



Demographic Determinants Associated with HIV Risky Sexual Behaviors among Thai Males: A Literature Review.

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Abstract

The integrated literature review aimed to examine demographic determinants associated with HIV risky sexual behaviors among Thai Males. A literature search was conducted using three databases published in English from 1995-2007. The application of carefully constructed inclusion criteria identified 11 relevant articles. According to HIV risky sexual behaviors among Thai young adult males: inconsistent condom use, multiple sex partners, and anal intercourse, this article elicited that Thai single males aged 25-29 years old, low educated, and resident in the urban areas of Thailand were associated with inconsistent condom use. However, the association between marital status and inconsistent condom use was not consistent. For multiple sex partners, five studies stated that being single, older than 21 years and lower educated were associated with having multiple sex partners among Thai males. Moreover, Thai males who lived in urban areas or big cities had evidence of multiple sex partners more so than those in rural areas or other parts of Thailand. The studies of anal intercourse reported different aspects of demographics from inconsistent condom use and multiple sex partners. They found that Thai male who had experience with anal intercourse were strongly associated with a high educational level, including university and vocational school. Moreover, these Thai men were generally younger. After the demographic determinants of risky sexual behaviors are completely documented, the urgent need for more effective behavioral interventions should be addressed. Understanding these issues is important if programs are to be properly prioritized, appropriately, designed to address the needs of target population.

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Background of the Problem

In Thailand, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic spread very rapidly during the late 1980s and early 1990s. From 1984 to January 2006, there have been 285,888 reported cases of AIDS, over 80% through heterosexual intercourse among individuals who were engaging in unprotected sex.⁽¹⁾ The increase of HIV/AIDS prevalence led the Thai government to take an aggressive approach to stop the epidemic, including a “100% condom campaign”, which increased condom use among commercial sex workers between 1989 and 1993 from 14% to 94%.^(2,3)

Although the HIV prevention programs in Thailand have resulted in the decline of HIV prevalence rates from 10.5% at the peak in 1991 to 1.4% in 2005, this reduction has not been apparent in men aged 20–49 years, who suffer 95% of the country’s HIV/AIDS cases. The epidemiology statistics show that young adult men infected with HIV constitute an estimated 1.7 % of the approximately 65 million people in Thailand.^(1,4) In addition, Thai adult men still experience high levels of risky sexual behaviors. Some evidence can be used to predict that the HIV prevalence among Thai adult males will be increased annually. The first evidence is that condom use among Thai males is far below levels targeted by the national 100% condom campaign. Many studies reported that consistent condom use in Thai adult men aged 21–49 years were extremely low (20–60%).^(2,5–8) The second bit of evidence is that Thai men continue to have experience with premarital or extramarital sex with a variety of sexual partners. They still pay for sex even though the trend is not to utilize the establishments designated for services provided by prostitutes.⁽⁹⁾ The pattern of sexual contact among Thai males is changed from direct sex workers such as prostitutes to indirect sex workers such as students, restaurant waitresses, friends, or acquaintances.⁽¹⁰⁾ The last piece of evidence is that HIV prevalence among men who have sex

with men (MSM) increased from 17.3% in 2003 to 28.3% in 2005.⁽¹¹⁾ The increase is due to not recognizing of these people as a target group in the AIDS epidemic. Therefore, this group had generally been neglected by prevention campaigns and had not figured in national AIDS strategies.

HIV/AIDS is complex, yet it is a preventable disease, so the need for HIV prevention is significant. To continually reduce the HIV/AIDS epidemic, new strategies of prevention must be initiated to target the right populations at risk and alter their risky sexual behaviors. The initial step in the development of an effective HIV/AIDS prevention program is the identification of the variables, including demographic determinants, relevant to the target population that might reduce HIV/AIDS risky sexual behaviors.⁽¹¹⁾ Therefore, the purpose of this integrated literature review is to identify specific demographic determinants empirically associated with risky sexual behaviors.

Problem Statement

What demographic variables including age, education status, marital status, occupation, demographic area, and socioeconomic level predict the likelihood of engaging in HIV risky sexual behaviors including inconsistent condom use, multiple sex partner, and anal intercourse among Thai males?

Risky Sexual Behaviors

Inconsistent condom use

Inconsistent condom use is a major determinant of the risk of sexual HIV transmission. Pinkerton and Abramson⁽¹³⁾ reported that inconsistent condom users are about 20 times more likely than consistent users to seroconvert following repeated sexual contacts with an infected partner. Mansergh et al.⁽¹⁴⁾ defined the inconsistent condom use means using a condom less than 100 % each time they have sexual intercourse. Also, Crosby, Yarber, Sanders, and Graham⁽¹⁵⁾ stated that inconsistent condom users are those who use



condoms, but not for every act of penile- vaginal sex or they are those who do not use condoms for any acts of penile-vaginal sex. In Thailand, many studies reporting condom use among Thai adults aged 21-49 years as “inconsistent” or “not at all”, which put them at risk of HIV/ AIDS.^(2,7)

Multiple sex partners

One of the keys to preventing the spread of HIV in epidemics driven mainly by sexual transmission is by reducing multiple sexual partners. As soon as one person in a network of multiple sex relationships contracts HIV, everyone else in the sex network is place at risk.⁽¹⁶⁾ The term of multiple sex partners is broad and can be interpreted as either serial monogamy (succession of short monogamous relationships in the period of time),

or concurrency (more than one partner at a time).⁽¹⁷⁾ Le Pont, et al.⁽¹⁸⁾ defined multiple sex partners as having at least two sex partners per individual during the previous year. However, there are various types of sex partner including: spouse, friend or acquaintance, or sex worker⁽¹⁰⁾. On the other hand, Macaluso, Demand, Artz, and Hook⁽¹⁹⁾ defined partner type consisting of three categories: new, regular/steady, and casual: a new partner was a partner first encountered during the past month; a steady/regular partner was a partner she/he had met before the current month with whom he/she had established a sexual relationship, such as a wife/husband or boyfriend /girlfriend; and a casual partner was a partner she/he had met before the current month but whom she/he did not consider as regular partner.

Anal intercourse

Anal intercourse is a form of human sexual behavior. The practice of unprotected anal intercourse both heterosexual and homosexual has been associated with a high level of risk for human immunodeficiency virus (HIV) infection, particularly for the

receptive anal intercourse⁽²⁰⁾. Although heterosexuals and bisexuals also practice it, anal intercourse is often associated with homosexual men. Among gay men, unprotected anal intercourse is associated with an increased risk of HIV infection. In Thailand, the HIV prevalence among men who have sex with men was 17-40 % as compared with 1.5 % in general population.⁽²¹⁾

Method

A literature search was conducted using several databases (Cumulative Index of Nursing and allied Health Literature [CINAHL] Medline, and PubMed). Multiple key words were used to search for relevant studies: risky sex behaviors, inconsistent condom use, multiple sex partners, and anal intercourse combined with Thai males. The search was limited to research papers published in English from 1995-2007. Initially, 34 studies were found. Manual searches were also conducted by visually searching the review papers' reference lists. All the studies' abstract and/or full study texts were read to determine whether they met the inclusion criteria. Finally, the review identified 11 studies which met the inclusion criteria: (a) The population studied included only Thai men who age 19-45 years old; (b) The risky sex behaviors were restricted to inconsistent condom use, multiple sex partners, and anal intercourse; and (c) the studies examined the association of risky sex behaviors and the major determinants such as age, marital status, demographic area, occupation, socioeconomic, and educational level.

Results

The Relationships between the Demographic Determinants and Inconsistent Condom Use

Overall, 5 studies showed some demographic determinants associated with inconsistent condom use among Thai males.^(2,5,14,22,23)

Age Two studies supported that inconsistent



condom use was associated with age. The first study reported that older Thai men (22-29 years old) were associated strongly with inconsistent condom use, compared with the participants who were 21 years old or younger.⁽⁵⁾ Another study found that men aged 25-29, compared with those 18-24 or 30 and older, were significant less likely to reported inconsistent condom use⁽¹⁴⁾.

Educational level Four of the five articles stated that there was a relationship between educational level and inconsistent condom use. The studies reported that lower education level (primary school or less than 4-6 years) was strongly associated with inconsistent condom use.^(2,5,22,23)

Marital status Four studies reported an association between marital status and inconsistent condom use. Two studies reported that being single was negatively associated with inconsistent condom use.^(5,22) In contrast, Kuntolbutra et al.⁽²³⁾ reported that being unmarried was associated with inconsistent condom use. In addition, two studies found that inconsistent condom with girlfriends or wives were highly characteristic of the sample.^(2,5)

Occupational An association between occupational determinant and inconsistent condom use was reported in two studies. One study⁽²⁾ reported that the participants, who worked as agriculture and wage labor, had the characteristic of inconsistent condom use. Another study⁽⁵⁾ reported that the specific occupation "fishery" (rather than other occupations) was associated with inconsistent condom use rather than other occupations.

Geographic area Two studies reported the association between geographic area and inconsistent condom use. Jenkins et al.⁽⁵⁾ stated that the samples that lived in urban areas were correlated with inconsistent condom use. On the other hand, Kitsiripornchai et al.⁽²²⁾ focused on the association between inconsistent condom use and different parts of Thailand. They found that men from the south, northeast, and

Bangkok (central) were significant more likely to report inconsistent condom use compared with those from the upper north, which was the epicenter area.

In sum, from the integrated literature review, Thai single males aged 25-29 years old, low educated, and resident in the urban area of Thailand were associated with inconsistent condom use. However, the association between marital status and inconsistent condom use was inconsistent.

The Relationships between the Demographic Determinants and Multiple Sex Partners

Of 11 studies that related to risky sexual behaviors, five reported the relationships between multiples sex partners and demographic determinants.^(2,5,6,22,24,25)

Age Only one article⁽⁵⁾ reported a significant association between age and multiple sex partners and reported that the older age (22-29 years old, compared with 21 years old or younger.) was associated with multiple sex partners.

Education level Two studies^(5,22) stated that primary school or an education level less than 6 years was strongly associated with multiple sex partners. Moreover, two studies showed associations between education level and multiple sex partners that remained unclear because they did not estimate the association quantitatively. However, the studies provided enough information to infer the associations because they using strict sample selection criteria, reliable and valid instruments. The studies reported that 35-79% of the samples who had two or more sexual partners were educated at the primary school level.^(2,25)

Marital status Two studies^(5,22) found that having multiple sex partners was associated with being single. However, the study of Maticka-Tyndale et al.⁽²⁴⁾ stated that 23% of married men have had more than 1 partner. Though more single men reported purchasing sexual services in the past year (28%) than did married men (8%), there were no differences in the profiles of these two groups with the number of multiple sex

partners. Sixty-one percent of single men and 64% of married men had more than one sex partner in the past 1 year.

Occupational There was no study that reported an association between occupation and multiple sex partners. However, one research study in the population of truck drivers found that during the 6 months prior to the interview, 35% of the sample had two or more partners. The mean and median partners in this group were 6.4 and 4, respectively.⁽²⁵⁾

Geographic area Two studies reported an association between geographic area and having multiple sex partners. Jenkins et al.⁽⁵⁾ stated that the participants who lived in urban setting had multiple sex partners more so than the sample in the rural area. On the other hand, Kitsiripornchai et al.⁽²²⁾ stated that Thai males from Bangkok and the south region had the highest prevalence of multiple sex partners (56% and 54%, respectively).

In sum, five studies stated that being single, older than 21 years and lower educated were associated with having multiple sex partners among Thai males. Moreover, Thai males who lived in urban areas or big cities had evidence of multiple sex partners more so than those in rural areas or other parts of Thailand.

The Relationships between the Demographic Determinants and Anal Intercourse

Overall, six articles explored the relationships between demographic determinants and anal intercourse.^(11,14,22,26-28) Most of the studies about anal intercourse focused on men MSM or homosexuals.

Age Three studies reported age was associated with anal intercourse. They found that the men who had sex with men were generally young (less than 26 years).^(14,28) Moreover Beyrer, et al.⁽²⁶⁾ reported a strong association between younger ages (less than 21 years) and anal intercourse ($P=0.002$).

Educational level The 5 studies stated that being well educated was strongly associated with anal intercourse. Two of these studies found that 42.5-45% of the men who have sex with men completed a university education.^(14,28) Moreover, the study of Beyrer et al.⁽²⁶⁾ and London et al.,⁽²⁷⁾ reported a strong association between better education and anal intercourse ($p = 0.001$). Finally, the study of CDC⁽¹¹⁾ confirmed that most of the MSM (93.4%) were well educated, including vocational school and university.

Marital status Although 2 studies mentioned marital status and anal intercourse, there was no significant correlation between marital status and anal intercourse.^(26,28)

Occupation No studies reported clearly the association between sample occupation and anal intercourse. However, the study of London et al.⁽²⁷⁾ suggested that males who had fathers with higher-status occupations were more likely to have ever had sex with other men.

Geographic area Four studies analyzed the geographic area and anal intercourse. They stated that there was an association between males who grew up in urban areas and males who had anal intercourse.⁽²⁷⁾ The other two studies found that Bangkok and the big cities including Chiang Mai and Phuket were reported the highest prevalence of MSM^(11,22). In contrast, the study of van Griensven et al.⁽²⁸⁾ reported that the birthplace of most MSM was outside Bangkok.

In sum, the studies of anal intercourse reported different aspects of demographics from inconsistent condom use and multiple sex partners. They found that Thai male who had experience with anal intercourse were strongly associated with a high educational level, including university and vocational school. Moreover, these Thai men were generally younger.



Discussion

From these studies, it can be concluded that inconsistent condom use was strongly associated with lower education level.^(5,22,23) The lower education level in Thailand means education in the primary school level which was less than 4-6 years. In the primary school, there is no curriculum about sex education or lessons to teach how to protect oneself from HIV or sexual transmission diseases (STDs). Thai men who attended only attended primary school will learn sex education by themselves outside the education system such as from their own experiences, peers or commercial sex workers.⁽²⁹⁾

Another determinant that related to inconsistent use is marital status. Two of the studies reported that single status was associated with less inconsistent condom use than married men, while one study stated oppositely that being unmarried was a factor of inconsistent condom use. The inconsistency of the results may be from the limited number of articles. However, it is unusual for men to use condoms with their wives in Thai society. While Thai men relate commercial sex with a danger of HIV transmission and speak of using condoms with commercial sex workers, this is not the case for wives or girlfriends.⁽²⁴⁾ It is the reason that why married males practice inconsistent condom use.

Thai men are familiar to experience with premarital or extramarital sex for a variety of sexual partners.^(5,29) Over 40% of Thai men reported having had multiple sex partners.⁽²²⁾ All of the articles that studied multiple sex partners reported that having multiple sex partners was strongly associated with the level of education and marital status.^(5,22,25) In addition some studies reported that having multiple sex partners was related to MSM or homosexual.^(5,14)

Although HIV/AIDS research focused on MSM has increased, the study of Thai males who engaging anal intercourse may be underreported because of the stigmatized nature of homosexuality in Thailand.⁽²⁸⁾

In this review, six articles reported the association between demographic determinants and anal intercourse. The studies stated that Thai males who engaged in anal intercourse were young, well educated and of higher socioeconomic status.^(14,26-28) Although most the studies stated that Thai males who engaged in anal sex were well educated, the report of unprotected anal sex was extremely high.⁽¹⁴⁾ Therefore, increasing HIV/AIDS prevention programs among MSM is necessary.

Conclusion

After the demographic determinants of risky sexual behaviors are completely documented, the urgent need for more effective behavioral interventions should be addressed. Understanding these issues is important if programs are to be properly prioritized, appropriately, designed to address the needs of target population, and sensitive to target group cultural values. The interventions should focus on each specific high-risk population. For example, the program for mandatory sex education including the concept of consistent condom use should be used in the primary school's curriculum. The intervention program for MSM and/or who engage in anal intercourse should make available information about the pathophysiology of HIV/AIDS. In addition other determinants affect to risky sexual behaviors, including drinking, substance use, and social norms: those need to be further explored.

Limitation

This study had several limitations. First, the findings cannot be generalized because of the homogeneous sample because most of the samples were RTA conscripts, whose characteristics were almost the same, including age, education, marital status, occupational, and geographic area. Second, all of the studies used a cross-sectional design. Cross-sectional research involves the measurement of all

variables for all participants within a narrow time span so that the measurements may be viewed as contemporaneous which increased chances of error.⁽³⁰⁾ In addition most of the measurements in this review used self-administrative questionnaires, which was stated that lower reporting or bias in measuring sensitive issues such as sexual behaviors. However, Mills et al.⁽³¹⁾ suggested that an in-depth interview might be more accurate for risk behaviors research. They reported significantly underestimating of risk

behaviors in structured questionnaires than in-depth interviewing. Third, all of the studies in this integrated literature review did not state the validity and reliability of the measurements. Finally, there were few articles in this review. This resulted in only a few research studies that supported each determinant of risky sexual behaviors. Therefore, the results of the review may be inconsistent and difficult to generalize for the risky sexual behaviors of the nation population.

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บททวนวรรณกรรม ปัจจัยทางด้านประชากรศาสตร์ที่มีความสัมพันธ์กับ พฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีในผู้ชายไทย

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บทคัดย่อ

การสังเคราะห์งานวิจัยนี้มีจุดประสงค์เพื่อศึกษาปัจจัยทางด้านประชากรศาสตร์ที่มีความสัมพันธ์กับพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีในผู้ชายไทย การทบทวนวรรณกรรมทำโดยใช้การค้นหาจากฐานข้อมูลที่น่าเชื่อถือ 3 แหล่ง ซึ่งตีพิมพ์เป็นภาษาอังกฤษตั้งแต่ปี พ.ศ. 2538 ถึง พ.ศ. 2550 การค้นหอย่างระมัดระวังในเรื่องเกณฑ์การผนวกได้ จำแนกบทความได้จำนวน 11 บทความ จากการสังเคราะห์งานวิจัยเกี่ยวกับพฤติกรรมเสี่ยงในการติดเชื้อเอชไอวีในผู้ชายไทยซึ่งได้แก่ การใช้ถุงยางอนามัยที่ไม่สม่ำเสมอ การมีคู่นอนหรือคูครองมากกว่า 1 คน และ การมีเพศสัมพันธ์ทางทวารหนัก พบว่า ผู้ชายไทยโสด อายุ 25-29 ปี การศึกษาน้อย และ อาศัยในเมืองใหญ่ๆ ของประเทศไทย มีความสัมพันธ์กับการใช้ถุงยางอนามัยไม่สม่ำเสมอ อย่างไรก็ตามยังไม่เป็นที่แน่นอนเกี่ยวกับความสัมพันธ์ระหว่างสถานะภาพทางการสมรสกับการใช้ถุงยางอนามัยไม่สม่ำเสมอ สำหรับการมีคู่นอนหรือคูครองมากกว่า 1 คน มีงานวิจัยจำนวน 5 งานวิจัยพบว่า สถานภาพโสด อายุมากกว่า 21 ปีขึ้นไป และมีการศึกษาน้อย มีความสัมพันธ์กับการมีคู่นอนหรือคูครองมากกว่า 1 คนของผู้ชายไทย นอกจากนี้ มีรายงานว่า ชายไทยที่อาศัยในเมืองใหญ่ๆ มีคู่นอนหรือคูครองมากกว่า 1 มากกว่าชายไทยที่อาศัยในชนบท หรือส่วนอื่นๆ ของประเทศไทย

การวิจัยเกี่ยวกับการมีเพศสัมพันธ์ทางทวารหนัก รายงานข้อมูลเกี่ยวกับปัจจัยทางด้านประชากรศาสตร์ ที่แตกต่างไปจากข้อมูลของการใช้ถุงยางอนามัยไม่สม่ำเสมอ และการมีคู่นอนหรือคูครองมากกว่า 1 คน โดยพบว่า ผู้ชายไทยที่มีเพศสัมพันธ์ทางทวารหนักมีความสัมพันธ์อย่างมาก กับระดับการศึกษาที่สูง ได้แก่ ระดับอาชีวศึกษา และ มหาวิทยาลัย นอกจากนี้ผู้ชายไทยเหล่านี้ยังมีอายุน้อย หลังจากที่ได้รู้ข้อมูลเกี่ยวกับปัจจัยทางด้านประชากรศาสตร์ที่มีความสัมพันธ์กับพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีในผู้ชายไทยแล้ว มีความจำเป็นอย่างเร่งด่วนที่จะจัดทำโครงการปรับเปลี่ยนพฤติกรรมที่มีประสิทธิภาพ โดยมุ่งเน้นการให้ความสำคัญกับกลุ่มเป้าหมายอย่างถูกต้องและเหมาะสม และสอดคล้องกับความต้องการของกลุ่มเป้าหมาย

คำสำคัญ: พฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวี ผู้ชายไทยวัยผู้ใหญ่ การสังเคราะห์งานวิจัย