

A Qualitative and Quantitative Study of Sexual Risk Behaviour among Men Who Have Sex with Men in Bangkok

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ABSTRACT

Background: Being gay is not accepted in Thai society especially in matrimonial lifestyle. The social and economic negative environment are most likely fostering casual sex and multiple sex partner. Risky sexual intercourse obviously lead toward sexual transmitted diseases including human immunodeficiency virus (HIV) infection.

Methods: The study adopted an integrated approach of cross sectional retrospective interview and in depth case interview.

Results: Two hundred forty two Men who have Sex with Men (MSM) in Bangkok were recruited through their social network. Their average age was 29 years. About half completed only undergraduate education. One third was employed in business/trading and 1/5 was proprietor of their profession. They can be classified by pattern of sexual intercourse into 3 groups, Gay King-insertive group, Gay Queen –receptive group, and Both- insertive and receptive group. For the first experience, 3/4 of the MSM had their first male sexual intercourse at the age below 20 years. About 60% and 66% of the first partner was their friend and student respectively. Anal intercourse constituted 40% and only 1/3 used condom. About 30% continued having sex with their first partner. Noticeably, their first experience has influenced their present sexual behavior. Social relationship with sexual intercourse partner can be classified into 5 types, current fiancé, past fiancé, friend, old acquaintance with sexual intercourse relationship and new casual friend. In the past 6 months, about half had sex with at least two types of partner. Only 40% of having fiancé groups reported having sex with current fiancé only. The rest reported having sex also with casual friend met in various type of night entertainment. Sauna for men was reported by about 80% as the place where sexual intercourse occurred with first acquaintance. Anal intercourse was reported by about 65-80%. Factors determining condom use were, type of partner, type of condom, sexual satisfaction, pattern of sexual intercourse and HIV infection. Main factors for not using condom in anal sex were social bonding and unanticipated relation. Reasons for not using condom in oral sex were the smell, unnatural relation and low risk perception of disease contract.

Conclusion: MSM in current society seems to prefer sexual intercourse with casual partner and frequently changed partner. The entertainment industry apparently had a major fostering role. Unsafe sexual intercourse prevailed at fairly high rate leading to high risk for sexual transmitted infection. Attention is needed from all parties involved, the MSM, the entertainment industry and the health service system in preventing unsafe sex which can eventually leads to crisis in population health.

