

Risk and sexual health of behaviourally bisexual men in Vientiane, Laos



POLICY BRIEF 1

APRIL 2015

Improving access to sexual health information among bisexual men in Vientiane, Laos

Key messages

- Behaviourally bisexual men are engaging in high risk behaviours and have incomplete knowledge of HIV risk and sexual health.
- Misperceptions about HIV and STIs are common.
- School-based sex education is inadequate, and many participants learnt about sex through porn, friends and popular media.
- The emphasis on STI symptoms in health promotion brochures may encourage the belief that STIs are always symptomatic.
- Information on risks associated with anal sex should be provided more broadly to young men.

Men with bisexual behaviour are an important group to reach in HIV and sexual health programs. A comprehensive approach to the content and dissemination of sexual health promotion is needed to provide behaviourally bisexual men with accurate, relevant and easily accessible information on HIV and sexual health.

Background

Burnet Institute conducted a qualitative study to explore the influences on risk behaviour and opportunities to improve the health of behaviourally bisexual men in Vientiane. Here we discuss findings on knowledge of HIV and sexually transmitted infections (STIs), access to information, and implications for health promotion.

In Laos, men who have sex with men (MSM) are disproportionately affected by HIV (prevalence of 5.6% compared to 0.2% in the general population).¹ Men with bisexual behaviour are an important subgroup of MSM when considering sexual health risk and HIV prevention: bisexual behaviour among men is relatively common in Laos, and behaviourally bisexual men report high risk behaviours, including low rates of consistent condom use and multiple sexual partners.^{2,3}

Behaviourally bisexual men commonly identify as being heterosexual or “straight”,² and thus may be harder to identify and reach for HIV prevention outreach, education, and health services. For example, in 2010 a study⁴ of behaviourally bisexual men and their sexual partners in Vientiane[#] found that while HIV knowledge was generally high, heterosexual-identifying bisexual men had lower knowledge than those who were bisexual/homosexual-identifying.² Limited access to information targeting MSM may prevent access to information relevant to this group, and lower knowledge of the risks of anal sex among heterosexual-identifying bisexual men was observed.

Study Methods

From mid-2013 to 2014, focus groups and in-depth interviews were conducted with behaviourally bisexual men (reported ever having anal or oral sex with men and/or male-to-female transgender people, and reported ever having anal or vaginal sex with women) in Vientiane, Laos. Participants were recruited from bars, beer shops, nightclubs, university dormitories, and through peer referral. In addition, key experts were interviewed from health services, local and international non-governmental organisations, government, and community. Participating behaviourally bisexual men ranged in age from 18 to 35 years. The majority were currently studying and described their sexual identity as “man” or “straight”.

Behaviourally bisexual men are men who have sex with men and/or male-to-female transgender people and women. They commonly identify as *phu sai tae* or “straight”.

[#] Funded by the Department of Foreign Affairs and Trade (formerly AUSAID) through an Australian Development Research Award

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Key findings

Sexual health knowledge

Common misperceptions were that STIs and HIV are always symptomatic and that withdrawing before ejaculation prevents disease and pregnancy. Men also thought that you only needed to get tested if you had symptoms. Men's understanding of risk associated with anal sex and positioning during anal sex varied.

Men portrayed HIV as a death sentence. This may be influenced by the tone of previous health promotion messages. In addition, due to low testing rates and subsequent delayed diagnoses, men may only be familiar with people who have been diagnosed with late-stage HIV infection and thus have poorer health outcomes.

Sources of information

Men most commonly reported learning about HIV and sexual health from school, village outreach, peer educators, TV and radio, and friends. Despite school being one of the main sources of information, both participants and key experts thought that the information provided through school is insufficient and not always relevant to men who have sex with men.

Men reported learning about sex through pornography, TV/movies, friends, and by themselves. Learning about sex through porn and popular media may create unrealistic expectations of sex, and condom use is also rarely featured in these media.

Barriers to access

Many men said they had inadequate information on prevention and sexual health. Key experts considered it harder to reach behaviourally bisexual or "straight MSM" through peer education and other health promotion. In addition, many key experts thought that health promotion through popular media and entertainment venues is lacking.

Restrictions imposed on promoting information or services relevant to MSM except to highly targeted groups may limit access to information among bisexual men identifying as straight. Access to health education may also be impaired by geographical remoteness, mobility of migrant populations, and a lack of specific social spaces to target gay and bisexual men.

Opportunities to improve access

The majority of behaviourally bisexual men reported using mobile phone and web technology such as Facebook, WeChat, and Skype for meeting sex partners, arranging casual sex, and social purposes. Men also reported using the internet to watch porn. Bisexual men requested access to discrete and anonymous information and counselling through websites and telephone hotlines.

References

1. Sheridan S, et al. *AIDS*. 2009; 23(3):409-14.
2. Bowring AL, et al. *AIDS Educ Prev*. 2014; 26(2):109-21.
3. van Gemert C, et al. *AIDS Educ Prev*. 2013; 25(3):232-43.

Recommendations

Review and update materials and health promotion strategy for HIV and sexual health, considering the following:

Content

- Avoid using graphic images of complicated STIs and emphasising symptoms in health promotion materials, and instead highlight that STIs and HIV are often asymptomatic;
- Avoid negative and fear-inducing language. Promote HIV as a manageable disease and raise awareness of the benefits of early diagnosis and treatment to both the individual and prevention;
- Promote regular HIV and STI testing for key populations, including men with bisexual behaviour; and
- Incorporate practical information on sexual health and HIV testing clinics, such as location, opening hours, costs and services.

Dissemination

- Advocate for health promotion content relevant to MSM, such as the risks of unprotected anal sex and MSM-friendly services, to be distributed more widely, not just to known MSM;
- Expand settings for health promotion to include universities & colleges, dormitories, pharmacies, bars, nightclubs and private clinics;
- Utilise information and communication technologies as a platform for health promotion delivery, including websites, social media and phone apps. Websites could be used for static exchange of information or interactive services; and
- Advocate for training and curriculum development supporting comprehensive sex education in all schools.

Acknowledgements: The authors sincerely thank the participants and key experts for their time and contributions; the peer researchers for their hard work during recruitment; and Rebecca Bradley for her valuable input into this brief. Burnet Institute gratefully acknowledges the contribution to this work of the Victorian Operational Infrastructure Support Program. This work forms part of the PhD of AB, who is supported by an APA through Monash University. MH is a recipient of an NHMRC Senior Research Fellowship. Photo by Peta McLean.