Study of young men's sexual behaviour Vientiane, Lao People's Democratic Republic August – November 2004

Funded by the Royal Netherlands Embassy Bangkok

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This study was conducted by the Macfarlane Burnet Institute for Medical Research and Public Health in collaboration with the National AIDS Centre of the Lao PDR Ministry of Health. The researchers were Soutchay Pheualavong, Sounivanh Phimlavone, Siphan Inthasak, Somlath Vongsipaseuth, Tulakon Singhavong, Bunpaseuth Oupalivong, and Phonxay Mingvanmeung. Training in study methods and technical oversight was provided by Dr Michael Toole (Burnet Institute, Melbourne) and field supervision by Khampone Vichithavong (Burnet Institute, Vientiane). The quantitative data entry program was designed and the analysis done by Dr Ben Coghlan (Burnet Institute, Melbourne). Damian Hoy (Burnet Institute, Vientiane) trained two of the researchers in data entry. All qualitative data were analysed in the original Lao language and the findings translated into English by Dr Anonh Xeutvongsa of Melbourne University's Key Centre for Women's Health in Society. Dr Wendy Holmes (Burnet Institute, Melbourne) assisted in the development of the study report.

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None of the men whose photographs appear in this report was a participant in this study.

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Introduction

Given that the spread of HIV throughout a community or a country is entirely contingent on human behaviour, we must acknowledge that public health interventions designed to prevent HIV transmission need to take account of the sexual practices of the relevant population. A more comprehensive approach would also consider other behaviours related to the spread of HIV - for example, behaviours around intravenous drug use and blood transfusions. The patterns of human sexuality within a population are generally considered to be culturally specific[1]; as such, we need to evaluate societies individually if we wish to introduce public health measures for sexually transmitted infections (STI) that have both local relevance and local acceptance.

Laos is a small country with a low prevalence of HIV infection (<0.05%), but it is hemmed in by larger neighbours some of whom have the highest rates of HIV in Asia. While the risk of an epidemic in Laos on the scale of Thailand, Myanmar, or Cambodia is considered low[2], there is inadequate information regarding the sexual behaviour of the population to reach that conclusion at this time. Certainly the paucity of information in this area reduces the chances of designing focused and effective preventive programs.

In light of these considerations, the Burnet Institute undertook a study of the sexual behaviour of young men in Vientiane from August to November in 2004. The study was funded by the Royal Netherlands Embassy in Bangkok.

The Burnet Institute has supported HIV prevention programs with young people in Laos since 1998 in partnership with the Lao People's Revolutionary Youth Union and the National Committee for the Control of AIDS. During that period, the Youth Union has conducted situation analyses and developed HIV/AIDS/STI strategic plans nationally, in all 17 provinces, and in Vientiane Capital. In 11 focus districts in four provinces, participatory youth research has generated information on behavioural risk factors among young people and informed district action plans. Training and program support have aimed to decrease the vulnerability of young people to HIV infection and have included behaviour change communication, sexuality education, vocational training, income generating activities, and STI diagnosis and treatment.

Since 2000, activities have also addressed the vulnerability of certain groups of young people who may be at higher risk of HIV infection, including police and military, transport workers, road construction workers, young women providing sexual services, and young people who abuse drugs. The ***Male Sexuality and HIV Prevention Project*** was based on the widespread belief in Laos that prevention programs focusing on women who sell sex aim "to protect men from HIV." They have not adequately recognised the fact that men themselves are the drivers of HIV transmission. There had been no previous comprehensive studies of young men's sexual behaviour in Laos; consequently, the NAC and Burnet considered this study to be an important guide to designing programs that respond to the actual sexual behaviour of young urban men.

Objectives of the Male Sexuality and HIV Prevention Project

- To increase understanding of the nature and extent of high-risk sexual behaviour among young urban men, including men who have multiple sexual partners, and men who have sex with men.
- To increase awareness of HIV/AIDS and STIs among young urban men who engage in sexual behaviour that places them at high risk of HIV infection and other STIs.
- To promote safer sex among young urban men who engage in high-risk sexual behaviour in order to prevent HIV infection.

Methods

The study made use of qualitative and quantitative methods.

The qualitative aspect consisted of focus group discussions and semi-structured key informant interviews. Each focus group discussion (FGD) took between sixty to ninety minutes with five to six participants aged from 18 to 35 years. Discussions were facilitated by three teams each consisting of two young Lao volunteers who had undergone an intensive five day training course in research methods, which included the development and field-testing of standard question guides. FGDs were conducted with general young men, factory workers, soldiers, labourers, men who openly identify as "gay"[i], entertainment venue and hotel employees, transvestites and male sex workers. Semi-structured key informant interviews with 12 male sex workers were also carried out by trained Lao interviewers. Discussions were recorded by audiotape if participants consented (except for FGDs and interviews with sex workers) and the tape and/or verbatim notes were forwarded to Australia for qualitative analysis.

Researchers practise participatory techniques of gathering information

Most FGDs with "general young men" took place in evening entertainment venues, including restaurants, beer shops, and night clubs. When venues were too noisy for discussions to take place, the FGDs were conducted in quieter nearby locations. Other FGDs were carried out at sporting venues, construction sites, and factories. One of the three teams comprised two openly gay men who facilitated the FGDs with other openly gay men and transvestites. The male sex workers were introduced to the researchers through informal contacts and the owners of venues where they worked cooperated in the research study.

The quantitative aspect of the study consisted of a standardized questionnaire administered to 800 young male volunteers. A random sample design was not used. However, to ensure that a reasonable cross section of the young male population of the Lao capital was sampled, geographic and social factors were considered: surveyors arbitrarily divided Vientiane into three areas and visited a number of purposively selected places within each area. One team of two surveyors was assigned to each of

[i] In this report we use the term "gay" because this is the word most often used in the Lao language by study participants to refer to men who openly identify as preferring to have sex with men. While there are more formal words in the Lao language for homosexuals, these terms were rarely used by participants whether they identified as heterosexual or homosexual. For the rest of this report we will therefore use the term "openly gay men" to refer to men who openly identify as homosexuals.

the three areas. Within each area, surveyors visited a number of different sites where young men gathered to find participants for the study. Sites included: (1) entertainment venues; (2) villages, homes or dormitories; (3) sporting venues; (4) public places such as parks; (5) markets or shopping centres; and (6) factories or building sites. Men aged from 18 to 30 years were targeted for interview. On a weekly basis the study supervisor monitored the sites where questionnaires were administered to ensure that there was a diversity of survey sites.

The questionnaire consisted of 29 questions relating to sexual behaviours and attitudes. It was pre-coded, written in Lao and had been pilot tested among young men in Vientiane. The purpose of the survey was explained to all prospective participants and verbal consent was obtained. All surveyors were young Lao male volunteers selected by the Burnet Institute's office in Vientiane. All were fluent in Lao and received five days of training that included field exercises. The confidential questionnaires were completed by the participants by hand without supervision or intervention from the surveyors; names of respondents were not taken. In order to respect confidentiality, the completed questionnaires were not checked in the presence of the respondents.

Data were entered on EpiData 3.0. STATA 8.0 and EpiInfo 6 were used for the analysis.

Results

A total of 29 focus group discussions (FGD) were conducted between August and November, 2004: 12 with general young men; three each with labourers, openly gay men, transsexuals, and entertainment venue or hotel workers; two with factory workers; two with male sexual workers; and one FGD with soldiers. Additionally, 12 semi-structured interviews were conducted with individual male sexual workers.

The quantitative survey questionnaire was administered to 800 young Lao men during August to November, 2004. Participants were recruited at entertainment venues (23%); villages, homes or dormitories (15%); sporting venues (14%); public places such as parks (14%); markets or shopping centres (8%); factories or building sites (5%); and other places (21%). Twenty-five questionnaires were excluded from analysis because they were either blank or contained little information beyond the age of the respondent.

Table 1: Level of education: survey sample compared to national figures

Education Level	Sample	National Figure*
Did not complete primary school	0.3% (2)	7.6%
Completed primary school	2.8% (22)	41.2%
Completed middle school	6.3% (49)	39.4%
Completed High school	19.4% (150)	7.3%
Completed or in college	36.9% (286)	4.2%
Completed or in university	33.8% (262)	0.3%
Not stated	0.5% (4)	-
Total	100% (775)	100%

* Educational status of male and female by residence and region. National Reproductive Health Survey, Laos PDR, 2000.

Although the survey was aimed at the 18-30 year age group, the actual age range of respondents was 14-40 years. The median age was 23 years. Over 90% had completed a high school education, which differs markedly from the national figure of 11.8% of urban males finishing high school studies[3] (Table 1). More than three-quarters of interviewees had lived in Vientiane for longer than five years (Table 2). Only 20% were married, of whom 90.5% still lived with their wives (in contrast, 49.5% of Lao women are married by 19 years of age)[4].

Table 2: Length of time residing in Vientiane

Length of time in Vientiane	Number in sample	Percentage
Entire life	300	38.7%
More than 10 years	177	22.8%
Between 5 and 10 years	115	14.8%
Between 1 and 5 years	157	20.3%
Less than 1 year	25	3.2%
Not stated	1	0.1%
Total	775	100%

Table 3: Age of first sexual feelings

Age	Number in sample	Percentage of sample
<12	23	3.0%
12-13	120	15.5%
14-15	321	41.4%
16-17	196	25.2%
>17	115	14.8%
Total	775	100%

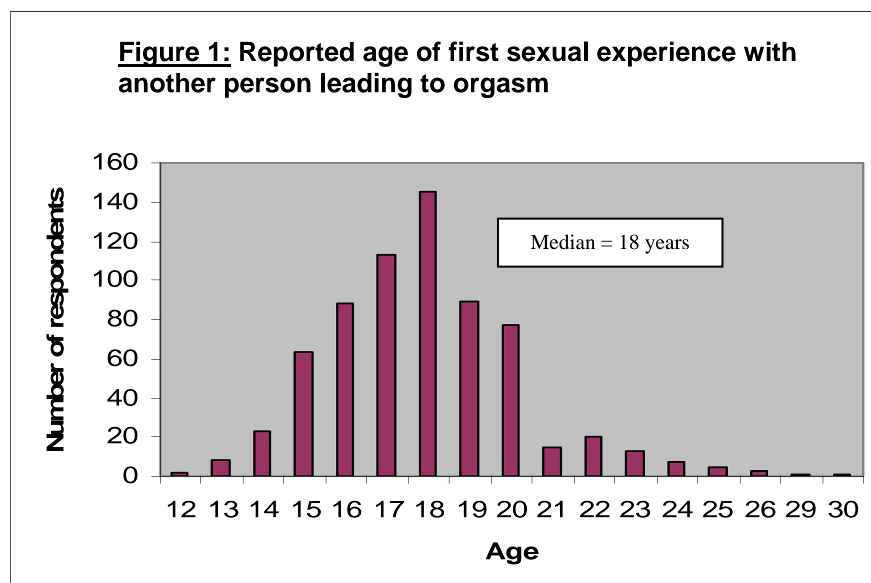
Sexual feelings and sexual experiences with women

In the quantitative survey nearly 60% of young males stated they had sexual feelings by 15 years of age (Table 3), while only 12% reported having their first sexual experience by this age. The median reported age of the first sexual experience with another person leading to orgasm was 18 years (Figure 1). This was in accord with the focus group discussions where it was stated that some men began sexual activity between 13 and 15 years of age, with 17 years thought to be the average.

In general, men rather than women were considered to usually initiate sexual activity (as well as the ones to terminate a sexual relationship). Men said that the majority of first experiences occurred before marriage – one focus group discussion concluded that almost all Lao men today had sex before they were married. According to the survey, vaginal sex is widely practised, although fellatio (32.9% reported experience with this), cunnilingus (20.2%), mutual oral sex (13.7%), mutual masturbation (83%), sex between a woman's thighs (14.9%) and anal sex (10.8%) were also reported.

Among unmarried men, 81.8% reported having had a sexual experience with another person leading to orgasm, and almost 40% said they currently had a steady sexual partner (male or female). By the age of 21 years, 92% of unmarried men reported having had sex with someone.

Figure 1: Reported age of first sexual experience with another person leading to orgasm



During the first six months of 2004 the median reported number of female sexual partners for this group of men was two (Figure 2). About 24% of unmarried men said that they had no female sexual contacts during this period. On the other hand, 46.8% reported having had sex with two or more women, 13.9% said they had sexual experiences with four or more woman and 1.8% with 10 or more woman (Figure 2).

Similarly, 60.3% of married men reported having had two or more female sexual partners during the first half of 2004, with a median number of two partners. Divorced men (n=14) had a median of five reported female sexual partners during this same period.

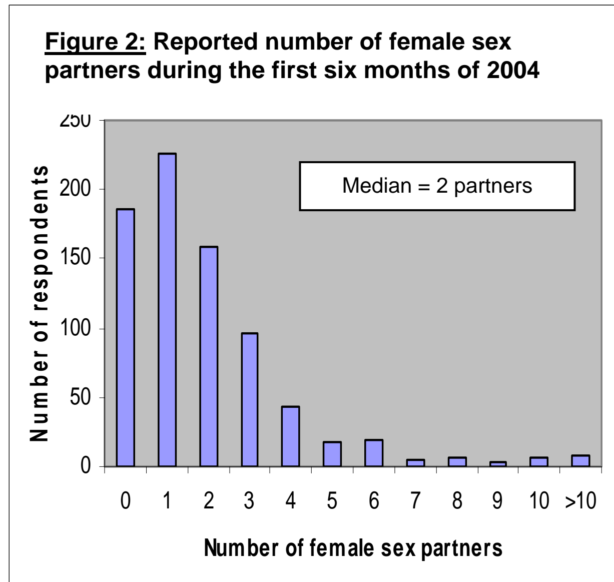


Figure 2: Reported number of female sex partners during the first six months of 2004

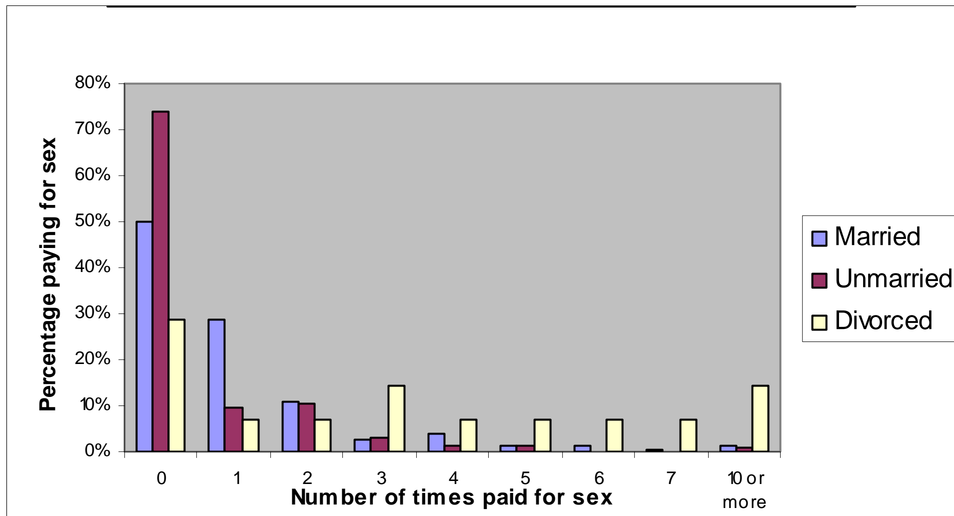
According to the FGDs, having sex with multiple partners is desired by many young men in Vientiane: "*A fortunate man can have sex with a new woman until old, while an unfortunate man will have sex with the same woman until his death*". Sex takes place in guesthouses, rice-fields, forests ("green hotels"), dormitories or any dark and secluded location. Although entertainment workers may have more sexual opportunities, especially with greater access to female sex workers but also to clients and guests, they did not report having sex more often that general young men or labourers. However, they did tell of frequent propositions by clients and guests for sex. They may also act as agents to find sex partners for guests.

Young men in FGDs expressed concern for the sexual pleasure of their female partners. They described many ways of increasing the enjoyment of their female partners, including having longer sexual intercourse, stimulating sexual feelings gradually and gently by touching, hugging, romantic talking, kissing, fondling the woman's breasts and genitals, and sucking and kissing her body. In addition, young Vientiane men described a number of artificial methods intended to increase the sexual enjoyment of their female partners: threading a ring or hairs (often goat's hair) through the foreskin, inserting a foreign body under the penile skin (ball bearings, glass balls, melted toothbrush handles), increasing the size of the penis by wearing multiple condoms sometimes with wax or the skin of a turkey's neck between the layers, or by injecting olive oil (*namman champathong* – see picture at right) into the shaft of the penis. Discussion groups estimated that up to one-third of young men employed the latter technique. Oral drugs (*ya marathon, ya ding dong*) are occasionally taken to prolong intercourse, and alcohol was viewed as an aphrodisiac by some.

Paying women for sex

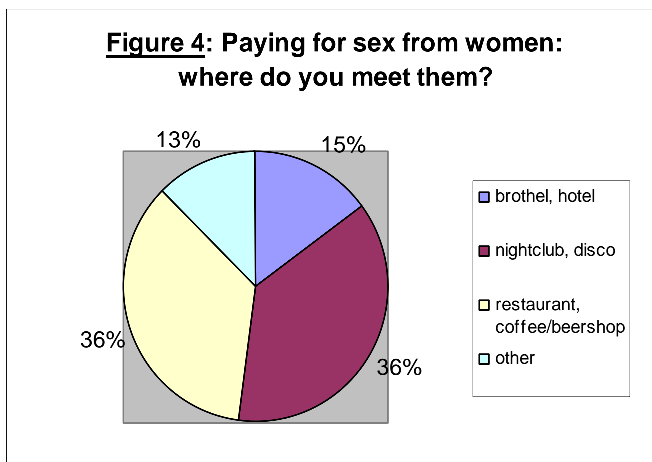
Of the 775 young men whose questionnaires were included in the analysis, 40.5% said that they had paid for sex with a woman at least once in their lifetime. This included 33.3% of unmarried men, 65.2% of married men and 78.6% of divorced men. During the period from January to June last year (2004), 31.8% of all the men surveyed said that they had paid for sex on at least one occasion. The median number of times among this group was two. This was the case for more than one quarter of all single men (26.1%), one in two married men (50.0%), and over 70% of men who were divorced (71.4%) (Figure 3). Three percent of all men said that they had paid for sex five or more times in this period.

Figure 3: **Proportion of men who reported paying for sex, Jan – Jun 2004 by marital status**



Sex workers (known as "service women[ii]" in Lao) are viewed in a multitude of ways: as offering sexual experiences not appropriate to share with a girlfriend, fiancée or wife (eg, oral sex); as a means of gaining sexual experience before marriage and as an acceptable means of losing one's virginity; as legitimate providers of a service when partners are menstruating or pregnant; and as "dirty" women with a high likelihood of carrying sexually transmitted infections. However, there was consensus amongst FGD participants that most unmarried men did not go to sex workers. Many believed that paying for sex is a sign of an "inadequate" man. They said that sex should be easily available from girlfriends and friends of the same age without paying. Frequent visiting of sex workers by unmarried men would result in a loss of status. Yet others feel that a lack of spending power is the primary reason that young unmarried men do not (more) frequently pay for sex.

Figure 4: Paying for sex from women: where do you meet them?



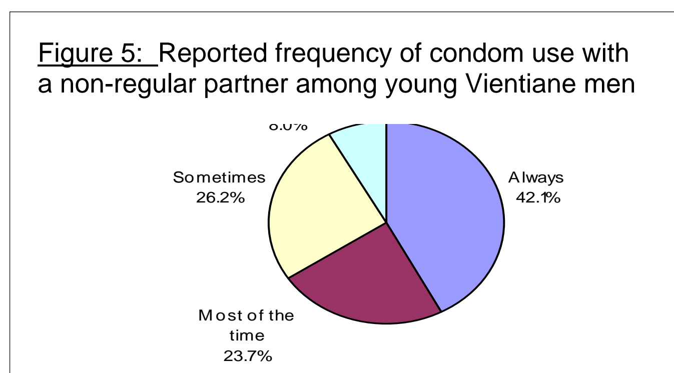
Lao men are more likely to meet women from whom they buy sex at nightclubs, discos, restaurants, and coffee and beer shops rather than at hotels or brothels (Figure 4). This is quite different from the situation in neighbouring Thailand and Cambodia and has obvious implications for targeting HIV/STI prevention programs. The brothel-focused 100% Condom Campaign, as it was implemented in those countries in the early 1990s, is unlikely to be effective in Laos.

[ii] The term "service woman" is a direct translation from the Lao phrase *phuxao bolikan* and may refer to a woman working in any service industry, most often in restaurants, bars, and coffee shops. The term *phuxao khay bolikan thang phet* is a more appropriate one for women selling sexual services; however, most of the study participants used the abbreviated term *phuxao bolikan*. In this report, we will continue to use the term "service woman" when discussing the Lao context and "sex worker" when referring generally to women who sell sex (eg, in other countries and in referenced papers).

Safe Sex

Figure 5 illustrates the reported condom use by young males in Vientiane with non-regular partners ("service women" were not differentiated in the questionnaire from casual partners[iii]). Compared to unmarried men, married men are slightly more likely to *always* use a condom (45.0% versus 41.3%) and a little less likely to *never* use a condom (6.0% versus 8.5%) with a non-regular sex partner.

Figure 5: Reported frequency of condom use with a non-regular partner among young Vientiane men



73.3% of respondents said they used a condom during their last sexual encounter with a non-regular partner. Again, married men (78.2%) reported higher use than unmarried men (72%). Reported use of condoms among the small number of divorced men (61.5%) in the sample, however, was considerably lower. There was no relationship between reported condom use and educational levels. However, our sample included very few poorly educated men. Table 4 compares our results with the National Behaviour Study of 2000-2001[5] and various surveys from Thailand[6,7,8]. It is interesting to note that while Thailand has recently recorded a decreasing rate of reported condom use with casual partners, reported condom use among Vientiane men appears to be unchanged since 2001. The proportion of men reporting to have sex with service women and casual partners is significantly higher in Vientiane in 2004 compared to the findings in several Lao provinces in 2001-2002.

Table 4 : Comparison of condom use from a selection of regional behavioral surveys

Study	Group of men having sex in the last 12 months	Percentage of men having sex with		Reported condom use during last sex
		Non-regular partner	"Service woman" (SW)	
Vientiane Male Sexual Behaviour Study (2004)	Married men in Vientiane (6 months)	60.3%	50.0%	73.3% non-regular partner (CP and SW)
	Unmarried men in Vientiane (6 months)	57.6%	26.1%	
Laos National Behaviour Survey (2000-2001)	Truck drivers	20%	31%	88% (SW)
	Military	18%	11.5%	75% (SW)
	Police	28.5%	24%	76% (SW)
	Seasonal male migrant workers	12%	6%	65% (SW)
National Thai study (1999)	20-24 year olds	39%	25%	64% (SW) 24% (CP)
National Thai study (1995)	21 year old military recruits	51%	50%	51% (SW) 50% (CP)
National Thai study (1990)	21 year old military recruits	55%	37%	38% (SW)
	CP = casual partner			

[iii] The term "casual partner" is used to indicate a sexual partner who is not a wife, regular sex partner (eg, girlfriend), or service woman. "Non-regular partner" on the other hand includes service women.

Although there was a high level of awareness of condoms and HIV and STI prevention among all the focus groups, this was invariably associated with a number of beliefs that lead (in part) to the selective use of condoms.

Firstly, there is the idea that a person's HIV status can be assessed by their visual appearance or their manner or bearing. Many men said that if women look good, dress well, and come from a good background then there is no need to use a condom. Some men even look for signs they consider as indicators of infection to decide if a condom is needed:

> "*Some people judge women by touching them and assessing their body temperature; if a woman feels hot and there is a white membrane on the tongue that means she is infected and a condom is needed.*" (FGD participant)

Secondly, most young men stated that condoms reduce sexual feelings for both men and women. Participants explained that condoms reduce the contact between penis and vagina, thus causing a delay in ejaculating. Some said that women liked this because it prolonged intercourse and gave them more pleasure. Others said that women like to feel a man ejaculating and do not like condoms.

Thirdly, the use of a condom in established relationships has been interpreted as a sign of mistrust and a threat to the relationship itself. This belief even extends to lasting associations with "service women".

> "…*using a condom makes women unhappy. Men will not use a condom with a person they trust and know well and with whom they have a close relationship.*" (FGD participant)

Transvestites[iv] *(kathoey)* held similar views:

> *"We sometimes don't use a condom, because we are confident that the men that we sleep with do not play around and we know each other well."*

The "general young men" and entertainment venue employees in FGDs mentioned that men were more likely to wear a condom when with "service women", "*but not use (them) with beautiful service women or with steady sex partners who know them well.*" Some men did say that using a condom increases their confidence that they will not acquire a sexually transmitted infection. "Service women" or women at high risk are identified as women who work in entertainment venues, such as nightclubs. Women who work in restaurants, beer and coffee shops, salons, dormitories or factories are generally perceived as being free of infection although they may also provide a sex service. On the other hand, the idea that "*women with beautiful eyes may carry HIV*" has been popularised by a recent HIV awareness campaign.

However, even the perceived need to use a condom with a "service woman" may be overridden by the wish to enjoy sex, especially when paying for it,…"*using a condom is nothing for sex, just a waste of money*".

These common attitudes, which influence the decision on whether to use a condom or not, were shared by male sex workers and transvestites (*kathoey*).

Like other young men, male sex workers believed that a person's external appearance and general character were associated with their likelihood of carrying HIV. This applied both to their own clients and to women whom they paid for sex.

[iv] "*Kathoey*" is the commonly used term in the Lao (and Thai) language to describe a man who routinely dresses as a woman and behaves in a feminine manner. The term has also been commonly used to describe any man who prefers to have sex with other men. As in Thailand, there is an increasing awareness among the Lao people (at least urban and educated Lao) that there is a difference between transvestites and other men who prefer to have sex with men.

"…*men can judge whether or not to use a condom, it depends on the characteristics of women, if women look good, good background and beautiful, no need for a condom*". (male sex worker)

As expressed by another male sexual worker in relation to his male clients:

"*If a customer …asks me not to wear a condom, ...I will observe his general health condition from his external appearance (handsome or good characteristics and attitudes*)."

The nationality of a prospective sex partner also influenced the choice to use a condom:

"*With foreigners we should always use a condom, because Lao customers hardly ever have AIDS or STIs, or very few Lao men would have it but with foreigners we use it every time, safety first*". (male sex worker)

It is worth noting that this last quote does indicate awareness that condoms provide "safety"; however, the decision is flawed on the basis of a misconception of who may or may not be infected with HIV.

Nonetheless, financial incentives can lead to a waiving of this rule among male sex workers:

"*If the customer proposes more money for not wearing a condom for anal sex, I will see how much money it is. If it is a lot, I will do it …*"

Furthermore, male sex workers tended to believe that, as individuals, they faced little risk of contracting STIs and expressed feelings of invulnerability:

"Mostly I don't use a condom, I just use occasionally, nothing will happen to me."

Drugs and alcohol are widely perceived as factors that make condom use less likely. Labourers reported a high use of amphetamines among their colleagues for enhancing sexual pleasure. Intravenous injection of drugs was said to be very uncommon. The practice of looking for sex after drinking is reported as a common behaviour among young men. With unplanned intercourse, condoms are often not available. The choice is then between unprotected sex and using a plastic bag. FGDs with "general young men" and entertainment workers revealed that men sometimes use plastic bags over their penis instead of condoms if the latter are not available.

FGD participants believed that sexually transmitted infections are frequent among young men in Vientiane. The practice of over-the-counter purchase of medications, including injectable antibiotics without medical consultation, and seeking the advice of friends rather than that of a qualified medical practitioner appeared to be the norm. Gonorrhea and genital warts were the most commonly reported infections in the FGDs, as one labourer commented,

"*Many of my friends experienced gonorrhoea. One of them told me that he had sex without a condom with a woman from the beer shop; he said that she was very beautiful and he thought she would be free from disease. Three days later he felt sore when he urinated. After that he found the pus released out with urine was lok nong nai (gonorrhoea). He asked friends what to do, he bought medicine from the pharmacy and he was all right*".

The technique of washing the penis after unprotected intercourse with a variety of solutions and the belief that this provided sufficient post-coital protection from STIs were also prevalent among the "general young men" FGD participants:

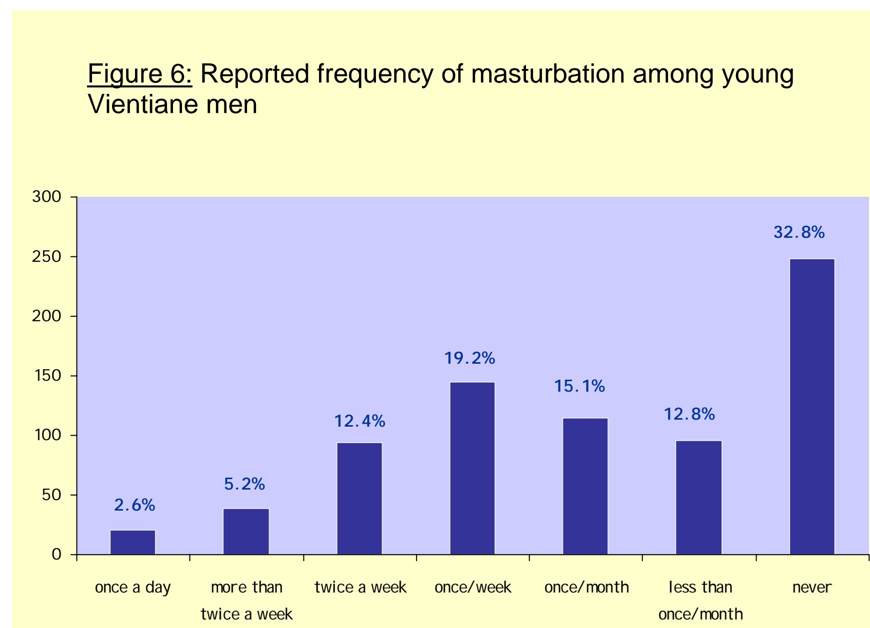
"*People advise me that if we don't have a condom we should withdraw the penis straight away after ejaculation, not leave penis inside the vagina, and then wash the penis immediately with Pepsi or water or acid*".

Almost one third of the men surveyed (28.1%) reported that they had been pressured into sex. This was higher among men who reported ever having had sex with another man (40% compared with 25% of men who had never had sex with a man). This was a surprising finding and one that was not explored in FGDs. Apart from the numerous possible emotional and physical adverse consequences of coerced sex, this might also put young men at higher risk of STIs and HIV. We did not collect information on the frequency of condom use during coerced sex. It might be quite low; for instance, in a Thailand study that found that over 40% of Thai women had been physically and sexually abused by a partner, "condom use (was) almost non-existent…and the threat of violence often prevents women from negotiating safe sex." [9]

Masturbation

Because masturbation is a healthy alternative to unsafe sex with another person, we wanted to know if Lao men felt any inhibitions about this practice. The survey found that 67.2% of respondents reported that they masturbate (Figure 6), with frequency related to age: 46.2% of men aged 23 or under said they masturbated at least once a week compared to 29.5% of over 23 year olds. Unmarried men were also more likely to report that they masturbate regularly (43.2% reported masturbating at least once a week) when compared to married men (21.5%).

Men in FGDs described masturbation as a very common practice among most young men, casting doubt on the truthfulness of the 32% of survey respondents who said they did not masturbate at all. The lack of privacy was said to be one common constraint to masturbating; no health risks were mentioned apart from "tiredness". Some FGD participants said that some young men sometimes masturbate with their friends.



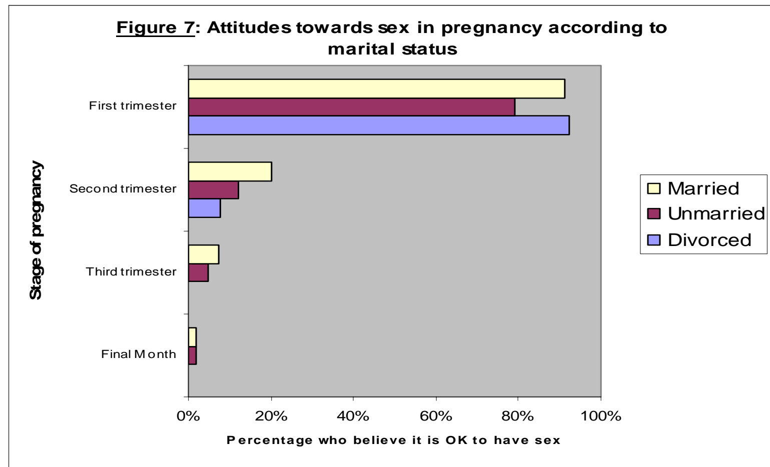
There may be a common belief that frequent masturbation is related to lack of opportunities to have sex with other people. However, the survey data do not support this notion. The frequency of reported masturbation was not related to either the number of sex partners or the number of times a man paid for sex during the first six months of 2004.

Sex and pregnancy

Attitudes to sex in pregnancy varied among participants in the FGDs. Some men quoted the traditional saying "*mae man sii thao ork oua gork sii thao tai" or* "pregnant women can have sex until giving birth and old grey haired people can have sex until death" to indicate that sex during pregnancy is acceptable. There was a minority view that there are no medical contraindications to having sex throughout pregnancy. However, the most broadly held belief was that sex in pregnancy posed a danger to the unborn child and could induce miscarriage, risks that increased as the pregnancy

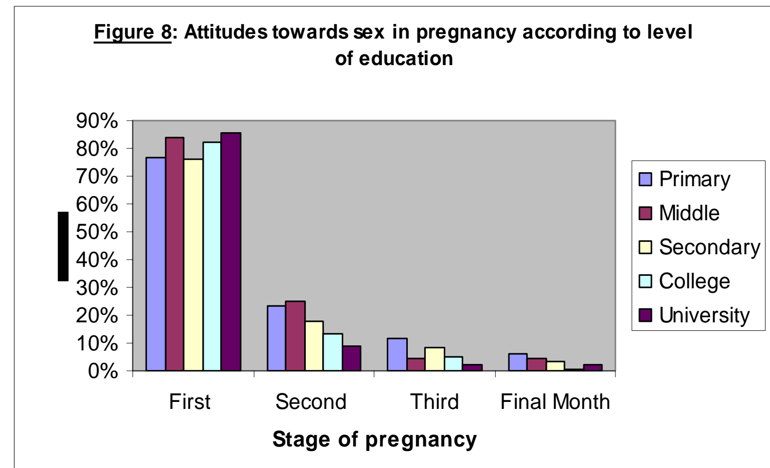
progressed. Many men also expressed a preference for sex with other women while their partners were pregnant.

These attitudes were reflected in the quantitative survey. While 82.3% of men thought that it was appropriate to have sex during the first trimester, this dramatically decreased to 14.0% for the second trimester, and 5.2% for the third trimester. Just 1.9% of young Vientiane males thought that sex in the final month of pregnancy was acceptable. This outlook varied only marginally according to marital status or education (Figures 7 and 8).



Only 1.7% of respondents believed that it was appropriate to have sex within a week of delivery, 3.4% from 1-4 weeks after birth, 22.0% from 1-2 months, while 72.9% thought that sex beyond 2 months was appropriate.

Among those married men with children, fewer than 3% had sex within a month of the most recent delivery, 50% between one and two months, and the remaining 47% resumed sexual relations only after two months.



33.9% of all Vientiane men, whose partner had been pregnant, responded that they had had sex with another person during the most recent pregnancy. This figure was almost twice as high for currently married men (64.1%), even more frequently reported for divorced males (83.3%), but was an uncommon practice among unmarried men (4.5%) who had a pregnant partner.

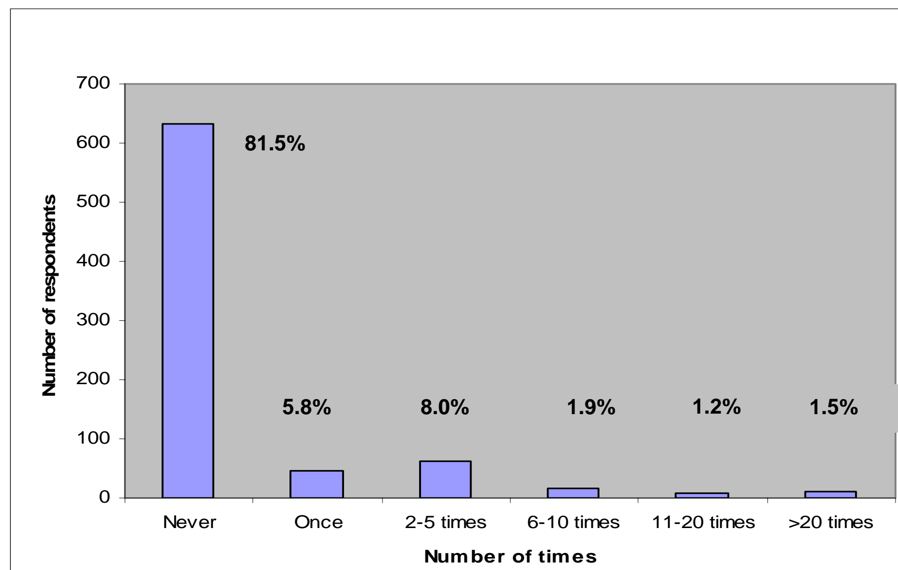
Sex outside the primary sexual relationship during the partner's pregnancy took place with "service women" (19.3% of all men; 41% of married men), casual partners (29.9%; and 58.1%), steady girlfriends or "minor wives" (5.2%; 8.5%), and other men (1.4%; 1.7%).

These findings have very important implications for the approach to preventing HIV transmission from parents to their children and are further explored in the Discussion section of this report.

Sex with men

Men were asked in the questionnaire how many times they had ever had sex leading to orgasm with another man. Of the men surveyed, 18.5% reported having had at least one such sexual experience. This included 10.8% of married men, 20.1% of unmarried men and 35.7% of divorced men. Reported sexual experiences varied from cuddling/ kissing (52.2% of those who had ever had sex with a man) to mutual masturbation (47.8%), oral sex (69.1%) to anal sex (55.1%). Figure 9 shows the reported number of lifetime experiences of Vientiane men with other men.

Figure 9: Reported number of lifetime sexual experiences with other men



We considered the possibility that the three openly gay men among our six researchers may have over-sampled other openly gay men and biased the findings on same sex behaviour. Analysis of the responses to questions on same sex behaviour disaggregated by individual researcher indicates that there was no such bias. The proportions of respondents contacted by openly gay men who reported having sex with other men more than five times in their lifetime (2%, 4.5%, and 1%, respectively) were lower than the aggregate finding (4.8%).

Almost 8% of young Vientiane men reported that they had sex with both a man and a woman during the first six months of 2004, while 10.2% of all men stated they had sex with another man during this period. Of this latter group, more than one in three divorced men (35.7%), 4.4% of married men and 11.1% of unmarried men reported sexual relations with other men from January to June of 2004.

Surveys from other countries have consistently found that between three and five percent of all men prefer to have sex with men.[10,11,12] Assuming that Laos is no different, the group of Vientiane men who reported more than five lifetime sexual experiences with other men (4.6%) appears to represent the proportion of the sample who prefer to have sex with men. However, this does not seem to be the case when examining the recent sexual history of these 36 men. All but one had a female sexual partner during the first six months of 2004, and 41.7% (15/36) had two or more female sex partners during this period (range 2 -16). At the same time, 52.8% (19/36) had sex with two or more male partners (range 2 – 6). Four of the men had sex with at least two men and at least two women. It is therefore difficult to assume the sexual orientation of any of the men from an analysis of the behavioural survey.

The proportion of condom use by young Vientiane men on the last occasion they had anal sex with a man (73.9%) is similar to that reported for sex with non-regular female partners (73.3%). Lubricant use, on the other hand, is far more common for men having sex with men (43.8%) than for men having sex with women (14.0%). We did not ask whether men used oil-based or water-based lubricant.

FGDs with "general young men" revealed that they were aware of same sex behaviour in Vientiane but claimed not to know how common it was. Some men admitted that some "complete[v]" men sometimes have sex with other men, perhaps when they are drunk and are unable to have sex with a

[v] The term "complete man" is derived from the Lao phrase *phuxay tem tua*, which translates literally as "full-bodied man" and is commonly used among young Lao men of all types to describe heterosexual or "straight" men.

woman or if they are in prison. Several groups also said that they knew of young "complete" men who occasionally have sex for money either with gay men or *kathoey*.

Focus group discussions included a number of specially targeted groups of men who have sex with men. These included openly gay men, male sex workers, and *kathoey*. According to FGDs with openly gay men the number of men who openly acknowledge having sex with men is on the increase in Laos. The FGD participants said that men are having sex with each other for fun, for the experience, as a release when drunk and perhaps because there is greater understanding between men than between men and women. However, all subsets described a culture of prejudice against men who have sex with men in Lao society:

> "*There is a huge stigma attached to men who have sex with men. They (general people) don't understand the need of individuals, they don't accept, they don't want to stay close to these people, the bodies of these people are dirty. They discriminate against these people because of their perceived sexual behaviours. They don't know what these people want, and how these people feel, and look down on them. This practice (homosexual) is against culture, custom, tradition. Women who have sex with women are also stigmatised, worse than men. Society cannot accept this behaviour. It is probably only 2% of people in the society would accept it*" (openly gay man).

Male sex workers are disliked to an even greater degree:

> "*Society identifies these people as abnormal because they sell their bodies, they should not do this. People look down on them and they are determined as sex addicts, polygamists and have huge HIV infection.*" (Openly gay man)

Some *kathoey*, however, argued that despite a general negative view of them by society there was an increasing acceptance, though this did not extend to working in government offices.

Whereas most openly gay men and kathoey recognized a sexual interest in men at an early age, all the male sex workers who participated in the study identified as "complete" or heterosexual men. Many have come to Vientiane from provincial areas, have little family support locally, and may be from ethnic minorities with poor Lao language skills. In the majority of cases they engaged in the work for financial reasons:

> "*I work in this area because I have no money, there are no other options. My mother died. I feel I lack the warmness from family. I always have conflict with my father. He is not interested in me.*" (male sex worker)

Some men said that they enjoyed the experiences and the work was considered an easy way to earn money. On average male sex workers would see ten clients a month and earn approximately 10,000 baht (250 USD) per month. Income, however, declined with age and familiarity with the customers. Some worked for just a single week, others for many months. A percentage of male entertainment venue workers – possibly 20-30% - act as opportunistic sex workers, having sexual liaisons with male and female clients for money on request. Male sex workers are usually the 'insertive' partner during intercourse.

A few *kathoey* also sell sex, usually to "complete men" both foreign and Lao. Unlike male sex workers, *kathoey* claim that they always play the receptive sexual role. Openly gay men, in contrast, engage in all forms of sex including being both the insertive and receptive partner in anal sex. The decision to sell sex by *katheoy* seems to be more of a personal choice rather than dictated by economic necessity. Gay men distinguish themselves from *kathoey* whom they view as effeminate, "soft as women" and interested only in 'complete' men. Openly gay men may target "complete" men or other gay men to negotiate sexual experiences.

In general, an understanding of the mode of HIV and STI transmission and prevention seemed to be poorer among male sex workers than among *kathoey* and openly gay men. For all groups however, condom use is governed by the same subjective factors as discussed earlier.

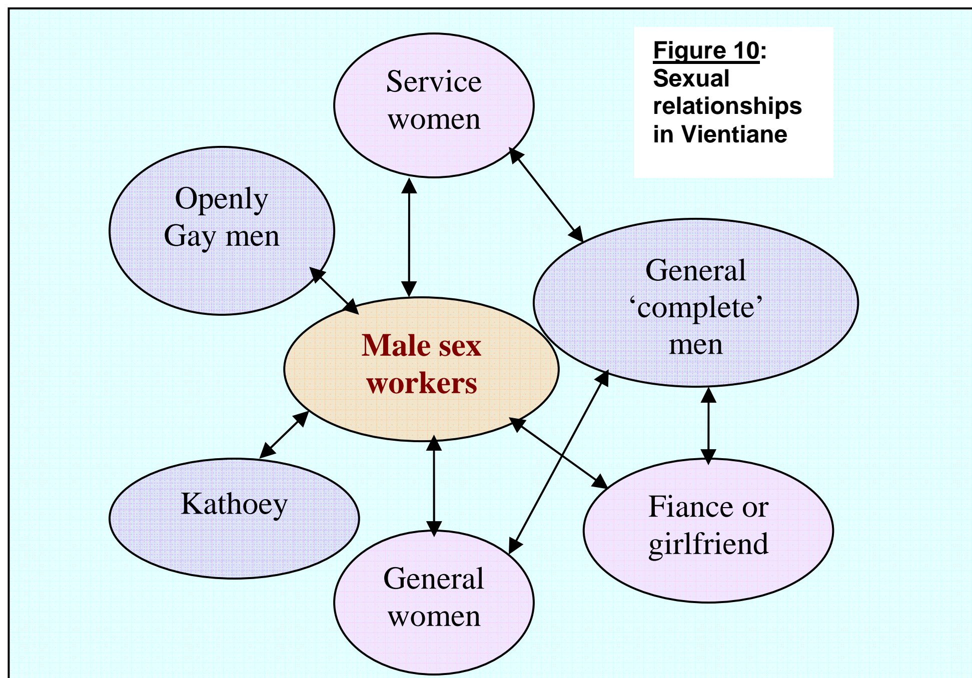


Figure 10: Sexual relationships in Vientiane

Figure 10 shows the interactions between different subgroups of young men and women in Vientiane. Men who sell sex seem to be a common link between all subgroups, selling sex to both men and women while having regular female partners. As mentioned, they mostly tend to identify as being 'complete men'. Classifying all men who have sex with men as "gay" ignores the diversity of behaviours and identities of these men (hence the separation of kathoey and gay men in the diagram).

Discussion

This study (one of the few of its kind conducted in Laos) provides a wealth of information on the sexual behaviour of young men, which could guide future HIV prevention programs. While the survey only looks at the attitudes and activities of men living and working in Vientiane, it nonetheless illuminates both important similarities and differences in Lao male behaviour compared to men in other countries, including countries in the immediate region. These differences may influence the pattern of HIV spread and other STIs within urban communities in Laos, and they point to the types of preventive interventions likely to be successful.

Limitations of the study

The quantitative aspect of this study incorporated a purposive sampling technique, not a random selection process. Our sample is skewed toward men of higher education. Sub Saharan African studies have demonstrated the protective effects of education on the prevalence of HIV in a community. Better education may at first increase the risks of HIV since it is sometimes associated with wealth, travel and access to sex workers; but such education is ultimately the best shield against infection as knowledge about, and access to, safe sex practices are more widely distributed in the community.[13] Thai studies have shown that rural dwellers engage in more risky behaviours than their urban counterparts.[1] Other Thai studies have suggested that educated men may be more reluctant to admit to sexual practices perceived to be "deviant"[1] than less educated men. Our sample, then, may represent a group who have the 'minimum likelihood' of risky sexual behaviour in Lao society.

The study researchers had limited experience in both qualitative and quantitative studies. Nevertheless, the response rate to the survey (97%) was high and the findings were not inconsistent with other studies in neighbouring countries. There was also a reassuringly high level of consistency between the responses to the questionnaire and the information gathered in the focus groups with young men. Perhaps, the greatest limitation was the inexperience of the researchers in probing the attitudes of young men in FGDs and interviews. This inexperience may have been compounded by a cultural reluctance to probe the personal behaviour of other young men[vi]. This explains the limited qualitative data on, for example, why some "complete" men sometimes have sex with other men, why oral sex with women is uncommon, and the nature of the coerced sex reported in the survey.

Implications of the study

Because most men report having sexual feelings very early in adolescence (around 12 years of age) and begin sexual activity around the age of 18 years, sexuality and sexual health education must begin at least in middle school. This education needs to be broader than merely promoting the use of condoms and needs to encourage more equitable sexual relationships between men and women.

Our results are very similar to recent findings from Thailand.[10] As the UNDP concluded for Thailand, safe sex messages must reach young men before they become sexually active.[10] But what messages need to be delivered at this age?

Young Lao men are not only initiating sex at an early age, but they may also be the victims of sexual abuse including coerced sex. Nearly one third of the men surveyed reported that they had been pressured into sex. Further studies are needed to clarify the nature of forced sex among young Lao men. In addition to school-based sexual health education, then, counselling and social services may be necessary components of a comprehensive sexual health program.

[vi] This cultural attitude is summarized by the Lao word "*kengjai*" which commonly inhibits probing in qualitative research in Laos. The term reflects a desire not to make another person feel uncomfortable.

Condom use

Although most young Vientiane men understand how HIV spreads and how to prevent its spread through the use of condoms, there is a gap between reported knowledge and practice, and there are a number of commonly held misconceptions. Firstly, let us examine the reasons behind the selective use of condoms.

The decision to use a condom or not is partly influenced by a man's assessment of the likelihood that a prospective partner carries a sexually transmitted infection. Many young men believe that the HIV status of a person can be judged by physical characteristics or personality traits. Full-time sex workers were considered to be a greater risk than "part-time" service women working at restaurants or beer or coffee shops, despite it being widely known that these women sold sex opportunistically.

It was generally accepted that negotiating unpaid sex with casual partners was relatively safe. This mimics the attitude among men in Thailand: the waning patronage of sex workers has seen a concomitant rise in casual sex with low condom use.[10] In Thailand this trend has also been accompanied by an increase in the number of women having extramarital sex.[10]

Lao nationals were generally considered to represent low risk, while foreigners, including Thais, were thought to be much more likely to be HIV positive. This misconception needs to be challenged.

Drugs and alcohol are frequently taken and men reported that these substances facilitate sexual risk taking. Studies in Thailand have demonstrated that amphetamine use encourages unsafe sex and that students who drank alcohol are far more likely to be sexually active than those who did not drink.[10] However, there was little acknowledgement among Lao men in our study that these behaviours were risky - another indication that individuals perceive no risk for themselves. Rather, it appeared to be contextually normal and accepted.

Beliefs about HIV and STI prevention

Men mentioned several practices that they believe protect them against HIV and STIs: using a plastic bag as a condom, washing the penis after sex, or taking an antibiotic as post-sex prophylaxis. It would be interesting to conduct further research to determine how commonly these practices are followed, and whether they make it less likely that men will use condoms. It is important to identify these beliefs so that men can be informed of their potential for harm, or likely lack of effectiveness, and encouraged to use condoms. The female condom, which is a polyurethane plastic bag, has been evaluated for anal sex, but men reported more frequent problems than with male latex condoms, particularly slippage, discomfort, and rectal bleeding[14]. Acidic solutions, such as carbonated soft drinks, vinegar and lemon juice, and soapy water, inactivate HIV and their use for post-sex hygiene has been recommended[15,16], but preventive efficacy has not been evaluated[17]. Post exposure antibiotic prophylaxis is effective and recommended in exceptional cases, such as sexual assault[18], to avoid STIs, but when used irregularly and without direction by large numbers of men it is likely to be ineffective and to result in the development of resistant organisms.

On a positive note, the frequency of condom use by Vientiane men in 2004 has not declined since 2001[3]. Furthermore, Vientiane men are currently using condoms more frequently than Thai men in the 1990s[4,5,6].

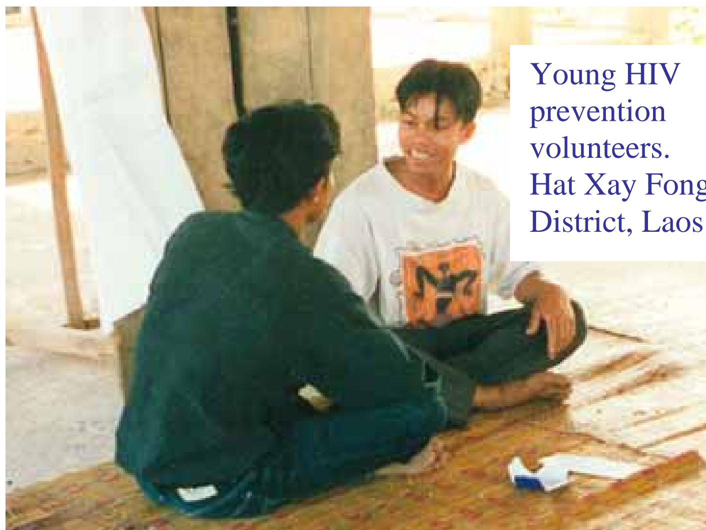
Far more men in the Lao capital, however, appear to be having sex with casual partners and sex workers than recorded three years ago. If men continue to have multiple sex partners among whom condom use is inconsistent then HIV will spread more rapidly. Our studies did not reveal whether men have a number of different sex partners concurrently (at the same time). Recent studies in Africa have shown that if a large proportion of the population has two or more concurrent sex partners, HIV will spread more rapidly than in a population where people mostly have serial sexual partners, meaning one after another[19]. Further studies are needed to clarify whether many Lao men have concurrent sex partners.

Prevention programs should offer young people a range of options to protect themselves from HIV. One such option is non-penetrative sex, which can include solitary or mutual masturbation. The men in our study reported high frequencies of both solitary masturbation and masturbation with female

partners. About one half of men who reported having had sex with other men said that they had engaged in mutual masturbation. Based on these findings and the FGDs with young men, there is no evidence that Lao men find this practice shameful or unhealthy. Men in the Lao capital had little experience of other non-penetrative forms of sex, such as oral sex. The reasons are unclear. They like penetrative sex - and the more of it the better, both in terms of frequency and number of partners. Although they usually have vaginal sex, more than one in ten men had experienced anal sex with a woman. Almost one in ten men reported having had anal sex with a man.

A tolerant attitude to multiple sex partners has been identified in earlier reports though with little evidence that it was common practice.[2] In our study, almost 60% of all men interviewed had two or more female partners during the first six months of 2004 and nearly 10% had been with one or more male sexual partners during the same period. The relatively high frequency of paying for sex among Vientiane men contributes to this high level of partner exchange. From January to June in 2004, over 30% of men paid for sex on at least one occasion. This is similar to, if not higher than, neighbouring Cambodia where 15-20% of men are reported to visit a sex worker at least once a year[20]. It contrasts with former assessments that the intensity and prevalence of commercial sex in Laos is low due to socio-cultural and political factors. Buying sex from women in brothels and hotels makes up just one fifth of all commercial sexual transaction with women. Most commercial sex is indirectly provided by service women working in restaurants, factories, and beer and coffee shops.

The findings of the behavioural survey are of concern when one considers that in all the countries in which epidemic heterosexual HIV transmission has occurred (prevalence greater than 1% of the 15-49 year old population), a high frequency of partner exchange with a high proportion of the population engaging in the behaviour (>10%) was recorded.[21] STI rates among Lao service women provide further support to the idea that current behaviours in Laos are conducive to the spread of sexually transmitted infections: approximately 50% of these women have either gonococcal or chlamydial infections.[9] Perhaps then, the only reason that an HIV epidemic has not occurred on the scale of its southern neighbours is the fact that brothels are rare if non-existent. Analysts have hypothesised that the sexual transmission of HIV was rapid in Thailand and Cambodia in the early 1990s because of the numerous brothels where female sex workers had up to 1000 clients each per year[15].



Young HIV prevention volunteers. Hat Xay Fong District, Laos

Education programs for young Lao men need to include the following elements:

- Instructions on the correct use of condoms (and water-based lubricant).
- The need to use condoms with **all** non-regular sex partners regardless of their gender, appearance, attitude, nationality, or the venue in which they are contacted.
- The relatively high risk of HIV infection with penetrative sex, including anal sex with men and women, compared with the lower risk of non-penetrative sexual acts.
- Sex with multiple partners increases the risk of HIV transmission if a condom is not used during penetrative sex.

We found that more men reported having had anal sex with women (11%) than with men (9%), highlighting the need for education programs for both men and women to focus on the risk of particular sexual practices rather than the risk associated with sex between men. The fact that men who had sex with men reported much higher rates of using lubricant (45%) than men who have sex with women (15%) suggests that Lao women who engage in anal sex with men may be at higher risk of HIV infection than Lao men who are the recipient partners in anal sex with other men. Although few studies have evaluated the direct relationship between lubricant use and HIV prevention, numerous studies have demonstrated that the use of a water-based lubricant does prevent condom breakage and, therefore, theoretically increases the effectiveness of condoms[22]. Oil-based lubricants, however, may

cause condom breakage. We do not know if Vientiane men who used lubricant during sex used a water-based or oil-based lubricant. However, a study in Cambodia found that over one-half of respondents reported using oil-based lubricants (beauty cream, cooking oil, medicinal cream and hair oil), and one third mentioned using saliva[23].

Focussing the promotion of condoms only to sex workers and their clients, as in Thailand's 100% Condom Policy[24], might be ineffective given the pattern of male sexual behaviour in Laos and the difficulties of obtaining government commitment – there are severe punishments for prostitution under Lao law.

Men reported that STIs (especially urethral discharge) are common. The STI Periodic Prevalence Survey of 2001[25] found that the prevalence of syphilis, gonorrhoeae and Chlamydia in long distance truck drivers from Vientiane municipality was 0.7%, 1.3% and 9.3% respectively.

Men should be discouraged from self medicating for suspected STIs and instead encouraged to seek qualified practitioners for treatment. Given their preference for obtaining drugs from private pharmacies, efforts need to be made to ensure that private pharmacists are correctly treating the most common STIs in Laos. The increased risk of abscesses and other infections (including STIs and HIV when ulceration results) with not uncommon practices such as inserting foreign bodies or injecting olive oil into the subcutaneous tissue of the penis needs to be highlighted.

Sex in pregnancy and after delivery

Young man and child, Phongsali province Laos. Photo by Wendy Holmes.

The prevailing belief among young Vientiane men is that sex during pregnancy, particularly beyond the first trimester, poses a significant risk of miscarriage or abortion. They claim that this reflects the beliefs of most women. The majority of men stated that they would not have sex with their wives after the first trimester.

There is a widespread tendency among men in Vientiane to seek extra-marital sex while their wives are pregnant. Almost two-thirds of all married men had sex with another person during their wife's last pregnancy, 41% with service women. Furthermore, there is the suggestion, albeit from men in FGDs, that their pregnant partners condone such behaviour. This may be indicative of the widely held community misconception that sex with one's pregnant partner is unsafe, or it may reflect the respective roles and positions of men and women in Lao society.

Our findings about beliefs and practices in relation to sex during pregnancy and the post partum period have important implications for transmission of HIV to babies. Men commonly have multiple and concurrent partners during pregnancy and the early post-partum period, which puts them at risk of infection with HIV and in turn exposes their wives and unborn or newborn children to a high risk of infection. We heard that men are especially likely to buy sex at this time, and there is evidence that the women from whom they buy sex have high rates of gonorrhoea and chlamydia[9], and are themselves likely to be vulnerable to HIV. If a man becomes infected with HIV he will develop a high viral load in the weeks after infection; he is likely to be very infectious at the time that he resumes having sex with his wife.

There are also a number of reasons why women in late pregnancy or during the post-partum period may be more susceptible to infection with HIV than at other times[26]. Maternal viral load is the most

important influence on the risk of mother to child transmission[27]. If the woman becomes infected she will be experiencing the post-infection peak in viral load during labour or in the early weeks of breastfeeding – the times of greatest risk of transmission of HIV to the baby[28]. It has been pointed out that men have a right to information that they put their wife and child at risk of infection with HIV when they have unprotected sex outside marriage during pregnancy and the post-partum period[29].

Opportunities to provide this information include introducing a routine ante-natal couple visit[29], training male counsellors in hospitals and health centres to talk to fathers and provide condoms when they come to collect their new born baby, encouraging VCT for couples before marriage, and talking to men as well as women at post-natal home visits. Understanding the beliefs that underlie sexual behaviour during pregnancy can help to inform community education about transmission of HIV to babies, especially addressing men. It is also important to teach health care workers that sex at any stage of normal pregnancy does not harm the foetus, encourage them to explain this to pregnant women and their husbands, and develop appropriate materials to help them to do this.

It must be stressed to men that unprotected extra-marital sex poses a significant risk of infection to both their wife and their child. Alternatives to penetrative sex during pregnancy should also be raised if there are persistent fears that vaginal intercourse might harm the foetus, especially given that this is a relatively uncommon experience among young Vientiane men.

Same sex behaviour

A significant finding of this study is the frequency of sexual activity between men. Almost one in five men reported at least one lifetime experience with another man resulting in orgasm; and more than one in ten men said they had a recent sexual encounter with another man. This is higher than the frequency of same sex behaviour in western countries but comparable to the findings of studies in Thailand in the early 1990s. A survey of more than 4,900 21 year old Thai military conscripts in 1996 found that 17% reported having ever had sex with a man; the figure was 18% in the province of Udon Thani, which is very close to Vientiane.[30]

Contrasting the rate of same sex activity in Laos to standard benchmarks like the US studies of Kinsey (1948)[11] or Fay, Turner, Klasser, and Gagnon (1989)[31] is problematic due to differences in culture and methodology. The same may be true to a lesser extent for studies conducted in Thailand. What these studies suggest, however, is that same-sex activity occurs in all cultures and that rates of activity are merely modified by cultural configurations of sexuality and gender, prevailing socio-cultural attitudes to homo-eroticism, study method, and the specific population under study – for example, there are differences in the behaviour of rural men verus urban men in parts of Thailand.[1]

Actual numbers are less important than the recognition that a significant minority of Vientiane men engages in same-sex activities including anal sex, which is associated with an elevated risk of HIV infection. This not uncommon practice among a range of Lao men must not be forgotten when designing and implementing HIV prevention programs. As the UNDP noted in Thailand, "there is *no* evidence to support the notion that men who have sex with men constitute a separate, hermetic community".[10] Our data suggest that a significant majority of men who have sex with men also have sex with women and do not necessarily identify as men who prefer to have sex with men; they may be neither openly nor closeted gay men but rather men who have sex on certain occasions when sex with women is not possible. The risk profile of these men in terms of susceptibility to HIV infection is not due to their sexual orientation but rather their misconceived notions of when to and when not to use a condom during sex with both men and women.

In Vientiane, one relatively small group of young men have sexual relationships with a range of male and female partners that might accelerate the spread of HIV if and when it becomes more widespread within the population. These men exchange sex for money and the information that they have provided in this study indicates that their behaviour is not only a risk to themselves but to all their partners and to the partners of their partners. Furthermore, these men are in the main disadvantaged by background. They often have a low socio-economic status associated with a rural upbringing, and many of them come from ethnic minorities with poor Lao language skills. It is not surprising, then, that male sex workers have significant misperceptions regarding the transmission and prevention of HIV, and that their sexual behaviour is easily influenced by economic considerations.

The evidence that Vientiane male sex workers think of themselves as "complete men" and behave in a bisexual manner suggests that current programs focused on homosexually active men may not succeed in addressing the sexual health needs of this group. Studies of male sex workers in Thailand reveal similar behavioural patterns to the Lao sex workers; but also provide evidence that the condom use of such men is greater "in their commercial homosexual transactions … than during recreational heterosex".[32]

Promotion of 100% condom use is therefore one important element of a comprehensive education program needed for male sex workers in Vientiane. Access to good quality STI treatment is another important element. Most of the sex workers interviewed in this study had been selling sex for less than six months; therefore, education programs need to make contact with these men as soon as they start working in the sex industry. A study in the Thai city of Chiang Mai also found a very high turnover rate and, for the 18% who remained in the industry for longer than six months, a very high rate of new HIV infection of 11.6% per year[33]. The same study found that only 50% of these men consistently used condoms with their clients and fewer than 50% used condoms with their non-commercial sex partners. In addition, all programs that work with sex workers – male or female – should offer options for alternative means to generate income. Further studies should examine the social factors that attract young men into the sex industry.

There are other notable lessons to be learned from Thailand's experience. Although the first cases of HIV reported in Thailand were among men who had sex with men, the growing epidemic among female sex workers and their clients focused preventive campaigns on heterosexual transmission. A pragmatic approach to harm reduction for female prostitution was applied with great success, but the problem among men who have sex with men was neglected. Recent studies have found both high levels of HIV and low rates of condom use among these men.[34] We have already noted that men who have sex with men in Vientiane have equally extensive connections to the rest of the population as men in Thailand. Failing to address the potentially high risk of HIV transmission among Lao men who have sex with men and those men who sell sex, therefore, is a missed opportunity to prevent one mechanism for transmitting HIV into the general sexually active population.

Peer educators in training, Vientiane, Dec 2004

This study demonstrates that young men in Vientiane have multiple, sexual partners, a high rate of interaction with sex workers, and an incomplete understanding of HIV prevention techniques. As a result, Vientiane men engage in sexual behaviours which, in the absence of suitable public health measures, could easily facilitate the spread of sexually transmitted infections, including HIV. The risk of a heterosexual HIV epidemic may be even greater if young Lao women, like their counterparts in Thailand[10], are shedding the protective effects of social and religious norms and beginning to initiate pre-marital and extra-marital sexual relationships.

Therefore, we might conclude that Laos is a country in the early, gradually intensifying phase of an HIV epidemic rather than a country that is somehow protected from extensive HIV transmission.

If transmission within vulnerable groups such as men with multiple sex partners and male sex workers can be minimised, then transmission to the wider population can be significantly curtailed. Focused programs for these men therefore need to be expedited.

Simultaneously, comprehensive education programs are required for school-aged adolescents. Given that the majority of unmarried young men do not obtain sex from service women, gender issues, including discussions of the role poverty and power play in increasing the vulnerability of women, must be incorporated. Our data suggest that most sexual interactions among young unmarried Lao people

are not of a commercial nature. Therefore, it is necessary to operate programs that address the risks of HIV infection associated with the sexual behaviour of young Lao women.

Summary of Recommendations

1. Sexual health education is a priority for young urban men. This should commence when boys are 13 to 14 years old, the age they start to have sexual desires. It should include information on:

   - The relative risk of HIV infection for each type of sex act including the low risk of non-penetrative sex and the high risk of unprotected vaginal and anal intercourse.

   - The fact that the risk of HIV infection with a casual sex partner **cannot** be assessed by the appearance or temperature of the person.

   - The need to use a condom when engaging in vaginal and/or anal sex with **all** non-regular partners as well as lubricant when having anal sex with a man or a woman.

   - Accurate information on reproductive anatomy and physiology of both men and women.

   - Detailed information about the correct use of condoms and lubricant.

   - The importance of proper diagnosis and treatment of all STIs by qualified doctors at a clinic or hospital.

   - The negative effect of alcohol and drugs on maintaining consistent safe sexual practices.

   - Reassurance that masturbation is normal behaviour for men and a healthy alternative to unsafe sex with another person.

   - The need for young men to better understand the sexual needs of women and to improve the quality of sexual intercourse.

   - The reduced risk of HIV infection gained by decreasing the number of sexual partners.

   - The health risks associated with common practices to increase the size of the penis (eg, injection of olive oil) and to stimulate sexual partners (eg, insertion of foreign bodies in the skin of the penis).

2. An important element of the prevention of parent-to-child transmission of HIV is primary prevention of sexual transmission among the parents.

   - Sexual health education for men should stress the risk of infecting their wives and children if men engage in unsafe sex with other sex partners outside the marriage, especially during pregnancy and lactation.

   - Sexual health education for men and women should include information that sex during all stages of pregnancy and in the post-partum period is safe and acceptable so long as the woman does not experience any pain (non-penetrative sex should be encouraged if the parents fear that sex might harm the unborn child).

   - Antenatal care programs should routinely include counselling of women and their husbands or partners about sexual health and the prevention of HIV and STIs during pregnancy and lactation.

3. Education about the risk of HIV associated with having sex with other men, especially anal sex, should be integrated into general sexual health education for all men.

– Sexual health education should recognise that a significant number of heterosexual men ("complete" men) sometimes engage in sex with other men – these men cannot be easily identified as a specific risk group ("men who have sex with men").

– Education should focus on the fact that unprotected anal sex with ***either a man or a woman*** is the highest risk sexual activity and a condom and lubricant should always be used.

– HIV prevention education for openly gay men and transvestites should be through peer educators who understand the culture and habits of these men and who do not have negative attitudes towards them.

4. Special attention should be given to providing sexual health education for male sex workers.

   - Educators need to recognise that most of these men identify as "complete men" and cannot always be accessed via "gay" networks.

   - Education should focus on the need to always use a condom with all clients, whether male or female, Lao or foreign.

   - Care should be taken not to initiate police or legal action against sex workers because this would drive this activity "underground" and make it difficult to provide HIV education.

   - Educators should seek the cooperation and support of owners and managers of entertainment venues, guesthouses, and hotels where these men sell sex.

   - Male sex workers should have access to good quality STI services where privacy and confidentiality can be assured.

5. Given the fact that most young unmarried men report that they do not pay for sex, this means that most of their sex partners are unmarried women who are not sex workers.

   – Therefore, it is important to provide accurate sexual health information and education about HIV and STI prevention to young women, especially those young women who are most vulnerable to persuasion to have casual sex, eg, workers in entertainment venues, restaurants, beer shops, and garment factories.

6. Programs working with young men should include consideration of gender issues, run side by side with programs working with young women.

   - These programs should not be entirely separate - young men and young women should have an opportunity to discuss gender issues together (normally towards the end of a process).

7. Further social research among young men could help examine some of the issues that this study did not clarify, including the following:

   - The nature of forced sex (whether this is with other men or with women) and the context in which this takes place (is the coercion by family members or friends or strangers?)

   - The extent of the use of plastic bags instead of condoms and the practice of washing the penis after sex with various substances and whether these practices discourage men from using condoms.

   - The type of lubricant used by men during penetrative sex, whether it is oil- or water-based and whether men use lubricant when they have anal sex with women.

   - Whether men have a number of concurrent sex partners or whether they engage in serial sexual relationships.

- The social context in which young men enter into the sex industry and whether vocational training to provide alternative income would be an effective deterrent.

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