Lifestyle of Young Men Who Have Sex with Men Living with HIV: A Qualitative Descriptive Study

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Abstract: There has been an increase of HIV infection among young men who have sex with men worldwide, including in Thailand. They need to take care of themselves, to balance their health and to avoid HIV transmission to others. Existing studies show that young men who have sex with men living with HIV still engage in risky behaviors which can lead to health problems. Only a few research studies have been performed to explain how the lifestyles of such men influence the maintenance of their health and more studies are needed to encourage better health outcomes for them. This qualitative descriptive study explored the lifestyles of 20 young men aged 15 – 24 years old who had sex with men living with HIV in northern Thailand from May 2018 to May 2019. The data were collected via in-depth interviews and analyzed using thematic analysis.

The findings were categorized into three themes: 1) attempting to have a 'normal' life: comprised of learning to live normally, concealing HIV status, and having hope to live a long life, 2) striving to fulfill sexual lives included masturbation to release sexual desire and having oral sex, and 3) restyling healthy behaviors: by reducing risk behaviors, seeking ways to cope with stress, managing to take antiretroviral drugs as daily life, and using condoms for prevention. The findings of this study help nurses to understand the lifestyle of young men who have sex with men living with HIV, which can be used to develop programs/strategies to promote healthy lifestyles and well-being.

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Introduction

The global incidence of HIV among men who have sex with men (MSM) has been increasing, including in Thailand. The Centers for Disease Control and Prevention (CDC) reported that 70% of newly diagnosed HIV people in the United States were MSM aged 13 to 34 years in 2017.[1] The prevalence of HIV infections among MSM in Asia is increasing, especially among younger men aged 15 to 24 years.[2] In Thailand, 480,000 people were living with HIV in 2018, 11.9% of whom were MSM.[3] Young men who have sex with men (YMSM) in urban Thailand

aged 15-22 years have been considered at the highest risk for HIV infection. Research indicated that the estimated incidence of HIV increased from 4.1 to 7.6 per 100 person-years during 2003-2014.[4] Furthermore, a previous study showed that the HIV prevalence among MSM (55.3% of whom were YMSM) in Bangkok, Chiang Mai, Pattaya, and Hat Yai was 17.7%, which was higher than previous national reports in 2018.[5] As mentioned, HIV infection in Thailand tends to increase among YMSM, and this trend has been a public health concern.

After being diagnosed with HIV infection, YMSM must live with the chronic illness for a long time as they are confronted with the physical, psychological, social, and economic consequences. For the physical impact, HIV-related symptoms of YMSM, such as malaise/fatigue, nausea/vomiting, muscle aches/joint pain, and poor sleep are associated with the progression of HIV,[6] and AIDS-defining opportunistic infections, such as pulmonary tuberculosis, are usually related to the decline in CD4+T cell count to below 200 cells per μL.[7] As a part of the psychological impact, an HIV-positive status precipitates significant life changes and can cause psychological reactions among HIV-positive YMSM. They can experience anger, fear, anxiety, distress, a sense of powerlessness, blamed fate or destiny, despair, loneliness, and often have mental health problems such as depression, severe anxiety, and attempted suicide.[8,9] Concerning the social impact, discrimination may damage the self-esteem of YMSM living with HIV and may cause or worsen the feeling of depression; thus, some bear the burden of concealing their HIV status from family, friends, and colleagues to avoid anticipated social stigma. Social discrimination against people with HIV and perceived HIV-related stigma is associated with psychological distress,[10] and HIV-infected individuals faced economic problems related to their illness.[11] As suggested by the literature, severe symptoms and the impact of HIV may cause suffering from their illness and poor health outcomes in these young men.

YMSM living with HIV must take better care of their own health or adjust unhealthy behaviors to avoid the effects of daily life activities and practices related to their behavior which affect their health. Nurses, who play an important role in health promotion, need to assess the lifestyle of YMSM living with HIV, including sexual behaviors, substance use, medication adherence, stress management, physical activity, and nutrition[9,12] to understand and encourage them to have a healthy lifestyle.

Despite the increasing incidence of HIV infection among YMSM, most studies have focused on risk behaviors or health behaviors of youth and people living with HIV. A few studies were conducted specifically on YMSM living with HIV, but they did not study all aspects of lifestyle in this group, such as focusing on sexual risk behaviors, substance use, and/or medication adherence.[13] Lifestyle is considered as highly individualized, so it is essential to explore lifestyle from the subjective experiences of this group of men using a qualitative approach as this will help to fill the gap of knowledge about the lifestyles of YMSM living with HIV.

Review of literature

In the context of health, lifestyle is defined as discretionary activities that are regular parts of one's daily patterns of living, which have a significant impact on health status.[12] Regarding studies from international countries, the following three aspects of lifestyle were usually looked at together: sexual risk behaviors, substance use and medication adherence. Several studies pointed that some YMSM living with HIV had sexual risk behaviors, such as having condomless anal sex with partners living with HIV or partners who were HIV-negative on PrEP,[9,14,15] while a prior study done in China revealed safer sex after being diagnosed with HIV by abstaining from sex or using condoms consistently.[16]

Another aspect of lifestyle that could also affect YMSM living with HIV is substance abuse.

The most common form of substance abuse was drinking alcohol according to the previously mentioned studies that indicated that more than 25% of participants reported drinking alcohol.[9,14,15] Additionally, there is some evidence that substance abuse behavior, and not just of alcohol, among YMSM living with HIV was associated with engaging in condomless anal sex with an HIV-uninfected partner,[17] and reported less than 100% antiretroviral (ARV) drug adherence.[18] Although currently there is no cure for HIV infection, they may live longer due to HIV medication. However, there is some evidence that most YMSM living with HIV received ARV drugs daily and reported good adherence to ARV, while around 15% of them reported non-adherence to ARV.[19,20] Another facet regarding lifestyle to consider is stress management. Two previous studies revealed that using coping strategies, including denial, self-blame, behavioral disengagement, substance abuse, positive reframing, religion, venting, humor, instrumental support, acceptance, active coping, self-distraction, emotional support, and planning, was associated with depression among YMSM living with HIV.[21,22]

A study done in France illustrated that frequent physical activities, such as swimming, cycling, walking to work, gardening, and doing housework, were significantly associated with reduced fatigue,[6] but another study was negatively associated with frequent physical activities with the impairment of learning, memory, and motor function.[23] Nutrition also plays a vital role in the immune system of people living with HIV. Other studies revealed that YMSM living with HIV had unhealthy eating habits because they were classified in the overweight category.[24,25]

Overall, the studies looking at YMSM living with HIV from outside of Thailand mainly focused on risky behaviors with a few studies looking at other aspects of lifestyle such as physical activities, stress management, and eating habits. Similarly, the studies in Thailand primarily concentrated on risky behaviors, such as having condomless anal sex with multiple partners[5] as well as drinking alcohol.[13] Another study revealed that some participants had non-adherence to ARV medication.[27] Conversely, a prior study of Thai university undergraduates living with HIV that also included YMSM, used condoms consistently, avoided alcohol drinking, ate healthy meals, and exercised while living with HIV.[26] However, similar to international studies, most of the studies in Thailand focused on some risky behaviors among YMSM living with HIV, such as sexual risk behaviors, substance use, and ARV medication adherence, and were limited in undertaking comprehensive research on lifestyle.

In conclusion, little has been known about how YMSM perform their daily activities in order to live with HIV. Therefore, before this study there was a critical gap in the literature of in-depth information on each dimension of lifestyle about to health among YMSM living with HIV in Thailand. To promote positive health outcomes for them it is crucial to understand their lifestyles.

Study aim

To explore lifestyle among YMSM living with HIV in Thailand

Methods

Study design: A qualitative descriptive approach was applied to explore the phenomenon of interest. This qualitative approach intended to summarize a comprehensive of individuals' specific events experience in everyday terms. The fact of the phenomenon was explained in its natural setting where there was no manipulation of variables.[28] A qualitative descriptive study is very useful to operate prior to developing an intervention.[29] This approach enables researchers to gain a better understanding of the lifestyle of YMSM living with HIV.

Study settings and participants: YMSM living with HIV were recruited into this study from two drop-in centers in Chiang Mai, Thailand between May 2018 and May 2019. Purposive sampling was used to recruit participants based on the following inclusion criteria: having been diagnosed with HIV, aged 15-24 years old, of Thai nationality, and volunteering

to participate. Participants were recruited until data saturation was obtained through analysis of data.

Ethical considerations: This study was approved by the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University, Thailand (study code: 2018 – FULL007). The data collection procedures were carefully designed to protect confidentiality. The participants were informed about objectives, benefits, and risks of the study. All participated voluntarily in the study and gave verbal consent to be interviewed. Verbal consent was asked for to protect the rights of participants and prevent potential consequences of revealing their identities. The participants could withdraw from the study at any time. The information related to the participants was kept confidential by using code numbers or pseudonyms in the study instead of actual names, without sharing any information or discussing any confidential matters, which could lead to the identification of participants' identities with others. The participants' identities were not revealed in research reports of the study.

Data collection: The data were collected by the principal investigator (PI) who was trained in qualitative data collection and analysis. The PI asked health care providers of the two drop-in centers to make initial contact with YMSM living with HIV who met the inclusion criteria, the health care providers gave the phone number and email of the PI to YMSM who were interested in participating in the study. After contact from those who might be willing to participate, the PI described the research aims and procedures and obtained their consent. Permission to record interviews was also sought from each participant before their in-depth interview was conducted in a private room of the drop-in center to ensure confidentiality. Each interview ranged from 60 to 90 minutes per participant. The interview guide included open-ended questions developed by the PI based on the literature review about lifestyle among YMSM living with HIV such as "After the infection, how did you adjust your lifestyle?" and "What changes have been made after HIV infection?"

Data analysis: After finishing each interview, the recorded data were transcribed verbatim as soon as possible and analyzed by the PI. The data were analyzed using thematic analysis.[30] The PI read the transcription carefully word by word and line by line repeatedly to become immersed in the data. Then, the PI generated initial codes and coded the data using interpretive codes. The PI arranged these codes as categories and labeled them. The categories and themes were generated using the coding of data. The PI interpreted the data and linked them with the information acquired from the literature review. Finally, the PI proposed the data and explained the themes and findings. All steps of the data analysis process were verified by three co-authors who were experts in qualitative methodology and youth living with HIV.

Rigor and trustworthiness: To ensure the rigor of the study, the principles of trustworthiness proposed by Lincoln and Guba were applied.[31] Credibility was verified through peer debriefing and member-checking by three participants. Regarding peer debriefing, the PI shared summaries of the interviews and discussed the findings with the co-authors and three professors of the Faculty of Nursing, Chiang Mai University who are experts in qualitative methodology to reduce bias and obtain feedback on data collection and analysis. Member-checking was conducted with three participants by returning a summary of the interview to the participants who provided the information to discuss and share interpretation reports. At the conclusion of the session, the PI checked to summarize her understanding and to make sure participants agreed with the summary. Feedback from the participants helped to ensure that the PI presented the participants' points of view. Confirmability was enhanced through an audit trail in which the co-authors examined the research processes, checked the accuracy of codes during the analysis process, and confirmed the consistency of the researcher's inferences. Moreover, all interviews were recorded and observations were written down during the interviews. Regarding dependability, reflection and written notes were used throughout the processes of data collection and data analysis, and all processes were approved by all three of the co-authors as auditors. Transferability was achieved by providing a thick description.

Findings

Twenty Thai YMSM living with HIV, aged 15–24 years (mean = 20.15), participated in this study. Eight of them were 15 to 19 years (40%) and twelve were 20 to 24 years (60%). Most were students (70%), while 20% worked as employees, 45% lived alone and 35% lived with parents. Moreover, 35% of the participants had < 6 months of HIV infection duration. Almost all indicated being infected with HIV through sexual intercourse (n = 19). When asked about numbers of partners in the past 6 months, 45% had 1 to 3 partners, while 30% had none. Regarding sexual intercourse in the past 6 months, 65% of the participants had anal and oral sex. Regarding their sexual role, more than half of the participants (55%) were both insertive and receptive while 40% of them were receptive. CD4+T cell count was reported to be <500 cells/mm^3 by 75% of the participants, and ≥500 cells/mm^3 by 25% of them (**Table 1**).

The findings on lifestyle of YMSM living with HIV emerged in three main themes: 1) attempting to have a 'normal' life, 2) striving to fulfill sexual lives, and 3) restyling healthy behaviors (**Table 2**).

Table 1 Demographic characteristics of YMSM living with HIV (N= 20)

Characteristics	**Number (Percentage)**
Age (years) (Range = 15 – 24 years)	
15 – 19	8 (40)
20 – 24	12 (60)
Mean (SD) = 20.15 years (± 2.60)	
Educational level	
Elementary school	1 (5)
Junior high school	6 (30)
Senior high school	7 (35)
Vocational education	2 (10)
Bachelor degree	4 (20)
Occupation	
Student	14 (70)
Employee	4 (20)
Business	1 (5)
Unemployed	1 (5)
Living arrangement	
Alone	9 (45)
With Parents	7 (35)
With Relatives	2 (10)
With Partners	1 (5)
With Friends	1 (5)
Duration of HIV/AIDS infection	
< 6 months	7 (35)
6 months – 1 year	6 (30)
> 1 year – 2 years	4 (20)
> 2 years	3 (15)
Cause of HIV/AIDS infection	
Sexual intercourse	19 (95)
Uncertain	1 (5)

Table 1 Demographic characteristics of YMSM living with HIV (N= 20) (Cont.)

Characteristics	Number (Percentage)
Number of partners (Past 6 months)	
None	6 (30)
1 – 3	9 (45)
4 – 6	5 (25)
Sexual behavior (Past 6 months)	
None	6 (30)
Only anal sex	1 (5)
Anal and oral sex	13 (65)
Sexual role	
Active	1 (5)
Passive	8 (40)
Both active and passive	11 (55)
CD4+ T cell (cells/mm^3)	
< 500	15 (75)
≥ 500	5 (25)

Table 2 Themes and sub-themes of lifestyle of YMSM living with HIV

Theme	Sub-theme	Content
Attempting to have a 'normal' life	Learning to live normally	Receiving information from health care professionals
		Searching the internet for information
	Concealing HIV status	Hiding from others about having HIV
		Trying to look healthy
	Having hope to live a long life	Hoping for future medical advances
		Surviving for parents
Striving to fulfill sexual lives	Masturbating to release sexual desire	Going to porn websites and doing masturbation for avoiding having sex
	Having oral sex	Believing that HIV is not transmitted via saliva
Restyling healthy behaviors	Reducing risk behaviors	Avoiding sexual dating via social media applications
		Refraining from alcohol drinking
	Seeking ways to cope with stress	Doing relaxing activities
		Talking with a trusted person
		Traveling to other places
	Managing to take ARV drugs as daily life	Taking antiretroviral drugs as part of a daily routine
		Concealing for taking medication
	Using condoms for prevention	Using condoms strictly
		Using condoms occasionally

Theme 1: Attempting to have a 'normal' life

Attempting to have a normal life referred to the endeavor of YMSM who desired to behave normally while living with HIV. They did not want to be seen as different from others or change anything from before the infection, so they learned to live normally, concealed their HIV status, and hoped to live a long life.

Sub-theme 1.1: Learning to live normally. After having HIV, most participants learned to live normally as if they were not infected with HIV by following the advice received from health care professionals and the internet. Based on information obtained from health care professionals, participants were advised to reduce alcohol consumption, use a condom whenever they have sexual activities, eat more fruits and vegetables, and take ARV regularly.

> *"At the hospital, they* (health care professionals) *said that I should abstain from alcohol ... They said alcohol and beer can reduce the effectiveness of the drugs or something like that... Also, I had to use protection when having sex. The doctor said I could eat and live as normal, eat lots of fruits and vegetables."* (Case 001, 24 years old)

> *"Health care provider advised me to take good care of myself, and avoid risky behaviors such as not drinking alcohol and taking ARV regularly, which could help me live a normal life as if not infected with HIV."* (Case 009, 22 years old)

Some participants learned from the internet that other people living with HIV could live as normal by taking ARV regularly, eating a healthy diet, doing exercise, and avoiding stress.

> *"I watched a man who had HIV on YouTube. He talked about his life. He said it is not dangerous like we assume. He suggested living a normal life without stress. After listening to him, I think I can take care of myself and live normally like him."* (Case 011, 22 years old)

> *"I visited the Pantip website...They said it is not scary nor serious if we take antiretroviral drugs. Just have to take the drugs on time and take better care of myself, trying to stay healthy, eating healthy diets, eating vegetables, doing exercise, and living a normal life. They said I can live normally like other people."* (Case 017, 18 years old)

Sub-theme 1.2: Concealing HIV status. The participants concealed their own HIV status from others. Having no one who knew that they were infected with HIV helped them live normally without being ashamed and afraid that people would feel disgusted and look down on them because of their HIV status. Their friends may not be able to accept the fact that they were HIV-positive and might not want to be friends anymore. They decided to hide this from others and tried to look healthy.

> *"I won't reveal it to anyone. I'm afraid that they won't be able to accept the fact that I've got HIV positive. If my friends know, they may not want to be friends with me or no longer take me as their friend."* (Case 002, 18 years old)

> *"I don't want people around me to know my HIV infection. One reason is that I am ashamed and afraid. I'm afraid that people will be disgusted by me. I'm afraid that people will look down on me... So, I think I won't tell anybody."* (Case 009, 22 years old)

Some participants also indicated that they did not want to be viewed as a patient after having HIV, so they tried to exercise regularly and consume food supplements to increase CD4+ T cells and be strong like healthy people.

> *"I want to be physically stronger so as to boost my CD4. I just keep exercising. I want to gain more weight because I look pretty thin. Since I've been doing exercise for almost a year, I've*

gained more muscles, not fat. I want to get in shape and look good in whatever I wear." (Case 006, 22 years old)

"...I'm also taking collagen since I don't want my complexion to look dark. It also makes me look healthy. I think my skin gets brighter." (Case 003, 17 years old)

"...I take more vitamin C. Because I know vitamin C helps strengthen white blood cells that make the skin look good and can reinforce CD4, so I bought it and took it. It worked. CD4 is increasing to 1,200." (Case 008, 21 years old)

Sub-theme 1.3: Having hope to live a long life. YMSM living with HIV wished to live longer. They hoped for future medical advancement and hoped to survive so they could take care of their parents to express gratitude and not to make them disappointed.

"...It's my only hope. I want to recover from HIV infection. Suppose there's a new treatment in the future, it'd be great for me to live longer..." (Case 019, 21 years old)

"If I live longer, I can take care of my parents... I don't want to die too soon. I want to live to take care of my parents. I don't want to make them feel sorry." (Case 002, 18 years old)

Theme 2: Striving to fulfill sexual lives

As being sexually active, YMSM had to manage their sexual desires. While avoiding spreading HIV or to receive more viruses after HIV infection, they strived to fulfill sexual lives by doing masturbation to release sexual desire and having oral sex.

Sub-theme 2.1: Masturbating to release sexual desire. Participants said that a sexual relationship was the cause of their HIV infection. Most of them looked for ways to liberate sexual emotions using other methods instead of having anal sex. Most of them figured out how to release their desire by watching porn videos and masturbating as they thought this method was the safest way to release their desire.

"Now I don't want to receive more infections or transmit the disease to others. So, if I have sexual desire, I masturbate while taking a shower. I bring a cellphone with me and watch some porn video clips to masturbate." (Case 020, 18 years old)

"Now I feel I have the virus in my body. I'd better take care of myself and play safe...So, I go to porn websites and masturbate by touching and rubbing my penis." (Case 016, 17 years old)

Sub-theme 2.2: Having oral sex. Another way to fulfill their sexual pleasure was oral sex. Some participants believed that it was less risky to spread HIV to their partners. They claimed that they received such information from healthcare professionals, and the internet saying that HIV was not transmitted via saliva. Therefore, if they did not have mouth sores, they could perform oral sex for their partners without protection.

"Oral sex, like 'moke' (giving a blow job), *is when I use my mouth with a partner's sexual organ like sucking, something like that. I don't have prevention because I've heard that the virus could not be transmitted via saliva. It's like there's an acid that can kill the virus. I read from the internet that there's some kind of acid in saliva that can kill the HIV virus."* (Case 013, 23 years old)

"In my view...little mouth sores won't lead to infection transmission since I've consulted the doctor about this. I asked whether a small mouth sore could get the infection. The doctor said saliva has an antibiotic effect. If you have oral sex with semen ejaculation in your mouth, just spit it out and wash your mouth." (Case 008, 21 years old)

Theme 3: Restyling healthy behaviors

After HIV diagnosis, participants stated that they tried to adjust their behaviors to be healthier by reducing risk behaviors, seeking ways to cope with stress, managing to take ARV as daily life, and using condoms for prevention.

Sub-theme 3.1: Reducing risky behaviors. Most participants endeavored to reduce risky behaviors that might lead them to get worse and spread HIV by avoiding sexual dating via social media apps and refraining from alcohol drinking. YMSM mentioned that they avoided using MSM applications for seeking sexual partners because using these applications might lead them to have risky sex and transmit HIV to others.

> *"...I thought if I still had gay-dating applications, I might go to see someone when I want* (to have sex) *again. ...or someone might contact me and make me want to see him. So, I just uninstalled it."* (Case 002, 18 years old)

> *"I don't want to transmit the virus to others, so I just quit using applications for sexual dating."* (Case 015, 18 years old)

Most participants also revealed that they were afraid of forgetting to take antiretroviral drugs if they were drunk, which could have negative consequences. After HIV infection, seven YMSM indicated that they quit drinking alcohol because it might cause them to lose consciousness and forget to take antiretroviral drugs.

> *"...I felt worried and was aware that I would not have consciousness when I went out for fun and got drunk. I had to take medicine regularly at midnight. Without consciousness, I might not take medicine on time. So, I choose not to drink alcohol, not to get drunk and not to go out for fun."* (Case 014, 24 years old)

> *"After infection, I don't drink alcohol at all. ... Because I feel that if I suddenly get drunk, I will forget everything, and I will not take medicine. Of course, the only important reason is that I fear forgetting to take ARV, so I quit drinking alcohol."* (Case 015, 18 years old)

Some participants revealed that they used to forget to take ARV after getting drunk, so they still socialized with friends over alcohol, but reduced the amount.

> *"At that time, I was starting to take ARV. I went to hang out with my friends and was drunk. I did not think about taking ARV drugs at all. When I arrived at my room, I took a shower and slept, and forgot to take ARV drugs. Because of this, I tried to reduce alcohol drinking."* (Case 009, 22 years old)

> *"After HIV infection, I sometimes have to hang out with friends, so I have to drink a little alcohol for socializing. However, I tried to reduce alcohol drinking. I think that it seems possible to drink alcohol, but not a lot."* (Case 017, 18 years old)

Sub-theme 3.2: Seeking ways to cope with stress. All participants were stressed after getting HIV infection. They coped with their stress by doing relaxing activities, talking with a trusted person, or traveling for releasing their tension.

> *"I watched movies or played games, like ROV games, etc. During that time, I didn't think about what I was facing, just focusing on how to win the game. I think it was so good for me that I didn't feel stressed. It just stopped me from feeling stressed out."* (Case 011, 22 years old)

> *"Talking to mom is like relieving stress. At least I have someone who listens to me because sometimes, I don't want to talk to others about my HIV infection. At least I can talk to my mom and she is the one who understands me the most."* (Case 019, 21 years old)

"When I felt too stressed, I'd just drove to some places, sitting alone. Seeing different things helped me feel better. I felt relaxed, free from stress and distraction." (Case 001, 24 years old)

Sub-theme 3.3: Managing to take ARV drugs as daily life. All of the participants took ARV drugs regularly for the effectiveness of the medication. Almost all managed to take ARV as part of a daily routine by setting an alarm clock to remind themselves of taking drugs on time and always carrying medicines.

"I set the alarm on my phone to take medicine since I always have it with me. I usually set it 5 minutes in advance. ...I take medicine right after the alarm rings every day." (Case 006, 22 years old)

"...I'd carry the medicine with me. I bought a pillbox to prepare the dose I have to take while I'm away. For example, if I had to leave for 3 days, I'd arrange 3 doses." (Case 005, 22 years old)

Furthermore, most participants tried to conceal ARV consumption by taking them secretly, changing medicine packages, and lying about the name of the medicine so that they could regularly take it on a daily basis.

"I take the medicine (ARV) *secretly. Suppose it's about time to take the medicine while I'm among unfamiliar people, I'd prepare water and excuse myself to go to the toilet and take it* (in the toilet) *on time."* (Case 003, 17 years old)

"When I got the medicine (ARV), *I had to unpack and put the pills in the weight control pillbox. I'd remove the weight loss pills from one box and put ARVs inside, then tear the ARV label and throw away to hide the drug's name."* (Case 013, 23 years old)

"My grand-mom asked what medicine I was always taking. I lied to her and it (ARV drug) *was vitamin C, and pretended to ask her whether my skin was brighter. So, she believed what I said."* (Case 012, 15 years old)

Sub-theme 3.4: Using condoms for prevention. Participants reported having anal sex with condoms either strictly or occasionally. Most participants stated that they used condoms strictly with their sexual partners to prevent HIV transmission and not to receive more viruses. They realized that prevention was necessary when having sex. If the sexual partner did not want to use condoms, they would not have sex with that person.

"...I always use condoms. No condoms, no sex. I won't allow penetration... I always have prevention." (Case 006, 22 years old)

"I'd use condoms when I had sex ... Without condoms, it is not good for us, like you can get more virus...I'd have sex only with condoms. If not, I'd rather not have sex." (Case 003, 17 years old)

However, few participants stated that they used a condom for protection when having sex, but not consistently. One participant did not use condoms consistently because his partners refused to use the condom. Another one revealed that he used condoms inconsistently because his partner was on PrEP (pre-exposure prophylaxis), so he believed that HIV might not be transmitted to his partner.

"...I use condoms occasionally. I didn't use condoms only when my partner didn't want to. I couldn't force him." (Case 004, 21 years old)

"I use condoms occasionally. Previously, I was afraid that my partner would get infected, so I used condoms. But my partner said it was ok since we both took medicine...So, I no longer use a condom. My partner is taking medication,

which is not an ARV drug, but it is HIV protection medicine. I don't use condoms because I think my partner won't get infected." (Case 011, 22 years old)

Discussion

This study explored the lifestyle of YMSM living with HIV. The participants were Thai and aged 15 – 24 years living in northern Thailand. They tried to maintain a normal life by searching for ways to live normally, concealing their HIV status, and hoping to live a long life. The findings are consistent with other studies, for example, 90% of YMSM living with HIV in the United States attempted to lead the same daily life as their peers to claim their normalcy.[32] YMSM living with HIV without comorbidities were more active in seeking and using health information.[33] Sixteen participants in this study concealed their HIV status for fear of being stigmatized. This is consistent with another study where some YMSM were afraid of rejections from friends, such as not accepting them as friends and teasing them about infection.[27] Furthermore, some tried to be healthier by doing exercise regularly and consuming food supplements. The results from this study are consistent with a previous study, which indicated that after being infected with HIV, YMSM had strict mealtimes, ate healthy food, and exercised regularly after having HIV.[26] Moreover, YMSM did not want to die prematurely and wished to live longer by hoping for future medical advancement and surviving for their parents. This finding was consistent with a Chinese study in which YMSM reported a sense of hope related to advances in HIV/AIDS medication and treatment after a three-month follow up.[34] Furthermore, after being infected with HIV, YMSM cared more about their families and people around them[16] but this finding was not found in previous Western studies. This might be specific in Asian countries, including Thailand. However, the participants in this study tried to adjust their daily life to live longer because Thai society values family. To live one's life does not merely mean living for oneself but also taking into consideration others, especially parents and family members.[35]

It was reported that 70% of YMSM have multiple sexual partners. This is consistent with previous reports revealing that YMSM in Bangkok[5] and the United States[14] having multiple sexual partners. The present study also found that YMSM were sexually active and therefore managed to release their sexual desire by masturbating, having oral sex, and using condoms for prevention. Consistently, Li et al. (2017) also found that most YMSM reported stopping unprotected anal sex after HIV diagnosis by reducing sexual intercourse and consistently using condoms for avoiding reinfection by any virus and avoiding HIV transmission.[16] Moreover, YMSM watched sexually explicit online media as a sexual stimulation for masturbation.[36] While most participants in this study used condoms more consistently than inconsistently, previous studies revealed that YMSM identified the decrease of sexual pleasure with condom use. Condomless sex was seen to be more satisfying because of the increased sensitivity experienced without a barrier during sex.[37] However, there was only one participant who used condoms inconsistently because he thought HIV would not spread to his partner who received PrEP. This finding is congruent with a prior study that YMSM had condomless sex with HIV-negative partners being on PrEP.[16]

Participants tried to modify their daily lives by reducing risk behaviors, seeking ways to cope with stress, and managing to take ARV drugs as daily life. They reduced risky behaviors that might cause them to get more HIV strain by avoiding sexual dating via social media applications. The findings of this study are similar to a previous study among YMSM in Thailand in which they used the internet and online dating applications to find both casual and permanent partners, and even partners for group sex before having HIV.[38] Moreover, YMSM after living with HIV reported that unprotected anal intercourse was more

likely to occur with online rather than offline partners,[39] while participants tried to quit or reduce social media apps for finding a sexual partner. Additionally, it was found that YMSM were aware of the drawbacks of alcohol drinking. This finding is congruent with a previous study reporting that YMSM living with HIV tried to quit alcohol drinking for their health after knowing their HIV status.[26] Conversely, prior studies indicated that alcohol was the most commonly and frequently used substance among YMSM living with HIV[9] and was associated with lower medication adherence.[17] YMSM who felt stressed about their HIV, sought ways to cope by doing relaxing activities, talking with a trusted person, or taking trips to release their stress. This finding is congruent with a previous study which showed that having coping strategies was associated with psychological distress among YMSM.[21]

The participants in this study took ARV drugs regularly for the effectiveness of the medication. They made taking ARV drugs as part of their daily routine but concealed taking this medication. This finding is consistent with previous findings in which most YMSM used an alarm clock to remind themselves of taking ARV drugs regularly.[20] Additionally, YMSM took ARV secretly to avoid suspicion by friends or lovers who would ask about the ARV medication.[27]

Limitations

Regarding the limitations of this study, the PI is a woman who might have had a limitation in fully assessing certain sensitive issues related to YMSM. Additionally, the limitation of language of some participants might occur during the interview about sensitive topics, where they were unable to adequately articulate their experiences and/or emotional inexpression which might affect the quality of data. Another limitation might occur during the data translation from Thai to English. However, the accuracy of translation was verified by an English language expert.

Conclusions and Implications for Nursing Practice

The findings provide rich information about the lifestyle of YMSM living with HIV. All participants wished to behave like normal people after HIV infection. Learning to live normally, concealing their HIV status, and having hope to live a long life emerged from the in-depth information among participants. Most participants used condoms consistently when they had sex with their partners. They attempted to reduce risky behaviors by avoiding sexual dating via social media apps and refraining from alcohol drinking. They coped with stress by doing relaxing activities. Moreover, they managed to take ARV as part of their daily routine. However, some of them misunderstood certain health practices. For example, YMSM living with HIV used condoms inconsistently with their sexual partners who received PrEP, had oral sex without condoms, were alcohol drinkers, and/or had ARV non-adherence. Nurses need to be aware of the importance of these findings and should provide appropriate knowledge related to health behaviors of YMSM living with HIV in order to encourage them to adopt a healthy lifestyle. Therefore, a program for promoting healthy lifestyles and well-being of YMSM living with HIV should be developed based on these findings.

In conclusion, further studies are needed to develop an intervention on promoting healthy lifestyle among Thai YMSM living with HIV by using the findings of this study as basic information to cover holistic aspects of lifestyle.

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วิถีชีวิตของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี

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บทคัดย่อ: การติดเชื้อเอชไอวี ในกลุ่มเยาวชนชายที่มีเพศสัมพันธ์กับชายเพิ่มขึ้นทั่วโลกรวมถึงในประเทศไทย เยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี จำเป็นต้องดูแลตัวเอง รักษาสุขภาพและหลีกเลี่ยงการแพร่เชื้อเอชไอวี การศึกษาที่มีอยู่แสดงให้เห็นว่า เยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี ยังคงมีพฤติกรรมเสี่ยงที่นำไปสู่ปัญหาสุขภาพ ยังมีการศึกษาน้อยมากที่ศึกษาว่าวิถีชีวิตของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี ส่งผลกระทบต่อการดูแลรักษาสุขภาพ ในการส่งเสริมผลลัพธ์ด้านสุขภาพที่ดีของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี จึงเป็นสิ่งสำคัญในการศึกษาวิถีชีวิตของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี โดยใช้วิธีวิจัยเชิงคุณภาพแบบพรรณนา มีวัตถุประสงค์เพื่อสำรวจวิถีชีวิตของเยาวชนชายที่มีเพศสัมพันธ์กับชายที่อยู่ร่วมกับเชื้อเอชไอวี การเลือกกลุ่มตัวอย่างด้วยวิธีการสุ่มแบบเจาะจง กลุ่มตัวอย่างเป็นเยาวชนชายที่มีเพศสัมพันธ์กับชาย ที่อยู่ร่วมกับเชื้อเอชไอวี มีสัญชาติไทย อายุ 15-24 ปี รวบรวมโดยการสัมภาษณ์เชิงลึก วิเคราะห์ข้อมูลเชิงคุณภาพโดยใช้การวิเคราะห์แก่นสาระ

เยาวชนชายที่มีเพศสัมพันธ์กับชายไทยที่อยู่ร่วมกับเชื้อเอชไอวี จำนวนยี่สิบคนที่เข้าร่วมในการศึกษา ผลการศึกษาวิถีชีวิตแบ่งออกเป็น 3 ธีมหลักคือ 1) ความพยายามในการมีชีวิต 'ปกติ' ซึ่งประกอบด้วย การเรียนรู้ที่จะมีชีวิตตามปกติ ปกปิดสถานะการติดเชื้อเอชไอวี และมีความหวังที่จะมีชีวิตยืนยาว 2) พยายามเติมเต็มชีวิตทางเพศ ประกอบด้วย การปลดปล่อยความต้องการทางเพศ และการใช้ถุงยางอนามัยเพื่อป้องกันการแพร่เชื้อผ่านทางเพศสัมพันธ์ และ 3) การปรับพฤติกรรมสุขภาพ ประกอบด้วย การลดพฤติกรรมเสี่ยง การค้นหาวิธีการจัดการกับความเครียด และการจัดการในการใช้ยาต้านไวรัสในชีวิตประจำวัน

ผลจากการศึกษาครั้งนี้ช่วยให้เข้าใจวิถีชีวิตของเยาวชนชายที่มีเพศสัมพันธ์กับชายไทยที่อยู่ร่วมกับเชื้อเอชไอวี ซึ่งสามารถนำผลการศึกษาที่ได้มาใช้ ในการพัฒนาโปรแกรม/กลยุทธ์เพื่อส่งเสริมวิถีชีวิตและภาวะสุขภาพที่ดีในกลุ่มเยาวชนชายที่มีเพศสัมพันธ์กับชายไทยที่อยู่ร่วมกับเชื้อเอชไอวี

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คำสำคัญ: เอชไอวี วิถีชีวิต ชายที่มีเพศสัมพันธ์กับชาย การศึกษาเชิงคุณภาพ ประเทศไทย เยาวชน

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