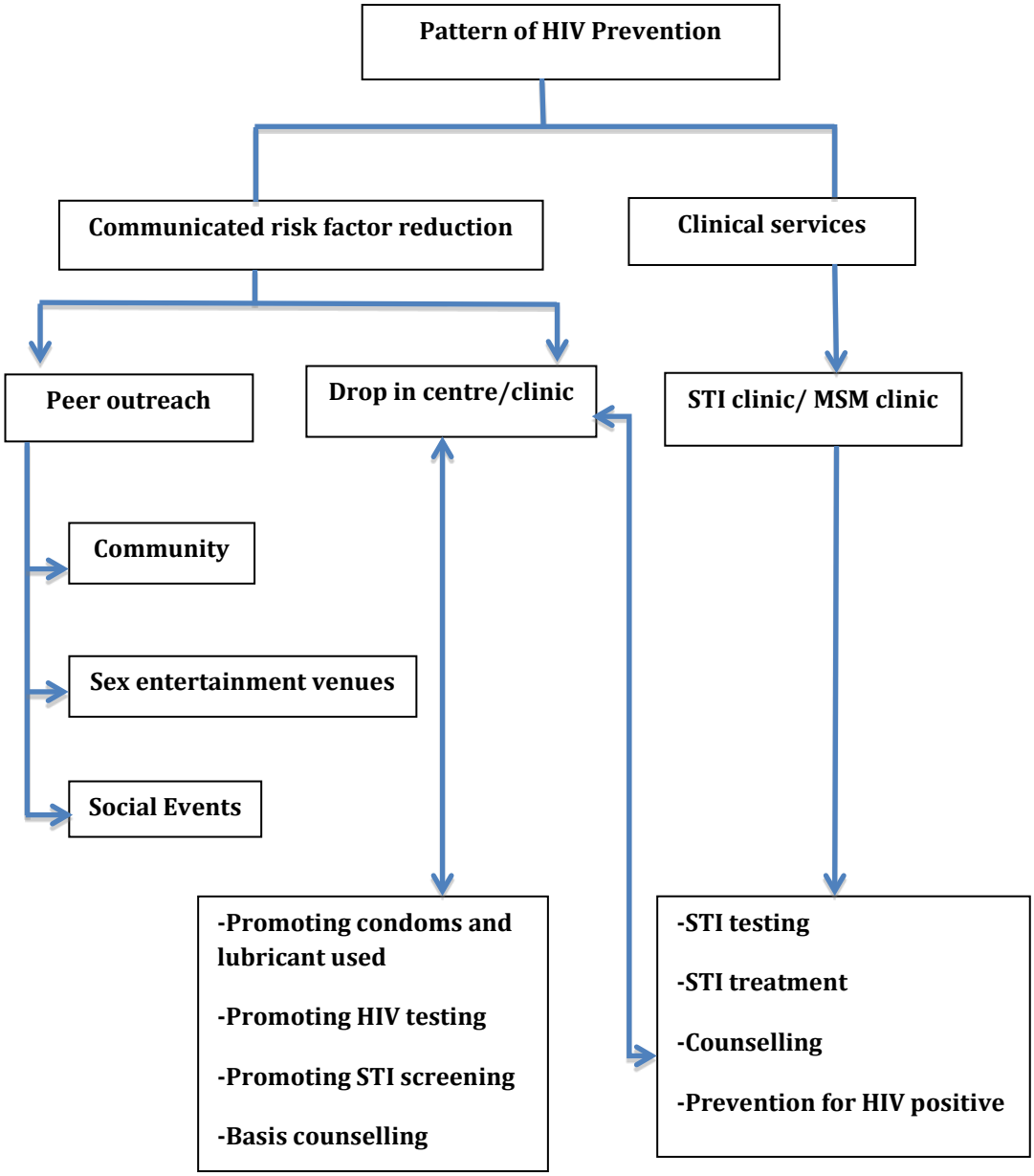

Figure 3. ***Pattern of HIV Prevention in Thailand*** (Manopiboon, 2008).

However, insufficient research and services specifically for gay men in Thailand is a barrier to working with this population and it is difficult to encourage modification of behaviours to assist them to protect themselves from HIV because of the lower emphasis given to improving their health status (Chariyalertsak et al., 2009; Sirivongrangson et al., 2012). One pilot study for

example developed an Internet site for MSM from a nursing perspective to aid in the prevention of HIV risk infections (Kasatpibal et al., 2012). It is interesting that even though the incidence of HIV infection has been increasing, there are significantly less studies of intervention relevant to the gay community in Thailand.

Western culture has broadly influenced Thai perception as well as contributing to a social change in same sex behaviours (Jenkins & Kim, 2004). As a result gay groups are now exposing their status in public and have also increasingly been disclosing their same sex preferences in Thai society more than in previous times. However, traditional values are being challenged by such public displays of *chaay rak chaay*. Currently, behaviours among *chaay rak chaay* in Thailand demonstrate both positive and negative impacts (Baxter, 2005).

Summary

This literature review has provided the background and context of HIV infection in Thailand and has identified several gaps in HIV prevention. *Chaay rak chaay* in Thailand have a variety of sexual expressions and identities that require a more thorough in-depth understanding. Although the incidence of HIV has decreased in several sections of the Thai population, the infection rates in *chaay rak chaay* are increasing each year and a deep and relevant understanding of the behaviours of this subculture would help to target prevention programmes. This is a current gap in the research literature for HIV infected men and for men at risk of HIV infection in Thailand and Bangkok. The following chapter describes the research project processes and procedures and discusses the methodology

of ethnography in action. The chapter addresses ethical concerns and community and participant negotiations and the research limitations involved in the doctoral project.

CHAPTER THREE

Methodology-Conducting an ethnographic research study

Introduction

This ethnographic research study was focused on the everyday lives of *chaay rak chaay* in Bangkok, Thailand. The study is particularly concerned with at risk behaviour in relation to the contraction of HIV in men. The epistemological underpinning of Ethnography in this research focuses on the Thai male gay community in Bangkok (Whitehead, 2002) and is informed by a constructivist perspective in order to capture the social constructs, behaviours, knowledge, rituals and nuances of *chaay rak chaay* life (Yeganeh, Su, & Chrysostome, 2004). A constructivist perspective enables participants to reflect on their own understanding and personal knowledge of the world (Schwandt, 2007).

Ethnography in Nursing

Ethnography refers to the study of people and customs and their subculture (de Laine, 1997). This qualitative research methodology is informed by the participants own subjective perspective (emic) in the context of more generalised views about HIV infection (etic). The participant viewpoints are critical to creating universal understanding about the subcultural experiences of being *gay* and *chaay rak chaay* (Schensul, Schensul, & LeCompte, 1999; Spradley, 1979). Ethnographic research is considered to be a scientific approach which seeks to discover and investigate the social and cultural patterns of particular interest in any subcultural group (Brewer, 2000).

Regarding the ethnographic paradigm, the participants provide specific information on aspects of their culture and develop close relationships with the ethnographer through the investigative process. The methodology is exploratory and interpretive and provides data (knowledge) to assist in the development of hypotheses for future research (de Laine, 1997). Researchers who utilise ethnography access participants using multiple methods. Ethnography enables the researcher to more effectively interpret meaning from the study participants everyday lives and their personal experiences (Gobo, 2008; Savage, 2006).

Ethnographic research can assist to clarify the gay experience and to fill the health promotion research gap associated with the male same sex community and subsequently, HIV infection in Thailand. Such a qualitative approach to understanding *chaay rak chaay* has the potential to demystify misconceptions about the male gay subculture in Thailand, including activities, behaviours, knowledge, rituals, and other aspects of their everyday experiences. As a consequence, educational strategies and health interventions can be planned to target these groups in a more sensitive manner.

Study context

Bangkok, the city of civilization

This study is based in Bangkok, Thailand in May-September 2014. The city was chosen because it has the highest incidence of HIV infection in comparison to other Thailand provinces (Bureau of Epidemiology, 2015). The data is similar to data from WHO (2015a) which indicated the high HIV infection rate in Bangkok gay men. Bangkok is the biggest city in Thailand with over 5.6 million residents

(Nation statistical office, 2014). It is a city which has grown to support the diverse lives of the population that lives there and it has become a popular place to live and for tourists to visit. Bangkok has a large number of sex entertainment venues for the *chaay rak chaay* population such as gay bars, saunas and pubs. As previously mentioned there are over 30 saunas and 20 gay bars (Utopia, 2013), the majority of which are located on Silom Road.

Site locations - The Thai Red Cross Research Centre (Anonymous clinic/ Clinic Niranam/ คลินิกนิรนาม)

Participants were recruited from the Thai Red Cross AIDs Research Centre in Bangkok, Thailand. This organisation was established and began operating in December 1989 under Chulalongkorn Memorial Hospital and provided treatment and care for people with HIV/AIDS. The Thai Red Cross has been running projects related to research and education about HIV/AIDS throughout the country. This doctoral research study was conducted in the ***Men's Health Clinic*** **(**คลินิกสุขภาพชาย) which has been established since 2008, and which is isolated from the general service of *Clinic Niranam*. The *Clinic Niranam* coordinates all services specific to gay men who are at risk of STI and HIV infection. A variety of health services are provided by the Thai Red Cross for MSM and transgender individuals and include: HIV counselling and testing, sexual transmission disease screening, and anal PAP smears.

Entertainment venues

The locations chosen to conduct the non-participant observation are well known and very popular with gay men, both Thai residents and foreigners. The researcher gave consideration to the venues based on advice received by the

director of the Bangkok Rainbow Organization. Eight entertainment venues were chosen, these have a variety of characteristics and are located throughout Bangkok as detailed in the following explanations;

1. **Pub** is a place for drinking, dancing and a performance establishment. There are characteristics that differentiate between Thai and Western style pubs;

- Thai style pubs allow customers to bring their own bottle of alcohol into an establishment (Musical styles are a combination of Thai, Korean and Western). It is necessary to have a table for service. The majority of customers are Thai gay men.
- Western style pubs do not allow customers to bring their own bottle of alcohol into an establishment. Patrons must pay to enter payments of 150 and 300 Baht respectively which can be exchanged for one or two drinks. Music selection is only Western in style. It is not necessary to have a table for service and the majority of customers are gay male foreigners.

2. **Go Go bar** is an entertainment venue that is often coupled with prostitution. These establishments provide shows and performances targeted for sexual purposes by bar boys and *Kathoey* (กะเทย/queer). The venue permits bar boys or hostesses to accompany paying customers outside the establishment. Bar Boys are permitted to leave work early to spend the night with paying customers. The majority of customers are foreign gay men who have a high income and are predominantly middle aged.

3. **Cabaret** includes entertainment performances such as song, music and dance provided by *Soa pra-phet sorng* (สาวประเภทสอง/male transgender to female),

kathoey (กะเทย) and gay men. The audiences typically sit at the table. The performances provided do not have a sexual purpose. It is suitable for any gender or age for relaxation. The variety of characteristics unique to each venue type has an influence on the behaviour of gay men. This is important in revealing the richness of data underlying the interpretation of the *chaay rak chaay's* experiences and in answering the research questions.

This project conducted non-participant observations in a variety of locations. In order to gather rich and informative data, entertainment venues were chosen with diverse characteristics and which were popular in the gay community. The chosen venues were suggested as suitable for conducting the research by the director of the Bangkok Rainbow Organization, based on the following table.

Figure 4. The location and characteristic of the *chaay rak chaay* entertainment venue.

Venue number	Venues characteristic
1	The venue is a pub where popular in gay male, aged 20-25 years old. The majority of customers are gay Queen (feminine behaviours)
2	The venue is a pub, There is the most popular venue and very crowded. The masculine models were provided to attract a number of customers.
3	The venue is a pub that is the cheapest of drinks and services. The venues artefacts are very old and less of safety.
4	This venue is a pub. There is the most expensive of drinks and services. The masculine models were provided to attract a number of customer but there however was not crowded of customers.

Venue number	Venues characteristic
5	These venues are most popular in foreigners and young Thai male gay.
6	The venue characteristics are similar to a western style pub.
7	The characteristic of these venues are as a “Go Go bar”.
8	Sexual performances are provided by male gays. Payment for sex was a regular event in these venues. The use of cigarettes, phone and /or cameras was not allowed in these venues. These were popular among foreigners and tourists.

* The names of all venues have been de-identified

Student work site location

The doctoral student researcher made an appointment with the Director of the Bangkok Rainbow Organization to consider the venues most suitable to conduct the non-participant observation fieldwork. Ten venues were suggested in order of those rated as most popular in Bangkok. Ultimately eight entertainment venues were chosen based on the researcher and recommendation of staff from the Bangkok Rainbow Organization. These venues are also located in business areas throughout Bangkok and are well known to Thais and tourists interested in night life with the desire for this form of relaxation and pressure release. All of the recommended venues have positive relationships with Bangkok Rainbow Organization through HIV prevention projects. A variety of venue locations were selected for this project including: Radchada Road, Silom Road, Rama 9 Road, Rajavithi Road, and Surawong Road (the names of the venues are withheld).

Figure 5. Entertainment venues location in Bangkok.

http://commons.wikimedia.org/wiki/File:Thailand_Bangkok_location_map.png

Fieldwork site permission

I accompanied the Bangkok Rainbow Organization officer and observed the environment whilst the visit took place. There were no private areas to be observed and all observations occurred in the general entertainment area. Entertainment venues were informed about the researchers' visit and the purpose of the visit via a letter (Appendix 10). The staff of the Bangkok Rainbow Organization coordinated worksite visits between the researcher and venues. Confirmation was obtained that the researcher had sought written permission to undertake the observation activities.

Negotiating the research worksite

Before beginning the data collection process, I provided project information to The Thai Red Cross Research Centre and The Bangkok Rainbow Organization by letter (Appendix 6 and 7). I then met with the director of both organizations to clarify details of the timeframe and data collection process relevant to the project. I also provided a brief to the Bangkok Rainbow Organization staff about the research method and data collection to discuss safety issues when in entertainment venues (Appendix 8 and 9). During the field work, I also worked at The Thai Red Cross Research Centre during business hours Monday to Friday and visited the entertainment venues at night time, but there was a flexible schedule. Mostly I had to observe venues 4 times a week especially on Friday and Saturday when they were busiest. I visited entertainment venues in the same way as other tourists. The Bangkok Rainbow Organization staff accompanied me as colleagues and support persons.

We planned our visit before attending field work, particularly regarding work site area, time to go out, travelling route and so on. When in a venue we sat at the point that I selected to be the best area to observe the activities of the venue. However, at times the venues were crowded with tourists and we had to stand in an area not of our choosing, but where there were no barriers to conducting the observation at the time. The time spent in observation varied and depended on the satisfaction of the researcher around how much data had been collected and assessed as having been of value for the evening.

Participants

Thirty-one participants in this study attended the clinic as scheduled for their routine care. Volunteer participants to the project, had to: (1) identify themselves as *"Chaay rak chaay(ชายรักชาย)/ Rak ruaam phet (รักร่วมเพศ)" "gay" (เกย์) "King (คิง) /Rook (รุก)" "Queen (ควีน) /Rub (รับ)" "Both (โบ๊ท) /Quing (ควิง)" "Bai (ไบ) /Suea bi (เสือไบ)" and "kathoey (กะเทย)/tut (ตุ๊ด)*"; (2) be 18 years of age or over; and (3) Thai speaking. These characteristics were necessary in order to capture the appropriate group to discuss the research questions. The recruitment nurse encouraged attention to the flyer at the Red Cross Centre and then made contact with participants who were clients and showed interest in the project. The recruitment nurse then briefly introduced the project and provided them with an information statement to see if the participant was interested. If participants decided to participate, or they wanted to find out more about the project they could then contact me directly, using the contact number and/or email address on the information sheet.

Once a participant agreed to take part, I made contact and discussed the project with them further, defining what was required of the participant. It was asked if the participant had any further questions and then they were requested to sign the consent form (Appendix 4 and 14). A place, date and time for the interview was then arranged. At the time of interview the consent form was revisited to ensure that a participant still agreed to participate and understood what was being asked of them.

Participants were approached face to face in digitally recorded, semi structured in-depth interviews. The process involved 45-60 minute interviews where participants were asked to complete demographic questionnaires prior to being interviewed. Demographic questions asked about participant characteristics such as age, occupation, education, and also some information that related to sexual behaviours (Appendix 2 and 17).

Profile of participants

There were 31 male participants who volunteered to be interviewed. Interviews took place at the Thai Red Cross Research Centre. One participant had a low quality recording and his data was not used. The demographic data of the participants is provided in the figure below:

Figure 6. Shows the demographic data of the participants in the in-depth interview process (N=30)

Characteristic	Frequency	percent
Age (years)		
18-22	8	26.66
23-27	7	23.33
28-32	7	23.33
33-37	5	16.66
38-42	2	6.66
43-47	0	0
48-52	0	0
53-56	0	0
57-60	1	3.33
Gay Identity		
Chaay rak chaay	1	3.33
Gay	2	6.66
King/Rook	0	0
Queen/rub	9	30.
Both	16	53.33
Bai/Sau bai	0	0
Kathoey/toot	1	3.33
Phu- ying- pra- phet -sorng	1	3.33

Characteristic	Frequency	percent
Religion		
Buddhist	28	93.33
Christian	1	3.33
Muslim	0	0
Other	1	3.33
Status		
Having partner	16	53.33
No partner	14	46.66
Employment Status		
Employed for wages	15	50
A student	8	26.66
Self-employed	5	16.66
Out of work and looking for work	1	3.33
Out of work but not currently looking for work	0	0
A homemaker	0	0
Unable to work	1	3.33
Other		
Education.		
High School	8	26.66
College	3	10
Bachelor	18	60
Post graduate	1	3.33

The participant's ages are between 18-59 years. Most participants identified as *"Both"* (ไบ๊ท/versatile). The majority of participants were of Buddhist religion. At least fifty percent of participants worked for wages, followed by student status. Over half of the *chaay rak chaay* participants had a regular partner. Surprisingly, eighteen participants have completed a Bachelor's degree in education.

Researcher role

The project involved two qualitative methods for collecting the data, conducting in-depth interviews and non-participant observation. My role in field work was as non-participant, generally only observation as interviewer and observer. I was prepared for my role in target field work. For example, I practiced non-

participant observation with my supervisors and other students at the University of Newcastle to ensure that I understood the process of non-participant observation.

The study interview process was conducted in the day-time during business hours at the Thai Red Cross Research Centre. The clinic provided me with an office for working during my study and on-call basis for conducting the in-depth interviews when the recruitment nurse met volunteer participants interested in my project. When each interview was done, I wrote a reflective account of the interview. This was important in considering how I felt the interview process went. It also assisted me to develop my interview technique and to fill in the gaps for the further interviews.

Non-participant observation was conducted in the night time. I had prepared myself before visiting fieldwork sites including getting sufficient rest, coordinating with a co-worker and arranging traveling plans. During observation, I had to observe activities relevant to my research questions. Field notes were written away from the observation so as not to appear as if I was a spy of sorts. I therefore, had to transfer the data to field notes as soon as possible. In some cases data containing interesting information was written immediately into my smartphone application. This was very useful in assisting me to remember the important points and fine details.

Semi structured in-depth interviews

In-depth and open-ended interviews in qualitative research assess direct experiences, opinions, feelings, and knowledge from people and are able to provide a more thorough or a deeper level of understanding of the study participants (Patton, 2005). However, the success of interviews is related to

questions that are specific to the topic and appropriate to the participants. I compiled a question list to be used as an interview guide.

In-depth interviews were useful to understand *chaay rak chaay* in Bangkok, where the subculture is dissimilar to that of other areas of Thailand and unique from other countries. Interviews assisted me to gain a deeper understanding of the participants interviewed. The following five questions was used as the basis for the interviews:

1. Tell me about your life as a gay man in Bangkok?
2. What strategies do you use to protect against HIV infection?
3. What is your experience with Bangkok health services?
4. How do *chaay rak chaay* contact each other and then what happens?
5. What can you tell me about *chaay rak chaay*, sex and HIV?

The above questions acted like a map and guided the conduct of the interviews. I started the in-depth interview by introducing myself and having a small chat in a friendly environment. It was quite professional and not too personal. I let participants relax and confirm their commitment to be involved in the interview The interviewing process was conducted in a private room at the *Clinic Niranam* and this was important to ensure the participant's privacy. The interview started when the participant was ready and clearly understood the objectives of the research project. I followed the main structure using the above questions; however some were explored more deeply on occasion depending on the researcher's reflection; some particular questions provided more insight than others did. Another important role in conducting successful interviews is being a good listener. This requires more than just listening to each participant's response but also to consider and plan for going through the next step and

making sure the interview flows. I practiced being an active and attentive listener providing feedback and clarification of things said to keep the conversation flowing.

Non-participant observation

Observation is another skill applied in qualitative research projects, and the process employed in ethnography involves:

Practically all senses, seeing, hearing, feeling and smelling-integrated into the observation (Flick, 2006, p. 216). Observation is an essential tool in qualitative research with the method accepting that behaviours are often associated with people's deep values and beliefs (Marshall & Rossman, 1999). This study applied non-participant observation where the researcher attempted to observe participants without interacting with them. Non-participant observation assesses the field work setting and assists to collect essential information about participant behaviour and body language and other aspects of social cultural interaction (Creswell, 2013).

Participant observation has provided a greater understanding of *chaay rak chaay* interaction in a natural setting. I sought to observe *chaay rak chaay* in a natural setting (entertainment venues) and proposed to discover *chaay rak chaay* behaviours; such as how they connect with each other, what happens in a real setting where gay men interact, and how their interpersonal interactions might contribute to having unprotected sexual intercourse.

Observation is a highly significant method in conducting qualitative research. It plays an important role in exploring real interactions in a natural social setting, including discovering artefacts provided that represent a human's life (Roller & Lavrakas, 2015, p. 205). This led to a deeper understanding and assisted in

gathering significant knowledge related to the social behaviours and symbolism of *chaay rak chaay* in this study.

Sense of safety and cultural

The work site locations occurred throughout Bangkok, so I had to consider the safety of fieldwork visits. Although I am a Thailand national, I was not a Bangkok resident and was unfamiliar with the environment and setting, I was concerned about how difficult the field work would be and how to succeed in collecting rich data from the situation. Multiple strategies were employed by the researcher during field work and I could never completely predict what was to occur (Wolcott, 1929).

During the study I was supported by my supervisors, as well as the Human Ethics Committee through approvals and other requirements. The University Health and Safety Committee assisted in the planning of appropriate strategies whilst on fieldwork such as providing guidance on solutions in case of harassment during fieldwork. Planning the procedures with safety in mind was always a consideration. My co-workers provided information about factors that needed to be considered and what to be aware of whilst conducting observation. This is significant during the field work observation in ensuring safety and data collection without encountering unexpected harassment.

Serendipity of data

Serendipity is an opportunity to discover information that contributes to the overall development of the study when on field work. Unplanned events whilst undertaking ethnographic work provide a chance to uncover surprising data discoveries. Serendipity is relevant in qualitative research, it is one of the core

components in interpreting the participants' view (Wolcott, 1929). Examples of serendipity in this ethnographic project were relationships that were formed coincidentally via invitation through social networking whilst living in Bangkok. These involved joining a HIV prevention project and attending a gay male cabaret show. I did not expect to participate in these events but they were nevertheless significant in seeking a deeper understanding on the phenomenon of *chaay rak chaay* life.

Over the three month period, I found surprising events that were helpful in developing my data collection and analysis. During the time in field work, I had a chance to observe men who have sex with men in Cabaret show venues. I was invited by one staff member of the Thai Red Cross Research Center to accompany her. I had not planned to visit this venue to observe but it was good opportunity to visit. I experienced new characteristics particular to this type of entertainment venue that did not have a sexual purpose. This provided a greater understanding of *chaay rak chaay* life from different perspectives which gave balance to the methodological process.

Furthermore, I had an opportunity to get involved in an HIV prevention project that was established by a gay male NGO and multidisciplinary Bangkok health care organization. This project was run by public and non-government organisations throughout Bangkok to provide knowledge, attitude and skills related to HIV prevention among the Thai military. It was a great opportunity to understand their role in running programs related to HIV prevention. This event showed a part of the health system that has an important role to play in effective HIV prevention projects in *chaay rak chaay*.

Data analysis

As stated earlier, thirty interviews were involved in the analysis process. One interview was excluded because of the low quality of the recording. The average time taken to complete thirty interviews was approximately 46 minutes. Interviews were audio taped and transcribed verbatim. The data was collected in the Thai language which then had to be translated into English by a professional translator. Some of both the de-identified Thai and English transcriptions were reviewed by a Thai mentor who is a specialist in qualitative research. This ensured that all of the interview data were transcribed to the written language and consistently translated to the English language. A content analysis (Vaismoradi, Turunen, & Bondas, 2013) was conducted of all the interview transcripts and followed the six steps as described by Creswell (2013). This included data organization, reading, and memoing, classifying the data into codes and themes, interpreting the data and representing, and visualizing data (Creswell, 2013, pp. 190-191).

The NVivo program version 10 was utilised to organise the data coding and theming process. All thirty English transcripts were imported into the NVivo programme separated by the participant's interview number. Reading through the transcriptions including memoing and making concurrent notes for discussion with supervisors, this ensured that interpretation of data was as free from bias as possible. At the analysis stage, the repetition of words, phrases, sentences and even paragraphs were assigned a code or theme as open coding. I then considered with my project supervisors the themes and subthemes that emerged thematically appropriate to best answer the research questions.

Audit trail process

The following symbols define the process of editing of the transcripts. These apply to the entirety of the quoted material in chapters Four to Eight.

(10:5) This pattern is used to identify the participant. The first number is the interviewee number. The second number in parentheses separated by the colon, is the page number of interview transcription.

… The ellipsis was used in quoted material that has been omitted. Three dot points were applied between two or more original sentences that have been cut and merged together.

[X] The square bracket was used to protect the identity of a participant, entertainment venue and other well-known places (O'Brien, 2000, p. 146).

Research rigour

Qualitative research concerns the quality of the research process, in terms of "trustworthiness". The process must have credibility, transferability, dependability and conformability. Reliability and validity are vital criteria to research quality in quantitative research (Lincoln & Guba, 1985). Flick (2007, p. 67) highlights the core components for procedural quality to be achieved for successful qualitative research as the quality of documenting and recording data reliability and successful interpretation in ethnographic research (Flick, 2006). Seale (1999) argues that quality in qualitative research can be developed in a variety of ways during the research process such as member checking, audit trail management and process and researcher's reflective commentary.

This project has utilised numerous strategies to ensure the quality and integrity of the data in this study. Prior to the data collection process, training skills in

research were undertaken. These included observation and interview practice, risk management tasks, an ethnographic research workshop, and training in using NVivo for qualitative data analysis. These strategies formed core components in my preparation for collecting data consistently and dependably.

Reflective journal work was conducted whilst on fieldwork. This strategy was important to self-monitor how the research process was going, what follow-up actions were required and when data saturation had been reached. This is a worthwhile component when considering the data collection journey.

After completing each interview, I listened to the interview recording and made notes on ways to improve on themes to explore in the next interview. In addition the preliminary analysis was conducted during the data collection process. This ensured that the data collected was of quality and could answer the research questions.

Some of both the Thai and English interview transcripts were sent to a Thai research mentor who has expertise in qualitative research and was fluent in both Thai and English. This ensured that the interview transcripts had meaning and language consistency. All transcripts were reviewed again after completing the translation process. Reading through transcripts and listening to the recorded interview occurred simultaneously. I then made some notes and highlighted the words and issues that needed to be clarified. I made memos throughout the transcriptions then discussed the personal reflective views with my supervisor, particularly those that were of significance to the process of choosing themes and interpreting participant data.

Ethical considerations

Ethical consideration was approved by the University of Newcastle Human Research Ethics Committee (No: H-2014-0071) and the Faculty of Medicine Ethics Committee, Chulalongkorn University, Thailand (No: 012/57) (Appendix 11 and 12). All participants attended one in-depth interview. Each participant was provided informed consent to participate (Appendix 4 and 14) and also provided with an information sheet in Thai explaining the contents of the information statement (Appendix 5). The information statement included a description of the research, methods, process of interview, possible benefits, risks and protection of participants. Participants were offered the opportunity to discuss aspects of the research or any questions they may need to have had answered prior to signing the written consent form. Participants could refuse to participate in the study and they could also withdraw from the study at any time without penalty and have their data destroyed. This option did not occur at all for any participants.

Privacy, confidentiality and disclosure of information

All transcripts de-identified interviewees by a code. This ensured an interviewee's privacy would be protected if the recording transcript was lost or stolen. For digital interview recording, additional precautions were required to ensure security for the data stored on a computer or portable media. Such recordings required password protection and were appropriately stored. All research documents were stored by the researcher and supervisors in the locked cabinet at the School of Nursing and Midwifery research higher degree office. Only my supervisors and I had access to this information. All data provided to the supervisors or contained within written reports were de-

identified. Data will be retained for at least 5 years at the University of Newcastle as per research policy and ethical protocol. After which, all information and data will be destroyed following University of Newcastle procedures for shredding of sensitive documents.

For audio recordings, except where it was essential to the research and where participants have been fully informed of the implications, participants were asked not to identify themselves or any third parties. All names of participants and venues were changed and a pseudonym was used to protect their identity and privacy.

Potential risk

As this research required participants to talk about their experiences as a gay man, it is possible that some of the conversations we had about a participant's situation could cause emotional discomfort. This risk was considered during the preparation of my proposal as I was concerned prior to the beginning of this project that, if this should happen participants would be asked by the researcher if they wanted the interview stopped, or alternatively, they could ask at any time for the interview to be terminated. Support was offered after the interview if required by the Niranam clinic (+662-253-0996). Participants could choose to continue the interview after a short break, or at a rescheduled time of their choice. Participants were also able to withdraw completely from the study at this time, if they chose. If it was considered any participant required extra support following the interview, this was also offered. I also coordinated with the Thai Red Cross staff regarding the referral of participants in case of emotional distress. However, the field work had no incidences of any participant's experiencing emotional distress during the interviewing process.

At commencement of the interview all participants were informed of these support measures. Although this study could not guarantee benefits from the participants' involvement, the data collected may prove beneficial for the broader community in the future and for nursing health promotion development for the prevention of sexually transmitted diseases.

Limitations

Not being a Bangkok resident made it difficult to travel through the city. I was concerned about living for four months in such a big city. I have friends from Bangkok who were very supportive of my research project and from whom I gained a lot of significant information regarding Bangkok. This was relevant to my data collection process such as, accommodation, travelling and entertainment venues.

Travelling in a crowded mega city such as Bangkok was very difficult creating limitations at the time. Travelling to the field works sites at night time can be difficult for people who are not from Bangkok, mainly because they do not know where the venues are and how to get there. I employed several strategies to overcome that situation such as asking friends, googling and searching by myself. Importantly, I tried to recognise landmarks in the day time relevant to public transport, place and any distinctive landmarks that proved very useful in assisting me to navigate Bangkok more easily, particularly at night time.

During my stay in Bangkok and during the time fieldwork was undertaken, Thailand went through a political crisis and a Thai military curfew was imposed on the whole country. The non-participant observation processes in entertainment venues was therefore limited at the outset of this project. The

curfew affected the operating hours of entertainment venues and I was unable to leave my accommodation after midnight. With respect to the curfew conditions, the schedules for conducting the non-participant observation were changed. The fieldwork sites were visited early in the night to conduct the observation and I had to leave fieldwork sites before midnight. There were limitations in gathering the real data because the nature of the fieldwork was changing, for example, most of fieldwork sites had fewer customers than at the normal time.

With respect to the curfew, the safety issue was given a top priority. It was a limitation to my ability to visit public areas. I gave importance to following the news about the military operations especially as it related to my safety. I also avoided the high risk areas and did not attend places that were crowded with people. Sadly, shortly after I returned to Australia to analyse my data a bomb was exploded in the city of Bangkok.

Summary

The forgoing detail in the methodology chapter has described the research process involved in the use of ethnography. I have described the venues and ethical procedures used to organise the interviews and non-participant intervention. The participant demographics are provided along with the limitations of the study and the considerations taken to ensure a robust process was undertaken in the collection and analysis of the data collected. The following chapter is the first findings chapter of this ethnographic research project. The findings in relation to *chaay rak chaay*'s perspectives of gay male life are presented in the following pages of finding chapters.

CHAPTER FOUR

Bangkok's *chaay rak chaay* in a contemporary world

(Gay sense of self)

Introduction

This chapter begins to address research question one as it describes the participants' perspectives of what it is like to be a gay man living in Bangkok and explores more deeply their perceptions as to what it is to be *chaay rak chaay* (ชายรักชาย). The concepts of variation in gay identity and the flexibility of sexual role, as well as the issues in relation to self-perception, sexuality, HIV infection and gay life are presented.

Theme 1: Sexual diversity in *Chaay rak chaay* subculture

Subtheme 1.1: The variety of identities and characteristics

Broadly, key themes around sexuality have emerged from the data and include sexual diversity and its relationship with *chaay rak chaay* identity.

Participants describe that the *chaay rak chaay* typically lives his sexual life in a flexible manner. For example, the following participant talks about how he defines himself as gay:

> *I never really define myself as Gay King or Gay Queen. To me, it all depends on the inside. Sometimes I want to be the Rub (receiver) whereas other*

> *times I just want to be the Rook (giver). I asked my friends about this. Sometimes I just wanted to try new things due to my curiosity as it might change my preference. Today, I might prefer to be the King. The next day, I might want to try being the Queen after getting tired of being the Rook (giver.) It's the excitement of it that made people have unlimited desire. I wouldn't say I'm a King or a Queen. I'm not a bisexual either because sometimes I also like women. Sometimes I felt like having a family of my own, you know. So, I really don't know which type I would classify myself. You could say that I'm a Gay. That's acceptable, but to be specifically identified as Gay King or Gay Queen. Now, I think I'm Gay King. But if one day my partner wants to be the King, then I would have to allow him. I mean we have to be considerate for others, especially when that person is someone we love. (4:3)*

From this excerpt, it is apparent that identity is defined as "King" (คิง) and "Queen" (ควีน). These identities indicate a choice in sexual position and behaviours. For example, the word "King" refers to *chaay rak chaay* who are insertive in sexual activity and includes employing masculine expression. On the other hand, the term of "Queen" is meant as effeminate *(ออกสาว/ Ook- sao),* soft and gentle with the receptive role in sexual intercourse.

According to the participants' interviewed, the type of gay identity often varied and was influenced by many factors. Gay identity can be altered according to the variation of penetrative roles and this penetrative activity can switch depending again on the choices of the partner. It seems that gay sexual identity, at least for

the latter participant, is not a fixed perception but considerate and is mindful of the needs of the partner.

As I asked the next *chaay rak chaay* more about his identity, he described:

> *Well, judging from my personality, I think I could call myself a "Queen", but I'm actually a "Boat". It depends on the person I'm seeing, but most of the time I'm the "Queen". I tend* to like dry sexual intercourse (releasing sexual desire without anal intercourse) *more because I think insertion isn't always necessary. (2:1)*

The actual visual appearance of the gay man does not necessarily disclose true identity. This participant is apparently effeminate in expression, so society should identify him as Queen. However, the participant decides to identify himself as a "Boat". The Boat identity is indicated by the participant because his role in sexual activity is both insertive and receptive. Such a viewpoint provides some indication that sexual roles play a significant part in classifying *chaay rak chaay* identities.

The participant explained his personal preference in relation to self-identity:

> *I like the same sex as well as the opposite sex. I guessed I could define myself as Bisexual…Now, I'm officially Gay Queen. I don't think I'll ever make the move on a woman first. However: if she started it first, then I don't know (Laughing). I still can't picture how a woman can do that, you know. (9:2)*

Personal preference is another major factor identified as influencing this participant's identity. Personal preference is the defining factor as to how they

are described and people choose to define their identity in their own way. This participant describes experiencing sexual activities with both men and women and at the time he defined himself as *Bi/ไบ* (Bisexual). He then experienced much more fulfilment engaging in the receptive role (Queen) with someone of the same gender. Although he is currently clear about his sexual role, the participant has said once sexual behaviours in any encounter vary he may return to a previous role, but it depends on the situation.

Other research has found similar variation around sexual roles and identities. In a Vietnamese study exploring the terms used to classify gay men in Vietnam such as *Bong men* and *Bong kinh* (gay), authors found that the terms were described using local slang and each term also identified a specific subgroup. This study indicated that Vietnamese gay men, like Thai men, identify themselves based on their physical appearance and behaviour and that their sexual role is influenced by the social and cultural norms of the gay community (Duc Anh et al., 2009).

In another finding this *chaay rak chaay's* participant's story describes how society responded to him in relation to his defined identity:

> *In the past, kathoey (queer) were not accepted, so I was bullied as being Toot and kathoey But I was quite feminine and acted womanly so I accepted myself. Was I sad? I was sad, yes. To be teased as Toot and kathoey (queer). But there were people who were honest to me. (25:2)*

The participant stated a couple of words that are defined as "Queer" in Western terms. The expressions *Toot* (ตุ๊ด) and *kathoey* (กะเทย) are generally in use in Thai

society. This participant reflected that *Toot* and *kathoey* represented men who are effeminate in expression. These feminine behaviours directly relate to the role expressed and for this participant they were linked with negative experiences such as bullying.

The above excerpt reflects similar findings reported by sexual and gender minorities in Thailand. Ojanen (2009) notes that the term "*kathoey*" has a negative meaning and that it can be used as a negative word toward men who identify themselves as gay. Tunthanathip et al. (2009) conducting a longitudinal study of Thai gay men (n=894) found that the term "*kathoey"* is commonly used by Thai people to express a variety of sexual identities and characteristics in relation to men who are involved in the same sex behaviours. It appears that there is some consistency around the use of this expression but that it may occasionally be construed as negative.

Another participant describes what constitutes each of the sexual identities and highlights that whilst there are some consistencies observed with other participants, there are also some differences:

> *When you are the Rook/ รุก (top) and you are effeminate. The Rub/รับ (bottom) will not want you to top them. So you should be more reserved. Both/โบ๊ท (Versatile) means you can be effeminate but not to extreme and in the medium level. You are not too obvious. Both mean you can be both the Rook and the Rub, which clarify that they like being the top too, in order to be considered versatile…Their preference defines their sexual behaviour such as Rook, Both Rub. But how they behave in the society depends on the*

> *appropriateness of being with their family, or being in the society. So characters cannot define sexual preference. It is only stereotype. Stereotype that someone is this or that...It is only sexual preferences…For example,* ***Soa-Siab****/สาวเสียบ (penetrating queen), they will show that they are queen (effeminate). Once they realize that they are Soa-Siab and being the Rook. So they display their character that way, but them like being the Rook. (14:18)*

From this participant's experience the social norm about gay identity, behavioural characteristics and sexual role are correlated. For example, the masculine behavioural characteristic should be a 'top' and his identity a King or Rook. On the other hand, the more versatile sexual role should be a 'Both' and his characteristics are less likely to be effeminate. These examples show the correlation between gay characteristics, identity and sexual role that are understood by Thai society. Health promotion programs designed for the cohort of MSM should have a clear understanding of their vernacular and symbols uses in the gay subculture to identify its members. In this way a relevant connection can be made with participants of programs.

It is apparent from this participant data that a variety of identity and behavioural characteristics has been identified through the gay male community and this is supported by the literature (Jackson, 2000; Ojanen, 2009; Pongtriang, O'Brien, & Maguire, 2015). However, within the findings of this current research it was found that a participant's sexual expression may not always predict their sexual role and gay identity at the time. Therefore, a man might identify himself as the opposite role to his normal sexual role, or social view, depending on the man he is interacting with and his preference. It is self-

preference with *chaay rak chaay* choosing which role they want to enact. Additionally, their outgoing display or character expression can often be influenced by social circumstances, including their family and surrounding community. It is clear that characteristic or role expression alone is less likely a predictor of gay sexual behaviours in the group of men interviewed in this study.

Subtheme 1.2: Flexibility of sexual role and its relationship to HIV risk infection

The in-depth interview findings indicate that choice of sexual roles are flexible, and is apparent in *chaay rak chaay* sexual activities that this variation it depends on many factors. The following exemplars illustrate *chaay rak chaay's* sexual activities in relation to their being at risk of HIV infection:

This participant described his sexual relationship as a *Gay King* (เกย์คิง) and *Gay Queen* (เกย์ควีน)

> *When we started having sexual desire. I mean I can be both. Let's start with "Gay Queen". For Gay Queens, we would observe our partner to see what he's going to do to us because he's the one controlling the game. Most Gay Kings are the ones controlling the game…each person has different foreplay styles. For Kings, they mostly spend time arousing their partner for like 5-10 minutes. I mean in general cases. Not just with partners. The ones I have experienced before usually spend about 5-10 minutes of foreplay by licking all over my body…Did they give me oral sex? Very rarely unless that person is a "Boat". As for anal licking…more than half would do it because they consider themselves*

> *the leader of the game…If you ask about the positions of who's on top or bottom, Gay Queens are usually at the bottom position. (2:4)*

The above participant describes his sexual role when engaging in sex, as a Queen (receptive role). Most of the time gay queen is controlled by gay king. Gay male sexual roles are similar to those in heterosexual relationships. Foreplay generally occurs but it is interesting that gay king would be less likely to perform oral sex, they would however lick a queen's anus instead. In the versatile type, there are more flexible sexual roles than the king type. From these results it appears that the sexual identities of gay men are associated with their sexual roles. The gay male participants are most likely engaging in a different sexual pattern and this results in encountering a different degree of risk of HIV infection as well. There is a need for health care providers to explore sexual roles of MSM and their preference in sexual activities. For example, the gay male sexual role has to be identified at the early stage of a consultation process. This is essential in gaining the specific knowledge required for preventing the risk of HIV infection.

Age appears to be relevant in choice of roles of some participants. A middle age *chaay rak chaay* reflected on his sexual roles and excitement:

> *Today, I might prefer to be the King. The next day, I might want to try being the Queen after getting tired of being the giver. It's the excitement of it that made people have unlimited desire. I wouldn't say I'm a King or a Queen. I'm not a bisexual either because sometimes I also like women. (4:3)*

The sexual role can change at any time and is influenced by sexual desire and sexual excitement. This participant engaged in sex in a variety of roles and this ambiguity led him to be unconfirmed about his gay identity. He appears less likely to place importance on his identity because he has engaged in a variety of sexual experiences. The findings indicate that the sexual role can be changed at any time during gay life. Gay life experiences seem to influence their preference around sexuality and this can result in different behavioural expressions, as well as their sexual practises (Connell, 1992). Any health promotion approaches therefore has to place importance around life experience and background of the gay men involved. Targeted approaches will then potentially benefit by a reduction of the potential risk of HIV infection in the lives of this group of gay men.

To confirm the flexibility of the sexual role in gay men living in Bangkok, this participant explained the concept of *"Both"* (โบ๊ท) types:

> *Well, at first I didn't like being a rub and I was always the top for both sexes. Until I found a nice boyfriend and he was a very good person, but he was also a top. He kept begging me to do it, until after a while…Nearly half a year and I gave in. I loved him, so I stayed with him for over 5 years and was bottom for him. After a while, I was used to it and wanted to top him. He was being fair and told me to look for a bottom, so we could have threesome. (11:3)*

The sexual role for some participants interviewed can be flexible because of partner influences. This participant was fixed in the sexual role, whilst he preferred being a top, it was not fixed when his partner was of the same sexual

role. Love appears to be a catalyst to change the sexual role even if the person is not completely happy. The participant decided to be a bottom to please his partner and because he felt it was important for his partner to be satisfied and it was acceptable for their relationship. This situation highlights the difficulty that exists when parties with the same sexual role are together but negotiation can occur between the parties. Therefore, HIV prevention strategies could be designed to integrate partner discussion to explore the sexual role or pattern and to highlight the HIV risks they confront as gay men.

The same participant as above reflected on why a versatile couple can be together longer than other gay types:

> *In the end, the bottom would feel that they are being the passive one. They must like being the passive one. This is what gay is. They like to have fun and to switch roles. They will think like this…I do this to you and you do this to me. There is a balance and fairness to be frank, so if both are versatile then they will last longer. Most of the time when I see top and bottom, they will break up eventually. Never stay longer than 10 years together. (14:11)*

The participant notes that stereotypes of the sexual role of a gay partner might indicate that they could not sustain as long a relationship as versatile couples. He supports the idea that the passive person in the relationship can switch sexual roles and become the active one because equality and balance are needed in a relationship. If that is not accepted, the relationship is more likely to be terminated. On the other hand, a versatile couple is much more flexible in their approach to sexual activities. This can bring a balance and equality to a

relationship and is the reason why many gay men referred to by participants prefer the non-stereotype and flexible sexual role.

Furthermore, the findings from the demographic data demonstrate that the majority of *chaay rak chaay* participants (51.6%) identified themselves as *Both* and that they have both the insertive and receptive role in sex. This confirms that sexual flexibility exists for these participants and that there could be an emphasis on this factor when designing appropriate HIV prevention strategies for this group.

Theme 2: Engaging chaay rak chaay's self–perspective regarding gay life, sexuality and HIV infection

Subtheme 2.1: True love does not exist in gay life

Findings from participant data explored *chaay rak chaay's* perspectives in relation to monogamous relationships. A number of participants reflected about the meaning of love and how love effects their sexual needs.

The participant explains:

> *I knew that one day it would end like this because for us Gays it's never lasting like male-female relationship. Even for male-female couples, they also broke up. I've seen a lot, but not as much as Gay couples. (4:4)*

The Thai participant shared his opinion about relationships among Thai gay men not being as monogamous as heterosexual relationships and that Thai gay males are less likely to have a long relationship. Perhaps the distinct difference in this Bangkok research is that the concept of gay in Thailand is now becoming

more socially acceptable, but previously many gay men were only able to express themselves covertly due to the cultural taboos (Buddhism) and this often resulted in non-monogamous encounters.

This Thai participant's perception however, is in contrast with Western research with gay men which suggests that homosexual men are highly truthful when talking about sex and monogamy and where monogamy is often desirable (Marano, 2015).

The next participant described the reasons why the *chaay rak chaay* relationship is unstable:

> *For Gay couples, in particular, you cannot have family with the exception of having dogs for babies. That would be the only common responsibility you could have. It all comes down to the commitment you have for your partner that will prove how long your relationship will last or how much you love each other. I mean if you have to be separated for whatever reasons, you'll just have to be separated. That's why I think it's hard to have a long-lasting relationship…It seems gay love very unstable. If any Gay couples can make their relationship last, they must have really strong commitment or having something in common such as profession like doctor and doctor. Our society today is all about changes whether it be career, house, or office. Once changes have taken place, distant come into play and it can really affect love and relationship unlike in the past when couples are strongly committed to each other. (5:5)*

This participant expressed a belief that gay relationships are difficult to maintain in the long term. Gay couples in Thailand and Bangkok appear to often have less commitment to bond them together. It is different in heterosexual relationships where they have many factors that potentially commit them for a longer period of time, such as religion, children, marriage and social norms (Marano, 2015). The participant also expresses the opinion that, love between gay partners can be unstable and that this can be a factor as to why gay males may have short term relationships. Perhaps love with gay men in this study is vulnerable because of the social and cultural pressure for everyone in Thailand to be heterosexual. The socio cultural norm is heterosexual relationships complete with children, family and owning a home together. This pressure from mainstream expectations destabilises the loving bond 'men with men' are trying to have, because surreptitiously it is considered wrong by mainstream Thai Buddhist and social mores.

The participant suggests that being in a longer relationship requires a much stronger commitment and without many factors supporting the relationship including, economic, sociologic and personality factors it becomes weaker. Thai society has changed and the external factors affecting perspectives on love can make it more difficult to be in a strong continuous same sex relationship.

The same participant as above reflected about policies and laws influencing the stability of gay relationships:

> *Policies and laws played an important role. You see it's only half-way. It's not possible for Gay couples in Thailand to actually settle down and have a family together. So, when their relationship reached half-way, it tends to*

> *end easily. Now I wouldn't say that it's a difficult thing to hold on to a relationship. But in terms of our family role or our role in love as a couple, we can never give it 100 percent. It would be just an average kind of love. (5:6)*

The participant indicates that policies and laws play an important role in sustaining a strong bond in gay relationships. Many gay couples are not successfully able to have a family together. When their relationship moves toward that point, it has to be terminated for their own personal reasons. Establishing a family is quite hard in Thailand for gay couples without being supported by policy and endorsed by religion. Moreover, a short term relationship is often not influenced by feelings of love which can make these relationships more unstable. Perhaps this should be driven by law and policy in relation to gay marriage and greater promotion and acceptance of same sex relationships in the media.

Another participant talked about the reasons why he was only in a short term relationship:

> *Sometimes this person disappointed me, so I moved on to other person. When that person left me, I moved on to others and on and on. It seems like I keep looking for new one. I didn't want to change and just wanted to stop at this person, but it was not possible. I stopped with this person, but my boyfriend didn't. (12:12)*

He explains the unstable nature of his relationships, even when he attempts to have a serious relationship with someone. In reality, when others left him, he

continued to move forward attempting to find the right partner. He does not want to keep changing partners but this choice depends in part on his partner. Similarly, in a study of gay men in the United States of America it was noted that over 60% of gay men (N=250) need and want a good relationship in their life (Bailey & Hart, 2005).

Yet another participant reflects on love in relation to gay men in short term relationships:

> *Most gay people when they are in love, they are truly in love and emotionally attached. But they can't be in love for too long because there is no commitment such as having children. It is easy to break it up because of the social media. You get to meet different people. If you are not madly or not strongly in love then it won't work. (14:11)*

This participant describes the emphasis gay men place on the notion of love and how they can be very sensitive about love but are less likely to be 'in love' for long. Again, there are many factors that influence their relationship. For example, gay men in Thailand have no commitment around children. In this day, social media plays a role in relationships, it can make it easier for people to meet, relationships can break down and re-partnering is made easier. The participant supports the notion that a gay couple must have a strong loving relationship in order for it to survive.

One other participant expressed his opinion around the lack of permanence in *chaay rak chaay* relationship:

> *Gay people who have 7, 10 or 15 years that I have met would have open relationship in the end. They are partners but not the actual couple and it is not the couple mentality. They are together to support and help one another, but they find sex separately, but I've met people who are in their late 30's or early 40's and are still together. They live under the same roof every day. They see each other every day if they don't have work, but not the same with their sexual activities. So in the end, I think what do gay people want in life? (15:12)*

This participant explains that open relationships can be found in gay couples who have a long relationship. This bonding is complicated by their lifestyle. For example, they live together in the same accommodation but without engaging in intercourse. Whilst they continue to support each other in everyday life they freely chose to find sexual partners outside of their relationship without damaging it. This perception is supported by Marano (2015), who highlights the open relationships in some male couples. This is similar to a study that explored satisfaction with open sexual agreement in Australian gay men (N=685) who are committed to being in an open relationship and have non-monogamous behaviours (Hosking, 2013). It is important however to not paint all male couple relationships with the same brush. Different countries have different laws and social expectations and in some cases cultural practices mitigate against the open bonding of male couples. Levels of widespread acceptance vary in all countries and particularly in this case Thailand.

The following participant discussed his current relationship:

> *I don't feel that I would be with him forever. I think I've been tricked and dumped by the previous boyfriends. So I better love myself. I am still with him. I give him 50% and the other 50% is to love myself. (20:5)*

Uncertainty of relationships was reflected by this participant. His previous relationship experiences proved unsuccessful, but they assisted him to learn how to love in his current relationship. From previous experiences, he began to appreciate to love himself as much as he loves his partner.

The above excerpts indicate that *chaay rak chaay's* perspectives are less optimistic around true love and the ability for relationships to survive long term. This appears to influence their ability to judge the nature of their relationships. As a consequence most gay men in this study describe being likely to have short-term relationships and multiple partners. This is discussed more thoroughly in the following chapter.

Subtheme 2.2: "Sex" the basis of life

Sexual intercourse was highlighted by most *chaay rak chaay* participants as being important in their everyday lives. Some of them emphasise physical sex but make a distinction between love and sex, as the following participant excerpt illustrates:

The participant expressed his opinion about gays and sexual intercourse:

> *The word "Gay"…For me, the word "Gay" doesn't necessarily have to involve sex, however, it is part of human nature to have strong sexual desire. When two persons are in love, it is typical that they have sex. But for me, love*

> *doesn't always have to involve sex. For the word "sexual intercourse", I think everyone has experienced it. It's part of our nature. (10:12)*

This participant makes an interesting point. He notes that when we talk about gays, most people think about sexual relations, however, sex is not always coupled with gay people. All humans have a desire to have a sexual relationship because we are genetically hardwired for it to be so. In his view, although a loving partnership usually does imply a sexual relationship, one does not need to have sex to be in love. Love and sexual intercourse are not necessarily mutually inclusive.

In support of the above perception, Halkitis, Gomez, and Wolitski (2005) explored the role of sex from the perspective of HIV positive gay males (N=225) in the USA as the following quotation emphasises (Halkitis & Wilton, 2005, p. 23):

> "The role and meaning of sex in their lives reference to temporal and interpersonal paradigms. Many indicated that the role of sex had changed as a result of HIV seroconversion, and some discussed sex as it related to the sex partners that they chose and the manner in which they interacted with these sex partners"

The following *chaay rak chaay* participant expresses a similar opinion regarding sexual intercourse and the gay community more generally:

> *Sexual intercourse is what gay men do nowadays when they have erection. Like I told you the instant noodles are not cooked yet and we had sex. Most of the time it's fucking and not making love. (15:11)*

From this *chaay rak chaay*'s perspective, sexual desire in Bangkok is easy to release for gay men such as hook-up behaviour. Loving each other is less important, a relationship can build quickly and leads to sexual intercourse to release ones' sexual need. His opinion highlights that some *chaay rak chaay* are inclined to engage in sexual intercourse without love. This opinion corresponds to another participant viewpoint expressed in the following excerpt:

> *There is none! Let's put this in the 100% scale, I am sure it is not over 10%. For 1% are the people that were born to love each other, but they also need to have sex. For me I cannot cut sex out of my life. But others might have other benefit. First of all, there is sex, then benefit and the third one is mutual thing that they like. For example, the people who are vegan and do go to temple can be together. But if one is vegan and the other go out at night, then they cannot be together. I think there are 3 factors. (14:12)*

The participant's reflection about love and sex in *chaay rak chaay's* life, indicates that gay men in this sample he knows about are less likely to be in love with their partner, but that sex is an essential component in a relationship. Many participants note that sexual desire is a key factor driving gay men to have sexual intercourse as emphasised in the following exemplar:

> *This way, I think they will be more willing to use protection if you ask me. But to stop their sexual desire or needs, it's not possible. As for me, I feel normal. I mean I still give pleasure to others sometimes if I have time but it's not like I need it. I never approach others but rather the one being approached. You can't stop someone's sexual desire or needs because you're born with it. (5:13)*

This participant indicates that sexual desire is a natural thing in human life. It is difficult to inhibit sexual desire because all humans are born with this desire. He views sex in terms of satisfaction and a desire to respond to that need in other people.

Sex can affect a relationship in such a way as to cause it to be terminated as described by this participant:

> *It is necessary for people who are partners to have sex. I have seen married people got divorced due to the unsatisfied sexual experiences. They did not have satisfying sex…being together will make them unhappy. It is part of married life. (22:8)*

This *chaay rak chaay* discussed how sex is important in gay male relationships. Gay relationships would be terminated if the sexual side of the relationship was disappointing. Many relationships are unable to move forward because of dissatisfaction with sexual activities. He confirms that sex is a significant part of life.

Another participant highlights the significance of sex and the ways to release it:

> *Sexual intercourse is about people sleeping together and there is penetration involved and oral sex. Do I think that sex is important in life? Yes, I think so. Everyone has needs. I think people should release it, but it depends on a person of how much they can resist it. If you can then you can stay home and masturbate. In case you do not need to find sexual partners. (23:7)*

He reinforces the importance of sex in people's lives. People who have a sexual need might find a partner to respond to their needs. On the other hand, people who can suppress this desire, might release it through masturbation instead of seeking a sexual partner.

The participants in this study articulated that sex is relevant in the lives of gay men and that it is difficult for it be eliminated from their lifestyle. Sex also influences the satisfaction of their relationships and this contributes to *chaay rak chaay* having multiple partners.

Sex is a basis of life and it is a major contributor to the spread of HIV. It is significant in considering how to promote safe sex among *chaay rak chaay*, whilst balancing this with the true nature of their sexual lifestyle.

Subtheme 2.3: Living with HIV (Normal life)

This study explored *chaay rak chaay's* experiences and the perspectives of those with both HIV negative and positive status. Most of the participants gave opinions that being infected, or that living with HIV does not prevent living a normal life. Participants articulated that contracting HIV could affect *chaay rak chaay's* mental health at the initial stage of their diagnosis but after the acceptance phase, many realise that life has to move forward. The following excerpts from participants reflect the key opinion of participants who are living with HIV in Bangkok.

This participant described his feelings about HIV infection with social views:

> *Just feel that if one day I got infected, I will not put the blame on anyone because I'm well aware of my risky lifestyle. I guessed I'll just spend the rest*

> *of my life normally. However, I want the way we give information in Thai society to change, meaning that you shouldn't make people feel that it's something new or unordinary disease because it's not so different from other types of virus and it will stay inside you for the rest of your life. You just have to treat it and try to stay healthy. Don't give it too much attention because there are many other diseases that can be sexually transmitted and not just HIV. (5:11)*

He describes HIV as just another type of virus that is not different to others. Being infected can mean you can stay healthy by taking care of yourself. He notes that Thai society needs to be provided with greater information about this disease. It would perhaps change the negative attitude toward people living with HIV, particularly gay men. He believes that being infected, should not be perceived negatively by others, but, that consideration should be given as to how to prevent unsafe sexual behaviours and promote those, so that individuals infected can live a normal life.

The next participant who was living with HIV reflected on his life and future planning:

> *I want to live life and do what I want to the most, which is making money for my parents. Doing things for the people who I owe the most. Like some people say that knowing that you are infected is better than not knowing. I think that way too because If I know that I am infected, I would think of what I want to do and live life with care. Some people think they are not infected and live a carefree lifestyle. At the moment I do not feel stressful. I feel normal like living normal life. (19:10)*

He planned to look after his parents and to try to do good things and live the best way he can. He felt lucky to know his HIV infection status because it encouraged him to be more aware of looking after himself to ensure he is more aware of living a longer life. He believes that many people do not know their HIV sero-status and that this can lead them to have a more carefree lifestyle. He reflects on his life with HIV and that he can live a normal life, not unlike those living without HIV infection. To date, HIV infection does not make him more susceptible to the troubles bought on by emotional distress because of self-acceptance.

HIV infection is not viewed as a serious infectious disease by some *chaay rak chaay,* as this participant indicates:

> *HIV is a virus that is not so scary. If you are infected and you do not let it spread throughout your body, or if you could stop it from infecting your cell, then you should be okay. You do not have AIDS and you can cure it in time. (23:7)*

This *chaay rak chaay's* perspective supports the idea that the HIV virus can be suppressed. He believes that being HIV infected does not prevent a long life if the virus is controlled. Individuals with HIV infection have to look after themselves to avoid the symptoms of AIDS and thus ensure a normal life. Evidence suggests that a positive HIV health status may in fact be preferable to some HIV carriers and viewed as more normal than a diagnosis of cancer or diabetes (Smith, Dawson-Rose, Blanchard, Kools, & Butler, 2016, p. 6). From this result, the relevant HIV knowledge needs to be promoted in this *chaay rak chaay* community in HIV health promotion programmes related to behaviour

modification and increasing the quality of life and wellbeing in those with HIV infection.

The next participant discussed the importance of social support to people infected with HIV:

> *I don't think they are the group that should be loathed by the people, but the group that needs help by the society. By being infected, it sort of limits their capability to work as they become ill more often and have weak bodies. The expenses are high, so they should not be separated and instead should be given more thought on them. (24:9)*

The participant mentioned that people infected with HIV should be supported by society. People who live with HIV experience societal and community limitations throughout life. They need to be encouraged and educated to prevent the illness spreading unchecked. Additionally, financial support provided for this group is considered important. It would provide a greater quality of life for them. As with the above excerpt, the views expressed by the following participant highlight the need to provide social support to infected people:

> *As for HIV, the definition is so wide. It is a disease. For my opinion, it is a group of people who are infected or about to be infected. You need to support and look after the people who are infected as they could live longer than a cancer patient. (20:8)*

He suggests increasing social support for infected people, a group whose wellbeing should be considered to promote longer, healthier lives. Although

HIV infection is a serious disease, this project found that most participants agreed that those living with the virus are capable of going on to live a normal life. There is however still a need for education directed at personal health care and social support to promote well-being and a chance to live a longer life for those infected.

Subtheme 2.4: Frightened of HIV

Even though "being infected with HIV can still mean living a normal life", receiving a diagnosis of HIV is still frightening to this group. This ethnographic study found many participants were terrified of the possibility of HIV infection spreading unchecked in the gay male community. The following excerpts represent a participant perspective on HIV in relation to awareness of HIV protection.

This young *chaay rak chaay* reflected on his perception around HIV influencing sexual activity:

> *As for HIV (paused), it's more like a human disaster and it is involved in every sexual relationship. I mean it is already a part of our life. HIV is one of things that made people afraid and endangers our life. But I'm okay about it because I learned to protect myself. Still, HIV can be more deadly than we thought. So, the best way is to use protections. It's better safe than sorry, especially when HIV is among the deadliest diseases. Like I said, it made people scare and became more cautious. When I said cautious, it also includes being cautious for your own safety too. We should always keep in mind that it's never safe when having an intercourse with someone. So,*

> *always practice safe sex by using condoms. Just tell them that even my partner use it. (2:7)*

He notes that HIV is a dangerous disease placing human life at risk. This virus is close to every sexual relationship and has the ability to endanger people's lives. He expresses that although HIV can impact upon an individual's life, learning about protection is a good way to protect oneself from infection. He mentions that gay men should be aware of safe sex behaviours and use a condom even when engaging in sexual activities with a regular partner. Indeed, evidence reports that risk of being infected with HIV results in *chaay rak chaay* being fearful and more aware of the need to protect themselves when engaging in sexual activities (Mariner, 1995; Rowe, Russell-Einhorn, & Baker, 1986).

The next participant spoke about his feelings around his potential for contracting HIV:

> *I felt terrible and scared. But all I could do was to wait. I didn't even take any PEP. I mean I didn't take any ARVs because I didn't know (6:4)*

The participant reflected on his feelings after being exposed to HIV infection, and his panic around the potential for infecting HIV was apparent. He did not have access to sufficient information about what to do after potential exposure to the disease. He did not access any treatments and was highly anxious waiting for blood testing.

This next young man living with sero-positive HIV expresses his emotions before and after contracting HIV:

> *I was a bit scared because there was a great chance that I might get it. But when I asked my sex buddy, he told me that that he doesn't have it because he's able to donate his blood. But my result came out to be Positive. I went back to him and put the blame on him and he sort of pushed away his responsibility by saying 'You'll just die if you have HIV. (9:5)*

He was concerned about his HIV status and the possibility that the result could be positive. At the time, his partner convinced him to feel confident about his own sero-status, however, the blood result was positive and consequently he was angry at his partner. His emotion at that moment was projected onto his partner as being the cause of his positive HIV status.

The attitude of gay men in relation to AIDS is illustrated by another participant:

> *In the past, I felt scared. I felt scared of being gay. I was fifteen when I realized this is called gay. I was confused and kept hearing since I was young that most gay people would die of AIDS, so that stays deep within me. (15:11)*

This participant believed that being gay correlated with AIDS. He misunderstood and thought that being a gay man meant you had AIDS and that you would die from the disease. He also realised that the high mortality rates of gay males was caused by AIDS. For this participant, the knowledge of AIDS related deaths resulted in a fear of HIV which can cause gay men to be more aware of their sexual behaviours. Therefore, health care providers have an opportunity to correct misperceptions and provide the right information about

HIV to motivate gay men appropriately (Jürgensen, Tuba, Fylkesnes, & Blystad, 2012).

Other factors that frighten homosexual men about HIV is discussed by the following younger *chaay rak chaay* participant:

> *Other thing is about the story on social media regarding one net idol. Many people commented that he had AIDS, that he had lung cancer and other symptoms. Many people claimed he was HIV+. When I saw that I felt frighten that with or without protection, I still need certainty that I do not have infection and whether I need to take care of it. (16:6)*

He stated that social media influences how he feels about contracting HIV and how it raises fear and anxiety. He heard news about a young man, famous in Thailand's social network, who died from contracting AIDS. His story including pictures after contracting AIDS which were shared via social media. It leads to this participant's fear of HIV infection, and the story encouraged a greater awareness of safe sex and prevention of unsafe sexual activities. It is known that learning from people infected by the virus can lead to greater insights. In a study by Wolitski (2005) it was found for example that exploring the perspectives and experiences of infected people can motivate a greater awareness of protection against HIV infection throughout the gay community.

To support the above participant viewpoints, the following excerpt highlights the influence of social media on influencing people's fear of HIV/AIDS:

> *Once I communicated with them through the application, I agreed to do it. However the AIDS issue became well publicized and my friend told me*

> *about people who had this disease. I came across some people whom my friend informed me that they were infected, but they were still using the application, so I felt that I didn't want to use it. I was scared, but if you ask whether I had experience with the application. (21:5)*

This participant is already aware that HIV/AIDS is wide-spread throughout the country. Many friends around him are infected and those friends have used phone applications to find sexual partners. For this reason he grew frightened of contracting HIV and began to avoid using the gay application for finding sexual partners.

Additionally, a fear of contracting HIV encouraged greater awareness and self-protection in order to actively avoid contracting the disease as described by this participant:

> *HIV is very scary. Even though you will not die now and will in 10 – 20 years. It is quite risky and if you don't want to take risk then you should stop. You don't need to have sex with people all the time. You could meet up with people and just talk, listen to music and watch movies, or you could just hug and kiss them. (29:8)*

In his opinion, HIV is an extremely dangerous disease although it is now possible to live longer with the disease than in previous years. To completely eliminate the risk of HIV infection you need to stop having unsafe sex with multiple sexual partners and have greater awareness of safe sexual practices.

This study found numerous reasons influencing *chaay rak chaays* fear of HIV infection. This fear of HIV resulted in a heightened awareness around safe sex

practices and using protection. These feelings of fear create intersection points from which to develop health promotion strategies and interventions to prevent the spread of HIV in the Bangkok gay community (Terblanche-Smit & Terblanche, 2010; Terblanche-Smit & Terblanche, 2013). Such a process indicates a need for nurses to be aware of health promotion theoretical approaches which will in turn assist them to conduct HIV prevention programs.

Summary

This chapter explored the concepts that relate to *chaay rak chaay's* self-perception and highlighted the uniqueness of their experience as intimate people in same sex relationships. The chapter highlights the levels of intimacy sexually, emotionally and intellectually; and how the expression of being a gay man is often made difficult for these participants in Bangkok because of opposing mainstream values and often religious beliefs isolating them from full participation in society. The following chapter presents the findings of discrimination and stigmatization in Bangkok's *chaay rak chaay.* The chapter also describes the effect of discrimination and stigma on gay male life and how that influences their everyday lives.

CHAPTER FIVE

Being *chaay rak chaay*: experiencing discrimination and stigma

Introduction

This chapter describes *chaay rak chaay's* experiences of discrimination and stigma. The chapter presents numerous factors highlighting *the chaay rak chaay's* exposure to daily discrimination and stigma, and how it impacts on their perceptions and behaviours. In order to more deeply understand a *chay rak chaay's* life as part of a subculture, the influence of social pressure on discrimination and stigma are presented. This chapter also interprets how discrimination and stigma influence *chaay rak chaay's* self-consciousness.

Theme 1: Social construction influencing discrimination and stigma in *chaay rak chaay*

Subtheme 1.1: Family conflict

Family support is important in human life. Family is also fundamental in influencing family members either positively or negatively. The family's acceptance of gay status is therefore equally significant in any gay man's life (Domínguez-Fuentes, Hombrados-Mendieta, & GarcÍa-Leiva, 2012). Most participants of this study reflected on the influence of the family on the behaviour of gay men. Participants' commented that they are encouraged by the

family to behave in a manner that might be considered socially acceptable and this can result in feeling a level of discomfort that impacts on their own quality of life. On the other hand participants report that when a family discovers their son is gay, familial conflict can occur in a variety of ways. This conflict can then lead to familial but also community barriers to the acceptance of being gay. Participants described a variety of conflicts within their family as identified in the following exemplars.

One participant describes his experience when asked a question related to conflict within the family toward gay men:

> *It is my relatives at home. Most do not accept that they have a cousin who was like me and different from others. Most of the time, it was my father who could not accept it when he saw me. Then there were others who talked bad about you. My father…objected to everything, from not letting me hang out with my queeny friends. He didn't let me go out. Only wanted me to stay home and suppressed me.* (19:1)

The comment indicates that life for this participant was uncomfortable particularly in relation to the acceptance from his father for his being gay. He experienced discomfort and limitations in everyday life through parental pressure and force. This affected him and made it difficult to live authentically as a gay man. For example, he further articulated that he was not allowed to socialise with his gay friends. The social control exhibited by his family imposed limitations on his gay lifestyle and suppressed him from certain freedoms in his life.

The following participant discussed his parent's reactions to him being *kathoey (กะเทย):*

> *My family has Chinese background, so they were furious and punished me. They claimed Chinese family does not have Kathoey (queer) members. When I went out, walking the catwalk or something then they would punish and ground me. I was the oldest boy in the family, so they were completely against me…At the time I dressed as a woman…I would be the one who was punished, as they hated me so much back then. (25:1)*

The participant illustrates that family acceptance and background is a key influence on gay social acceptance. His family origin is Chinese and they cannot accept a son who has effeminate behaviours. This is problematic because the participant's behaviours are opposite to the expectations of the traditional customs of his family. The participant also notes that he often experienced blame and punishment from his parents because of the expression of his feminine behaviours. Being effeminate caused conflict with his parents creating pressure and stress and contributed to his mental health deterioration to such a degree that he had even contemplated committing suicide.

Felix (2014) from a Malaysian study perspective, highlights that the family background is one of the most significant factors to influence the stigmatisation of gay men which then contributes to low self-esteem and depression; creating further limitations in their ability to find healthy expression in daily life

The next participant described his family's response to him being *chaay rak chaay:*

> *My parents knew, I am gay but they didn't accept it. They were completely against me. Whatever I did was wrong in their point of view. My cousins also did not accept it. It was quite hard being in the province. It was difficult that I felt I was the troubled soul…Others looked at me like you are effeminate and such. I do not understand how people think, but sometimes we cannot control their thought. (12:1)*

This participant explained that his family members did not accept him. He felt uncomfortable being around close family. It seemed like everyone was critical of him even though he did not do anything wrong. He also reflected that it was perhaps his effeminate behaviours which induced negative responses from others toward him.

The next participant spoke at length about his reaction around conflict with his father:

> *…my father pretended to be asleep as he could not accept it, but he just did not lash out or anything…my parents did not understand me in some of the things. So I ran away from home twice, but I did not go far and I also did not go for long period of time, so they were worried and were sensitive about my feeling. They probably felt bad, but if they did anything bad to me then I might ran away from home again. (24:1)*

This *chaay rak chaay* participant discussed his conflict with his father and his father's inability to accept him being gay. He was ignored and felt the pressure bought about by his father's reactions. Uncomfortable feelings and conflicts between the two occurred frequently. This lack of acceptance and restriction

toward his life to be lived the way he wanted to live it caused him to walk away from the family. The literature identifies that gay men often find conflict with their father because of their effeminate behaviours (Preston & D'Augelli, 2013) and this results in an uncomfortable life for them when living at home.

Another *chaay rak chaay* discussed his story regarding his relationship with his mother:

> *As for my family, my parents have separated since I was little. So, I was practically raised by my mom mostly and also my grandmother. They both know what I am like since I was just a little kid, but I was able to tell my mom about the fact that I like guys when I was in my freshman year because I was caught by my mom from the kiss mark… She was shocked for a while. She wouldn't talk to me for like 3 months... She told me that I was still young and that she could handle the fact that her son is Gay, but what I did was very unacceptable. She said that I went too far to go around and have sex with the guy…She later told me that I can get into intimate relationship with him but do not leave any evidence behind. (10:2)*

This participant had grown up without a father, and he now experiences acceptance from his mother and grandmother, however previously his experience was to not be accepted and this caused conflict with his Mother. He tells of his Mother being stunned after learning about his same sex preferences. His mother's reaction was initially to become speechless and ignore him, until finally she accepted and supported his lifestyle.

The role of the Mother is important in supporting gay life as compared to the Father, as discussed by the following participant:

> *I have never told them (I am gay) but I think, the person who raised you must know. When they found out, my mother did not complain. My father was curious about my sexuality. He asked how could I turn gay, but I never answered. Actually they knew my behaviour. My father was suspicious of it. He has asked me that question. How did I turn gay and why. My mother answered for me and said whatever I was. It was not the problem. (31:1)*

The participant reports that his Mother is more readily accepting of her son being gay than his father. The majority of emotional support is provided by the mother, whilst there is a feeling of pressure when confronted with the Father's response.

The evidence indicates that most feminine expression by gay men is rejected by their family members especially the father (Preston & D'Augelli, 2013). This conflict results in gay males moving away from their family connections (Darawuttimaprakorn, 2012). Family status may also be affected when others in the community learn a child is gay, causing further distance between gay men and their families (Ojanen, 2009).

According to participants and the literature, gay men often move away from home and begin living in more urban areas (Darawuttimaprakorn, 2012). A health promotion strategy could integrate the role of the mother in supporting the mental health of gay men. The strategy could also address the conflict that exists between some gay men and their fathers' with an emphasis on

negotiation and coping mechanisms for *chaay rak chaay.* This might help to eliminate the risk of some men developing mental health problems because they become stressed by family rejection and also during the coming out process. Dealing with stigma about being gay can affect mental health and perhaps keep Thai gay men away from health services to avoid the further angst of discrimination. Stigma has been associated with depression and other poor mental health outcomes and cited as being a particular problem for homosexual men (Ha, Risser, Ross, Huynh, & Nguyen, 2015). Furthermore, the concept of `stigma' (in this case family stigma) has long been associated with the notion of misaligning and marginalising individuals who are different from mainstream social norms. As early as the sixties Erving Goffman (1968 p. 14) in the context of homosexuality described stigma as a 'spoiled identity', seen as a characteristic in the eyes of society that significantly lessens the person who possesses it. For the participant above, not being accepted by family and his father for his sexuality, further reduces his social, cultural and familial acceptance.

Subtheme 1.2: Living with social pressure

Behavioural expressions of gay men have an effect on the community and society around them. Many gay men experience difficulty in their working life and the impact of being gay can also affect their career (Darawuttimaprakorn, 2012; Matzner, 2011). Research data indicates that the community to which gay people is a part of including educational institutes, their workplace and other community facilities, impacts directly on the behaviour and mental health of gay men (Courtenay-Quirk, Wolitski, Parsons, & Gómez, 2006). Evidence supports

the impact of stigma having a negative effect on mental health (Courtenay-Quirk et al., 2006; Felix, 2014). Social pressure toward gay men in the community was evident in the stories of participants experience's growing up as a gay male in Thailand.

A *chaay rak chaay* participant reflects on the difficulties of acceptance in the workplace:

> *I could not join the male gang and they do not accept gay people. They like to tease that you are the top man if you could top other men. Some other female or grown up groups also tease me, while others really could not accept me. I feel uncomfortable as it is hard to communicate with them and also pretending to be straight. (29:2)*

The participant was uncomfortable communicating with heterosexual colleagues and described experiencing ridiculous reactions in his working life. As a result, he pretended to be masculine and hid his effeminate behaviours to protect himself from social pressure. This participant's perception mirrors a study about gay men who were faced with uncomfortable feelings when required to interact with their heterosexual colleagues (Maiorana, Rebchook, Kassie, & Myers, 2013).

Another young gay male reflects on Thai society and cultural reactions to gay men in the community:

> *I think some people are not truly accepting of us. I have a friend who worked as a teacher. Once the school knew he was gay, they informed him that he did not pass probation and asked him to leave. Some jobs are more*

> *accepting such as make-up artist, hairdresser or other occupation. If you are civil servants, army, police then they are not quite accepting. It depends on the jobs you do. (30:2)*

The participant explains that Thai society is not entirely accepting of the male gay community. He describes gay men experiencing difficulty in their career, and some being rejected. Gay men are excluded from some forms of employment because of the barrier of negative social norms. Gay men experience limitations in the job market and in certain occupations owing to their sexuality. Gay men are most accepted in careers related to the cosmetics or beauty industry (Suriyasarn, 2014).

This participant's views about Thai gay men are in contrast to Chen and Vollick (2013), findings where they suggest that traditional gender norms do not influence homosexual men choosing careers.

Participants pointed out that gay men are affected by social discrimination, particularly gender discrimination within the workplace. They also reflected that people focus on sexual orientation rather than self-ability, or competency of achievement. Gay men are a part of society and deserve to be treated equally. This point needs to be advocated for and gender equality promoted throughout Thai society. The relevant organisations could promote their human rights and related issues through the public media. The next generation of Thai's need to be educated toward greater sexual and gender equality and this may assist to reduce discrimination.

This next young *chaay rak chaay* participant described the social reaction to his same-sex behaviours in public:

> *When I go out with my boyfriend, we might hold hands and I could see that people would take notice as if it is such undesirable behaviour. "Look at that couple"! I do not understand why we would have to be branded, as we have no rights to hold hands, even though we did not do anything ridiculous. We were just like any other lovers walking around department store. I don't understand why we would be confined to certain areas. (17:9)*

The participant points to limitations of same-sex behaviours that impact on gay couples who present themselves in public areas unlike the freedom lovers in heterosexual relationships have. Gay people are judged by society as outside the social norm including negative attitudes from others who believe gay men are a threat to the community. The participant also expresses his opinion that gay people are a part of society, so they should be afforded a normal life in the same way as others. This social pressure has contributed to gay people feeling uncomfortable in everyday life. Although Thai society is now much more open to same-sex behaviours, there is still limited acceptance of certain behaviours including affection toward gay lovers in public areas. Additionally, a recent study revealed that discrimination and stigma can drive gay men toward engaging unsafe sex activities (Hubach et al., 2015).

Many effeminate gay males are faced with discrimination in public areas as illustrated in the following excerpt:

> *I was at one place with my mother and this woman walked to where we*

> *were sitting, and pointed at me then said "look at this "kathoey quaay" (กะเทยควาย/effeminate bear). They do it with other men. So "disgusting". So I thought what was wrong with people like us. In the past, when straight guys saw gay guys around them, they would have said "We are so scared of being done anally". We just wanna say that it is not the case. (24:2)*

The *chaay rak chaay* participant explains his experience of stigma. He was insulted by someone in a public area. The conversations were rude in nature and made him feel as if he'd done something wrong. He was very upset and felt like gay men were not human. He also stated that many heterosexual men are threatened by gay men and what they perceive constitutes the nature of their particular sexual orientation.

According to discrimination and stigma among gay men, some *chaay rak chaay* participants have to hide their HIV status and isolate themselves from the community in order to eliminate troubling situations developing in their life caused by stigma (Preston & D'Augelli, 2013; Smit et al., 2012).

One HIV positive *chaay rak chaay* discusses his future plans as they relate to the effects of social factors:

> *Now I am in Bangkok. I thought I was going to go home, but I changed my mind, because I think my family won't accept me. The society still brands me. So I stay and live normal life in Bangkok, because I have friends who understand me. I've been talking to my friends about buying a house then turned it to massage parlour. Living our normal life. (12:12)*

This participant who is living with HIV reflects on the lack of acceptability of

being a gay man within both his family and in society in general, and that this influenced him to run away from home. Bangkok is a good place to live a normal life. He has other friends who accept his gay life and this makes it much more comfortable and it provides him the freedom to plan for the future.

Another participant reflects on societies need to change its view towards gay men in relation to HIV infection:

> *I want them to be more accepting, but not accepting so people would be infected. They should be accepting of people who were already infected. They are still effective and capable of many things. Please do not shut out on them. (22:9)*

He stated that HIV infected people are not accepted in current society. Individuals living with HIV should be accepted and supported because this group can still contribute effectively to society.

There is now more acceptance of same-sex behaviour in Thai society, however this issue is still problematic for the gay community. Many gay males still experience a loss of authority in their workplace and discrimination and stigma have become problematic. If they want to lead a successful and acceptable life they may choose not to disclose their status in public areas, or indeed even to their own family (Darawuttimaprakorn, 2012). Additionally, infected gay men confront greater social pressure and this results in many gay men facing stigma and dealing with consequential mental health problems (Gómez, Mason, & Alvarado, 2005). Therefore, health promotion for these *chaay rak chaay* should place an importance around the need for social awareness of gender equality.

Moreover, acceptance of HIV-infected people must to be raised across the country. This might encourage some of these gay men to come out from behind closed doors and to open themselves up, potentially improving their quality of life.

Theme 2: *chaay rak chaay's* self-consciousness and self-acceptance

Subtheme 2.1: Accepted and supported: Raising self-esteem

Discrimination and stigma affect the normal lives of gay men (Gómez et al., 2005). On the other hand, greater acceptance and support would assist in raising the self-esteem of gay men (Greene & Britton, 2013). This ethnographic study indicates the significance of acceptance, including the need for support of gay men living in society. The following section highlights the role of self-esteem in *chaay rak chaay's* everyday life and its significance in relation to decreasing discrimination and stigma.

The following participant reflected on his perception about accepting himself as being gay:

> *I'm happy about who I am, for the time being. Going out as I still have strength to go out. But when I'm older then I would probably go to temple or stay home, (Laugh) having dogs and cats (Laugh). See how it goes. (13:9)*

He states that accepting himself generates feelings of greater satisfaction and happiness in life. He is confident looking into the future as a gay man.

Similarly, the following participant discusses self-confidence:

> *It does not depend on your family. It is more about yourself. If you are confident about what you do that it is the right thing. It does not have anything to do with custom or culture. You do the right thing and it is only your sexual preference, correct? (18:3)*

The participant elaborates that acceptance is not just influenced by society, but also comes from within and one's own self-confidence. Gay men should feel confident they are doing the right things. Although being gay is not conforming to traditional cultural meaning, it is purely a same sex preference. It is not wrong to be gay and they can choose to be confident in their own way (Greene & Britton, 2013).

The next participant describes his feeling about his brother's responsibility in relation to religion and traditional culture:

> *I have 3 brothers. I was the first one to ordain as a Monk, once I graduated… I felt I was inferior compared to others, so I tried to do this. To make them see that I could be ordained even though I am this way (homosexual). Though there are obstacles, but I think I can do it. (20:2)*

The most important responsibility for the participant is to be ordained (being a monk). The participant notes that to be a monk is quite difficult for him being homosexual and that he was the first one among his relatives to be ordained in

the Buddhist religion. This achievement makes him proud of himself because it is a difficult achievement. He states that even homosexual ways are in conflict with traditional customs; however, it is possible to be successful if confident.

The following excerpt demonstrates how self-esteem provides the platform for men to feel proud to be themselves:

> *Now it doesn't matter. You do not have to hide it anymore as you can just be yourself. My friends in the group are also gay. The girls know that I am gay. So I was more open, less afraid and went out more. In the past, I was more masculine but I hung out with people who are effeminate, so I behave more and more like them without knowing it…It became more normal as in the past, I was quite offended when I heard people saying bad words, but now I don't feel it anymore and I even say those words myself. (21:1, 4)*

This gay male indicates that confidence in being gay leads him to having a more comfortable life than he had previously. He is now much more open in society being gay. He is less worried about others looking down on him and he does not care about people's ridiculous reactions.

One *kathoey* (กะเทย) reflected on his perception of homosexual life:

> *At this point no. I like it this way. I can accept myself. Comparing to the past when I didn't have breasts or haven't had gender reassignment operation. When I have a boyfriend, I feel that I have someone who loves me for who I am. So I am okay with this. (23:2)*

Accepting one's self assists the participant to feel satisfied with his life at present. Although physically his body is not the same as a female, he does still have someone who loves and accepts him. Regarding their own attitudes and perceptions, many participants did not desire to change things dramatically. They did not appear to care about the negative opinions of others around them and chose to live in the present and to do the right thing to the best of their ability.

The participants' viewpoints indicate that acceptance and support of an individuals' gay status is important in raising and sustaining the self-esteem of gay men. This results in greater self-confidence for gay people and greater ability to be true to one's self. Self-esteem also decreases the effects of stigmatisation and negativity on a gay male's perception of himself (Hubach et al., 2015). This is also potentially significant in reducing the incidence of mental health problems in the gay population (Courtenay-Quirk et al., 2006). Any health promotion strategies to reduce the incidence of HIV infection could also be focused upon building the self-esteem in some of these gay men. Raising self-esteem and self-acceptance of gay men is required to be established by health care providers, as well as by promoting Thai society to have a greater acceptance of the homosexual community.

Subtheme 2.2: Identity concealment-an uncomfortable life

Concealed gay status can be found in the gay community even though same sex issues are likely to be more acceptable in Thai society (Tangmunkongvorakul et al., 2010). Disclosing gay status might be difficult for *chaay rak chaay* who live with the strictness of family and straight customs. This study has identified that

participants find that to conceal gay status results in an uncomfortable life. The following excerpts speak to *chaay rak chaay's* feelings about the limitations on their life and on their same-sex behaviours.

This participant discusses social norms related to same sex behaviours;

> *Some people might hide their sexuality, and then others will try to guess and notice your behaviour. It's truly unhappy. Just admit it and people will know how to treat you. (20:1-2)*

The participant views are directed toward social beliefs and opinions that influence a gay person's decision to either expose, or hide their gay status. It is a socio-cultural pressure to conform that creates a personal conflict about coming out as a gay man in mainstream Thai Buddhist society.

A participant describes how it is important to hide effeminate behaviour:

I used to be very serious about people finding out that I was gay. I don't think my family would have liked me being effeminate gay guy, so I tried to be more masculine and not be too open. (21:1)

This participant did not disclose his gay status and his feminine behaviours were suppressed by masculine actions whilst out in public. Being a homosexual man is not accepted by his family, so masculine behaviours have to be displayed in front of others to conceal his gay identity.

Some participants stated that they felt comfortable being with family because they could express their effeminate behaviours without any problems. However, when outside the family unit their personality was completely different. They

were not able to present themselves in the same way as when living at home. Due to the family being well-known, it was necessary to conceal their gay status to avoid embarrassment for the family.

The next excerpt is from a *Kathoey* (กะเทย), who discussed the experiences and difficulties in life concealing the feminine expression:

> *I think about 13, I started wearing bra. I put it in the bag and changed when I was out of the house and was with my friends. When I returned home then I took it off because I didn't have confidence. Even though I had school hair cut with no hair, but I wanted to wear it as I felt. So I changed when I was out. (23:1)*

The participant explains that his behaviours are different when living at home and going into the community. He loves to get dressed up like a girl, but that this caused conflict with the family. He therefore conceals all of his girls' clothing until he leaves the home.

The next participant talks about the family background influencing him to conceal the *chaay rak chaay status*:

> *I grew up in the military family. My father was in the army and he was quite strict. So I was a quiet kid. I was a little effeminate and liked to play with girls. I did not like to play what boys played back then. Once I grew up and realized that I was gay, but I not want my father to find out because I did not want to upset him. (27:4)*

This participant's father was a soldier, with a strict military background.. This forced him not to disclose his gay status to the family, especially his father. He expresses that being *chaay rak chaay* would offend his father. It seems that concealed gay status and hiding effeminate expression are the strategies used to avoid conflict within his family and society. However, health promotion could concentrate on how these *chaay rak chay* cope with such feelings of discomfort. It is also important to investigate their mental health issues in order to provide further emotional support.

The next *chaay rak chaay participant* talked about when the responsibility of being gay is in contrast to their sexual preferences:

> *For some gay males, they do get married to women and have kids, even though the society knows what they are as for my friend's case. I think these people would like to please their parents by getting married, but they might still have the attraction towards other men, or have sex with them. It is his own sexuality, which could not be revealed. (21:3)*

He notes that Thai males are expected to get married to a female conforming to societal Buddhist tradition. Some men were married to women and responded to their family's needs whilst preferring men and concealing same-sex relationships.

Another participant compares the gay lifestyle in the big city compared to the countryside:

> *I just live a normal life. I am from provincial town, so I have to hide it a little… (Laugh). I was afraid that others will look at me in the bad way, so I escaped to Bangkok. I felt more freedom. (12:1)*

He felt uncomfortable expressing his lifestyle in the countryside or non-municipal city. His open gay status would be looked down upon by others and this is one of the reasons why *chay rak chaay* live away from home. On the other hand, living in a big city such as Bangkok allows for much more freedom of life. *Chaay rak chaay* can be whatever they like in the city of Bangkok.

Being *chaay rak chaay* is not acceptable to many *chaay rak chaay's* family members so they feel that hiding their gay status is necessary. Participants do not want their family to worry about their future descendants because being a gay man as it is difficult to be married and to have children.

Additionally, being an HIV infected person and having a difficult life was expressed by the following participant:

> *So I am quite worried that when I pick up the medicines, I would find someone I know. I was concern about my privacy. I am afraid that people I know might find out. (17:6)*

He expresses concern for his privacy whilst accessing health care services for HIV treatment. He fears that there is a chance that his HIV status may be inadvertently revealed causing a negative effect on the quality of his everyday life. In some studies disclosure of HIV status has been found to be less likely in gay men and this can result in a complicated life (Courtenay-Quirk et al., 2006; Smit et al., 2012).

The participants openly disclosed that they face lifestyle restrictions to their freedom. Gay status can be considered as unacceptable for example, especially in the countryside and this leads to many men as described by the participants to suppress their effeminate behaviours and move away from home to live in urban areas.

Subtheme 2.3: Coping with social pressure

The majority of gay men who participated in this study experienced conflict, pressure, emotional distress and other life problems. The participants informed the researcher that all of these situations require numerous coping strategies to confront and solve problems. The following excerpts represent the solutions participants might employ to compensate for the difficulties of life being *chaay rak chaay*.

The participant discusses the strategies he employs to help him deal with negative feelings:

> *Actually, I felt much better…I think that I get to live my life to this day because it is takes time. Time passes by day, by month and by year and it makes me stronger. Sometimes I took younger friends to get tested and they could not handle it. So I told them it takes time as I had the same feeling too. Time will tell. In the past, I listen to soft music. It is relaxing, or I might just walk around in the park looking at trees. I like fields. Sometimes I just got on the free train and just went around looking at fields, green trees. It was fun. (12:9)*

This participant indicated his negative feelings would be resolved over time and that the experience would make him stronger and that this strength would help him to deal with other life challenges. He also supported and made recommendations to assist close friends who were troubled by emotional distress. The participant employed numerous strategies for himself to relax and cope with negative feelings which were of great assistance to him.

As another participant has discussed, personal self-coping is one effective strategy to confront a problem:

> *When it turned out to be HIV+, I just tried to cheer myself up and did not blame myself. I already had bad mentality and didn't want to feel any worse, so I cheered myself up and not to think too much. (14:7)*

The participant discussed receiving his HIV positive result. He reminded himself to be strong and not to blame himself. He notes that he tried to refrain from over thinking because he did not want to make life more problematic. Therefore, self-empowerment is significant in living with HIV as it is dealing with any major life limiting illness diagnosis.

The next participant was coping and planning for life after becoming HIV positive:

> *A week later, I thought about doing life insurance for my mother. I chose one that did not need the blood test. I did the insurance with the bank, as a package with my ATM card…then my boyfriend kept telling me that it was okay as others are also infected and they continued to live for a long time. We had a test and found out, so we take medicines and live to the old age*

> *like other non-infected people. We were lucky that we got the test and found out first. (17:5)*

He emphasises that after getting the HIV result he planned to be looking after his mother by obtaining life insurance, thus ensuring that his mother's life would be secure. His boyfriend also supported him and assisted him to stay strong. His boyfriend stated that being HIV positive still meant they could be together and that medical treatments assist HIV infected people to live longer, similar to people without a life limiting illness. He believes he is fortunate to have found out his HIV status early so that he could begin treatment as quickly as possible. The participants opinion is similar to a recent study that highlights that the pre-exposure prophylaxis (PrEP) is a treatment which is highly effective for HIV prevention in gay men (The Lancet, 2015).

The next participant reflected on his perception of positive thinking:

> *Thai society is more open. What else needs to be open? The world may explode. (Laugh) You have this much and you want more. If you have it all, then can you accept it? It's okay. I just live a happy life with no stress. (18:13)*

The participant is saying that he is satisfied with his everyday life. He does not require more acceptance from society. Nowadays, issues around being a gay man are much more open and that is enough to live a happy life. This positive thinking assists him to live a happy normal life. There is however still a need to promote the perception of positive thinking and positive self-esteem in these Thai gay men and to help them to share their experiences in group discussion so

as to encourage greater safe sex behaviours. These strategies might effectively assist them to *solve* problematic life issues and being at risk of contracting HIV through lifestyle behaviours.

One *kathoey* (กะเทย) defined the strategies that he employs to solve the conflict within his family:

> *That was difficult, but lately we spoke but we would avoid the cross-dressing or gay issue. My father would just ignore that totally. (23:1)*

The conflict within the family is a difficult situation to resolve. He tried to negotiate with his father around what would assist to create a better family life. However, his negotiations were not a success and were ignored by the father. In order to make everyone in the family happy, he decided to avoid cross dressing and this solution decreased the pressure from his family. For this participant, the decision not to cross dress was to avoid discomfort with his family members. It may also be possible that whether the man is a cross dresser may come down to his choice and how confident he feels in openly expressing about his sexual identity.

Strong coping strategies are important in assisting gay men to solve everyday life problems (Dewaele, Houtte, & Vincke, 2014). Various strategies were employed by participants to resolve the difficult situation of being a gay man in Thai society. Although some strategies were not effective for problem solving, gay men can still learn from those experiences and try to cope themselves as best they can. A health promotion strategy could place a heightened importance on the individual life situations of gay men. An individual consultation might be

beneficial in exploring and guiding them to address their problems more personally and for reducing the possibility of mental health issues developing.

Summary

This chapter defines the concepts that are associated with discrimination and stigma in the Bangkok *chaay rak chaay* subculture. The participant stories also identify the impact of social pressure to conform to mainstream values and behaviours on *chaay rak chaay's* everyday life. Many *chaay rak chaay* in this study experience conflict within their family and this results in them deciding to leave the family home and move to the urban city. Additionally, social pressure remains with *chaay rak chaay* and this caused some participants to feel uncomfortable in society. Being uncomfortable about sexuality has the effect of choosing to conceal their gay status and effeminate behaviours.

Self-esteem and coping strategies are also significant components required to bolster participants to deal with the difficulties of life and in the elimination of stigma. These findings may have potential for integrating into health promotion work around HIV prevention across the gay community. It will also assist to develop greater quality of life in this population which might assist to eliminate the issues associated with mental health problems. The following chapter presents the result of *chaay rak chaay's* connection to social media networks and how this impacts on the sexual behaviours of gay men in relation to the risks of contracting HIV infection.

CHAPTER SIX

The world of chaay rak chaay: The connections leading to at risk behaviours

Introduction

This chapter describes the experiences of *chaay rak chaay* in the city of Bangkok and how the use of communication technology and social media influences at risk HIV sexual experiences. The findings describe participants sexual interests and their use of phone applications (a mobile-based global positioning system), to meet and interact with other gay men. How opportunities evolve that enhance engagement in sexual activity in public places and how the role of entertainment venues feature in placing men at risk. The field work non-participant observations from the entertainment venues throughout Bangkok are included to provide context to interpretations and to help provide detail about the experiences of gay men in the observed Bangkok gay community.

The following excerpts represent a sociological range of views of *chaay rak chaay,* from those that live in the modern world, to others that remain coupled with traditional custom and cultural limitations.

Theme 1: Using a phone application: Cruising for sex

Whatever your sexual preference, modern information communication technology enables people to connect easily and quickly to others. The Internet

is the medium used regularly in everyday communication and is popularly used to seek and cruise for sexual partners by the Bangkok gay community (Bolding et al., 2007; Butterworth, 2014). The Internet is also used for accessing gay pornography resulting in an increased availability of visual stimulation (Mustanski et al., 2011). The following participant excerpts present the impact of phone applications for *chaay rak chaay* in this study.

Communication between gay men was described by more than one participant as being dominated by online applications. The following participant suggests:

> *I think the main channel now is the internet. Various applications on iPhone or Smartphone. I use Grindr, Hornet. They are like those GPS based application, in which it informs you of others who are nearby. Each profile will show pictures of the account owner, which they could choose to use their pictures or any other pictures. It tells you the age, height and the weight. What they are looking for could be found in the description about themselves. Like presenting yourself. If you are interested with any particular person then you can talk to them. (13:3)*

The participant discusses how the Internet and phone applications are the main tools for meeting other men in the gay community. Gay men can present themselves via an application to attract others. Participants suggested that most of the relationships, including sexual relationships, are initiated using quite specific and tailored software social media applications. The research about gay men reports that the phone application is the most commonly used way to find new sexual partners (Butterworth, 2014; Grov, Breslow, Newcomb, Rosenberger, & Bauermeister, 2014).

The participants recognise that contracting an infectious disease was more likely when this method of contact was used; but the reason for this was not explicitly stated to the researcher, other than forgetting to use protection, perhaps because of the immediacy of the interaction.

> *I spent time chatting online and even finding a partner to spend a night with. It was nothing serious, of course. Still, several of them approached me. You could say that there is a pretty great chance of me catching something at that time because sometimes I forgot about protection. Luckily, all went well. (1:1)*

Gay applications on smartphones are clearly a tool for gay men looking to hook up with others, particularly many others, and the man above, in this case resulted in him engaging in sexual intercourse without protection. In support of the above idea previous studies have found that using phone applications can result in a greater likelihood of hook-up behaviour without protection and potentially to a greater risk of HIV infection (Grov, Breslow, et al., 2014; Kubicek, Carpineto, McDavitt, Weiss, & Kipke, 2011).

The process of using these applications is also relatively simple but provides a detailed profile of the other users. Another participant describes how it all works.

> *Applications, you just have to sign up first by updating your personal details and profile picture. Then, it will scan the surrounding areas to show you who is nearby. It will specifically tell you in kilometres. Then, we can start chatting with that person. If that person is near you, you can just say*

'Hi' to him. (6:8)

This particular smartphone application for gay males presents the personal details of users and includes the location of people nearby. Most of the gay men choose to chat with people who are in their geographical vicinity. It is likely that this advanced technology is now being used to locate people more easily and for cruising for sexual partners by this subculture of gay men. Perhaps this situation results in an increase in the incidence of HIV infection across the population of gay men in Bangkok, even though numerous HIV prevention projects have been established. It is necessary for HIV prevention and health promotion to consider those applications and to direct the HIV prevention message toward reducing the spread of HIV and increasing awareness of the use of protection during sex (Winetrobe, Rice, Bauermeister, Petering, & Holloway, 2014).

The following participant expresses how the use of these phone applications impacts on social behaviour in the gay community:

> *I think it's more like people have their needs and they just happen to meet someone who feel the same. But this can be much easier by App. When you entered, you'll immediately know whether is App is for specific group, or just for general purpose. Like I said, it's very easy for Thai Gays because it can happen even if you're at a shopping centre, not to mention the use of App. Sometimes I feel that it's too easy and that Thai people use this kind of media too excessively. I mean, you can hardly find any couples nowadays who really know each other or is a friend of a friend before entering a relationship like in previous generations. (5:13)*

The participant notes that although phone applications enable gay men to more easily find a sexual partner than previously and that this increases hook-up behaviours, the depth and quality of the relationship has changed for gay men. This particular participant, in contrast to others, states that nowadays, the strength of a relationship and monogamous behaviour in gay couples is less likely to exist. These factors appear to be themes for all participants involved in this ethnography.

The smartphone applications make the purpose of the communication very explicit. It is a clear, simple, direct and fast to locate another gay man within the desired parameters. Smartphones enable some men to chat to find a friend, whilst others would want to engage in sex. If they have the same purpose, it is easy to meet mutual expectations online.

Research into the use of the Internet by gay and bisexual men from the 1990s through 2013 has identified the Internet as a source for meeting sexual partners. It also found gay men using the Internet for other sexual purposes including, finding sexual partners, pornography, prostitution work, dating and cybersex (Grov, Breslow, et al., 2014).

Butterworth (2014) for example notes that some gay males have employed at least one GPS-based dating application on their smartphone and that this resulted in them having more opportunities for sex. Contacting each other is free and easy to arrange. Gay men might not get to know each other well but a sexual relationship is easy to establish (Grov, Breslow, et al., 2014; Kubicek et al., 2011).

It is likely that this social media application places men in at risk situations that could then lead to an unprotected sexual encounter. Further research is needed into social media encounters and HIV infection outcomes. Furthermore, most *chaay rak chaay* interviewed in this study were mostly having sex for pleasure and not looking for a long term relationship as discussed by the next participant:

> *There were one night stand, orgy, drug then orgy. I see these applications as applications from hell. I think 98% of the time it is for that purpose and 2% is for prostitution. They are used as tool to release your sexual need. It is not for the purpose of looking for long term relationship. It is more of a fuck and forget. You ejaculate then separate. (15:4-5)*

He notes that most gay men play away to release their sexual pleasure. The phone application is not the tool for finding a serious relationship. It is just for having sexual intercourse, releasing sexual pleasure then going your separate ways. This is the usual occurrence for gay men in this study and he is not critical or annoyed by this behaviour.

The results from *chaay rak chaay* participants highlight that advance communication technology is influencing sexual behaviours, including, engaging in hook-up sexual activity, having multiple partners, and becoming exposed to a greater risk of HIV infection. There could be increased importance placed on the use of information technology (IT) by gay men. This source of information could then be integrated into an effective message in relation to HIV prevention and awareness of the use of protection during sexual activity. The pornography sites that are most influential on sexual stimulation are of some concern. It has been

suggested that law and policy could place more importance around how to control and limit this group of people accessing pornography sites (Poowin, 2010) so as to reduce at least one factor contributing to at risk behaviour.

Theme 2: Sex in public areas

Participants describe that Bangkok's *chaay rak chaay* engage in sex in public areas, many of whom were not inclined to play safe during sexual activities. The following details present the participant experience engaging in sexual activity in a diversity of public areas.

Sex can occur anywhere if required. As discussed by these participants who experienced sex in public in a variety of ways:

> *I had even done it in public restrooms. Back then [shopping mall's name]'s 2nd floor restroom used to have holes. I went there often because my workplace was near the department store…It was like a playground for us. We called it "Cruising sex". This type of sex is very risky and [shopping mall's name] is a popular location. (2:8)…Sometimes it was at a car park, but not often though. Well, he brought his car, so we had sex in the car. (11:1)…Using the hotel room or at gas station (slight laugh) by department stores toilet. I've done everything as I love to experiment. (15:15)*

The first participant states that sexual activities can occur during working hours. The toilet in the shopping centre is often a place for men seeking sexual partners to release their sexual desire. This is similar to another *chaay rak chaay* who had numerous experiences of sexual activity in public areas, such as

gas stations and shopping centre toilets. Participants note that people can establish a relationship for sex very quickly and that all participants are involved to meet sexual needs and desires.

It is confirmed by the following *chaay rak chaay* that opportunities for sex are not limited to sex entertainment venues or phone applications:

> *I was just looking for guys to have sex with either at the gym or public toilets…Personally, I don't use App in finding a partner or sex. I mean you can easily find one while strolling inside a shopping mall without using App. Not to mention going out for a drink or to a disco. Of course, there's a good chance that you may find one but at shopping centres or fitness and other unlikely places, you still have the chance to meet one. (5:6, 13)*

Sexual activities are easily available to gay men in public areas such as the shopping mall toilet. The participant highlights that people who visit entertainment venues such as a pub, bar and sauna may be at a greater risk of HIV infection than others. In reality, sexual risk behaviours can occur anywhere even in a public venue and could put the individual at risk of contracting HIV infection.

These findings are reflected in a study of one thousand gay men that revealed two out of three gay men surveyed enjoyed having sex in public areas such as shopping centre, toilets and parks (Butterworth, 2014). Sex in public is apparent in this Bangkok subculture of gay men and a lack of acceptance of same-sex behaviour in Thailand is perhaps responsible for suppressing this group underground. It might be in relation to a money issue. Sex in public does

not require payment for permission like in entertainment venues. This may motivate this *chaay rak chaay* subculture to cruise for a sexual partner in public areas. It might also mean that cruising for sex can increase a man's wealth by being paid to participate in sexual activity.

The next *chaay rak chaay* discussed his perception of why he was not using protection and risking becoming infected with HIV:

> *So you felt like guys wouldn't have it, if they were good looking. So you did not use protection. Soon after I did not think about it. It didn't hurt me. (12:8)*

This perception was that men who were good looking were less inclined to have HIV. This caused him to engage in unprotected sex in the public toilet and to becoming infected with HIV. From this finding, it seems that the general appearance of a sexual partner influences some men to not to use a condom. This point is of concern and requires greater promotion of safe sex to modify the sometimes misinformed perception around the importance of the use of protection during intercourse. Moreover, sex education is required in educational institutions during puberty to educate and assist in eliminating the HIV problem.

Having sex in a public area is not a limitation for gay men, so protection should be readily available in public places at all times as discussed in this *chaay rak chaay* story:

> *I went to The Mall department store at and he was studying at University. At the time I went with my gay friends who dressed like regular guys. I*

> *wore swimming suit and he went with his girlfriend. When I was at the slider, I suspected that this good looking guy followed me there. It turned out he was into me and asked me to meet him at the men's room. So I went inside the toilet and I had condom with me all the time. (25:4)*

The participant highlights that a condom should be carried with him at all times because it is hard to predict when he will engage in sex. It is likely that sex in public is a challenge to monitor and that this issue is not discussed and there is limited awareness around it in Thai society. The use of condoms is the best strategy to promote to this group in protecting themselves against the risk of HIV infection. Carrying a condom however, is unlikely to be a common thing so health care providers and health care agencies need a much more effective strategy to motivate MSM to be more aware of protection. This could be done via role model publishing on public media. Additionally, condom machines should be provided in all public toilets. These simple measures may assist in condoms being more readily accessible outside of business hours when many shops might be closed.

Another kathoey (กะเทย) living with HIV, emphasised the influence of friends in encouraging his hook-up behaviour:

> *When I started my high school, hung out with friends with similar tastes and loved nightlife. Got on the motorcycle and went 'La-phu-chaay' (cruising sexual partner/hunting for men/ล่าผู้ชาย). I met them at home where we partied and drank alcohol. Once that's done then we would have sex. (19:1)*

This participant approached other guys with his friends that usually resulted in sex. His friends seemed to influence his sexually risky hook-up behaviours.

Sex in public is less likely than sex in an entertainment venue. Gay men can easily search and find sexual partners to release their sexual pleasure. However, greater importance needs to be placed on HIV protection because this group might be less inclined to use a condom and they are also unable to have appropriate protection because of non-privacy areas (Reisen, Zea, Bianchi, & Poppen, 2011). Also, issues such as harassment crime and violence are of greater concern for gay men who engage in sex in public areas.

Sex in public challenges HIV prevention because it is difficult to control and monitor all public venues. They are freely available and readily accessible for engaging in required sexual activities. It also seems to be a covert activity and should be monitored more closely by the police. The government could pay further attention to this issue by assessing possible venues, and environments that provide opportunities for sexual activities to take place. Additionally, circulating knowledge about HIV health promotion via public events and social media advertisements could reach men meeting in public areas.

Theme 3: My world (Entertainment venue)

As described earlier, entertainment venues are accepted outlets for men to meet other men for companionship and also for having intercourse. Butterworth (2014) states that entertainment venues are the place for gay men cruising for sexual partners, however, many gay men use this kind of venue to release their

stress and connect with others in their social network. Sex does not necessarily occur every time, as expressed by the following participant:

> *Pub is just a pub. If you go to these places then it is more like a heterosexual pub. You are attracted to someone then you hit on them and go home with them, but for gay pub it is more specific because they are all men. You cruise, drink, feel the attraction and exchange number. Depending who wants to go home with you, sometimes you get the phone number only and other times you go back with the person. That does not mean that you will end up having sex though. (11:6)*

The next participant describes an opportunity for engaging in sexual activity in a gay male entertainment venue:

> *Actually, those toilets in the pubs on Rachada road had half chains and half proper partition, so you could go into the other cubicle. When you were drunk, you could have sex in there. (12:5)*

This *chaay rak chaay* highlights the artificiality of venues and alcohol influencing gay men, leading to a higher chance of engaging in unsafe sexual behaviours. He further explains the sexual activities that occur in the pub:

> *I was dancing drunk and lost myself…At the pub, sometimes when I go in I couldn't see who penetrated it and once it was done, someone else penetrated. Sometimes I didn't know it and that person penetrated me again. It went like that. There are holes, there are partitions but with holes. So people turn their back to these holes. (12:5, 10)*

He expresses that alcohol can reduce a conscious awareness of who it is you are having sex with and in using protection. It also caused him to behave recklessly and experience of a loss of control leading to unsafe sexual activities. Some participants reported getting obliterated with alcohol, not just drunk and they lose their ability to cope with a sexual encounter. It is likely that numerous factors influence their expose to a greater risk of HIV infection, such as venue environment and alcohol. This highlights a need for the government to be more concerned about controlling entertainment venues to facilitate a reduction in HIV exposure. Moreover, the liquor policy needs to limit entertainment venues serving minors or intoxicated customers.

This young *chaay rak chaay* participant confirms that sexual partners are easy to locate in the toilet in the pub:

> *My junior friends found sexual partners from the toilet at the pub at Lumsalee area. There were holes in the toilet. People go there to find sexual partners. (29:4)*

The participant notes that sexual partners are easy to find in an entertainment venue, especially in the toilet, where they are provided with a hole (sometimes called a Glory Hole) to promote anonymous sex. This is similar to a study with gay men that found that almost fifty percent of the sample (N=1000) experience anonymous sex, using a toilet wall hole in a toilet cubicle (Butterworth, 2014).

The above excerpt is similar to the story of the next young *chaay rak chaay* being infected with HIV. He discussed his experience of sexual intercourse in the toilet of a gay pub:

> *When I first arrived, I liked to go to the pub. At the time I went to the pub by Lumsalee area. At night I went to these places and would go into toilet together. They had half a partition in there where you can end up at another cubicle. (12:5)*

Interestingly, the entertainment venues for gay men in Bangkok have organised the facility to support these types of sexual activities. Perhaps this is one significant factor motivating the subculture of gay men to influence their sexual desire and providing a greater chance of them engaging in unprotected sex.

My observation of the entertainment venues for gay men across Bangkok confirms the above stories of the *chaay rak chaay's* experience, that is, sexual activities are easy to engage in in venues that support that type of activity. The following excerpt comes from my reflective journal kept as field notes when I was observing gay night-life in entertainment areas. It is relevant to the venue features influencing the sexual risk behaviours of *chaay rak chaay*:

> *I am very surprised with this venue, I surveyed into the venue's toilet that I have not seen anywhere. They provide a hole on the wall between two toilets that people in those rooms can have sex through the hole. There are very dark rooms and they have to get through from the regular toilets. It is a surprise that I heard about this from the participants' interviewing. I feel that it is the place for gay men releasing their desire, including drinking, dancing and having sex.* (*Observational reflection, 14/6/14)*

This young *Gay Queen's* (เกย์ควีน) experience is about how to find a sexual partner in a sauna:

> *…So you entered the place and they handed out towel and at the place I went to, they hand out thin towel on certain day or small towel on others. It is like those towels that you use when you go for a jogging. There were dark rooms that you could go in and felt up other people and there were other rooms upstairs where you could do it. Most people who visit the place were adults as the entrance fee is quite high. If you are under 25 then you could pay cheaper fee, or even free as they want these young kids to attract older gentlemen. (24:4)*

The participant highlights that the venue atmosphere supported sexual activities. He also states that the venue had strategies to motivate younger gay males to their customer base. The purpose is to use this group to attract older men who have a high income to visit more often. It seems that the sex entertainment venues work in opposition to any HIV prevention work. The commercial sex industry exists throughout Bangkok and this is a big barrier to be overcome. The government needs to find a solution to encouraging this type of venue to become a key agency in assisting with HIV prevention, perhaps it will need legislation limiting certain Bangkok entertainment venue activity.

The above perception is supported by a recent study in United Kingdom gay men, where around forty percent of gay males (N=1000) visiting a sauna for sex (Butterworth, 2014).

The following *chaay rak chaay* participant described the atmosphere in the sauna that he regularly visits to release his sexual need:

> *I paid for the locker fee, and then I obtained the key. There was a personal locker for me. I got change and wore towel just like any other sauna. There is a steam room, sauna. Some place is like The Beach…There is a swimming pool, fitness for you to exercise. The second floor is where you walk around looking for partners. If you like anyone then you just take that person into the room. (12:8)*

Most people may understand that the sauna seems like a health venue, however these venues can be places putting the health of people at risk.

Another *chaay rak chaay* explained more about the sauna in relation to sexual activity:

> *…sauna is not all about sex as there are rest corner such as porn area, eating area, play area for people to talk to and not to just look for sex partners. You can find friends, sex depending on a person. (7:5)*

A variety of sexual activities can be found in a sauna. Gay men can easily find a sexual partner and engage in sex. Most of this kind of venue provides services associated with sexual stimulation as commercial sex. Most gay men visit this type of venue for finding a sexual partner, but some may not.

The next *Gay Both* (เกย์โบ๊ท) reflected on the influence of sex entertainment venues on stimulating the sexual desire in gay men:

> *They have steam room in there too. It is really full function with restaurant for food and drinks. Nowadays there is also competition. There are people showing off their bodies to the guests and also masturbating for us. We*

> *could see them ejaculate, so I thought that was fun. I watched the fuck shows many times at the gay bars. So at the sauna, it is the same that they organize activities that the guest could participate and to please the guests. (29:3)*

The participant states that entertainment venues are influencing the behaviour of gay men. The shows are relevant to their sexual purpose and induce the customer to engage in their commercial sexual services. From the findings, it would be difficult to inhibit these gay men being away from sexual entertainment venues, however, the health care agencies both government and non-government could put more effort into promoting relevant HIV prevention issues in entertainment venue sites by providing HIV messages and free condoms.

The next excerpt from one of my field notes supports the above participant's idea:

> *The first show was started at 10.15 PM. They begin with the performance as the model's fashion show. The boys walked across on the stage and showed their genitalia. All boys on the stage are not a handsome or attractive impression, but they are attractive by their penis size (big penis size). Many customers were concentration with this show. Several lady customers acted like surprising and shocking with the show. All shows provided to motivate sexual desire such as a Cock show and Shower show on the stage. (Observation field note, 10/8/14)*

Moreover, sex for sale is commonly seen in entertainment venues such as Go-Go bars:

> *Almost customers are foreigners. All people were not much drinking, just had a look at all the boys on the stage. All the boys were put the number to identify themselves and customers can request the boy to talk to at their table. However the customers have to provide one free drink for that boy to talk together. I saw one foreigner catching up with one boy who wore underwear. He sat very close to the "**bar boy**", he ordered 1 drink for him. In few minutes later, the boy went to change his dress as normal and left the bar with that customer. (Observation field note, 18/6/14)*

The field notes highlight that *chaay rak chaay* can be attracted to lucrative means of making money like sex work in order to build a better life in a developing country. Even if they are aware of exploitation, there is an incentive to be exploited in the hope of a better life in the future (Monk-Turner & Turner, 2010). This excerpt talks about the *bar boy* however the description is not related to their age. The term *bar boy* refers to a sex worker who works for the bar.

A gay male entertainment venue is another factor influencing the potential increase in the risk of contracting HIV infection. The entertainment venues employ numerous strategies relevant to sexual purpose and to increase their customer base. Alcohol and stage shows are likely in relation to the entertainment venues and may result in gay men having a higher risk of contracting HIV. This has a significant influence on gay male behaviour (Reisen et al., 2011).

Summary

This chapter highlights how information communication technology and social media applications are utilised by the gay community to connect in various ways and not always just for intercourse. However for men who are sex-workers it makes them very mobile and able to meet and connect anywhere, not just in a pub or Go-Go bar. According to participants there is a lack of protection in many areas of Bangkok and getting condoms is not always easy, especially when sex could occur virtually anywhere. Carrying and using condoms is critical to prevent infection, however the message is not completely penetrating the Bangkok gay community particularly those men involved in sex for money.

The entertainment venues must take some responsibility to help prevent infection however there seems to be an almost blatant disregard for the safety of gay men who have spoken about their experiences in the venues and other hooking up opportunities. The following chapter provides an in-depth discussion of the sexual risk behaviours of *chaay rak chaay* and both the negative and positive factors influencing gay male sexual behaviours; resulting in both safe and unsafe sexual activities.

CHAPTER SEVEN

Factors influencing *chaay rak chaay's* sexual behaviours

Introduction

The previous chapter discussed the influence of Information communication technology (ICT) and sexual entertainment venues on the sexual behaviours of *chaay rak chaay*. This chapter presents other possible factors that influence the behaviours of Bangkok's gay men in both negative and positive ways. In order to more thoroughly understand *chaay rak chaay* behaviours and the relationship with the incidence of HIV infection, the factors influencing their safe sex behaviours are explored.

The negative factors appear to include multiple partners, dominant partnering and relationship status, sexual desire and sexual excitement, as well as alcohol and substance use. All these features of *chaay rak chaay* experience are discussed in the context of participant perspectives. The positive factors articulated by participants that were seen to enhance safe sex behaviour included, self-awareness, negotiation and commitment are also discussed.

Theme 1: Factors reducing safe sex behaviour

Subtheme 1.1: Multiple partners

Advances in communication technology enable gay men to connect with each other more easily. This has led to many gay men experiencing multiple sexual

partners and has resulted in an increased risk of HIV infection (Lyons & Hosking, 2014). This current ethnographic study identified sexual risk behaviours in relation to engaging multiple sexual partners as the following excerpts identify.

This *chaay rak chaay* participant discussed his experience having multiple sexual partners in the sauna:

> *The most was 5 times. On that night from 8 P.M. to 6 A.M., it was open until the morning, so I stayed until the morning. I was quite bored, didn't know where to go and didn't want to stay home. I wanted to meet friends, but wanted satisfaction. So I went from late evening until morning and collected many Maay. (ไม้/Maay= 1 stick/Maay is mean 1 penis). (7:6)*

The participant spent a whole night in the sauna in order to fulfil his sexual needs. In total he engaged in sexual activities with five other men. I asked him about the total number of his male sexual partners, which he addressed:

> *I think around over 200, but not more than 500. I think 300, since I was in my late 20's but now I have steady partner. (7:11)*

The participant estimated the number of the sexual partners he had had since the age of 20. He was not sure of exactly how many partners he had had previously, but the average he could recall was approximately 300 men.

The next man living with HIV discussed the number of his sexual partners:

> *(Laugh)……Quite a lot. I was a military draftee at the time. I was around 21. I'm quite embarrassed to say (Laugh) Over 1000 people…I think it is*

> *more. I had 4 in one night, some nights it was 6. There were many in one month. In one month, there were nearly 20. (12:3)*

The participant was quite embarrassed when discussing the total number of his sexual partners. He estimated experiencing sex with more than one thousand partners. He states that at a time the number of his sexual partners totalled twenty men a month. The findings from participants in this project indicate that most *chaay rak chaay* engaged with multiple sexual partners and some were not strict regarding safe sexual activities.

Engaging in sexual encounters with numerous men during their lifetime is common in this Bangkok subculture of gay men. Most of them also emphasised that they were not sex workers but were exposed to many males in their life. They indicated the reason for changing partners was as a release of personal sexual desire and that this behaviour occurred most often in the sauna.

The next participant discussed his encounters with multiple partners during one night in the sauna and his experience of unsafe sexual activities:

> *I used to find 3 people during one visit, but not all at once. On that day, I stayed overnight in there. So I encountered different people between certain periods of time. I did not use condom with him as we did not have lubricant and that would hurt if you wear condom right? So we did not use condoms. (24:4)…If you asked me when I joined in… for sauna, sometimes there were 4 -5 people. But if we talk about…sometimes I joined the party and there was a group, so that was quite many. If I joined these kind if groups, most of the time I was the bottom. There were 2 – 3 bottoms, while*

> *there were 7-8 tops in those parties. I have joined the group 2-3 times, which was not quite often. (8:3)*

The participant had sexual encounters with three insertive gay males in the sauna. He notes that, at the time, he engaged in unsafe sexual activities and did not use lubricant or condoms. Another young *chayy rak chaay* man stated that seeking many sexual partners was common in the sauna. He sometimes engaged with the group sex party that was available at the venue. He indicated that the group sex event involved a couple of receptive gay males whilst the rest of the members of the group were taking the insertive sexual role. The participant indicated that he was one of the receptive ones and was engaged by several guys.

Many participants emphasised that the sauna was a venue they could go to for relaxation. There, it was easy to seek sexual partners and they sometimes engaged with many sexual partners. The participants also stated that they engaged in a variety of sexual activities such as oral sex and sexual intercourse.

A recent study highlights the promiscuous behaviours of gay males engaging in sexual activities with more than 2 or 3 sexual partners in the previous year (Kittitornkul et al., 2011). Similarly, another study in Bangkok *chaay rak chaay* indicated more than seventy per cent of participants (n=927) had casual partners and forty per cent also had sex without condoms (Mansergh et al., 2006).

Multiple sexual partners is one of the main factors common to most *chaay rak chaay* participants in this study. This factor exposes these gay men to a greater

risk of HIV infection. It is difficult to stop gay Thai men having multiple partners, we can however, promote a greater awareness of monogamous behaviour and how to protect themselves to act more safely in relation to frequent sexual encounters. A multi-strategic approach could include brief motivational interviewing through individual consultation, group discussion, education in safe sex practices and the use of role models to highlight the dangers and provide health seeking advice. These strategies might assist to increase awareness of protection, and coupled with a partner, reduce or even eliminate the risk of HIV infection throughout the Bangkok gay community.

Subtheme 1.2: Dominant partnering and relationship status

Evidence suggests that having a steady male gay sexual partner is one of the most influential factors in engaging in unprotected sexual intercourse (Mansergh et al., 2006). However, this study identifies a variety of factors associated with Thailand dominant partnering in relation to the increased risk of HIV infection, as the following *chaay rak chaay* participant's exemplar suggests.

The *Gay Both (เกย์โบ๊ท/Versatile)* describes the situation of his relationship status and how it influences his sexual behaviour:

> *He was the first who I had an internal intercourse with. Oops! I meant the first one that I didn't use any protections. No condom. At that time, I wasn't serious about having protections or not because we were in a relationship. (2:3)*

This man highlights that being in a relationship influenced his decision around engaging in unsafe sexual activities with his boyfriend.

Another young *chaay rak chaay* emphasised his partners influence on protective behaviour:

> *My partner doesn't like. Sometimes some of my temporary sleep partners also don't like to use condom, but I be too sure about them…I mean my regular partner that he doesn't have it. I wanted to tell him that it's hard to tell if you have HIV or not. I wanted that we both have our blood tested together so that we can be sure. (6:3)*

The participant notes that his partners did not wish to use protection when engaging in sex. This participant did not agree with his partner's practice because he was aware of HIV sero-status and the need to investigate by getting blood test.

As in the above excerpt, *chaay rak chaay* participants' indicate that trust in their partners resulted in an inability to be unsafe during sexual activity. Some participants' made sure via an HIV blood test, to confirm that their partner as well as they had a negative HIV sero-status. This viewpoint is very significant to working with the gay community, especially in order to modify the perceptions around awareness of HIV sero-status.

To promote *chaay rak chaay* placing importance around HIV testing, a public media campaign and peer outreach is required. This strategy may increase awareness of HIV status and enable members of this gay male community to

better look after themselves and their partner, as well as protecting against the spread of HIV.

The next young *chaay rak chaay* explained how he became HIV positive:

> *I trusted my previous boyfriend and when he had a blood test and it was positive which he told me he only found out then. He asked me to get the test and we found out together. I didn't use protection when I was young and didn't think much. I didn't know when I was infected and didn't use protection with him as I did with other people. (11:9)*

The participant expresses that he was exposed to HIV because of the trust he had in his partner. He was not thinking about using protection during sex. He notes that after becoming infected with HIV he continued to have unprotected sex with other people.

The findings show that trust and intimate relationships influence the decision of gay men around engaging in sex without protection with their partner. Schwartz and Bailey (2005) study into HIV-positive gay and bisexual men highlights that the intimate relationship affected the willingness to use a condom during sex. Additionally HIV sero-status is important for gay couples to disclose to each other and this needs to be considered around HIV prevention in the gay male community (Stirratt, 2005; Wolitski, 2005; Wolitski & Bailey, 2005). Perhaps a course in how to have the difficult conversation with a partner could also help to improve disclosure.

I asked this *chaay rak chaay* about using protection with his boyfriend since he became infected with HIV infection. He answered:

I never used protection with him. (17:4)

The participant has an awareness of the use of protection with casual partners. On the other hand, he does not practice safe sexual activities with his regular partner.

Another *chaay rak chaay* discussed how his partner influenced his safe sex behaviours:

At first, we use condom. Later, he wasn't okay about it. He said he didn't like it. So, I thought it might be okay and decided not using it. It was the first time that I didn't use protection. Before, I always used it. And without protection I just put it inside him. After we were done, nothing happened. So, I thought everything was okay and that I'm not infected. (4:2)

This *Gay Rook* (รุก/Insertive/Top) above always used a condom when he engaged in sexual intercourse. His safe sex behaviours were terminated when his partner preferred sex without protection. This highlights that education around harm reduction when engaging in unprotected sex needs to be established in the Bangkok gay community to eliminate the risk of HIV infection.

The next receptive *chaay rak chaay* expressed his reason behind accepting not to engage in safe sex:

If the person who came to me and said he wouldn't use it then I usually gave in. Perhaps, I was worried that if I forced him to use it and afraid he might not cooperate. So I just gave in. (8:4)

This participant was afraid that if he did not accept to have sex without protection, he would perhaps insult his partner who would lose interest. The negotiation about having protection in his relationship did not occur and this caused him to decide to engage in unsafe sexual activity.

Some participants spoke about being forced by their partner to engage in sex. The dominant partner influenced them to engage in unsafe sexual activities. These participants' also indicated that they took the receptive role in sex, which was controlled by their sexual partner, causing them difficulty in being able to ensure safety during sexual activities. The findings also reveal that the decision regarding the use of protection in sexual activity often depends on the sexual partner who takes the insertive role and that this sexual partner has the most influence in deciding on whether or not to use protection.

It seems logical on the basis of this data that there is a need to encourage negotiation skills around protection in receptive gay men when dealing with their sexual partner. This could be done via a workshop to practice the negotiation skill and conversations around a commitment to safe sex. On the other hand, the insertive gay males need increase their awareness in relation to the use of protection during HIV education sessions and via HIV protection messages.

Subtheme 1.3: Sexual desire and sexual excitement

The study's participants reveal that sexual desire and sexual excitement influence the *chaay rak chaay's* decision on whether or not to use protection in sex as they do for any couple, heterosexual or otherwise. The following

exemplars present how the effect of sexual desire and sexual excitement influenced the participants in this study

The participant discussed how protection affects sexual pleasure:

> *When I was the top and used condom, I never came. It felt nothing. It is different from me not using the condom. Without condom I felt more pleasurable. (8:6)*

This young *chaay rak chaay* experienced the insertive role in sexual activity. He was not able to ejaculate when he used condoms. This resulted in him preferring sex without the condom. Many *chaay rak chaay* participants express sentiments similar to the above. They did not experience pleasure during sexual intercourse with a condom and this caused them to engage in unprotected sex.

The next HIV positive *chaay rak chaay* participant explained why sexual feeling effects the use of protection during sex:

> *My boyfriend thought about it, but he is quite a large guy and he said that once he penetrated me, he could not feel anything. Then in the middle of sexual activity, he just said he was tired and lost all feeling, so we did not use condom. (24:6)*

The participant noted that his partner has a large penis size. This was an issue during sexual activity when using a condom. His partner therefore preferred to have sex without the condom because it was more pleasurable.

One HIV-positive *Queen* participant (เกย์ควีน/Bottom/Receptive gay male) engaging in the receptive role during sexual intercourse described the reason for engaging in unprotected sex:

> *In the past I did not like using it as it felt better, but when I wore it, it rubbed against my skin. That's why I didn't like using it. (12:8)*

He stated that using the condom irritated his anal tissue. This is the main reason why he did not like using condoms during sexual intercourse. This point is important to promote the use of appropriate lubricant to reduce irritation during sexual intercourse. Free lubricant should also be available at various outlets and coupled with condoms; as well as safe sex practice workshops for the gay community at various venues throughout the city.

The participant indicated that sexual desire caused a greater risk of HIV infection:

> *It was the first time that we had sex and thought it was ok and he was the passive one. I was like perhaps I was actually homosexual. At the time I also had a girlfriend and we had sex too. I have high sexual urges. My girlfriend was a good girl and didn't dare to do it, so I release my urge towards these men, until I felt that it was okay. (11:1)*

The participant notes that he had a high sexual desire. His partner did not respond to his needs and he sought sexual satisfaction in a new sexual partner. Releasing this sexual desire with someone of the same sex gave him satisfaction.

The participant also had sex with his girlfriend at the same time and if he was HIV positive placed her at risk of becoming infected.

There does appear to be a need for greater public education to increase awareness about the dangers of sharing sexual partners and HIV sero-status gay, or heterosexual, especially in light of the fact the HIV can be spread by unprotected intercourse. Pleasure may influence men to not use condoms, however there needs to be a very clear public health message to enable men to enjoy sex without the fear of infecting, or being infected.

Another *chaay rak chaay* clarified how difficult it is to be in control of safe sexual practices whilst engaging in sexual activity:

> *I wouldn't know whether the person took off the condom or not or whether it broke. At the moment there was high sexual mood. Sometime I couldn't control it. (20:5)*

This participant reflects that during sexual intercourse and experiencing a heightened state of sexual arousal it is difficult for him to concentrate on safe sexual activity. Most participants emphasised that sexual desire leads people to having multiple sexual partners which place them at a greater risk of contracting HIV infection. The sexual need in relation to the issue of HIV was discussed in the following participant excerpt:

> *In order to reduce the rate of HIV, the personalities of each person must be changed. You need to reduce your needs by finding hobbies. If you have no desire then there would be no sexually promiscuous, changing partners. (25:10)*

This participant notes that people should find other ways to reduce their sexual desire which is the main cause of promiscuous behaviour. He emphasised that monogamous relationships can assist to reduce the incidence of HIV. Duangwises (2011) also notes that monogamy can assist gay men to reduce their risk of HIV infection. Such viewpoints need to be promoted to the gay community.

Subtheme 1.4: Alcohol and substances increasing unsafe sex activity

Alcohol and illicit substances disinhibit safe sexual practice in gay men. It can also cause one to become unaware of using protection when engaging in sexual relations (Li et al., 2009; Mansergh et al., 2006; Purcell, Ibañez, & Schwartz, 2005). The following excerpts present *chaay rak chaay's* experience relevant to the risk of exposure to HIV infection because of alcohol.

The first *chaay rak chaay* discussed his experiences in the pub in relation to the influence of alcohol on sexual risk behaviours:

> *There are only gay men dancing next to each other and drinking. Some got drunk and were carried away. I mean these behaviours are unsafe because you may end up not using any protections, especially when under the influence of alcohol. It's like when you become drunk, you just forget about everything and just went with the flow. Also, I think drinking can stimulate sexual desire. I think it increased sexual desire. I feel I want to have sex with someone. Yes, it sexually arouses me. It's easier to get infected. (4:8)*

The participant highlights and the researcher has observed that most of the gay men in the pub engage in getting drunk. The effect of the alcohol causes people to become less conscious of their behaviour and this can result in them engaging in unsafe sexual activities. He also indicates that alcohol can disinhibit sexual desire. The participant indicated that his sexual need was increased by alcohol and that it then becomes a factor for being exposed to and contracting HIV more easily.

Additionally, my observation in the gay male entertainment venues reinforced the participant viewpoints. The following field note summary highlights this point:

> *Most customers were drinking Whisky. Many guys had a lot of drinks and when they got drunk that it results in their behaviours being changed by the early night (the first arrived and most people were just sitting, standing and playing mobile phone afterward; they got drunk and most of them were chatting with others and dancing a lot). (Observation's Field note summary 12/6/14)*

This young participant described how alcohol affected his safe sex behaviours:

> *The effect of alcohol is losing control of yourself and prevents you from using a condom. It's like no condoms, no problem. It's more convenient or sometimes there is no condom available or the condom broke and things like that. (6:5)*

He states that alcohol increases the risk of losing self-control which led him to be less aware of using condoms during sexual intercourse.

Alcohol also contributes to the next participant engaging in hook–up behaviour as he emphasises below:

> *When I was drunk and slept with unknown person (Laugh). (14:4)*

This participant also noted that he had had multiple sexual partners in one night and unprotected sex because of the side effects of alcohol.

The next young *chaay rak chaay* participant discussed how the alcohol affected his decision making ability:

> *I think it has high effect. Personally, when I was under the influence of the alcohol, I saw this guy as a good looking person at the pub. Outside of the pub, he looked normal. I think that's part of it too. It affects your common sense for decision making, your opinion and perhaps also your courage as well. (27:9)*

Excessive alcohol consumption contributed to the participant's decision-making ability being impaired**.** He gave some examples of the effect of alcohol on his lack of ability to control himself, affecting his opinions and giving him false courage.

Another *chaay rak chaay* participant discussed the effect of substance abuse on the sexual behaviours between himself and his partner:

> *At first, I always had my condom on but at certain point I think it was the influence of the drug. I often use 'Ice'. We both tried it. When I asked him to put on a condom, he refused to do it. He's said it is better without it. I guessed it was the influence from the drug. (9:5)*

The participant experienced using “Ice”. This substance was causing them to lose self-control and their awareness around having safe sex.

All the above excerpts represent *chaay rak chaay’* experiences of encountering the effect of alcohol and other substances increasing their sexual desire and inhibiting decision making around safe sexual practices. This factor should be given importance and integrated into nursing health promotion interventions for modifying the sexual behaviours of gay men.

Multiple strategies such as individual consultation, group discussion, short film and peer outreach education that aim to decrease the effect of alcohol and the incidence of HIV should be considered. The Thai government could also place an importance on the liquor policy to enforce restrictions on entertainment venues and on their customers around the issue of responsible service of alcohol and to police the distribution and use of illicit drugs like ‘ice’.

Theme 2: Factors increasing safe sex behaviour

There were not just negative factors influencing *chaay rak chaay* behaviour and increasing their risk of contracting HIV, positive factors influencing their safe sex behaviours were also found in this study. The following excerpts relate to safer sex activity, self-awareness around HIV prevention and negotiation and commitment are also presented.

Subtheme 2.1: Safer sex activity

I interviewed the following participant around how he released his stress, or sexual desire in the absence of sexual intercourse. This *chaay rak chaay* answered:

> *Actually, there are several ways to ease your tension or sexual desire such as masturbation. If you ask me how often I do it, I would say quite often, actually. Sometimes I felt that at this age I have high sexual desire. I did it like 3-4 times a week it depends. Sometimes, only 1-2 times a week. Sometimes none but with self-control. (4:4)*

The participant reflects that there are many strategies for releasing his sexual desire. The participant identified that he preferred masturbation a couple times a week. However, when he felt a heightened sexual urge, he engaged in masturbation several times a week. He also employed self-control or abstinence to suppress his sexual desire.

The above excerpt is similar to the next *chaay rak chaay*. He discusses safer sex activities:

> *Everyone has his needs and it could be every day, but that depends on how you control your urges. I controlled it by finding friends to talk to, play games or watch football together. If we wanted it then we would masturbate. For me it's every 2 – 3 days. (16:8)*

This participant acknowledges that sexual desire exists in everyday life. This desire can be released and suppressed, it depends on the self-control of the

individual. The participant would employ many strategies such as relaxation activities and exercise. Additionally, masturbation was used to release his sexual needs a couple of times a week.

Focusing on other non-sexual activities is an alternative choice to promote to these participants. Furthermore, to practice safe sex, it is important to be healthy as well. Mutchler et al (2005) indicates for example that there is a need to motivate gay men to concentrate on other essential activities instead of focusing exclusively on sexual activity.

Another younger participant emphasised that masturbation was the best way to release his sexual arousal:

> *I think that it's better to find other activities to do rather than go around finding random sexual relationships but it still have sexual desire I would masturbate for releasing the tension (9:7)*

The participant reflected that safe sex activities are better to employ than seeking random sexual partners. He stated that sexual desire is difficult to avoid, but that he can release this through masturbation.

The following *chaay rak chaay* indicated the benefit of masturbation for protecting against unsafe sexual activity:

> *If you do not want to wear it then I would let you try it. But after some action, then I tell him to stop and masturbate. (16:7)*

The participant states that he usually negotiated using masturbation instead of sexual intercourse with his partner particularly if his partner did not support

the use of the condom. Masturbation appears to be the most popular activity used to release sexual desire rather than sexual intercourse for the *chaay rak chaay* participants of this study.

This activity was the best way for many participants to achieve pleasure from their sexual life, as well as to remain safe from HIV infection. A study with Latino gay men in U.S. (N=1756) found that masturbation was used by 97% of the sample surveyed to release self-sexual pleasure and 70.6% with their sexual partner (Schnarrs et al., 2012).

Sexual desire might not be balanced in the relationship and this is an issue that has to be solved, as described by this interviewee:

> *Sometimes when I have a boyfriend who did not want sex as much then I would just masturbate. Sometimes I even masturbated when my boyfriend was present and also when he was not around. (27:12)*

The participant indicates that the sexual needs were at times unequal in the partnership. Masturbation was a good strategy for him to release his sexual needs. On the other hand, he disagrees with the benefits of exercise to release sexual desire as described in the following excerpt:

> *For me, I normally go to the gym 3 times a week. I doubt that reduces my desire. (27:13)*

The participant notes that he was regularly doing exercise, but it was quite an ineffective strategy for decreasing his sexual need.

One young participant clarified his sexual activities in the following details:

> *Honestly. They would give me oral sex until I came. They would do that and I would jerk him off. (25:6)*

The participant notes that oral sex and masturbation were engaged for releasing sexual desire instead of sexual intercourse. The evidences notes that oral sex is another activity used by many gay men to release sexual tension in their relationship. The same studies also highlight that even oral sex is a safer sexual activity than intercourse, but that there is still a need to be strict with using protection (King, 1993; Schnarrs et al., 2012).

Chaay rak chaay in this study employed a variety of activities other than sexual intercourse to fulfil their sexual urge. These included oral sex and regular masturbation, exercises and relaxation activities. There are different strategies that are effective for releasing sexual pleasure in different participants. This point requires individual exploration around what activity suits these men as an alternative to sexual intercourse.

Health promotion and HIV prevention can help to promote the use of safer sexual activities in the Bangkok gay community to decrease the risk of HIV infection. Various opportunities for sexual behaviour modification programmes could include, individual discussion, safer sex education, group discussion and practicing safe sex workshops. These should be available and promoted. Promoting the awareness of safer sex practice can also be directed toward public events, public media, social networks and also educational institutions such an organised public health and health promotion campaign may help the gay community to become more aware; and to organise themselves to change

behaviours against a risky trend of not using protection due to various social influences.

Subtheme 2.2: Self-awareness on HIV protection

Self-awareness is significant and highlighted in this participant's reflection during the in-depth interviews. Many *chaay rak chaay* participants indicated that awareness of using protection in sex led them to engage more frequently in safe sex. A further study found that awareness of HIV protection can eliminate the likelihood of gay men engaging in unsafe sexual activities (Musinguzi et al., 2015).

This next *chaay rak chaay* explained how he protects himself by practicing safer sex:

> *First of all, I would start reminding myself that personal safety must come first even if he doesn't carry any diseases. If I don't truly care about myself, then at least I should care for others as he might get it from me or maybe I have the disease. It's all about having conscience and knowing the consequences that may occur afterwards and how it cannot be fixed. (3:5)*

The participant notes that he always reminds himself to engage safely in sexual activity even if he or his sexual partner is not HIV positive. He placed importance on looking after one's self. He highlights that the spread of HIV remains a concern and that he continues to remind himself of the negative effects of contracting the disease.

This *chaay rak chaay* participant discusses why he is concerned about HIV protection:

> *I'm very much concerned about it. There were times when I didn't have any condoms. I just simply refused to do it. I told him 'No, external only' 'No means no'. I mean they didn't care anyways, right? Most importantly, I told him 'I don't know who you had slept with before me' 'Why? You don't trust me?' 'To be honest, no because I'm sensitive about this sort of things' I told him that my job requires me to have my blood tested. I want my results to remain negative like this. I've made mistakes before and luckily my test result came out negative. That's why I've always been using protections. I always use a condom. I even told him and even my close friends that they should always use condoms as protection. (6:4)*

This participant is aware of the importance of protecting against HIV infection and played safe when engaging in sexual activities. He always used condoms even with his partner because he could not guarantee that his partner had not been promiscuous previously. The participant expresses the importance of remaining HIV negative because of his career. As a result, the participant places a great deal of importance on the use of protection when engaging in sexual activity.

This is similar to another participant who places awareness around safe sex activities:

> *I use condom and use it almost every time. If I perform an oral sex then the partner will need to wear condom. If the person doesn't wear it, then I won't do it. (7:7)*

This participant was strict around the use of protection when engaging in any sexual activity. He ensured that his sexual partners were aware that if there was no protection he would not engage in sex.

The next gay male expressed why he placed importance around having a serious relationship rather than engaging in casual sex:

> *I just felt like I should rather to wait for the right person (boyfriend) to enjoy it with, you know. It's better than going around having sex with other people just to release your sexual tension and it's a waste of money because I would have to pay for the sauna service, not to mention the transportation cost and many other expenses. I also think that there should be some things better for me to do, you know. Things that is more useful than sexual activity. If I keep doing it to release my tension, sooner or later I would probably become a sex addict. I don't want to be that (Giggling). (9:6)*

The participant *chaay rak chaay* reflects that he was willing to wait for the 'right' person to come into his life and engage in a sexual relationship. He thinks that engaging in sexual activity in sex entertainment venues is of no benefit and that he should engage in other things to entertain himself, as opposed to relying on sexual activity. It is clear from the participants' stories overall that the fear of

contracting HIV is understood, however only some of participants were directly influenced to protect themselves and their partner from the disease.

The social and cultural issues surrounding whether to protect, or not protect described by participants provide valuable perspectives from which to understand the experience of gay men in Bangkok. Indeed, particularly in the context of developing programs to influence change of behaviour.

The following man discussed his perception on being very strict around HIV protection:

> *I was quite strict and used full protection from the young age to around 23–24 years old. If no protection is used then don't do it. No condom, no sex. (15:7)*

This *chaay rak chaay* participant was strict on HIV protection since he was in early adulthood. He was aware of having safe sex with a commitment between himself and his partner of 'no condom, no sex'.

The next participant was living with HIV and explained why he supports using protection:

> *I was afraid about receiving more diseases. Everyone has different immune system and different quantity of white blood cells. So I was afraid that I would be getting more infection. (17:4)*

This participant notes that he was worried about contracting HIV and the effect that would have on his immune system. Protection during sex remained front of mind.

One *Gay Both* (เกย์โบ๊ท) discussed his opinion about the awareness of protection:

> *That's just me and I am thinking about the need for condom to protect myself because in the end, no one will stay with me. If I became ill, I would have to take care of myself. You must negotiate with the person before you have sex that you need to use condom. Unless it is sex without the actual penetration, then that's the exception. (20:7)*

This *chaay rak chaay* reflected on an interesting point around the importance of maintaining safe sexual practices. He notes that if he was to become infected, the quality of his life would be diminished. He therefore has to negotiate with his partner to use protection.

The steady partner is the main reason for practicing safe sex as highlighted in the following participant exemplar:

> *I was excited and wanting to try new things. But I knew what I was doing, so I used protection every time, because I was afraid that my loved one would be infected. (31:2)*

This *chaay rak chaay* emphasised that he was frightened of becoming HIV positive, so he was aware at all times to practice safe sex with casual partners. He supports safe sex because he does not want his boyfriend contracting the infection.

It is apparent that self-awareness plays a significant role in sexual behaviour for this subculture of gay men in Bangkok.

Subtheme 2.3: Negotiation and commitment: The way of safe sex

The negotiation and commitment of protection between gay male sexual relationships were found in this *chaay rak chaay* participant's opinions. The following excerpts present how *chaay rak chaay* can deal with their sexual partners to eliminate the risk of HIV infection.

I asked the participant about the methods of protection employed and his concerns in regard to the use of protection. The participant replied to my questions in the following exemplar:

> *I think, talking to your sexual partner and make an understanding of what you would do, but there needs to be protection and I could only do this much. I think it is for the understanding with your partner as well, and if he's not okay with my style then we would say no and look for others who look for similar things. (7:8)*

The *chaay rak chaay* is concerned about engaging in safe sexual activity and negotiates with his partner around the use of protection. He highlights the importance of negotiation with a sexual partner around safe sex as crucial to eliminating the risk of HIV infection.

The following *Gay Queen* (เกย์ควีน/Receptive gay male) discussed his strategies for negotiating and establishing a commitment with his sexual partner around safe sex:

> *There was one time when my partner said that he forgot to bring a condom and asked me if I have any condoms or not. Normally, I don't carry a*

> *condom because I'm usually the Queen. Anyone who wants to have an intercourse with me must bring their own condom. If they didn't bring it, I would simply say no and tell him that only external sex is allowed. But if he brings a condom, I would allow him. With my four partners whom I had been with about 6 months each, I always use a condom every time we have sex. (10:5)*

The participant expresses that he never brings the condom because he is a gay *Queen.* Therefore, his sexual partner must have the condom and this is the most important commitment between his partner and himself.

Many participants note that they would negotiate with their sexual partner and were strict around the use of protection. Masturbation was always the strategy employed to release sexual desire instead of unsafe sexual activity such as sexual intercourse without a condom. The negotiation was employed before engaging in sexual activity. They were committed to using the condom during sexual intercourse in their relationship.

There is a need for educating a receptive gay male to deal with their sexual partner and to place an importance on using protection (Hoff & Manchikanti, 2005). For example, gay men would be unable to engage in sexual intercourse if the sexual partner was unwilling to use protection, or they could negotiate to use other safer sexual activities as an alternative to intercourse.

The in-depth discussions with the partners around the use of protection before having intercourse were discussed in the following excerpt:

> *This will be discussed every time. If I forgot as I mentioned earlier. I would not let him do it without condom. I tried to say no and would give him oral sex instead. Most of them do because I made it very clear that he must do it, otherwise I wouldn't let him next time. (20:6)*

This *chaay rak chaay* always negotiates safe sex with his partner. He refuses to engage in sexual relations if his sexual partner will not agree to safe sex. He also highlights that the conversation around safe sex negotiations should be clear and to ensure the sexual partner understands the importance of using protection. It is confirmed that the effectiveness of negotiation with a sexual partner needs to involve clear conversations around safe sex activity to reinforce the importance of using protection (Ball, 2014; Cuervo & Whyte Iv, 2015; Hoff & Manchikanti, 2005; Schwartz & Bailey, 2005; Xiao et al., 2013).

The participant stories related to safe sex behaviours will benefit considerably from nursing interpretation and in the translation of the findings into nursing practice, particularly from an educational and health promotion perspective. Such considerations can provide the basis for innovative nursing health promotion interventions when working with the gay community.

Summary

This chapter presents and interprets what participants have said about factors associated with sexual at risk behaviours among *chaay rak chaay* living in Bangkok. It was found that the situation of having multiple sexual partners is common to gay men in Bangkok. Most *chaay rak chaay* participants experienced engaging with multiple sexual partners, as well as having unprotected sex

during sexual intercourse. Moreover, sexual partners also influence the decision to use condoms or not.

The findings indicate that condom use is linked to sexual dissatisfaction for some of the study participants. For this reason *chaay rak chaay* preferred bareback behaviour during sexual intercourse. Alcohol is another important factor contributing to the gay men of this study being exposed to a greater risk of HIV infection. The side effect of alcohol on HIV prevention was reflected by the participants who experienced a loss of self-control, resulting in improper, or no use of protection during sexual intercourse. The participants however also highlight the factors that decrease the risk of HIV infection. Safer sex activities can eliminate the risk of HIV infection and maintain a healthy for sexual life gay men. Self-awareness is a significant factor to encourage these participants to protect themselves and play safely during sex.

Finally, negotiation and commitment are the strategies employed to deal with a sexual partner who is unaware of the need to use protection. This strategy can assist some participants to eliminate the risk of contracting HIV. Many of these issues are quite explicit, on the one hand, perhaps provoking, but on the other hand hopefully they assist to explain how to reduce the risk of HIV infection among gay men in Bangkok. The following chapter presents the issues in relation to the experience of *chaay rak chaay* accessing health services in Bangkok.

CHAPTER EIGHT

Chaay rak chaay's experience of health care services

Introduction

This chapter presents the experiences of Bangkok's *chaay rak chaay* when accessing health care services in relation to HIV issues. Some examples of services available for HIV positive men and women across Thailand are Voluntary Counselling and Testing as well as sexual transmission disease screening, and anal PAP smears. To gain a greater understanding of this subculture, we explore the experiences of *chaay rak chaay* whilst utilising health services including barriers such as a lack of appropriate information, privacy concerns and the location of services. In order to use the findings to improve the quality of the health care system for the gay male community, the *chaay rak chaay's* expectations of the health care services is presented. Additionally, the in-depth details of possible effective strategies for HIV prevention in the gay male community are highlighted.

Theme 1: Barriers to accessing health care services

One aim of this current research was to explore the *chaay rak chaay's* encounters when accessing health services, including any challenges or barriers they may have experienced. The content analysis identified themes that reflect the difficulty experienced by gay men who utilise health services in the homosexual community.

Subtheme 1.1: Lack of information

Information relevant to the prevention and management of HIV is significant for the self-health care of gay men. The following excerpts illustrate how the participants from Bangkok did not readily receive relevant or accurate health information, despite it being available in the health care service. The participant shares how information is sought from the internet, rather than from the health service and that this information is more general in nature and not always current:

> *Mostly from the internet. I just get information from general websites. I considered myself lucky for being a volunteer here because I'm always updated with new information unlike others who have limited access to these updates. Like some people today still don't know…that prescriptions can be taken within 72 hours after being infected with HIV…I think this kind of information should be more publicised. (1:4)*

The participant highlights that the internet is the main source of finding information about HIV. He notes that he was lucky to be involved as a volunteer in a specific clinic for gay men. This was advantageous for accessing up-to-date information and gaining new knowledge associated with HIV issues. He also compared his situation with other gay men, who, unlike him, do not have the opportunity to volunteer.

Some people do not have enough information to inform appropriate behaviours. The participant suggested that significant detailed information in relation to HIV management and concerns should be more widely available. The participant's view highlights that the information relevant to HIV needs to be

more widely promoted. This should be done by publishing HIV messages via Internet sites and motivating gay men to get involved as volunteers or members of HIV clinics throughout the country. This might assist to increase the exposure of gay men to essential HIV information.

In the following participant excerpt, he talks about the lack of focus on disease prevention and how he felt that this gap in education played a huge role in generating ignorance about the disease progression and risks to others.

> *Thai society is still lacked of information about the life after infection. We are only focusing on getting our blood checked and doing other tests. That is why many people just chilled after finding out that they got infected. They have no idea of what's going to happen after that. They don't know that they can get more viruses from having sex. They're not aware of this fact or even care about it. That is why it is important to draw their attention to this point. (5:12-13)*

The young *chaay rak chaay* reflects on how more information relevant to the subject of HIV is required in Thai society. At present, the health care system focuses on promoting having a blood test to gay men, presumably for detection of the disease, however he feels that there is an additional need to be more concerned for preventing the spread of HIV throughout the gay male community.

Another participant compared the information provided at a specific health clinic for gay men with that provided by general health clinics:

> *Some clinics provide incorrect information. I guessed it's due to the lack of training…general hospitals, the staffs are still lack of information. But as for special clinics like this one, most of the staffs are usually Gays. That's why they are able to understand us much better because the feelings…Let's say the test result came out positive, they would have a better way of letting us know or how to lift us from negative feelings and give us the courage to continue. (6:6)*

In this participant's view, some general hospitals provide incorrect information for gay men. On the other hand, the more specialised clinics usually have health care professionals who are also gay, and they provide greater empathy and insight into the feelings of clients and a much more thorough understanding of the situation particular to gay people. In particular, if the health professional was gay this participant thought that they were much more likely to be able to deal with a client who had a positive HIV test, and to provide appropriate emotional support, information and reassurance.

Promotion and services in relation to HIV continue to be insufficient according to this participant. He highlights that most of the promotion provided occurs on World AIDS Day and might not result in successful HIV prevention:

> *Most of the promotion is on World's AIDS day, but nothing on any other day. At the clinics around big hospital rarely give out condoms or lubricants. You need to get advice from the consultation room before you get blood test. There is no aggressive tactic such as handing out condoms or free consultation service. (30:6)*

The insufficiency of HIV prevention information is indicated by the *chaay rak chaay* participants and this is a key barrier to *chaay rak chaay* protecting themselves from HIV. Promoting HIV information is one of the most important components of running health promotion programs. HIV information has to be directed toward various mediums such as public media, internet sites, free workshops, social events, seminars and through peer outreach. These strategies might assist in essential information dissemination in relation HIV concerns reaching the gay Bangkok community.

Subtheme 1.2: Privacy concern

Chaay rak chaay participants were concerned about their privacy when utilising health services. Concern about privacy influences the decision making of gay men and whether or not they will access services (Ramallo et al., 2015). The following excerpts demonstrate how privacy related to health care events is important to participants:

> *Perhaps they should be more private, because some people might really be embarrassed. They do not want people to know that they are getting the blood test. Perhaps more specific service, but more private. (27:14)*

The participant is concerned about the privacy of health services. This issue made him less likely to access health services. He was worried about others knowing that he utilised the service associated with HIV. This then resulted in him preferring the specific clinic for gay men that he perceived provided more privacy.

In comparison, the next *chaay rak chaay* reflected on his feelings when he utilised services in hospitals in the province:

> *I feel more unsecured and I don't know many people here either. If I come across the people I know then they would ask me why I am there. (17:6)*

Although, on the one hand he says that he does not know anyone and that this leads to feelings of insecurity, he also talks about being uncomfortable and concerned about meeting someone that he may know and then have to explain himself. This conflict creates a sense of anxiety for the participant.

Another participant explains that the actual name of the health service venue will influence gay men in their decision whether or not to access at this location. He provides an example of some venues that are named in such a way that it is obvious that they deal with health related to sexually transmitted disease. This caused participants to avoid visiting those venues, as this participant describes:

> *The people who want to visit the clinic will have to think it over because the name is very telling. It seems like the place is for the sexually transmitted diseases for general people. (18:11)*

The participant notes that the names of health services associated with HIV and sexual disease transmission scare and embarrass people and ultimately result in an avoidance of services because they know about the general attitude toward gay men, HIV positive or otherwise. He also states that it might be beneficial to rename services making them more anonymous because this might motivate gay men and maybe make them more comfortable using services.

> *Their personal information will be confidential. So that...but for this aspect I think it is not enough. All hospitals should have this service, but I understand that people are afraid that their information will be leaked at other hospitals, so they choose to come here. (20:7)*

The participant highlights how having confidence that his personal information is treated with confidentially can be one of the most significant issues around choosing to access the health care system.

The next participant describes his concern about privacy and confidentiality and how this generated fearfulness, but that once he actually attended he found that his fears were alleviated.

> *I was afraid that others would find out that I came here. I was afraid that people would find me here and my information will be leaked out. Once I came here, I felt that it wasn't that scary. (20:8)*

Thinking about possible breaches in confidentiality of personal information caused this participant unnecessary anxiety and concern. Such issues were consistent issues for participants in the study.

The next *kathoey* (กะเทย) participant discusses his feelings when purchasing a condom:

> *I think men should be brave enough to buy it. They are the one that should have the responsibility. I am still quite shy with my appearance. If I have to buy condom then it is not the point right? He should buy it. (23:7)*

This participant reflected on his experience buying a condom. He felt that as *kathoey* it was not appropriate for him to buy the condom and that this caused him embarrassment. He notes that in his opinion, buying the condom is the responsibility of his sexual partner. This highlights that the responsibility for safe sexual practice seems to lie with what sexual role the gay man has. In this case , this man, although he is also engaging in gay sex does not see that the risk is as great for him, as it is with his sexual partner. Similarly, in one study embarrassment to buy condoms led to gay men being at greater risk of HIV infection (Hindustan Times, 2008).

Concern for privacy is an important barrier for this gay man when deciding to use health services. The privacy and confidentiality of information is a concern for many gay men (Dodge et al., 2012). Health care systems therefore need to place importance around these issues to encourage trustworthiness in the relevant health services. This may help to decrease the barrier of *chaay rak chaay* accessing health care services.

Subtheme 1.3: Location of services influencing to access health care

Services related to the treatment of HIV are required and play a significant role in the prevention and treatment of HIV throughout Thailand (Chariyalertsak, Beyrer, et al., 2011). In many interviews, participants talked about difficulties accessing services where location and distance made it challenging to get there.

Firstly, this *Gay Both* (เกย์โบ๊ท) discusses the difficulty of access posed by the distance of health care services in the following exemplar:

> *This also includes the problem of distance. The service access may be too far from the community. Before, there used to be one in Silom. Now, it moved its location. (1:4)…Actually, specialized clinics relating to sexually transmitted diseases are very hard to find in Thailand, especially in other provinces. (4:9)*

He notes that distance is one of the most significant barriers to *chaay rak chaay* accessing health care services. Another participant notes that the specialty clinics for the treatment of sexually transmitted diseases are difficult to find in Thailand. There is even greater difficulty in accessing these services in remote areas. These findings are similar to those from a study in Thailand that indicated that too few clinics were available providing specific services related to health promotion and counselling, with a focus on sexual risk behaviour for gay men (Sirivongrangson et al., 2012).

To support the above excerpts, a *chaay rak chaay* participant expressed his views around health care services, in particular those of other provinces:

> *In other provincial areas, very few services are available. Unlike in Bangkok which it is the heart of the city where larger population can be found. Hence, much higher risk. (6:7)*

This participant felt that it was more likely to find an appropriate health service in Bangkok than in the provinces. He compares the availability in the provinces with the situations in larger cities such as Bangkok that offer greater support than in most other cities.

The following exemplar confirms the lack of services in remote areas:

> *For clinic, I think there is not many. There might not even be any in the provinces, other than general hospitals. I think there are not many clinics like this in the province. (16:6)*

It is further emphasised that clinics specifically for gay men are not sufficiently different to those offered by the general hospital. Similarly, the next young gay man states that health services for gay people should be more available.

> *As far as I know, there are two. I don't think that's sufficient. There should be more. (28:7)*

Most participants in this study view health services for gay men as significant in the prevention of HIV infection and access to the other relevant treatments that impact positively on quality of life. However, more services are needed and the provinces appear to have extremely limited or non-existent services. It is possible that a peer outreach HIV prevention program might be one effective strategy to compensate for the health services limitations (Manopiboon, 2008).

Thailand continues to be faced with barriers to the utilisation of the health care system. In particular, a lack of clinics specifically for the gay male community was of most concern to many participants. This therefore adds to the needs of this subgroup as without the service it is impossible to access information and services that may assist to educate them about infection so that they can choose to modify their behaviour accordingly (Sirivongrangson et al., 2012).

Theme 2: Chaay rak chaay's expectation of the health care system and effective HIV prevention

Subtheme 2.1: Specific services and clinics

Evidence shows that specific clinics for gay men are few in Thailand and that this is a barrier to the gay community accessing HIV prevention programs (Chariyalertsak et al., 2009). These findings provide insight into the salient reasons why the *chaay rak chaay* prefer services specific for the needs of their group as opposed to the general services.

The difference between services provided by specific healthcare centres and general healthcare centres is quite apparent to these men:

> *Like I said before, specific healthcare centre can better meet the lifestyles and tastes of Gay men. However, the disadvantage is that people tend to view us in a bad way. For general ones, we just go there and have check-ups like any other persons. True that no one would know why we came here. The disadvantage is that you won't get accurate information like the other one. (3:6)*

This participant indicates that services available in specific clinics provide greater insight into the requirements of gay men as opposed to those of the general clinic. He also notes that visiting the general clinic, one may risk the negative attitude of other people accessing services and that it also results in gay men having insufficient access to essential information.

In another interview the participant expressed fear of negative stigma associated with being infected with HIV and it is clear that this lends itself to why the participant prefers a specialised clinic:

> *It should be the specialised clinic. Most of the people who realized they were infected would not want to go to the other one. They are afraid that people around them will find out. Most of the people nowadays assume that the infected people are bad people. They are loathed and society has prejudiced against them. (19:9)*

This participant further explains the negative perception of people that results in gay men avoiding the use of the general services. He highlights the privacy issue having less of a negative effect, resulting in his preference for visiting the specific clinics for gay men. The healthcare system is important to assess in relation to the behaviour of gay men to HIV issues. The healthcare system is a key component to supporting gay men in the reduction of the incidence of HIV. In contrast, discrimination and stigma are a barrier to gay men seeking appropriate health services (Risher et al., 2013).

Another *chaay rak chaay* feels comfortable when visiting the specific clinic for gay men in comparison to accessing the general services. His feelings are reflected in the following excerpt:

> *The specialized one is better because for the regular place with all people, they might be acceptable of who I am, but I still feel different. I feel that people like me have sex easily, therefore it is not strange for us to be HIV positive. So sometimes I feel that I was being looked down that because I*

> *wasn't gay then I would never be infected. I was with my friend when I visited the regular clinic and he was like, you were there because you had HIV positive…But for a specialized clinic, the officer will have more sympathy towards gay people. It seems more relaxing for the interested people. (11:10)*

The above participant indicates that being gay is accepted in the specific clinic. On the other hand, he felt looked down upon and was viewed in a negative way when using the general services. Additionally, assumptions would be made about the HIV status of those using the STI clinic of a general hospital. This participant therefore, prefers the specific clinic for gay men that is in greater synchronicity with his situation.

A feeling of embarrassment is the main concern contributing to this gay man avoiding the general health services:

> *Well, if there is the special clinic for gay, and not only for general people then it is good. It is not as embarrassing to be in the place with mixed people. (11:11)*

The following gay man living with HIV compared his experiences with the clinic where he received ARV to the clinic for HIV testing of homosexual people:

> *I think it should be the specific one. Well, there are only gay people here. The information should be more specific for gay men. (17:7)*

Another *chaay rak chaay* made suggestions regarding future services for gay people:

> *There should be more clinics of this type at the location where it is risky for the people or better be around big cities. It should reduce the risk for the people and more protection for them. Other than the clinics where you can receive the service and it should be the place that could give you knowledge. This group should be well informed and things should be better. (23:6)*

This participant expects that increasing the number of specific clinics will assist with the reduction in HIV infection, owing to the greater provision of relevant information and awareness of the needs of this community.

The next young gay male discussed why he preferred the specific services for gay people:

> *I think I would pick specific place for gays, as heterosexual people would go for the general clinic. I think I am not sure whether the staff at general clinic would understand me. I think it is better because they know I am gay and they could ask me the more direct questions. The information would be more direct than the general clinics. (30:5)*

This participant discusses components of the health service such as the staff. He states that the staff of the general service might have less of an understanding of gay people. He believes that the staff of the clinics specifically for gay men would be more understanding of their needs resulting in gay men getting greater benefit from utilising the services. It seems that providing a specialised education for staff of general services may have to be considered and this might

then also increase their ability to provide greater HIV information to improve care for gay men (Dawson-Rose et al., 2016).

A participant *(Gay Both /เกย์โบ๊ท)* focused on increasing promotion in this specific group of the population:

> *I noticed that they focused on the people who are at risk such as men and women who work at the bar. They don't have time to see the doctor. Once they have time, they would go to work instead. If there are staffs who go to those place then it could reduce the problem with the infection. I think it is good. The mobile service to those places to give out information. (20:8)*

The *chaay rak chaay* indicated that most HIV promotion is provided to the heterosexual community. It would be more effective to concentrate on high risk groups such as sex workers who face difficulty accessing available health services. He also recommends that mobile services would be an effective strategy in driving HIV prevention.

From another perspective, this HIV positive gay man suggests how a variation to the hotline service could help to decrease the HIV problem.

> *If I'm not wrong then, there is a hotline phone operator service. Something like this. So we don't have to keep calling and speak to the hot line operator, but we could do it over the internet, without the need to call in. This way some Thai people who live overseas might need a consultation. (13:7)*

This participant recommends that the hotline service is important in addressing urgent queries such as a person being exposed to a high risk situation of infection. This service might assist to reduce the risk of infection, or by providing an appropriate immediate way of problem solving.

The specific services relevant to the HIV concerns of the gay male community are essential to many *chaay rak chaay* participants. They indicate that these specific services encourage appropriate behaviour such as safe sexual activity. This type of clinic also helps gay men access more easily the information relevant to HIV prevention and it also serves to eliminate feelings of discomfort around accessing services.

Subtheme 2.2: The need of specific information regarding prevention

The relevant information around HIV issues seems to be significant to *chaay rak chaay* behaviours and it is important in the prevention of HIV (Family Health International & Bureau of AIDS, 2008). This ethnographic research project explored the expectations of *chaay rak chaay's* regarding the need for HIV information that impacts on positive sexual health behaviours which is one of the main components in HIV prevention. The following excerpts present the opinions of gay men and their desire for specific information, as well as the ways in which this HIV information informs their behaviour.

The first participant suggests that increasing the amount of information around HIV prevention is required. He voices his opinion in the following exemplar:

> *You will want information right away if the person you just had sex with told you that he's a HIV positive. My thoughts are that if people already knew the information, they won't feel surprise about it. It's not like someone who knew about it after getting infected. So, it's about providing information…I think information about disease prevention should be given before running tests. (5:10)*

The participant indicates that the information in relation to HIV prevention and it should be more readily available because it is important in guiding people about the risk of contracting an HIV infection. Greater availability of information may induce people to behave in more sexually responsible ways. It is clear from the participant voices that HIV information needs to be made more readily available to assist in prevention before exposure.

Another *chaay rak chaay* highlights the importance of education and gay men receiving information prior to becoming exposed to the risk of infection:

> *I would like to rise is that I think public information regarding…the treatment after potential risk like condoms broke or internal ejaculation or things like that. There is still very few information about this. I think we need more information on how to use PEP or something like that. It should be more promoted since there is the lack of this kind of information today. (9:8)*

This participant focuses on the importance of increasing the amount of HIV information. He emphasises the importance of information being received by gay men prior to the risk of contracting HIV.

A HIV positive participant suggested that the appropriate information required to influence the modification of behaviours in gay men should involve the following features:

> *Umm…If I come into this clinic, I would like workers to give relaxing consultation and with clear information…I mean I could use this practical information. Sometimes I behave like this at present, and then I will use this information to improve myself. I was doing wrong thing. For example, the doctor told me I could get infection with my mouth. In the past, I use my mouth and assumed I would not be infected. Now the doctor said using my mouth could get me infection. So I started to protect myself. (12:11)*

The participant advocates for a friendly environment during his consultation. To be effective the information must be clear and targeted toward influencing in a positive way the sexual behaviours of the target group. He gives the example of his experience with his lack of understanding about the spread of HIV and that receiving appropriate information enabled him to practice safer sexual behaviour.

Another participant emphasised the significance of the information provided to both HIV negative and positive people. These are articulated in the following excerpt:

> *For non-infected people, it should be the news that spread around for everyone. If you are not infected then you should know what you will become if you are infected. So you would protect yourself more. For*

> *infected people, I think it is regarding their work. Some company still has this limitation. They do not hire you as much. (22:8)*

A further *chaay rak chaay* identified that alternative methods of protection was largely unknown and that this needed to be addressed:

> *I think we are still lacking information on alternative methods of protection besides the use of condom. (9:8)*

In Thailand, this *chaay rak chaay* talks about how health promotion messages regarding safe sexual practices are largely applicable only to the heterosexual community. It does seem from this participant's perspective at least, that there needs to be more information provided by specific services because of the cultural taboo which discriminates against many gay and HIV positive men.

Another HIV positive *chaay rak chaay* suggests that it is also important to provide information to gay men about the role they play during the sexual act;

> *Honestly I want both the top and the bottom one to use protection. To get more knowledge on this, as the bottom one doesn't know much and they are at more risk to get the disease than the top one. (14:7)*

This *chaay rak chaay* focuses on the different identities and sexual roles of gay men that might contribute to variability in the risk of contracting an infection. There is therefore a need for information targeted at particular subgroups of gay men as the information although the same is not perceived as relevant when the gay man plays a certain sexual role such as being in the bottom position.

The next HIV positive *kathoey* (กะเทย/Queer) expresses the view that HIV prevention promotions in the media should stimulate the audience's emotion and may induce a greater awareness of safe sex. He emphasised:

> *The media needs to be precise. They should manipulate your emotion more. (19:10)*

Another young *chaay rak chaay* discussed how to ensure an effective HIV prevention strategy:

> *Well, mostly from joining training sessions or being a volunteer and things like that. Reading and watching different types of media can also help a lot. Television and the internet. Watching TV and joining sessions which have special guest speakers who are specialized in the subject. Also, I learned a lot of things from the staffs at the clinic. (6:7)*

This participant indicates that there are several strategies that assist him in knowledge rising around issues related to HIV, these include training sessions, being a volunteer associated with HIV, as well as accessing media sites and health care provider consultations.

Numerous strategies were suggested by *chaay rak chaay* participants that they expect may be effective in eliminating the incidence of HIV. These include promoting on media sites, providing safer sex information, and education to increase knowledge of issues pertaining to HIV. These suggestions may assist in providing effective HIV prevention work in the gay male community. As same as the expert's suggestions, an effective HIV prevention programme should

combine the multiple strategies to be achieved in reducing the HIV incidences (Coleman, 2011; Family Health International & Bureau of AIDS, 2008).

Subtheme 2.3: Increasing awareness of HIV health promotion by multi-organisational support

The health promotion related to HIV issues play a significant role in HIV prevention. An appropriate health promotion approach is effective in reducing the incidence of HIV and may assist in modifying the behaviours of the target group (Manopiboon, 2008). The results of this study indicate the need for multiple HIV health promotion strategies directed toward *chaay rak chaay'* as reflected in the following exemplars.

The participant suggests that all HIV organisations should establish greater HIV prevention campaigns for gay men using the public media thus contributing toward a greater awareness of safe sex behaviours:

> *Right now, I want relevant agencies like Department of Public Health to promote health or safe sex among homosexual groups through public media or campaigns. I want them to pay more attention. (4:10)*

Another young *chaay rak chaay* discussed the issue of HIV prevention in the sex entertainment venues frequented by gay men:

> *They wouldn't say it out loud that you need to wear condom every time. The most they do was handing out condoms, lubricants. Or better yet, there were posters on protection to inform you. That was it. (7:9)*

As various participants indicated that the sex entertainment venue could be one of the most significant contributors to HIV prevention there is a need to review their operations in relation to the spread of HIV. Their responsibility should be to provide an appropriate service that reminds the customer to act safely when engaging in sexual activities. The information associated with HIV protection and sexual activity should be provided to assist in managing the spread of HIV.

Additionally, the data from my observation of the entertainment venues throughout Bangkok revealed some HIV prevention events occurring in entertainment venues for gay men. They provided an activity to promote safe sex behaviours such as a condom use, and also STI/HIV information as I present in the following excerpt from my observation field note:

> *At 1 AM. The Rainbow Sky Organization was coming to promote safe sex behaviours at a HIV protection event. They provided free condoms to all customers. They also provided a game used as a competition in relation to questions around safe sex practice. At that time, that made the customers relaxed and happy. (Observation field note: 28/6/14)*

The government and NGO play an important role in running HIV prevention projects. They have established essential projects throughout the country. The purpose of their activities is designed to eliminate the health problems that arise from HIV infection and to raise the quality of life of the infected population (Merson et al., 2008).

The following brief exemplars represent the *chaay rak chaay's* opinion around the government support issue in relation to the prevention of HIV infection in gay male community as the following details.

This *chaay rak chaay* who is a volunteer in the Thai Red Cross Research Centre provides his views on government work as discussed below:

> *I believe more government supports are needed, especially in Bangkok. The service is usually provided by either Thai Red Cross Foundation or other unknown clinics. Apart from that, it is under the care of NGOs, making it looks like the government gives no importance to the matter although a large amount of budget has been approved for anti-virus drugs. (1:4)*

He notes that the government support of HIV prevention needs to be greater as most of the HIV projects are inadequate. It is clear that NGOs in Thailand have a significant role to play in the running of HIV prevention projects (Kelly et al., 2006) and even though funding for ARV treatment has been provided, it is considered that further government support around HIV prevention must be increased.

The next participant indicates that health promotion and HIV prevention can expand through a combination of those services including employee's welfare and insurance cover. This provides people with greater choices and the ability to access health services more easily. He explains his idea in the subsequent excerpt:

> *It would be better if this kind of service is included in employee's welfare because we can have free service. If I'm not mistaken I believe they provide*

> *free annual health check about twice a year. Health insurance is also another alternative. I think these channels of healthcare service and health promotion are currently expanding. (2:5)*

Most of *chaay rak chaay* interviewed for this study reflected on the importance of increasing effective promotion strategies significant in the reduction of new incidences of HIV infection. The support regarding HIV prevention strategy by government and non-government organisations including sex entertainment venues is essential to assist eliminating the HIV problem throughout the *chaay rak chaay* subcultural group. .

Summary

This chapter presented *chaay rak chaay* experiences when accessing health care services. The participants shared their thoughts about issues in relation to the prevention of the spread of HIV in the gay male community. *Chaay rak chaay* participants identified barriers to accessing health care services, expectations of health care services, and raised the possibilities for more effective HIV prevention approaches. The chapter also reveals that *chaay rak chaay* face difficulties accessing services, including a lack of information, privacy concerns and inadequate provision of services. These factors directly influence the decision of gay men to avoid appropriate health care services. Therefore, these findings can be used to inform policy around improving the quality of services available to gay men and it may assist this population to overcome barriers and improve their access to health care services that contribute to preventing the spread of HIV.

The final chapter presents and discusses the critical issues related to the health of *chaay rak chaay,* as well as the key issues regarding the diversity of *chaay rak chaay* that must be considered when developing HIV prevention health promotion interventions. The chapter provides the essential recommendations that will contribute to the development of HIV prevention strategies and inform the policy model advocating social reform among *chaaay rak chaay.* Recommendations for further research and development are suggested.

CHAPTER NINE

Discussion - future challenges in the translation of findings

Introduction

This chapter discusses the thematic issues derived from the findings of previous chapters. In particular it draws together the significant issues developed from the research interviews, non-participant observation, the researcher's diary and reflective field notes which were used to answer the research questions. Recommendations arising from the findings of the study are promulgated and suggestions for further research are provided in the final section of the chapter.

Discussion

This doctoral study explored the daily experiences of *chaay rak chaay* in Bangkok who are at risk of contracting HIV infection via unprotected sexual encounters with other men who have sex with men. The research findings are used to recommend health promotion approaches in Thailand and to identify potential community nursing interventions for *chaay rak chaay* in the prevention of HIV infection. The following research questions were addressed:

1. What is the everyday life of *chaay rak chaay* and how is their behaviour influenced by the *chaay rak chaay* subculture in Bangkok.
2. What strategies do *chaay rak chaay* in Bangkok employ in order to decrease the risks of HIV/AIDS infection?

3. What is the experience of *chaay rak chaay* with Bangkok health services and nursing care for sexual health promotion and HIV prevention?

The research questions guided the research process and directed data collection when the researcher conducted his fieldwork in Bangkok. The participant experiences are individually and collectively reflected by their aggregated responses to the research questions described in the findings chapters. These chapters have been an attempt to accurately represent the participant's viewpoints regarding the nature of the *chaay rak chaay* subculture in Bangkok. The findings from the in-depth interviews and non-participant observations were merged to highlight the significant points in relation to HIV concerns and are considered in the following sections.

The health promotion models described by previous literature have been utilised to provide guidance for this study including (but not limited to) the development of the interview protocols. The interview questions were developed based on the Health Promotion framework to explore significant aspects of chaay rak chaay experiences. The findings from the study reflect the dimensions emphasised in the theory. For example: the five strategies identified to guide achievement in health promotion (WHO, 2015c) are relevant to issues described by participants a*s*

- *build healthy public policy;*
- *create supportive environments;*
- *strengthen community action;*
- *develop personal skills;*
- *re-orient health services* (WHO, 2015b, p. 2).

The participants' responses also correlate with two domains of the health promotion framework, stated by Pender and Murdaugh (2015), the prior related behaviour relevant to the individual characteristics and experiences and personal factors; biological, psychological, and sociocultural.

It is important to note that the participants in this study described multiple encounters of meeting other men in Bangkok for the purpose of a sexual encounter. On some occasions during the interviews participants may have withheld the true nature of just why this was occurring. Thai men are very proud Buddhist men and whilst some men in the cohort interviewed were in monogamous relationships others were not. To speak to the researcher about their activities in Bangkok in relation to living the gay life required considerable courage and honesty.

Chaay rak chaay's life in Bangkok

Bangkok is the largest city in Thailand. It is a city which has grown to support the diverse lives of the population that lives there and has become a popular place to reside and for tourists to visit (Mateo-Babiano, 2012). Bangkok has a large number of sex entertainment venues for the *chaay rak chaay* and the heterosexual population which include gay bars, go-go, saunas and pubs (McCamish, Storer, & Carl, 2000).

Entertainment venues are a significant factor influencing *chaay rak chaay* sexual behaviour, including their sexual health because many Bangkok Thai men are involved in their operation (Reisen et al., 2011). In this study, gay male entertainment venues throughout Bangkok were visited by the researcher to conduct non-participant observation. The findings from the non-participant

observations during field work assisted to clarify and further understand the *chaay rak chaay* experience, especially in the context of them being exposed to a greater risk of contracting HIV infection. The field work observations revealed that most entertainment venues provide an event related sexual purpose that openly induces sexual stimulation and sexual desire in their gay male customers (Butterworth, 2014).

The participants spoke about the artificiality of venues where alcohol led to intoxication which then placed them at a higher risk of engaging in unsafe sexual activities. In a study by Reisen et al. (2011) it is noted that entertainment venues employ numerous strategies related to sexual purpose to increase their customer base and this can lead to gay men being more at risk of being exposed to HIV infection.

Most *chaay rak chaay* participants cited alcohol and substance use as influencing their propensity to be disinhibited, thus increasing the chances of a sexual encounter. Alcohol is easily accessed in entertainment venues (Duangwises, 2011) and the price is often discounted, with consumption invariably increasing because of the cheaper prices leading to greater intoxication, reduced inhibition and resultant increases in sexual activity (Duangwises, 2011; van Griensven et al., 2010). Participants indicate that alcohol affects the ability of some gay men to control their safe sex behaviours. It also increases sexual desire (Musinguzi et al., 2015), which when heightened can lead to less awareness of using protection (Li et al., 2009; van Griensven et al., 2005; van Griensven et al., 2013; van Griensven et al., 2010a). In this context

however alcohol intoxication in also known and similarly affects heterosexual patrons of Bangkok bars.

Significant concepts related to *chaay rak chaay's* everyday life and the influence of the subculture in Bangkok on their behaviour.

The diversity of sexual identity for gay men in Bangkok

This ethnography highlights a distinctive variation in the sexual identity of Thai gay men. For example, some men reported hiding their effeminate behaviour in order to appear to be more masculine, thus avoiding social conflict over sexual identity; but others would openly display different sexual identities. The receptive-gay male (Gay queen/เกย์ควีน) for instance during an intimate encounter might change his sexual role to being either insertive (รุก/Rook) or receptive (รับ/Rub); this way he could then identify as being versatile (Gay both/เกย์ไบ๊ท).

A variety of sexual identity and characteristics have been identified throughout the gay male community (Jackson, 2000; Ojanen, 2009) and these characteristics have emerged in this doctoral study. Such information potentially informs the development of health promotion HIV prevention program(s) for the gay male community. This is mainly because different identities and characteristics might lead to different sexual risk behaviours (Lachowsky et al., 2015). For example, flexibility of sexual role was found to be of value to gay men in this study. It is therefore important to keep these features in mind when discussing HIV health prevention and promotion strategy's with men in Thailand, similar to the study's participants. The issues raised by participants further inform the

research and educational lacuna around context and focus for the development of a health promotion network.

Additionally, sexual identity needs to be reinforced to health care providers who must investigate and explore the exact sexual role of gay men in order to provide appropriately tailored individualised information (Kwong-Lai Poon, Pui-Hing Wong, Noulmook, Trung-Thu Ho, & Wong, 2011). For example, some participants described gay men being fixed in their sexual role as a *Top* (Rook/รุก), on the other hand some gay men can be flexible with such roles to please their partner. This alteration is important for their partner to be satisfied and where it is acceptable for the relationship. These differences in sexuality portrayed by men in this study highlight the need for a multi-pronged approach in providing health promotion interventions for gay men in Bangkok at risk of contracting HIV.

Influence of information communication technology

It seems nowadays that people find it easier to connect to others using modern information communication technology (ICT), which includes various types of social media. The Internet is the main tool used regularly in everyday communication and the gay community in Bangkok utilise the Internet also to cruise for sexual partners (Bolding et al., 2007; Butterworth, 2014). The Internet is also used to view gay pornography that can result in an increase in sexual stimulation and sexual desire (Mustanski et al., 2011).

Most participants involved in this study indicated that they use smart phone applications to cruise for sexual partners. This use of a smart phone enables gay

men to meet other gay men and to increase the opportunity for sexual activity. In some cases participants describe it happening with multiple partners (Ramallo et al., 2015). The results of this study are similar to other studies of gay men that identify the Internet being used to meet sexual partners, pornography, prostitution work, cybersex and dating (Grov, Breslow, et al., 2014).

Another study has suggested that gay males engage in much more sex because many of them have employed at least one GPS-based dating application on their smartphone (Butterworth, 2014). Dating GPS-application can result in a greater likelihood of gay men engaging in hook-up behaviour and therefore can increase the potential of HIV infection (Kubicek et al., 2011). Promiscuity is known to increase with such easily accessed information about other men available to each other via smart phone technology.

Sexual promiscuity and multiple partners

The participants in this study described promiscuous behaviours and regularly changed their sexual partners. The participants from in-depth interviews said that some Thai gay male relationships have less permanence and are only short term compared with heterosexual relationships. This viewpoint is similar to other studies that highlight promiscuous behaviours of gay men who engage in sexual activities with multiple sexual partners (Kittitornkul et al., 2011; Mansergh et al., 2006).

Multiple sexual partners among gay men is one of the most important concerns around their being exposed to the risk of HIV infection (Lyons & Hosking, 2014).

Nevertheless, this is also an important issue for the heterosexual community who might gain from initiatives taken in health promotion activities designed for MSM. The participants described Thai men as being influenced to covertly meet via the internet, or in gay entertainment venues, because being gay is not always socially accepted in Thailand (Cardoso, 2009). Accordingly, the subcultural reasons for male gay multiple partnering need to be clearly understood to assist in the development of a more meaningful health promotion strategy for HIV prevention (Kittitornkul et al., 2011).

Moreover, a gay man's partner if in a serious relationship can influence the use of, or reluctance to use condoms. Many *chaay rak chaay* interviewed in this study indicated that being in a relationship influences their consideration about unsafe sexual activities with their partner. Similarly, the evidence suggests that having a steady sexual partner is one of the most influential factors in engaging in unprotected sexual intercourse (Mansergh et al., 2006; Musinguzi et al., 2015).

Having unprotected sex with a steady partner is the normal practice of many heterosexual couples and this should be no different for gay couples, unless of course one partner has been exposed to unsafe sexual activity and there is a moral responsibility to disclose. This study also found that using protection in sexual activities depends on the partner who takes the insertive role (Top). Most participants described their partner as having a greater influence on deciding whether or not to use protection.

The above findings indicate the influence of the partner is of significant importance when developing appropriate HIV prevention strategies. An

effective HIV prevention strategy might integrate an awareness of partnering and promote sexual negotiation skills (Cuervo & Whyte Iv, 2015). Sexual negotiation is discussed further in a later section.

The pick up

Another complex issue influencing the increased risk of HIV infection in *chaay rak chaay* is around sexual activities occurring in public areas (Reisen et al., 2011). The *chaay rak chaay* study participants recounted engaging in public sex in diverse ways and described numerous experiences of sexual activity in public areas such as shopping centre toilets, public parks and gas stations. This public but covert display of sexual fulfilment highlights that gay men in this study were able to establish a sexual encounter very quickly to meet their needs (Reisen, Iracheta, Zea, Bianchi, & Poppen, 2010). Similarly, the study of gay men by Butterworth (2014) revealed that more than fifty percent of gay men in his study sample (N=1000) engage in sex in public areas such as shopping centres, toilets and parks.

Gay men can easily search and find sexual partners by engaging in sex discretely in public (Butterworth, 2014). Therefore, there should be an emphasis placed on HIV prevention, particularly with gay men who engage in sex in public, as this could lead to an inability for them to have access to appropriate protection (Reisen et al., 2011). Another issue of concern is harassment crime and violence, where men who engage in public sex can often find themselves at risk of assault (Hequembourg, Parks, Collins, & Hughes, 2015).

A focus on bringing condoms to any social public meeting should prevail and just like a woman who might solicit sex for money if the patron does not have a condom, then sex is not on. Such attitudes are rapidly becoming part of the Bangkok gay community, however they appears to be a further need to get the message about safe sex out to all men in Bangkok who engage in at risk intercourse.

Stigmatisation leads to marginalisation

Discrimination and stigma are commonly displayed toward the Bangkok gay male fraternity (Darawuttimaprakorn, 2012). The effeminate behaviours and feminine expression can expose some men to the negative effects of public ignorance and in their interpersonal connections with others. This negative expression can result in a lack of acceptance by a family toward a son who is gay for example, and the stigma forced upon the family via mainstream values and belief can then in turn lead to conflict within the family. Preston and D'Augelli (2013) note that many effeminate gay men encounter conflict with their father because of their effeminate behaviours. This limitation prohibits gay lifestyle for some men and suppresses freedom of self-expression with a concomitant reduced quality of life, indeed, in some cases their mental health is adversely affected. Family background is one of the significant factors influencing the stigmatisation of gay men; it creates limitations in their everyday lives and can marginalise them from the mainstream, their family and social involvement (Felix, 2014).

Social pressure toward gay men in the community was discussed by many *chaay rak chaay* participants. Some of the participants, (gay men) to highlight the

extent of isolation and subsequent stigma chose not to disclose their gay status in order to retain their status within their work place (Darawuttimaprakorn, 2012; Matzner, 2011). Additionally, HIV positive gay men have to hide their HIV status and isolate themselves from the Thai community in order to eliminate further troubling situations in their lives (Preston & D'Augelli, 2013; Smit et al., 2012).

As stated earlier, evidence emphasises that there is a negative impact from stigma and discrimination against gay men on their mental health and wellbeing (Courtenay-Quirk et al., 2006; Felix, 2014). Hubach et al. (2015) suggests that stigma is partly responsible for a lack of condom use because gay men feel uncomfortable when asking for condoms, experiencing embarrassment and actively avoiding negative attitudes from others.

This situation contributes to some gay men engaging in unsafe sexual activities including decreasing condom use. It is, therefore, significant to modify any inaccurate perceptions. Decreasing feelings of embarrassment regarding condom use and other sexual issues may assist in raising the use of protection during sex. In relation to this study and what participants have said and in light of the previous research there is an important need to de-stigmatise same sex relationships in Bangkok, particularly when stigma can lead to gay men going under the radar to express their sexuality.

Bangkok *chaay rak chaay's* strategy employed in order to decrease the risk of HIV infection

In accordance with this study's second research question, around strategies *chaay rak chaay* in Bangkok employ in order to decrease the risks of HIV/AIDS infection, numerous strategies employed by *chaay rak chaay* to protect themselves and eliminate the risk of HIV infection might be beneficial in establishing further HIV prevention strategies in Thailand.

Protecting ourselves

The participants in this study were adamant that they must be aware of the HIV status of other men to prevent themselves and their partners from becoming infected. Nevertheless, the level of importance placed on being completely protected varied from one participant to another and in some cases participants were very much at risk because of the way they engaged in unprotected sex, especially with multiple partners.

A key underlying theme in this study is that men having many partners on multiple occasions must be hurting themselves psychologically, perhaps they cannot escape the life enforced around gay bars and entertainment venues. Such isolation and marginalisation from mainstream social engagement, where such things are not the norm, has the propensity to affect their self-esteem.

Self-esteem plays an important part in enabling gay men to participate comfortably in society and to lead a 'normal' life (Greene & Britton, 2013) just like any other person. A man with a strong self-esteem can be less susceptible to stigma because he is proud and safe in himself and because of this he may not

feel any need to be secretive, or feel any need to be behind closed doors (Hubach et al., 2015). This study found that participants who accepted themselves (self-acceptance) as being gay had a stronger self-confidence, self-esteem and were able to be gay in positive ways. For example, they were comfortable to express their own sexuality and were not anxious about their gay identity spoiling their social identity (Goffman, 1968) Being proud and showing pride results in the surrounding society becoming more accepting of gay people, not just gay men. Self-esteem in gay men however assists to eliminate stigma and may reduce sexually risky behaviours (Courtenay-Quirk et al., 2006; Felix, 2014; Udall-Weiner, 2009). Although one can argue that some of the participants and indeed some Thai gay men may flaunt their sexuality in an effort to shock the public, these men could be seen as the vanguard of gay male life in Bangkok. Without men willing to challenge the establishment, there would be no public recognition. A recent study signposts that self-esteem is also relational to HIV disclosure in HIV positive gay men (Moskowitz & Seal, 2011). The relationship of *chaay rak chaay* self-esteem to sexual risk behaviour in the findings of this study is illustrated in the following graphic (Figure 7).

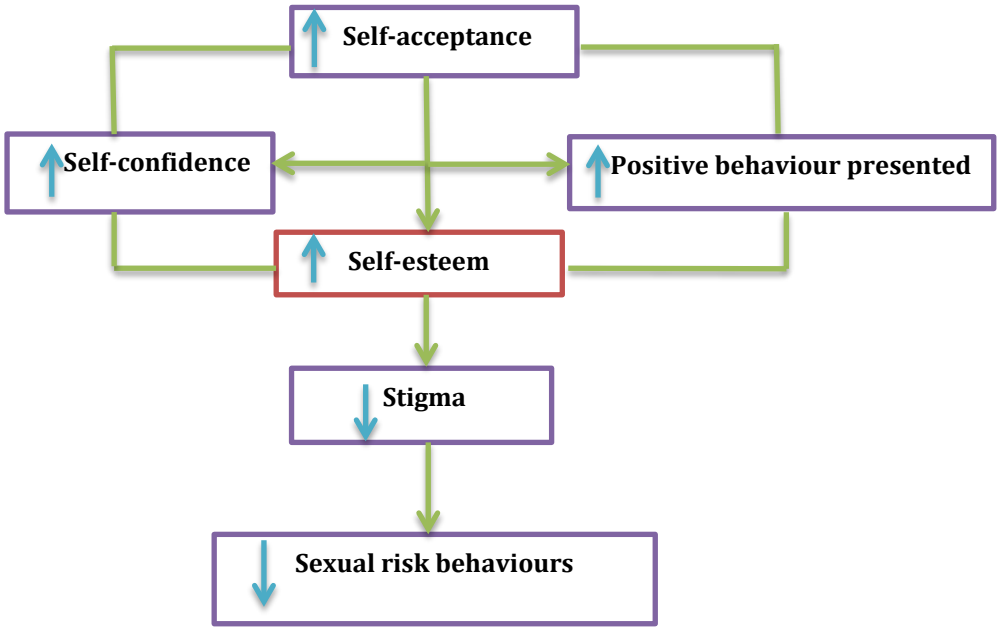

Figure 7. The relationship of self-esteem and sexual risk behaviours in *chaay rak chaay*

Being self-aware and negotiating

Self-awareness is an important part of HIV prevention for the *chaay rak chaay* participants in this study. The findings of the in-depth interviews suggest that participants attempt to remain aware of and encourage themselves to engage safely in sexual activity, even if their sexual partner is not HIV positive. Awareness of the negative effects of contracting the disease encouraged some gay participants to be sexually safe.

Awareness of HIV protection can reduce the likelihood of gay men engaging in unsafe sexual behaviours (Musinguzi et al., 2015). Additionally, the fear of becoming HIV positive assists in providing a greater awareness of using protection during sex and can result in an increased emphasis on negotiation to promote safe sex activities with a sexual partner (Kwong-Lai Poon et al., 2011).

Negotiation is an essential strategy that assists *chaay rak chaay* participants to reduce their risk of HIV infection. The study found many participants employed sexual negotiation with their partners to encourage condom use and other safe sex activities. Furthermore, effective negotiation with a sexual partner required conversations around safe sex to be clear and to reinforce the importance of using protection (Ball, 2014; Cuervo & Whyte Iv, 2015; Xiao et al., 2013).

Sexual commitments in relationships have to be agreed upon prior to the commencement of any sexual activity (Grov, Starks, Rendina, & Parsons, 2014) as this is appropriate behaviour in consensual sex. Such negotiation tactics must be 100 percent widespread and across the community and this could be aided by government support to advertise safe sex messages through peer outreach, health care providers and public media nationally, not just in Bangkok.

Considering what the Thai participants in this study have revealed in terms of their experiences related to the influence of their partner, the receptive gay group could place greater importance on negotiation skills with their partner (Musinguzi et al., 2015; Xiao et al., 2013). Most participants taking the receptive sexual role were encouraged to avoid using protection during sex by their insertive partner. This is significant and points to a need to raise the level of competency around negotiating with a Thai partner who is less aware of safe sexual practices when engaging in intercourse. Further research around partnering and dominant roles in the context of HIV infection might reveal other findings. In particular, it is worth exploring the sex for payment issue and how being a sex worker might be an even greater risk of being infected, especially when there is pressure from the customer not to use protection.

Another strategy employed by many *chaay rak chaay* to diminish their risk of HIV infection, is safer sex activity. Participants of this study acknowledged that sexual desire exists because it is a normal human behaviour. This desire can be released and suppressed, and it depends on the self-control of the individual. Masturbation is the most popular strategy used to fulfil the sexual needs of gay male participants.

Recent studies recommend that promoting safe sex to gay men can assist to reduce the risk of HIV infection (Allman et al., 2009; Mutchler, Ayala, & Neith, 2005; Xiao et al., 2013). Some participants' from this study however, indicated that masturbation was not effective in releasing sexual desire. Additionally, many of the *chaay rak chaay* participants said that they would employ several other strategies such as relaxation activities and exercise.

Most studies related to HIV infection in gay men focused on negative behaviour increasing the risk of infection (Chemnasiri et al., 2010; Edwards-Jackson et al., 2012; Li et al., 2009; Newman et al., 2012; Sringernyuang et al., 2005; Toledo et al., 2010). This ethnography reveals how the positive behaviours that *chaay rak chaay* participants employ to decrease their potential risk during sexual activity can aid in prevention of HIV. It is significant to highlight and integrate these findings into health promotion and education opportunities as they are important components in supporting and modelling appropriate behaviour in the Bangkok gay community.

Bangkok health services - nursing care for sexual health promotion and HIV prevention

In the context of the final research question the discussion attempts to clarify and draw out issues related to men using Bangkok health services, their fears, trepidations, experiences and reasons for using health services were often quite different from other aspects of the general Bangkok community.

The need of specifically gay male clinic and information

Most *chaay rak chaay* interviewed for this study indicated that the specific clinics for gay men are inadequate and insufficient in Thailand. They also highlight that the distance between services and their availability remains a barrier to gay men utilising these health services. There is also difficultly, despite the government support, assessing gay male sexual risk behaviours and designing targeted health promotion and HIV prevention strategies to reduce HIV problems (Sirivongrangson et al., 2012).

The doctoral study reported here is the first of its kind in Thailand and highlights a number of key ways to assist in the development of health promotion interventions to help bring down the HIV infection rate of Thai gay men living in Thailand, or in the case of this particular study, Bangkok. These include expanding the use of condoms and lubricant gels coordinated by health promotion centres working in public areas (The nation committee for the prevention and alleviation AIDS, 2007) and promoting an awareness of HIV/AIDS prevention and skills related to safe sex activities (Coleman, 2011). There is also a need for the general community to know about what it is like for men to be living with HIV and for health services to be more sensitive and

caring in relation to these men needing continuous health care and medical intervention.

Additionally, information associated with HIV and related concerns are required to be more accurate and specific. For example, many *chaay rak chaay* note that access to specific information is important and relevant to their sexual health behaviours and problem solving around the risk of HIV/STI infection. The information around HIV and how it is transmitted and disseminated amongst the gay community is significant to the prevention of HIV (Family Health International & Bureau of AIDS, 2008).

The study by Ball (2014) indicates that AIDs education and information specific to HIV infection plays an important critical role in guiding gay male sexual health behaviours. Some *chaay rak chaay* described receiving inaccurate information when using general health services and this can detrimentally affect the perception of there being available appropriate sexual health clinics.

Many participants reinforced the need for specific clinics and information for the gay community in Bangkok. In order to meet their needs and improve HIV prevention throughout this group, the Thai government should be encouraged to provide more specific clinics and information relevant to HIV issues for this community. Moreover, mobile clinics for HIV services could help to decrease the barrier of distance to access services and assist the gay male subculture to have a wider access to health services. The blood bank do this effectively and a bus to provide information and medical advice to people living in the community at risk of HIV, or even living with HIV would be of enormous value in the continuing fight to reduce the infection rate.

Privacy concern in using health services

Chaay rak chaay participants commonly described privacy concerns as a barrier to accessing health care services when interviewed for this study. Most experienced feelings of embarrassment when utilising services alongside of heterosexual clients and described being looked down upon for accessing services associated with STIs or HIV issues. The clinic specifically for gay men enabled them to feel more comfortable when accessing services in comparison to the way they described feeling when they used the general clinic (Dodge et al., 2012).

Some public and health service attitudes may be difficult to shift at first, but worldwide evidence suggests that breaking down the discrimination and stigma and increasing awareness of people being in same sex relationships can improve the public attitude toward gay life (Knight & Jarrett, 2015). There is a need to revamp the way the health system engages with Gay men. The government can provide a friendly environment and ensure the system services strongly protect the client's personal information. In addition, the location of some services for *chaay rak chaay* could be separated from others to ensure that their privacy will be protected during the entire health care experience of using services (Dodge et al., 2012; Sabin, Riskind, & Nosek, 2015). This need however will change as mainstream services become more accepting and focused on the health care needs of gay people generally.

Confidentially concerns influence *chaay rak chaay* when deciding whether or not to use services (Dodge et al., 2012). The findings of the research project highlight that the participants were especially concerned about the potential for

the ‘leaking’ of personal information and that others may learn of them accessing services associated with HIV (Ramallo et al., 2015).

Participants also revealed that the free condoms provided by the health service are less frequently collected by gay men; especially if this service is provided in a public area. It is useful to dispense them in male toilets and this can reduce feelings of shame and it is more likely to protect their privacy (Tamboli, 2010). Additionally, the embarrassment of buying the condoms from the store or pharmacy is experienced by many gay men and this is a significant cause of gay men engaging in unsafe sexual activity (Hindustan Times, 2008).

A study of bisexual men reveals that the privacy services in relation to environment and space are important in increasing and promoting access to health services (Dodge et al., 2012). Such issues are indicative of the need for a major population attitude shift in order to reduce the isolation gay men feel living in Bangkok but also in the context of increasing awareness across all places in Thailand about HIV, not just men living with HIV.

Expectation on the effectiveness of any HIV prevention strategy

Most *chaay rak chaay* participants identified a specific health promotion approach to reducing HIV risk infection such as HIV/STI prevention. Other participants associated the effectiveness of HIV prevention with increasing well-being across the gay male community. An appropriate health promotion program designed specifically for gay men to reduce the incidence and spread of HIV could contribute in modifying unsafe sexual activities in the target population (Manopiboon, 2008).

The outcome of participant discussions further suggests that government support of HIV prevention requires a greater emphasis on the provision of specific services, increasing promotion of safe sex activities and HIV prevention, as well as providing easy access to adequate HIV information and funding relevant to the issue of HIV. Jose, Nelson, and Ivan (2002) in Puerto Rico recruited 587 gay men to a workshop intervention that integrated the health belief model, concept of self-efficiency and community development. The Jose et al. (2002) intervention revealed an improvement regarding knowledge, attitude and behaviour related to HIV prevention.

Chaay rak chaay participants expected to be broadly supported by government organisations and NGOs that run HIV prevention projects for the gay community. The need for funding of ARV treatment has to be addressed. Evidence indicates that the Thai government and non-government organisations have become more committed to finding HIV prevention strategies and have begun to establish several HIV prevention projects (Merson et al., 2008). For example, the Thai Government has established Anti Retrovirus Therapy (ART) and included universal public health insurance for people who are living with HIV/ AIDS. However, people living in poor and remote areas including *chaay rak chaay* are less likely to have access to these services (Chariyalertsak et al., 2009) and they are predominately mainstream focused. There is likely to be a barrier to accessing appropriate health care services for *chaay rak chaay* which results in some gay men being denied health provision and serious health monitoring (Chariyalertsak et al., 2009).

A further, expectation of most *chaay rak chaay* participants was the need for a greater emphasis on emotional campaigns directed at HIV prevention on public media sites. In order to be an effective HIV prevention strategy, the HIV information should be attractive with interesting words, or pictures for easier understanding and to entice people to read it, as well as to motivate people to be aware of self sex protection against infection.

Such a process would also assist to reduce discrimination and potentially have a positive flow on effect to the heterosexual community, as protection is not just a gay man's responsibility. As Zembylas and Vrasidas (2005) suggest, the effective promotion of HIV prevention is influenced by many factors. Nowadays, the media influences people's perceptions and behaviour. Relevant information about infected people should be provided on media sites such as television and the internet.

These should stimulate the audience's attention and emotion and may create a greater awareness of safe sex practice (Young Soo, 2015). Thailand has been provided a "Getting to Zero" project that aims to eliminate the incidence of new HIV infections between the years 2012-2016. This project has provided many advertisements on public media in relation to promoting carrying and using the condom using the "chest pocket bag" (ยืดอกพกถุง/yeud okk pock thung). This promotion increases the awareness of protection in many groups of the population.

Experts suggest that a website featured on the government health department web page will deliver safe sex information, referral agency contacts, lay information about sexually transmitted diseases and access to academic

information of a more technical nature (Grov, 2006; Wohlfeiler et al., 2013). Potential users of the health promotion website will be able to search for information about HIV and ask questions to clarify issues regarding HIV status and treatment. This could assist to reduce the incidence of HIV infection across the Thai *chaay rak chaay* community (Kasatpibal et al., 2012).

Summary

This ethnographic study has found a distinct variation in the sexual identity of Bangkok male participants which are potentially important characteristics to consider for the development of nursing interventions and HIV prevention strategies. The study also found that gay phone applications and entertainment venues, as well as alcohol and other substances influence the sexual risk behaviour of gay men in Bangkok. Such things place these men at a greater risk of HIV infection, including having multiple partners and being careless with the use of condoms.

Additionally, *chaay rak chaay* participants highlighted that stigma and discrimination have occurred throughout their lives, causing conflict within the family and contributing to difficulties in their community participation. In terms of HIV prevention, some participants indicated that specific information relevant to HIV concerns and a dedicated clinic for gay men needed to be provided. They were also concerned about the privacy of health services, so that gay men feel more comfortable accessing them. The relevant key issues of this study have been merged together in the following section to suggest possible strategies to effectively address HIV prevention.

Recommendations

Notwithstanding the limitations of this research particularly in relation to a small qualitative sample and being limited to a minority group, it is important to bring forth the view points of the *chaay rak chaay* participants in relation to the research questions. Indeed, it is critical that the participants' views find an avenue for dissemination and articulation in an attempt to reduce HIV infection in the gay male community in Bangkok; and perhaps elsewhere in Thailand.

Strategies related to gay male health promotion and HIV prevention

- The in-depth individual exploration of the gay male sexual role is needed to evaluate their potential risk of HIV infection in order to provide appropriate HIV education including an HIV prevention strategy. Therefore, clients should be asked questions pertaining to sexual orientation and sexual role at the early stage of consultation;
- Sex entertainment venues can play an important role in assisting the government to reduce problems associated with HIV. The government could consider encouraging entertainment venues to place a greater importance on promoting safe sex practices amongst their customers, as well as to provide relevant HIV information announcements and HIV/STI messages through the venue. Free condoms must be provided to all customers. The government should control all sex entertainment venues by giving them instructions and conditions relevant to HIV prevention, such as, disallowing stage shows associated with sex and policing the responsible service of alcohol and use of illicit drugs;

- To educate the *chaay rak chaay* about the need to eliminate the risk of HIV through sexual activities in public areas and promote safer sexual activities instead of engaging in sexual intercourse. This could be successful through public event social media and workshops designed to influence knowledge, attitude and behaviours in relation to HIV prevention; and
- To develop a health promotion website targeting gay men who have sex with men. The website could provide links to health agencies in support of HIV positive men (including social media) and for those at risk of contracting HIV through unprotected intercourse. The website could also link to a social media site such as Facebook and enable gay men to interact about health issues and experiences. The Facebook page could encourage the gay community to participate in health surveys and education events featured on the social media site.

Strategies linked to *chaay rak chaay*, family, community and health care services

- The mother plays a significant role in supporting the lives of Thai gay men and needs to assist in promoting a rise in self-confidence around being gay. Additionally, it is important to eliminate the conflicts within the family, especially with fathers to avoid stigma around gay men. This needs to be promoted as an appropriate negotiation to have with a father. This could be combined with individual consultation for self-consideration, sharing the negative and positive experiences by group discussion and family talk through workshops;

- The promotion of family support and acceptance of same sex behaviours require greater emphasis. The family is a significant component of Thai gay male life. Family acceptance and support could enhance greater self-confidence in gay men and assist in promoting appropriate behaviours. A public event promoting information relevant to gay acceptance on media sites and social network could be promulgated;

- Increasing promotions about safe sex chat on public media are required as well as specific, targeted information. Additionally, promotional advertisements which can influence people emotionally may increase the acceptance of information to engage gay men around awareness of HIV prevention measures. The Thai government could pay more attention to increasing HIV prevention via the media frequently, for example, advertisements and short films relevant to gay life and HIV should be promoted; and

- Health care services could be more aware of the privacy issues and personal confidentially issues. This concern needs to be integrated with the health care system and could result in greater use of health services by gay men. The government should ensure privacy and trust when providing health-related services. Furthermore, the location of services for the *chaay rak chaay* population could be separated from others to eliminate feelings of shame.

Strategies designed for nursing intervention in HIV prevention areas

- Most gay men in this study have had multiple partners and this places them at a greater risk of infection. Therefore, future nursing research is required to contribute to an education program for gay men around increasing

awareness of monogamous behaviour and condom use. The programme should involve multiple sessions and include individual consultations as well as partner discussion. Emotional media campaigns including an HIV role model may assist gay men to avoid promiscuous behaviours;

- A nursing intervention to modify the behaviours of gay men should concentrate on specific groups, in particular the different sexual roles. For example, *Gay Queen* (เกย์ควีน) need to be encouraged toward small group work to exchange experiences and be provided with education around sexual negotiation skills through role play activities. Enhancing their assertiveness around safe sex. Additionally, the intervention could comprise numerous sessions, such as individual personal assessment, self-help groups and empowerment activities. The programme could integrate the issues around family and the influence of community and other social factors that motivate this subculture of gay men, such as family support; and
- Positive thinking needs to be integrated in *chaay rak chaay* health promotion education. This is a significant component in motivating gay men to have suitable coping strategies to deal with conflict in their life. It might help to reduce mental health problems. To be successful, health care providers should address this issue in the consultation period and motivate them to be more positive thinking. A workshop related to decision making and coping strategies may assist at risk gay men to deal with this problem.

Further research and development

- A study around the influence of family on *chaay rak chaay* life should be conducted. A study of the influence of the gay scene on accepted gay status

within the family and the contribution to conflict within the family and on the mental health of gay men should be explored. Additionally, an in-depth interview or focus group around family members with a gay relative could be conducted to gain fundamental information for health promotion and to improve family dynamics;

- It would also be of interest to find out what it is that attracts well educated men into the Bangkok gay community, given that over 60 percent of the participants had graduated with a Bachelor's degree in education. It would be useful to understand if there is a relationship between their sexual risk behaviour and education.

- Further studies can be more deeply embedded in the subculture of gay men and further explore particular identities and characteristics and study the HIV infected individual and their sexual activity. In addition, further studies should pay greater attention to the pay for gay sex industry;

- An exploration of Internet sites of entertainment venues, particularly saunas needs to be conducted. This type of venue is a major contributor to gay men being at greater risk of HIV infection. A greater understanding of the influence of sauna on safe sex needs to be provided; and

- A program designed to improve the negotiation skills around safe sex can also be developed. This could be done using a survey, plus or minus focus groups with key stakeholders then the development of a tailored educational intervention for all gay men.

- There was only one participant who mentioned bisexuality in the study but it is known from the literature that bisexuality and unprotected intercourse are risk factors for HIV infection (Grov, Agyemang, Ventuneac, &

Breslow, 2013). This issue is worthy of further study in the context of Thai bisexual men and relationships in the context of the spread of HIV infection.

Conclusion

The sexual culture of Thailand in the 21st century is changing. Sex and sexuality are still restricted by Thai Buddhist traditions, however many people are now more amenable to discussions about sexual preferences and gender specific preferences. Western culture has widely influenced Thai people and infiltrated traditional Thailand in the form of tourism, sexuality, movies, pornography and popular magazines (Boonmongkon & Jackson, 2011). Such cultural assimilations to the Thai way of life have placed pressure on mainstream beliefs, at least partially toward the acceptance of same sex behaviour, although the public image of gay men still remains largely negative.

This ethnography has predominately been about the gay community in Bangkok emerging from underneath traditional Buddhist heterosexual cultural values and beliefs into a cultural space now at least partially inclusive of gay men. Prevention of HIV related illnesses must therefore involve a deep, respectful and thoughtful examination of the gay Thai community subculture. Even though a number of HIV prevention projects have been established, there is no phenomenological or quantitative data on how successful they have been in reducing the number of new HIV infections in gay men.

HIV infection is still on the increase (Bureau of Epidemiology, 2015). The researcher expects that all of the research findings will be beneficial in relation to influencing public perception and policy to reduce the incidence of new HIV

infections. Findings also will hopefully assist to influence public perceptions about the importance of health care needs for HIV infected men.

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Appendix 1 Interview Protocol

An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men) in Thailand from a Nursing Perspective

Interview Protocol
Version [1]; 10 Feb 2014

Date:

Place:

Interviewer: Mr. Praditporn Pongtriang

Interviewee: ID Code

Brief project: This project aims to explore the experiences of *chaay rak chaay* who engage in high risk sexual behaviours. The participants will be interviewed for approximately 60 minutes about their Everyday life and sexual experiences that may expose them to HIV risk.

6. Tell me about your life as a gay man in Bangkok?
7. What strategies do you use to protect against HIV infection?
8. What is your experience with Bangkok health services?
9. How do *chaay rak chaay* contact each other and then what happens?
10. What can you tell me about *chaay rak chaay* and sex and HIV?

Appendix 2 Personality information

An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men) In Thailand from a Nursing Perspective
Demographic Form
Version [1]; dated 10 Feb 2014

Please fill in the information or insert / in the box

1. Age.....years
2. Religion
   □ Buddhist
   □ Christian
   □ Muslim
   □ other.....
3. Status
   □ having partner □ No partner
4. Employment Status: Are you currently…?
   □ Employed for wages
   □ Self-employed
   □ Out of work and looking for work
   □ Out of work but not currently looking for work
   □ A homemaker
   □ A student
   □ Unable to work
   □ Other……..
5. Education.
   □ No schooling completed
   □ Primary school
   □ Secondary school
   □ High School
   □ College
   □ Bachelor.
   □ Post graduate
6. Living situation
   □ living alone
   □ living with partner
   □ living with Friend
   □ living with Family
   □ other……

Appendix 3 Summary table of articles: HIV sexual risk behaviours among *chaay rak chaay* in Thailand

Author (year)	Study design	Sample size and site	results	Quality appraisal
Van Griensven, F, et al. (2013).	Cohort study (4-monthly follow-up)	• N=1744 • Homosexually active Thai men • Age at least: 18	• Risk factors for HIV-incidence: younger age, • Living alone or with roommate; • inconsistent condom use; • receptive anal intercourse, • group sex drug use	Include
Tangmunkongvorakul, A., et al. (2010)	Mix method	• N=1750 • Aged:17-20	• Many young Thais identified themselves as gay, kathoey, bisexual. • The terms gay, kathoey are commonly used for the same sex people	Include
Tunthanathip, P et al. (2009)	longitudinal	• N= 894 • Median age: 36	• Unprotected last sex with a partner of unknown or negative HIV status • Unprotected sex with casual, commercial or male-to-male sex partners than with steady heterosexual partners. • People receiving ARV were less likely to report unsafe sex.	Include
Li, A., et al. (2009).	Cross sectional (venue-day-time sampling)	• N= 450 MSMW and 1125 MSM.	• Consistent condom use in MSM (62.9%) • living away from family • recruitment from a sauna, • increasing frequency of visiting the entertainment venues, • practicing receptive or both receptive and insertive anal • intercourse, • drug use were associated with HIV prevalence in MSM	Include
Toledo, C. A., et al (2010)	Cross sectional)venue-day-time sampling)	• N=414 sex worker MSM	• MSWs in Bangkok are at high risk for HIV infection. • Among street-based sex workers, not having had sex with a woman • Having ever had a STD symptom, • No friend to talk about HIV Infection	Include
Sringernyuang, L et al (2005)	Qualitative research (interviews and group discussion)	To document instances of discrimination against PLWHA,	• Lake of appropriate monitoring of compliance by health care provider • The disparity between written policy and practice can be explained by the underlying personal and cultural factors.	include
Chemnasiri, T. et al (2010).	Cross sectional (venue-day-time sampling)	• N= 827 • sexually active young MSM • Aged: 15-24	• 33.1% MSM, • 37.7% male sex workers (MSWs) • 52.3% reported recent inconsistent condom use. • The factors: receptive anal intercourse (MSM, MSWs), receptive and insertive anal intercourse, living alone and a history of sexual coercion (MSWs), not carrying a condom, lower education, worrying about HIV infection and a history of	Include

Author (year)	Study design	Sample size and site	results	Quality appraisal
			sexually transmitted infections (TGs) were significantly and independently associated with inconsistent condom use.	
Edwards-Jackson, et al (2012).	Cross sectional	• N=200 • HIV-positive MSM	• HIV sero-status disclosure rate was low (26%). • 17% reported unprotected anal intercourse • 50% of those had sex with their first partners. • Unknown HIV status was 54.4% • No association between disclosure and protected sex, with 41 of 48 (85.4%) disclosers and 104 of 126 (82.5%) of non-disclosers reported protected sex.	Include
Newman, P. A., et al (2012).	Cross-sectional (venue-based sampling)	• N=260 • MSM mean age = 26.7	• 57.3% gay-identified, 26.9% heterosexual /bisexual-identified, 15.8% transgender • 18.5% reported unprotected anal sex (UAS), • 50.4% sex for money and 20.0% STI diagnosis • 19.2% illicit drug use Overall, • 43.1% indicated that healthcare providers exhibited hostility towards them. • Gay entertainment venue staff were significantly more likely to self-identify as heterosexual /bisexual (versus gay or transgender female	Include
Chariyalertsak, S. et al (2011	Longitudinal	• N= 551 • Gay and bisexual MSM	• HIV risks and rates varied by self-reported sexual orientation and gender identity. • HIV was associated with sexual practices, age, and being gay-identified. • These are populations are in need of specific prevention strategies, in prevention research.	Include
Sirivongrangson, P., et al (2012).	Longitudinal	• N=154 • HIV infected MSM in Bangkok	• 32% of these reported anal sex without a condom. • Factors associated with having sex without a condom were having a female partner, having a steady male partner, and awareness of HIV status<1 month. • Sexual risk behaviours and STIs were common among HIV-infected	Include
Van Griensven, F., et al, (2010).	Cohort study	• N=823 • MSM in Bangkok	• Use of alcohol, erectile dysfunction drugs, sex with a foreigner, group sex, buying and selling sex, and a history of HIV testing were associated with having sex on 3 days or more per week. • Not identifying as homosexual, having receptive anal intercourse, • Not engaging in group sex was associated with unplanned sex.	Include
Arroyo, M. A., et al (2010).	Retrospective study	• N= 401 • MSM who were tested for HIV-1	• A concentrated and genetically complex HIV epidemic among Thai MSM. • intervention and prevention measures importance among high-risk populations	Include
Guadamuz, T. E, et al (2011).	Cross-sectional venue-day-time sampling	• N=2049 • MSM in Bangkok, Chiang mai and Phuket	• A history of forced sex was significantly associated with being recruited in Phuket, classification as general MSM or transgender	Include

Author (year)	Study design	Sample size and site	results	Quality appraisal
			• Drug use, increased number of male sexual partners, and buying sex.	
Mansergh, G. et al, (2006).	Cross-sectional venue-day-time sampling	• N=927 • The sexually-active sample MSM	• 20% identified as bisexual • 17% tested HIV-positive. • 45% Inconsistent condom with steady partners, 21% with casual partners	Include
Van Griensven, F., et al (2005).	Cross-sectional (venue-day-time sampling)	• N= 1121 • Thai men Aged > 18 • Reported anal or oral sex with a man during the past 6 months.	• 36.0% unprotected sexual intercourse • Alcohol use (73.7%); • Drug use (2.5%). • Factors: education, recruitment from a park, self-identification as homosexual, receptive and insertive anal intercourse, more years since first anal intercourse, and more male sex partners to be significantly and independently associated with HIV prevalence.	Include
Patthum, T., et al. (2010).	A qualitative study. In-depth interviews and participant observations were performed over a period of 17 months.	• MSM in Mukdahan province.	• Social and sexual aspects of health behaviours were identified in various stages. • Factors had influence behaviours of MSM; include health promoting and undermining factors.	Include

Appendix 4 Consent Form

Associate Professor Antony Paul O'Brien
Associate Professor Jane Maguire
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AUSTRALIA
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Consent Form for the Research Project:
An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men)
In Thailand from a Nursing Perspective
Mr. Praditporn Pongtriang
Document Version [1]; dated 19 February 2014

I agree to participate in the above research project to be contributed by the researcher for as interview and give my consent freely.
I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.
I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.
I agree to participate in 45-60 minutes recorded in-depth interview.
I understand that the data will be transcribed and translated by a transcription service, that my personal information will be protected by a signed confidentially agreement.
I agree to give permission for the findings from this project to be published in a journal, thesis and/or report, at an appropriate presentation and conference.
I understand that my personal information will remain confidential to the researchers and that a pseudonym will be in place used for my name.
I have had the opportunity to have questions answered to my satisfaction.
I would like to receive a summary and the results of the study ☐ Yes ☐ NO

Signature/fingerprint: _____Date: _____
Print Name: _____
Contact details: Address_____
Telephone number _____Email_____
Witness_____

Appendix 5 Participant Information Statement

Associate Professor Anthony Paul O'Brien
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Email: Tony.OBrien@hnehealth.nsw.gov.au
Jane.Maguire@newcastle.edu.au
Praditporn.Pongtriang@uon.edu.au

Information Statement for the Research Project:
An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men)
In Thailand from a Nursing Perspective
MR. Praditporn Pongtriang
Document Version [1]; dated 28 February 2014

You are invited to participate in the research project identified above which is being conducted by Mr. Praditporn Pongtriang a doctoral (PhD) research student from the School of Nursing and Midwifery, Faculty of Health and Medicine at the University of Newcastle. This research is supervised by Associate Professor Anthony O'Brien and Associate Professor Jane Maguire.

Why is the research being done?
The purpose of this research is to explore the experience of the subculture of gay men in Thailand who may be at risk of contracting the human immunodeficiency virus (HIV). This research is being done so that the experiences of gay men in the Thai culture will be better understood, especially in relation to their being potentially at risk of contracting HIV. It is expected that the outcomes of this study will provide information about Thai gay men that can be used to develop health promotion interventions to prevent HIV infection for Thai gay men.

Who can participate in the research?
If you are a man who is 18 years of age or over, identify yourself "gay" "Chaay rak chaay/ Rak ruaam phet" "King/Rook" "Queen/Rub" "Both" "Bai" and "kathoey", and speak Thai you are invited to participate in this research.

What choice do you have?

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether you decide to participate or not, you will not be disadvantaged in any way.

What would you be asked to do?
If you agree to participate in the study you will be invited to attend an interview with the researcher which will be recorded. The interview will take approximately 45-60 minutes and be conducted at the Thai Red Cross Research Centre at a mutually agreed time. The student researcher would like to talk with you about being a gay man in Thailand.

What are the risks and benefits of participating?

As this research requires you to talk about your experiences as a gay man it is possible that some of the conversation we have about your situation could cause emotional discomfort. If this happens you will be asked by the researcher if you want the interview stopped, or you can ask at any time for the interview to be terminated. Support can be offered after the interview if you need it by the Niranam clinic (+662-253-0996). You may even choose to continue the interview after a short break or at a rescheduled time but that is your choice. You may also withdraw completely from the study at this time, if you choose.

If it is considered any participant requires extra support following the interview, this also will be offered. At commencement of interview all participants will be informed of these support measures prior to the interview taking place. Although this study cannot guarantee benefits from your involvement, the data collected may prove beneficial for the broader community in the future and for nursing health promotion development to prevent sexually transmitted diseases.

How will your privacy be protected?
Your name will not be used in the research. Your interview will be transcribed using a false name (pseudonym). Code numbers and pseudonyms will be used in place of names throughout the research process. Completed consent forms and identifying data will be stored in a separate locked filing cabinet accessible only to the chief investigator. No identifying information will be placed on any of the study materials. The data will be also treated as strictly confidential and will be stored anonymously in locked filing cabinets in School of Nursing and Midwifery, The University of Newcastle.

The key will be available to only the student researcher and his two supervisors. Computerised information will be password protected. Data will be retained for at least 5 years at the University of Newcastle as per policy and protocol. After which, all information and data will be destroyed following University of Newcastle procedures for shredding of sensitive documents.

How will the information collected be used?
The findings from this study will be presented in the form of a research higher degree thesis, and may subsequently be reported in conference presentations and/or peer reviewed journal publications.

***What do you need to do to participate*?**
If you would like to participate,

- Please read this information statement carefully.
- Complete the consent form (This includes your contact details)
- Return the consent form to the Niranam Clinic (104 Radchadamri Road, Pathumwan, Bangkok 10330) by the reply paid envelope provided or;
- Ring or send email to the researcher directly (+66869407048 or Praditporn.Pongtriang@uon.edu.au).

The student researcher, Praditporn Pongtriang, will then contact you to give you the opportunity to ask more questions. If you agree to be interviewed Praditporn Pongtriang will organise a date, time and place with you to conduct the interview.

What do you need to do if you decide not to participate?
Simply do not send back your consent form.

If you would like further information please contact the student researcher Praditporn Pongtriang on +614617372 (The researcher candidate will insert his address in Thailand and Thai telephone number in the Thai version of this form)
Thank you for considering this invitation in this study.

_____	_____	_____
Anthony Paul O'Brien Project Supervisor	Jane Maguire Co Supervisor	Praditporn Pongtriang Research Candidate

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval No…….

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

Or contact the local contact person: The Thai Red Cross Clinic Research Centre, 104 Radchadamri Road, Pathumwan, Bangkok 10330, Phone 02-253-0996.

Appendix 6 Letter for collecting data (TRC-ARC)

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

20 November 2013

The Thai Red Cross AIDS Research Centre (TRC-ARC)
104 Rajdamri Road, Patumwan, Bangkok 10330

RE: RESEARCH PROJECT: HIV Sexual Risk Behaviour among Gay Men: An Ethnographic Study of the Subculture of Chaay Rak Chaay In Thailand from a Nursing Perspective

Dear Director,

I am writing in regard to the above proposal to undertake research at the Red Cross AIDS Research Centre. The research proposal would hopefully include the participation of your organisation in the proposed research project. This study will be conducted by Mr. Praditporn Pongtriang, Associate professor Anthony Paul O' Brien and Associate professor Jane Maguire

Should the project proceed, it is anticipated that the research will occur between March - June, 2014. The project will involve semi structured recorded interviews. It is intended that the interviews will be of 45-60 minutes duration and will take place in The Thai Red cross AIDS research Centre. The voluntary participants are hoped to be 20-30 Chaay rak chaay (gay men) with an interest in HIV prevention.

The proposed research is about to be submitted to the University of Newcastle Human Research Ethics Committee (HREC). I am requesting a letter of support from the Red Cross to include in the human research ethics submission.

To assist in the further planning and progression of the research I would appreciate a letter of confirmation of your organisation's support and involvement. Such a letter will assist in the approval process of the ethics application.

I respectfully request that in your response you also assist me by providing a contact person for any future correspondence.

Letters and other advice can be mailed to my student email address at the University of Newcastle praditporn.pongtriang@uon.edu.au

Please do not hesitate to contact me should you require any further information.

Yours Sincerely,

Mr.Praditporn Pongtriang

RHD candidate
School of Nursing and midwifery, Faculty of Health and Medicine
The University of Newcastle
University Drive Callaghan NSW 2308 Australia
Telephone: + 61 249216714
Mobile: + 61 424617372
Email: praditporn.pongtriang @newcastle.edu.au CC: Michael.hazelton@newcastle.edu.au

Appendix 7 The Thai Red Cross Research Centre letter

December 6, 2013

Dear Mr. Praditporn Pongtriang,

We at the Thai Red Cross AIDS Research Centre grant you permission to undertake your research project.

We grant you permission to interview the Chaay rak chaay (gay men) who are clients in our clinic as per your letter of request, providing, naturally, that they do not object to being involved in your research, for whatever personal reason they may have.
Please let us at the office know when you have a start-date. We look forward to hearing from you.

Sincerely yours,

Praphan Phanuphak, MD, PhD
The Thai Red Cross AIDS Research Center
104 Ratchadamri Road, Pathumwan, Bangkok, Thailand 10330.
Phone: +662-253-0996 Fax: +662-253-0998
Email: ppraphan@chula.ac.th

Appendix 8 Letter for collecting data (BRO)

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

20 November 2013

Bangkok Rainbow Organization (BRO)
218/16 Pradipat Soi 18, Pradipat Rd, Phayathai, Bangkok 10400

RE: RESEARCH PROJECT: HIV Sexual Risk Behaviour among Gay Men: An Ethnographic Study of the Subculture of Chaay Rak Chaay In Thailand from a Nursing Perspective

Dear Director,

I am writing in regard to the above proposal to undertake research at the Bangkok Rainbow Organization. The research proposal would hopefully include the participation of your organisation in the proposed research project. This study will be conducted by Mr. Praditporn Pongtriang, Associate professor Anthony Paul O' Brien and Associate professor Jane Maguire

Should the project proceed, it is anticipated that the research will occur between March - June, 2014. The project will involve non-participant observation. It is intended that the observation will be of 60-90 minutes duration in five to ten gay bars that are located in Silom and Sathorn road

The proposed research is about to be submitted to the University of Newcastle) Human Research Ethics Committee (HREC). I am requesting a letter of support from the Red Cross to include in the human research ethics submission.

To assist in the further planning and progression of the research I would appreciate a letter of confirmation of your organisation's support and involvement. Such a letter will assist in the approval process of the ethics application.

I respectfully request that in your response you also assist me by providing a contact person for any future correspondence.

Letters and other advice can be mailed to my student email address at the University of Newcastle praditporn.pongtriang @uon.edu.au

Please do not hesitate to contact me should you require any further information.

Yours Sincerely,

Mr.Praditporn Pongtriang

RHD candidate
School of Nursing and midwifery, Faculty of Health and Medicine
The University of Newcastle
University DriveCallaghan NSW 2308 Australia
Telephone: + 61 249216714
Mobile: + 61 424617372
Email: praditporn.pongtriang @newcastle.edu.au CC: Michael.hazelton@newcastle.edu.au

Appendix 9 The Bangkok Rainbow letter

Bangkok Rainbow Organisation
218/16 Pradiphat Road, Soi 18 , Samsennai , Phayathai , Bangkok 10400
Tel/Fax +662 6185168 , +66819219746 email : bangkokrainbow@yahoo.com
Website : www.bangkokrainbow.org

BRO.212/2013

December 9, 2013

Dear Mr. Praditporn Pongtriang,

We at the Bangkok Rainbow organization grant you permission to undertake your research project across entertainment venues in Bangkok.

We grant you permission to work with our organization conduct the non-participant observation as per your letter of request.

Please let us at the office know when you have a start-date. We look forward to hearing from you.

Regards,

BANGKOK RAINBOW
Tel. 02-618-5635, 089-662-1112
www.bangkokrainbow.org
www.bangkokrainbow.com

(Parathakorn Nimseang)

Director, Bangkok Rainbow Organization

+66 2 618 5168 Mobile Phone +66 8 6607 1069

Email : parathakorn.n@gmail.com

Appendix 10 The venue access permission letter

Version 1: dated 16/04/14

School of Nursing and Midwifery
Faculty of Health and Medicine
The University of Newcastle
Callaghan NSW, Australia, 2308

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

29 April 2014

RE: RESEARCH PROJECT: An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay men) in Thailand from a Nursing Perspective- HIV/AIDS Prevention study

To whom it may concern.

I am writing in regard to the above proposal to undertake research at entertainment venues in Bangkok. This project has been designed to find out more about gay men in Thailand, where they go for entertainment and what they think about being a gay man in Thailand. We hope that your organisation will agree to being involved in the proposed research project. The research will be conducted by the student, Mr. Praditporn Pongtriang, Associate Professor Anthony Paul O' Brien and Associate Professor Jane Maguire from the University of Newcastle, Australia.

It is anticipated that the research will occur between May - August, 2014. This will involve the student researcher attending your venue with members of the Bangkok Rainbow organisation and observing the people who come to your venue. It is intended that the observation period will be approximately 60-90 minutes duration.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

Associate professor Anthony Paul O'Brien

School of Nursing and Midwifery
Faculty of Health and Medicine
The University of Newcastle
Tel: +612 4985 4368, Fax +612 4921 6031
E-mail: Tony.O'Brien@hnehealth.nsw.gov.au

Appendix 11 HREC Approval

HUMAN RESEARCH ETHICS COMMITTEE

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

APPROVAL TO CONDUCT HUMAN RESEARCH

To Chief Investigator or Project Supervisor:	**Professor Tony O'Brien**
Cc Co-investigators / Research Students:	**Mr Praditporn Pongtriang** **Associate Professor Jane Maguire**
Re Protocol:	**An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men) In Thailand from a Nursing Perspective**
Date:	**01-Oct-2015**
Reference No:	**H-2014-0071**

Thank you for your recent application to the University of Newcastle Human Research Ethics Committee (HREC) for approval of the protocol identified above.

A *Certificate of Approval* is enclosed.

Appendix 12 IRB Approval

COA No. 192/2014

IRB No. 012/57

INSTITUTIONAL REVIEW BOARD

Faculty of Medicine, Chulalongkorn University

1873 Rama 4 Road, Patumwan, Bangkok 10330, Thailand, Tel 662-256-4493 ext 14, 15

Certificate of Approval

The Institutional Review Board of the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand, has approved the following study which is to be carried out in compliance with the International guidelines for human research protection as Declaration of Helsinki, The Belmont Report, CIOMS Guideline and International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Study Title	: An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men) In Thailand from a Nursing Perspective.
Study Code	: -
Principal Investigator	: Mr. Praditporn Pongtriang
Affiliation of PI	: The University of Newcastle, Australia.
Review Method	: Full board
Continuing Report	: At least once annually or submit the final report if finished.
Document Reviewed	:

1. DOCTORAL PROPOSAL
2. Protocol Synopsis Version 1-17/1/14
3. Information sheet for research participant Version 3: 25/3/14
4. Inform consent document Version 2-27/2/14
5. Interview Protocol Version 2-27/2/14
6. Privacy Questionnaire Version 2-27/2/14
7. CURRICULUM VITAE Version 1-17/1/14

Signature:..... Signature:.....

(Associate Professor Unnop Jaisamrarn MD, MHS) (Assistant Professor Prapapan Rajatapiti MD, PhD)

Vice-Chairman, Acting Chairman Member and Secretary

The Institutional Review Board The Institutional Review Board

Date of Approval : March 25, 2014

Approval Expire Date : March 24, 2015

Approval granted is subject to the following conditions: (see back of this Certificate)

All approved investigators must comply with the following conditions:

1. Strictly conduct the research as required by the protocol;
2. Use only the information sheet, consent form (and recruitment materials, if any), interview outlines and/or questionnaires bearing the Institutional Review Board's seal of approval ; and return one copy of such documents of the first subject recruited to the Institutional Review Board (IRB) for the record;
3. Report to the Institutional Review Board any serious adverse event or any changes in the research activity within five working days;
4. Provide reports to the Institutional Review Board concerning the progress of the research upon the specified period of time or when requested;
5. If the study cannot be finished within the expire date of the approval certificate, the investigator is obliged to reapply for approval at least one month before the date of expiration.
6. If the research project is completed, the researcher must be form the Faculty of Medicine, Chulalongkorn University.

* A list of the Institutional Review Board members (names and positions) present at the meeting of Institutional Review Board on the date of approval of this study has been attached. All approved documents will be forwarded to the principal investigator.

Appendix 13 Mentor invitation letter

School of Nursing and Midwifery
Faculty of Health and Medicine,
The University of Newcastle
Callaghan NSW, Australia, 2308.

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

28 April 2014

Dear Assistant Professor Tippamas Chinnawong,

Mr. Praditporn will be coming to Thailand soon to collect data for his PhD project - '*An Ethnographic Study of the Subculture of Chaay Rak Chaay (Gay Men) In Bangkok- HIV/AIDS Prevention Study*'. It was been suggested by his supervisors and supported by a research review panel that it would be helpful to have a Thai nursing academic for Praditporn to talk to when he is home.

Praditporn has mentioned you would be a person with the expertise who could provide collegial support from Prince of Songkla University. As his supervisors, we are most grateful to you for supporting his (if this is possible?) especially when there is no fee for this. Praditporn would however like to offer you the opportunity to contribute to at least one refereed journal publication from the doctoral research.

We would like to meet you either on Skype, or via e-mail to discuss Praditporn's study. With this collaboration I am hoping that we might be able to work on a subject of research and or publication other than Praditporn's study in the near future.

Yours sincerely,

Associate Professor Anthony O'Brien (Supervisor)
Phone: +612 4985 4368 | Fax +612 4921 6031| Mobile: +61448 941 943 |
E-mail: Tony.O'Brien@hnehealth.nsw.gov.au

.....
Associate professor Jane Maguire (Co-supervisor)
Tel: +61 2 4921 6770 Fax: +61 2 4921 6981
Email: Jane.Maguire@newcastle.edu.au

Mr. Praditporn Pongtriang
Student researcher
Tel: +61 2 4921 6770 Fax: +61 2 4921 6981
Email: Praditporn.pongtriang@uon.edu.au

Cc… Head of School

Appendix 14 Consent Form (Thai version)

รศ. Anthony Paul O'Brien
รศ. Jane Maguire
School of Nursing and Midwifery
The University of Newcastle
University Drive Callaghan NSW 2308
AUSTRALIA
โทร: +61 2 4921 6770; Fax: +61 2 4921 6981
อีเมลล์: Tony.OBrien@newcastle.edu.au
Jane.Maguire@newcastle.edu.au

ใบพิทักษ์สิทธิผู้เข้าร่วมการวิจัย:

การศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชายในประเทศไทย

นายประดิษฐ์พร พงศ์เตรียง

เอกสารผ่านการปรับปรุงครั้งที่ 1/2557

ข้าพเจ้ายินดีที่จะเข้าร่วมการวิจัยข้างต้นโดยสมัครใจ
ซึ่งข้าพเจ้าได้รับการชี้แจงรายละเอียดและข้อมูลในการเข้าร่วมการวิจัยอย่างละเอียด
ตามเอกสารข้อมูลการวิจัยที่ข้าพเจ้าได้รับรวมถึงการอธิบายจากผู้วิจัย ทั้งนี้ข้าพเจ้ารับทราบเป็นอย่างดีว่า ข้าพเจ้าสามารถถอนตัวจากการวิจัยนี้ได้ตลอดเวลาโดยไม่จำเป็นต่อการให้เหตุผลใดๆ ต่อผู้วิจัย ดังนั้นในการเข้าร่วมวิจัยครั้งนี้ ข้าพเจ้า

- ยินดีตอบแบบสอบถามข้อมูลส่วนบุคคล
- ยินดีเข้าร่วมการรับสัมภาษณ์เชิงลึก แบบรายบุคคล จำนวน 1 ครั้ง เป็นระยะเวลา 45-60 นาที และได้รับการบันทึกเสียงตลอดระยะเวลาการสัมภาษณ์
- รับทราบว่าข้อมูลจากการสัมภาษณ์จะได้รับการแปลโดยศูนย์การแปลเอกสาร
- ยินดีให้การตีพิมพ์เผยแพร่ผลการวิจัย ในรูปแบบต่างๆเช่น บทความ วารสาร และการนำเสนอในเวทีวิชาการต่างๆ
- ขอรับสรุปผลการวิจัยในครั้งนี้
- รับทราบดีว่า ข้อมูลส่วนบุคคลของข้าพเจ้าจะได้รับการพิทักษ์สิทธิโดยผู้วิจัยเป็นอย่างดี และข้าพเจ้ายังสามารถขอคำชี้แจงต่อข้อสงสัยจนเป็นที่พึงพอใจ

ข้าพเจ้าได้อ่านข้อความข้างต้นและมีความเข้าใจดีทุกประการแล้ว ยินดีเข้าร่วมในการวิจัยด้วยความเต็มใจ จึงได้ลงนามในเอกสารแสดงความยินยอมนี้

.....ลงนามผู้ให้ความยินยอม
(.....) ชื่อผู้ยินยอมตัวบรรจง
วันที่ .....เดือน.....พ.ศ.....

สถานที่ติดต่อ**:ที่อยู่**_____หมายเลขโทรศัพท์ _____

พยาน _____ ผู้วิจัย_____

Appendix 15 Participant Information Statement (Thai version)

รศ. Anthony Paul O'Brien
รศ. Jane Maguire
นายประดิษฐ์พร พงศ์เตรียง
School of Nursing and Midwifery
The University of Newcastle University Drive Callaghan NSW 2308 AUSTRALIA
โทร: +61 2 4921 6770; Fax: +61 2 4921 6981
อีเมลล์: Tony.OBrien@newcastle.edu.au
Jane.Maguire@newcastle.edu.au
Praditporn.Pongtriang@uon.edu.au

ใบพิทักษ์สิทธิผู้เข้าร่วมการวิจัย:
การศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชายในประเทศไทย
นายประดิษฐ์พร พงศ์เตรียง
เอกสารผ่านการปรับปรุงครั้งที่ 1/2557

ท่านได้รับเชิญเข้าร่วมการวิจัย เรื่อง ***การศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชายในประเทศไทย*** ซึ่งเป็นส่วนหนึ่งในการศึกษาระดับปริญญาเอก ของ นายประดิษฐ์พร พงศ์เตรียง นักศึกษาระดับปริญญาเอก สาขาการพยาบาล จากโรงเรียนการพยาบาลและการผดุงครรภ์ คณะ แพทย์และสุขภาพ มหาวิทยลัยแห่งนิวคาสเซิล ประเทศออสเตรเลีย (The university of Newcastle, Australia) โดยมี รศ. Antony O' Brien และ รศ. Jane Maguire เป็นอาจารย์ที่ปรึกษา
โดยการวิจัยในครั้งนี้ ได้ระบุรายละเอียดและข้อมูลที่เป็นการพิทักษ์สิทธิของท่านผู้เป็นส่วนสำคัญยิ่งในกระบวนการวิจัย ซึ่งมีรายละเอียดดังต่อไปนี้

ความมุ่งหวังของการพัฒนาวิจัย ?

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาเชิงลึกเกี่ยวกับประสบการณ์ของกลุ่มเกย์อันสัมพันธ์กับความเสี่ยงของการติดเชื้อเอชไอวี จากการมีเพศสัมพันธ์ที่ไม่ปลอดภัย ภายใต้บริบททางวัฒนธรรมในประเทศไทย งานวิจัยชิ้นนี้มีความคาดหวังว่าจะสามารถทำความเข้าใจถึงเชิงลึกในมิติต่างๆ อันส่งผลต่อพฤติกรรมของกลุ่มชายรักชายที่แสดงออกมา ซึ่งอาจนำมาสู่การพัฒนากระบวนการส่งเสริมสุขภาพและการพยาบาลเพื่อลดปัญหาการติดเชื้อเอชไอวีในกลุ่มเกย์ต่อไป

กลุ่มเป้าหมายในการวิจัย?

ในการวิจัยครั้งนี้ได้คัดสรรผู้เข้าร่วมการวิจัยที่เหมาะสมต่อการตอบโจทย์การวิจัย โดยคัดเลือกบุคคลที่มีคุณสมบัติดังนี้คือ อายุ 18 ปีขึ้นไป ให้คำจำกัดความตนเองเป็น 'ชายรักชาย/รักร่วมเพศ' 'เกย์' 'คิง/รุก' 'ควีน/รับ' 'โบ๊ท' 'ไบ'และ 'กระเทย/ตุ๊ด' หากท่านให้คำจำกัดความตนเองเป็นสาวประเพศสองและ/หรือผ่านการผ่าตัดแปลงเพศ อายุต่ำกว่า 18 ปี ท่านจะไม่สามารถเข้าร่วมการวิจัยได้

การวิจัยครั้งนี้ได้มีการดำเนินการผ่านคณะกรรมการจิริยธรรมการวิจัยในมนุษย์ จาก the University of Newcastle และ จุฬาลงกรณ์มหาวิทยาลัย

ผลต่อการพิจารณาเข้าร่วมการวิจัย?

ผู้ที่มีสิทธิเข้าร่วมการวิจัยต้องมีคุณสมที่เป็นไปตามข้อตงลงข้างต้นแล้วนั้น ท่านจำเป็นต้องลงนามในใบพิทักษ์สิทธิเป็นที่เรียนร้อย ในการตัดสินใจเข้าร่วมการวิจัยหรือไม่ของท่านนั้น จะไม่มีผลใดๆต่อการรับบริการ ณ คลินิคสุขภาพชาย และไม่มีผลเสียต่อท่านหรือผลกระทบต่อความสัมพันธ์ของท่านและเจ้าหน้าที่แต่อย่างใด ในกรณีที่ท่านเข้าร่วมการวิจัย ท่านสามารถถอนตัวจากการวิจัยได้ตลอดเวลา และมีสิทธิที่จะถอนข้อมูลที่ได้จากการสัมภาษณ์ได้ตลอดเวลาโดยไม่มีผลกระทบต่อท่านแต่อย่างใด

ลักษณะกิจกรรมในกระบวนการวิจัย

เมื่อท่านตกลงเข้าร่วม ท่านจะได้รับการสัมภาษณ์จากผู้วิจัยในสถานที่ที่เป็นส่วนตัวและปลอดภัยภายในคลินิกสุขภาพชาย ระหว่างการสัมภาษณ์มีการบันทึกเสียงด้วยอุปกรณ์บันทึกเสียงดิจิตอล และจะมีการหยุดบันทึกเสียงทุกครั้งเมื่อท่านมีคำถาม ในการสัมภาษณ์จะใช้เวลาประมาณ 45-60 นาที ท่านจะได้รับการถามแบบเจาะลึกเกี่ยวกับประสบการณ์ด้านความเสี่ยงของการติดเชื้อเอชไอวีในกรุงเทพมหานคร โดยคำถามจะเกี่ยวข้องกับ พฤติกรรมเสี่ยงทางเพศ การบริการด้านสุขภาพ และสังคมเกย์ในปัจจุบัน หลังเสร็จสิ้นการสัมภาษณ์ผู้วิจัย มีการมอบค่าตอบแทนให้ท่าน 1000 บาท

ข้อดีและการบริหารความเสี่ยงในการเข้าร่วมการวิจัย?

ผู้วิจัยไม่สามารถระบุข้อดีของการเข้าร่วมวิจัยของท่านได้ อย่างไรก็ตามท่านจะเป็นส่วนหนึ่งในการพัฒนาองค์ความรู้ใหม่ เกี่ยวกับการป้องกันเอชไอวี ทั้งนี้หากผลการวิจัยนี้ได้รับการเล็งเห็นความสำคัญ อาจนำไปสู่การพัฒนาการส่งเสริมสุขภาพและการพัฒนาการพยาบาลเพื่อลดปัญหาเอดส์ของกลุ่มเกย์ในกรุงเทพอย่างมีประสิทธิภาพ อย่างไรก็ตามระหว่างการสัมภาษณ์หากท่านได้รับความรู้สึก เครียด กดดัน หรือ ความรู้สึกใดๆ ไปในทางลบ ถึงแม้กระบวนการการสัมภาษณ์จะไม่เสร็จสมบรณ์ก็ตาม ผู้วิจัย จะส่งท่านไปยังคลินิคให้คำปรึกษา ณ คลินิกนิกสุขภาพชาย เพื่อให้การช่วยเหลือและแก้ไขปัญหาในเบื้องต้น ซึ่งการสัมภาษณ์จะกลับมาดำเนินการเมื่อท่านพร้อมเท่านั้น

การพิทักสิทธิความเป็นส่วนบุคคล?

ในการวิจัยครั้งนี้ทั้งเอกสาร และ บทความตีพิมพ์ต่างๆ จะไม่มีการระบุ ชื่อ-สกุล หรือสิ่งที่ทำให้สามารถระบุทราบถึงตัวท่านได้ การวิจัยจะใช้การสัมภาษณ์ ซึ่งข้อมูลจากการสัมภาษณ์จะได้รับการแปลจากภาษาไทยเป็นภาอังกฤษโดยศูนย์บริการแปลภาษา ศูนย์ดังกล่าวจะมีพันธะผูกพันในการรับบริการแปลข้อมูลโดยไม่สามารถจัดการกับข้อมูลเพื่อเป็นการล่วงละเมิดกับข้อมูลส่วนตัวของท่านได้แต่อย่างใด เทปบันทึกเสียง และ บทการสัมภาษณ์จะไม่ถูกระบุตัวตนของท่านโดยชื่อ- สกุลที่แท้จริง ผู้วิจัยจะใช้ระหัสในการบันทึกและระบุตัวตนเท่านั้น ซึ่งปืนการป้องกันการเปิดเผยข้อมูลหากมีการสูญหายของเทปบันทึกเสียง หรือบทสัมภาษณ์เกิดขึ้น สำหรับเสียงการสัมภาษณ์จะได้รับการจัดเก็บในคอมพิวเตอร์โดยมีการใช้ระหัสผ่านเพื่อป้องกันการเข้าถึงข้อมูล ส่วนเอกสารบทสัมภาษณ์ต้นฉบับ และฉบับแปล จะถูกจัดเก็บในตู้เก็บเอกสารที่มีระบบป้องกันและรักษาความปลอดภัย

ภายในสำนักงาน โรงเรียนการพยาบาลและการผดุงครรภ์ มหาวิทยาลัยแห่งนิวคาสเซิล โดยผู้ที่สามารถเข้าถึงข้อมูลได้มีเพียงผู้วิจัยและอาจารย์ที่ปรึกาเท่านั้น เอกสารทั้งหมดจะถูกทำลายภายในระยะเวลา 5 ปี หลังจากการตีพิมพ์เผยแพร่

การจัดการกับข้อมูลที่ได้จากการวิจัย

ผลการวิจัยจำถูกนำไปเสนอในวิทยานิพนธ์ระดับปริญญาเอกนอกจากนี้จะได้รับการนำเสนอในเวทีวิชาการและตีพิมพ์เผยแพร่ในวารสารตามความเหมาะสมอย่างไรก็ตามผลการวิจัยรวมถึงข้อมูลจากกระบวนการวิจัยครั้งนี้ท่านสามารถขอรับเพื่อตรวจสอบและปรับปรุงแก้ไขตามที่
ท่านเห็นสมควร ซึ่งการแก้ไขต่างๆ ท่านสามารถติดต่อผู้วิจัยตามที่อยู่ที่ได้ระบุไว้ข้างต้น

ข้อควรปฏิบติในการเข้าร่วมวิจัย

ก่อนลงนามเข้าร่วมการวิจัย โปรดอ่านข้อมูลต่างๆในเอกสารฉบับนี้อย่างละเอียดและแน่ใจว่าท่านเข้าใจในข้อมูลดังกล่าวอย่างถ่องแท้ก่อนการตกลงเข้าร่วมการวิจัย หากมีข้อสงสัย หรือข้อคำถามเกี่ยวกับการวิจัย โปรดติดต่อผู้วิจัย หากท่านตกลงเข้าร่วมการวิจัย โปรดกรอกรายละเอียดในเอกสารใบพิทักสิทธิ พร้อม ลงนามเข้าร่วมการวิจัยและส่งเอกสารดังกล่าวมายังคลินิกสุขภาพชาย ผู้วิจัยจะทำการติดต่อท่านเพื่อนัดหมาย การสัมภาษณ์ หรือท่านสามารถติดต่อผู้วิจัยโดยตรงเพื่อนัดหมายและส่งเอกสารให้แก่ผู้วิจัยในวันสัมภาษณ์ จักเป็นพระคุณยิ่ง

สอบถามข้อมูลเพิ่มเติม

นายประดิษฐ์พร พงศ์เตรียง
59/30 ม.1 ต. ทุ่ง รัง อ. กาญจนดิษฐ์ จ. สุราษฎร์ธานี 84290
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ขอบพระคุณอย่างยิ่ง

รศ. Antony O'Brien	รศ. Jane Maguire	นายประดิษฐ์พร พงศ์เตรียง
อาจารย์ที่ปรึกษา	อาจารย์ที่ปรึกษาร่วม	นักศึกษาปริญญาเอก

การร้องเรียนเกี่ยวกับการวิจัย ?

การวิจัยนี้ได้รับการพิจารณาจากคณะกรรมการการวิจัยในมนุษย์ มหาวิทยาลัยแห่งนิวคาสเซิล ออสเตรีย*เลีย (*the University's Human Research Ethics Committee*)* ใบอนุมัติเลขที่...., ซึ่งท่านควรได้รับการคำนึงถึงสิทธิมนุษยชน ต่อการเข้าร่วมวิจัย หรือท่านมีข้อร้องเรียนต่อการปฏิบัติหรือมารยาทที่ได้รับอย่างไม่เหมาะสมในการวิจัย ท่านสามารถร้องเรียนมายัง the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email Human-Ethics@newcastle.edu.au.

หรือติดต่อ: ศูนย์วิจัยโรคเอดส์ สภากาชาดไทย 104 ถนนราชดำริ แขวงปทุมวัน เขตปทุมวัน กรุงเทพมหานคร 10330

โทรศัพท์ : 02-2564107, 02-2564108, 02-2564109,02-2522568-9

Appendix 16 Interview Protocol (Thai version)

การศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชายในประเทศไทย

เอกสารผ่านการปรับปรุงครั้งที่ 1/2557

วัน/เดือน/ปี:

สถานที่:

ผู้สัมภาษณ์: นายประดิษฐ์พร พงศ์เตรียง

ระหัสผู้รับการสัมภาษณ์:

โครงการวิจัยโดยย่อ: งานวิจัยเรื่องการศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชายในประเทศ การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาเชิงลึกเกี่ยวกับประสบการณ์ของกลุ่มชายรักชายอันสัมพันธ์กับความเสี่ยงของการติดเชื้อเอชไอวี จากการมีเพศสัมพันธ์ที่ไม่ปลอดภัย ภายใต้บริบททางวัฒนธรรมในประเทศไทย โดยคาดหวังว่าจะสามารถทำความเข้าใจถึงเชิงลึกในมิติต่างๆ อันส่งผลต่อพฤติกรรมของกลุ่มเกย์ที่แสดงออกมา ซึ่งอาจนำมาสู่การพัฒนากระบวนการส่งเสริมสุขภาพและการพยาบาลเพื่อลดปัญหาการติดเชื้อเอชไอวีในกลุ่มเกย์ต่อไป รูปแบบการวิจัยจะเป็นการสัมภาษณ์รายบุคคลแบบเชิงลึก ระยะเวลา 45-60 นาที ต่อครั้ง

1. โปรดเล่าถึงวิถีชีวิตของกลุ่มเกย์ในกรุงเทพมหานคร
2. มาตรการหรือกลวิธีอะไรบ้างที่ท่านใช้เพื่อป้องกันการติดเชื้อเอชไอวี
3. โปรดเล่าถึงประสบการณ์การรับบริการด้านสุขภาพของกรุงเทพมหานคร

4. แนวทางการติดต่อสื่อสารของกลุ่มชายรักชายในกรุงเทพฯ
   และหลังจากติดต่อสื่อสารมีการดำเนินความสัมพันธ์อย่างไร
5. ท่านคิดอย่างไรกับคำว่า ผู้ชาย เพศสัมพันธ์ และ เอชไอวี

Appendix 17 Personality information (Thai version)

การศึกษาแบบชาติพันธุ์วรรณาจากกระบวนทัศน์ทางการพยาบาลภายใต้บริบททางวัฒนธรรมของกลุ่มชายรักชาย ในประเทศไทย

เอกสารผ่านการปรับปรุงครั้งที่ 1/2557

โปรดกรอกข้อมูลส่วนบุคคลหรือทำเครื่องหมาย / ในช่อง □

1. อายุ.....ปี
2. ศาสนา □ พุทธ □ คริสต์ □ อิสลาม □ อื่นๆ .....

3. การดำรงชีวิตคู่
4. มีคู่นอนประจำ □ ไม่มีคู่นอนประจำ
5. อาชีพ
   □ รับราชการ □ เกษตรกรรม
   □ รัฐวิสาหกิจ □ ธุรกิจส่วนตัว
   □ รับจ้าง □ ไม่ได้ประกอบอาชีพ
6. ระดับการศึกษา
   □ ประถมศึกษา □ มัธยมศึกษาตอนต้น /ปวช