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

POLICY BRIEF 2 APRIL 2015

High sexual risk and low HIV testing among bisexual men in Vientiane, Laos

Key messages

- Behaviourally bisexual men are engaging in risk behaviours and should be regularly testing for HIV and STIs.
- Despite this, most of these men do not access HIV testing and have never been tested for STIs.
- Barriers to seeking health care are: confidentiality, location, waiting time, privacy and cost.
- Comprehensive sexual health care requires clinics to provide both HIV and STI services.
- Men have limited and inaccurate knowledge of available services and clinics.
- Delayed testing and subsequent treatment can lead to poorer health outcomes and this can compound fear of HIV.

Behaviourally bisexual men have low engagement in HIV and STI testing, with potential detrimental effects on the health and wellbeing of themselves, partners, and community.

Background

Burnet Institute conducted a qualitative study to explore the individual, sociocultural and structural influences on risk behaviour and health-care seeking among behaviourally bisexual men in Vientiane.

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 in 2007),[1] and STI prevalence is high. For example, in Luang Prabang (2009) 9% of MSM had rectal chlamydia and/or gonorrhoea.[2] Men with bisexual behaviour are an important subgroup of MSM when considering sexual health risk and access to HIV prevention services: bisexual behaviour among men is relatively common in Laos; behaviourally bisexual men report high risk behaviours, including low rates of consistent condom use and multiple sexual partners;[3,4] and behaviourally bisexual men commonly identify as being heterosexual,[4] and thus may be harder to identify and reach for HIV prevention and health services.

Men engaging in high-risk behaviours should ideally be regularly testing for HIV and sexually transmitted infections (STIs) in order to ensure early detection and treatment and to prevent ongoing transmission.[5-7] The Lao National Strategy and Action Plan on HIV/AIDS has a target of 80% HIV testing coverage among key populations,[8] but previous studies report that only 6.3% of MSM in Vientiane had a prior HIV test[1] and 16% of MSM in Luang Prabang had tested for HIV in the past year.[2] STIs are often asymptomatic, so regular STI testing is the only way to detect infection, reduce health effects, and prevent transmission to other partners. Infection with some STIs can increase the transmission of HIV, and thus STI management is an important component of HIV prevention.

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".

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. The majority of participants were students and aged 18-35 years.

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Key findings

Risky behaviour

Participants frequently reported condomless sex, multiple sex partners and concurrent relationships, both buying and selling sex, and initiating sex when drunk.

Low uptake of sexual health services

Despite high risk, a minority of participants reported ever testing for HIV and none had ever been tested for STIs. Men preferred to seek advice from friends or self-treat with drugs bought from a pharmacy, or use traditional medicine.

Men expected to experience symptoms if they were infected with HIV or STIs, and did not perceive a need to access healthcare otherwise. However, numerous men reported having had general health checks, which suggests some amenability to health screens.

Barriers to testing

The majority of participants had limited to no knowledge on what sexual health/HIV services are available or where they are located. Misinformation was common; for example, many men in this study reported that they would get tested if it was free, but HIV testing in Laos is already free of charge, and at least two clinics also offer free testing for STIs. Confidentiality was a widespread concern, but already three services offering MSM-friendly services provide anonymous HIV testing and counselling. Participants and key experts frequently mentioned the need for increased promotion of health services.

Many men avoided HIV testing because of fear of knowing their HIV status, and they associated HIV with death. Men also reported being too shy to access care or testing and were concerned about confidentiality, privacy, crowded services and judgement from healthcare workers. Key experts commonly expressed concern that stigma discourages bisexual men from seeking sexual healthcare.

Some sexual health clinics lack comprehensive care, offering either HIV testing *or* STI testing/management. This requires men to access numerous clinics to receive all services and increases likelihood of loss to follow up. Further, key experts noted that there is not a clear referral system, and patients are sometimes referred to inappropriate services.

Preferences for sexual health services

Some men would prefer to go to a male-only clinic with male health providers, while others would prefer a clinic specific for MSM. Participants requested services that are friendly, have an increased emphasis on counselling, and are sensitive to people who have same-sex partners. Convenience, distance and cost were important considerations. Private clinics were preferred to hospitals because they were less crowded and offer more privacy.

Bisexual men also requested access to discrete and anonymous information and counselling through websites and telephone hotlines.

Recommendations

- Promote regular uptake of voluntary counselling & testing (VCT) for HIV and STIs by:

1) Revising health promotion content:
    - Promote and advertise existing sexual health services, including practical information on location, costs, confidentiality, and availability of MSM-friendly services;
    - Reduce the focus on symptoms in health promotion materials and promote regular testing for both HIV and STIs; and
    - Promote the benefits of early antiretroviral therapy for treatment and prevention.
2) Expanding the **delivery** of health promotion:
    - Develop online and telephone technologies to provide discrete, targeted and accessible information on HIV, STIs, sexual health and available health services; and
    - Build capacity of drug sellers (pharmacists) to provide more effective STI management, referrals and prevention counselling.
3) Implementing **structural** changes:
    - Integrate HIV and STI services;
    - Improve the capacity of services to provide periodic screening for STIs in key populations;
    - Develop the capacity of peer educators to discuss the benefits of early diagnosis of HIV and initiation of treatment;
    - Devise, implement and disseminate a clear referral system for sexual health services and testing which takes into account sexual & gender diversity;
    - Consider options to improve geographical access to targeted and appropriate care such as mobile VCT services; and
    - Provide training for health care workers in sexual and gender diversity to promote acceptance and appropriate care.

- Improve **surveillance** and routine monitoring to better understand the burden of HIV and STIs among behaviourally bisexual men and evaluate interventions.

References

1. Sheridan S, et al. AIDS. 2009; 23(3):409-14. 2. Morineau G. IBBS survey among men who have sex with men in Luang Prabang. Lao PDR: Ministry of Health, CHAS; 2009. 3. Bowring AL, et al. AIDS Educ Prev. 2014; 26(2):109-21. 4. van Gemert C, et al. AIDS Educ Prev. 2013; 25(3):232-43. 5. Cohen MS, et al. N Engl J Med. 2011; 365(6):493-505. 6. Das M, et al. PLoS ONE. 2010; 5(6). 7. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Genva: WHO; 2014. 8. National Strategy and Action Plan on HIV/AIDS/STI 2011-2015. Vientiane: Lao PDR, NCCA; 2010.

Acknowledgements: The authors sincerely thank the participants and key experts for their time and contributions; the peer researchers for their hard work; and Rebecca Bradley for her valuable input into this brief. Burnet Institute gratefully acknolwedges 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.

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