

# Assessment of sexual health needs of males who have sex with males in Laos and Thailand

Part One:

Rapid literature review of current knowledge of MSM and HIV/AIDS in Laos and Thailand



Conducted for Pact by  
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## A word of caution

From *Practicing Desire – homosexual sex in the era of AIDS*, Gary Dowsett, Stanford University Press, Stanford, California, USA, 1996:

"It is probably not possible to know the extent of homosexual behaviour among males. What is clear from the research findings is that an incalculable number of [Australian] men can and do have sex with other men, some frequently, some occasionally, in the right circumstances or at certain times in their lives, in certain sites or in certain institutional settings, with certain cultural overlays, or all the above." (p75)

"...a considerable diversity of contexts in which men pursue sex with other men." (p76)

"Many of the standard survey techniques may never obtain sufficiently accurate accounts of the extent of such activity. This is particularly true when such sexual matters are deemed unreportable for moral or legal reasons." (p76)

"Political/religious/cultural dynamics will always confound attempts to uncover just how sexually active [males] are..." (p76)

"The search for a definitive answer on the extent to which men have had and will have sex with other men is not going to offer a clue to the likely extent of this form of possible HIV transmission, and its geographical location. There is considerable doubt whether it is necessary to know the extent of homosexual practice among males in any country in order to develop public-health policy and to implement HIV and STD prevention strategies. More important is the consideration that no statistic on the extent of male-to-male sex, even of anal intercourse, should affect policy and budgetary decisions concerning prevention. This is so because it is not the *extent* of male homosexual behaviour that needs to be addressed, but the *diversity of the contexts* in which it is practiced." (p76)

## Acknowledgements

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I would also particular like to acknowledge my special gratitude to Dr. Carol Jenkins and Dr. Gary Dowsett, two outstanding people working to confront the human challenges of HIV/AIDS, who think deep thoughts with caring, compassionate, and understanding, and who have always inspired me to always look beyond definitions and theory and explore lived experiences.

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# Acronyms

CBO	Community-based organisations
FHI	Family Health International
HIV	Human immunodeficiency virus
IDU	Injecting/intravenous drug users
Lao PDR	Lao Peoples Democratic Republic
MSM	Men who have sex with men/males who have sex with males
NFI	Naz Foundation International
NGO	Non-government organisation
PSI	Population Services International
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Children's Fund
USAID	United States Agency for International Development

# Introduction to the Project

## Background

Sex between males<sup>1</sup>, whether self-identified in terms of sexual or gender identity or not, appears to occur in all societies, often within frameworks that do not “fit” the heterosexual/homosexual paradigm that is predominant in western cultures and also within much of HIV/AIDS literature, despite the fact that the term “men who have sex with men” (MSM) was precisely invented to deal with this discrepancy. In reality, too often the acronym MSM is used as a synonym with the terms “homosexual” and/or “gay”, or as a term of identity, which actually invisibilises significant levels of male-to-male sexual behaviours and practices, and where often sexual practice is defined within gender roles and identities. Thus, as an example the penetrating masculine male does not perceive himself as a homosexual, gay or even as a man who has sex with a man, while the penetrated partner may well perceive himself as female, with a feminine identity, and not as a man who has sex with a man. The issues of curiosity, the gendering of age, body pleasure, coercive sex, sexual and political economies, constructions of masculinities along with male hierarchies in all male institutions, are usually ignored as possible drivers for male-to-male sex.

Poor data, a lack of appropriate research, significant levels of discrimination, stigma and denial, along with human rights abuse and legal impediments, not only generate difficulties in reaching males who have sex with males in all their complexity and diversity, but also remain as barriers in developing sustainable and effective HIV prevention work.

Naz Foundation International has identified a number of impediments to effective HIV prevention programmes that reach males who have sex with males including:

- Criminalisation, human rights abuse, social exclusion, stigma, discrimination.
- Denial that sexual behaviours between males – including male-to-male sex work – exist (for a range of cultural, political, social, and religious reasons).
- Where at times male-to-male sex is accepted, the extent of such practices may be denied.<sup>2</sup>
- A lack of good knowledge and information (poor sociological/anthropological research, lack of epidemiological and behavioural data, a-prior assumptions, homophobia/gender-phobia).
- A lack of understanding of the complexity and diversity of male-to-male sexual behaviours, practices and identities.
- Invisibility of much of male-to-male sex.
- Cultural values of shame, dishonour, socially compulsory marriage, and masculinity.
- The unwillingness of government, donor and non-government organisations to recognise the issues and support appropriate studies.
- Inappropriate language and terminologies and constructions of sexualities and identities used in public discourses.
- Concepts of gender that invisibilise gender variance and male-to-male sex.

All this, and more, leads to a lack of effective and appropriate prevention programmes addressing male-to-male sexual behaviours and vulnerability and risk to HIV infection and transmission.

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<sup>1</sup> I use the word “male” instead of “men” deliberately because in so many societies much of male-to-male sex is configured within constructs of gender roles and identities, and where the term “man” is framed by constructions of manliness and manhood within a range of socio-cultural ideas and ideologies. Further, I define male-to-male sex as that involving biological males, irrespective of gender identity or performance of either partner(s).

<sup>2</sup> In a HIV intervention project in India conducted by an MSM CBO the government refused to accept the number of contacts being made by the project as “not realistic”. Report to NFI from one of its partner projects, 2002.

It also needs to be recognised that male-to-male sex is stigmatised in different ways in different countries and cultures, and cannot be reduced to formulaic ways. The two countries in this report, Lao PDR and Thailand, are no different in this. Apart from their different histories, geographies and political economies, and their differing involvement in global cultures, there are enormous variations in population, rural and urban mix, migration patterns, poverty and economic patterns, donor involvement, and levels of commitment displayed by governments, organisations and individuals, along with political maturity. All this has had a significant impact on the quality of research, books and articles written about the subject, and actual interventions.

Similarly, while Lao PDR and Thailand at times show similarities in regard to constructions of male sexualities and male-to-male sex, particularly around feminised males who have sex with males and their more masculine sex partners (i.e. both countries use the word *kathoeys* as a self-identity, as well as a label to describe such males) the impact of the globalising gay sub-culture may well be different.

While it is clear is that the needs of males who have sex with males have historically been greatly neglected in many parts of Asia until recently where there has been a greater recognition of the “need to develop an enhanced response” to these needs, particularly after an epidemiological study of ‘MSM’ in Bangkok, Thailand in 2003 showed an HIV prevalence rate of 17%.<sup>3</sup>

However, the response is still very patchy and ad-hoc, without a clear strategic vision, locally, nationally or regionally, to underpin these increasing efforts. At the same time they also reflect, as yet, limited responses to the complex dynamics of male-to-male sex, often perceiving the MSM as a “target group”. This usually means that the most visible population of MSM, such as (some) male commercial sex workers who work in specific and known sites, or at commercial venues where usually self-identified MSM go, or with cross-dressing *kathoeys* who are more visible because of dress and performance. But that also means that many other frameworks of male-to-male sex still need to be addressed.

This *Pact* funded study hopes to address some of these concerns, and would be an initial assessment of the issues of male-to-male sexual behaviours, constructions of male sexualities, and strategies for HIV interventions focused on males who have sex with males in the countries of Lao PDR and Thailand.

This is, of course, a rapid assessment, and by its very nature, will not be a comprehensive assessment and study, nor does it claim to be. Hopefully a broad overview emerges that highlights the complexity, gender diversity, and range of male-to-male sex. Along with this, a number of issues of concern have been made that addresses concerns around a lack of knowledge and understanding, strategies for appropriate interventions, lack of skills, and appropriate policies.

## Objective

To provide evidence-based knowledge towards developing a comprehensive client-friendly outreach and peer-education focused interventions for MSM in these countries.

## Scope of Work

1. Conduct a rapid literature review of male-to-male sex in Lao PDR and Thailand.

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<sup>3</sup> TUC/TRCS/RSOT 2003 – The prevalence of HIV and associated risks among men who have sex with men (MSM) residing in the Bangkok metropolitan area, Thailand MOPH – US CDC Collaboration/Thai Red Cross Society/Rainbow Sky Organisation of Thailand, 2004 (power-point presentation)

2. Conduct a rapid needs assessment of male-to-male sex in identified sites (defined as “hot-spots” in USAID terminology) in Lao PDR and Thailand involving:
  - Mapping of male-to-male sex activities within site area
  - Identify key services being provided: prevention, treatment and care
  - Identify gaps in service provision
  - Identify key individuals and organisations working with MSM
  - Identify potential organisations that can be sub-grantees
  - Recommend a programme strategy for increasing coverage of key services
  - Identify key capacity building needs of nascent organisations
3. Design site specific MSM projects within each country that can be linked at a regional level through technical assistance and other networking mechanisms.

## Naz Foundation International (NFI)

Naz Foundation International is an international MSM agency headquartered in the UK, but working in South Asia on policy, advocacy and support on male sexualities and provides technical, institutional and financial support to MSM networks in South Asia to develop their own self-help responses to their sexual health needs.

It has conducted a broad range of situational and needs assessments among MSM in a variety of cities in the countries of South Asia, along with developing a range of implementation and management tools, training programmes, and other resources for MSM networks, groups and organisations, along with assisting in the development of some 28 MSM sexual health community-based projects in the region.

Shivananda Khan is the Chief Executive and founder of Naz Foundation International and has been the key principle researcher and developer of these studies and tools.

For more information on NFI please see their website [www.nfi.net](http://www.nfi.net)

## Methodology

For such a rapid literature review, two primary sources of documentary information on Thailand were accessed and quoted from extensively. These were:

- Family Health International, 2002. *A review of knowledge about the sexual networks and behaviours of men who have sex with men in Asia* by Gary Dowsett, Jeffrey Grierson and Stephen McNally, Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne, Australia. Unpublished. This study covered the countries of Bangladesh, India, Indonesia and Thailand. FHI/Dowset is used as shorthand for this report.

This document is an excellent and thorough review of current knowledge and information on MSM issues, along with epidemiological and behavioural data up to and including the year 2002. Along with an analysis, the document also included a comprehensive and detailed annotated bibliography for each country in the study. For example, for Thailand, 49 sources were analysed.

- Family Health International, 2004. *Unknown Men – missing information about men who have sex with men in Bangladesh, Cambodia, Indonesia and Thailand*. Unpublished. FHI/Foreman used as shorthand for this report.

This is another excellent document that explores the diversity and complexity of male-to-male sex, identities, behaviours and practices, along with size estimations, sexual networks, as well as some behavioural and epidemiological data, in each of the countries, as well as making a series of recommendations.

In regard to Lao PDR, very little documentation exists regarding MSM, so key information was drawn from a PSI/Lao PDR study on regarding a qualitative analysis of “transgender men” and their partners conducted in 2004, and the results of a baseline survey on “knowledge, attitudes and practices related to HIV/AIDS among transgender and their partners.” Along with this was the draft paper on “male sexual health: *kathoeyes* in the Lao PDR, South-East Asia – exploring a gender minority”, February 2005.

Rather than duplicate work already done, literature searches were done post 2002 for Thailand.

Further documents produced by Naz Foundation International arising from its work with male-to-male sex in South Asian contexts were also accessed. While there are significant differences in culture and history between South Asian countries and those of Lao PDR and Thailand, similarities also existed, particularly in terms of gender variance and same-sex behaviours.

A caveat needs to be added here. Only English languages resources were accessed, and this was not an exhaustive review of all the possible literature available, nor could it be in the limited time available.

## Issues of concern

### 1. Naming the epidemic

UNAIDS, national AIDS programmes, donors, NGOs, and many researchers and HIV/AIDS institutions and organisations tend to name the epidemic as a “heterosexual” or “homosexual”, or perhaps one based on intravenous drug use, or “sex workers” (meaning of course female sex workers).

But as so much research has shown, an epidemic primarily driven by behaviours cannot be so clearly defined, when we lack the understanding and knowledge of these behaviours, the extent and context in which they occur, and the meaning and significance which are given to these behaviours by those who “practice” them. Sexual behaviour does not exist in isolation from the individuals who practice them, nor from the socio-cultural context in which they occur.

All these labels are socially constructed, and this includes the term “men who have sex with men”. But too often they do not identify the actual reality of the epidemic. Furthermore, the boundaries between these differing categories are often porous and ‘lines’ of transmission are problematic.

In reducing such complexities to a “heterosexual” or “homosexual” epidemic (as if a sexual identity can transmit a virus), makes it more likely that intervention strategies are poorly developed, inadequately thought through, and inappropriately implemented.

### 2. Naming the behaviour: MSM as a category

Highlighted in both the FHI/Dowsett and FHI/Foreman reports, as well as in some of the other literature, was that the term MSM – males who have sex with males (in the main, the term used was men who have sex with men) - lacks “coherence in that the term and the dangers in assumptions that

are often made in many studies about easily accessed or familiar populations being the main MSM group”.<sup>4</sup>

Thus the term MSM is often used to define a “group” rather than a sexual practice, which means that many frameworks of male-to-male sex are invisibilised and ignored. This often leads to a erroneous and dangerous assumption that MSM are limited to small self-identified and visible sub-populations, such as gay-identified men, visible male sex workers, and those with feminised behaviours and gendered identities (such as the *katoey* in Lao PDR and Thailand). What this means is that many studies and resultant programmatic interventions treat MSM as an identity category, rather than a behavioural category.<sup>5</sup> As a consequence, very few studies (if any at all) are conducted in regard to the clients of male sex workers, other dynamics of male-to-male sex, or the partners of feminised MSM (such as *katoeys*) who tend to be males from the general male population.<sup>6</sup>

Gay frameworks are also developing in both Laos and Thailand, spread by the levels of tourism, sex trade, the global economy, and the ubiquitous webworld and the internet. Increasingly some MSM identify as gay men, but this would not necessarily replace indigenous frameworks of masculinities and sexualities, but rather creating another category of identity that often parallels that which already exists. Further, the significance and meaning of the word gay may also vary from country to country.

Thus the categories of gay-identified men, or *katoeys*, cannot be as the singular representation of MSM population(s). There is no homogeneity.

### 3. Problematizing the MSM construct

Ever since the 19<sup>th</sup> century’s scientific enterprise of naming and categorising all phenomena as a means to understanding,<sup>7</sup> along with the medicalisation of sexual behaviours and practices along with the undercurrent socio-cultural frameworks of religious belief, male-to-male behaviours (and of course, female-to-female behaviours) have been constructed within oppositional categories of homosexuality<sup>8</sup> and heterosexuality, each exclusive of the other. One had to be one or the other. Bisexuality as a category of behaviour did develop, but only in a limited sense, and with a great deal of confusion attached to it. The lesbian and gay movement with its identity politics in the West, while claiming otherwise, also have, to a significant extent, solidified this exclusive identity-based categorisation. And to a large extent, this thinking still pervades HIV/AIDS and sexuality discourses and programmes. Similar understandings regarding masculinity and femininity and the attendant gender constructs experience these limitations, where femininity is tied to femaleness, and masculinity to that of maleness.

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<sup>4</sup> Family Health International, 2002. *A review of knowledge about the sexual networks and behaviours of men who have sex with men in Asia* by Gary Dowsett, Jeffrey Grierson and Stephen McNally, Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne, Australia. Unpublished. This study covered the countries of Bangladesh, India, Indonesia and Thailand.

<sup>5</sup> Personal anecdote: projects providing sexual health services for “MSM”, or conducting research in certain Asian countries spoke of “these MSMs”.

<sup>6</sup> Personal observation: when conducting a review of an MSM intervention project in one of the South-East countries for an international agency, I discovered that the education resources discussing the risks of unprotected anal sex focused only on self-identified MSM, but many of their sexual partners came from the general male population, and their HIV/AIDS education only focused on vaginal sex

<sup>7</sup> Based on the principle of reductionism – the breaking down of a phenomenon into what is believed to be its constituent parts, and the study of each of its parts separately.

<sup>8</sup> The word homosexuality was invented in the 1860s to describe the phenomena of what was being termed “inversion” – men who desired other men “as women do”. The invert was defined as a homosexual, who was biologically constructed. The word heterosexual apparently was invented in the 1890s to describe a person who suffered a mental illness and who “unnaturally lusts after women”. Both of these terms came into common usage in the 1920s, where the category heterosexual became normative. See Jonathan Ned Katz, 1996, *The invention of heterosexuality*, Plume Books.

Further usage of western terminology such as homosexuality, heterosexuality, bisexuality, gay, transgender, and so on, without problematising their usage in the context of differing cultures and societies, as much research does, creates further barriers to understanding and knowledge.

Unfortunately (or perhaps fortunately) human sexual behaviours and practices do not fit into these tidy categories of separation and exclusive distinction. Its complexity, diversity, and the nature of desire and practice just do not “fit”. Human sexual behaviours and practices are ‘untidy’, perverse, and often polymorphous, as much anthropological studies have shown.

It is clear then, that using the term MSM either as an identity, or even perhaps as a descriptive category, by its nature, often invisibilises the enormous diversity and complexity of male-to-male sex, whatever the country.

We therefore need to stop thinking of MSM as a discrete group and begin to explore the issue of male-to-male sex and practice as a broad socio-cultural-behavioural framework within which are many differing dynamics, contexts, meanings and significances along with varying degrees of risks of infection and transmission. For example, where anal receptivity is the primary sexual activity of certain populations of males who have sex with males, versus those who primarily penetrate, the frequency of partners will vary according to the gender role that is performed, or where female partners are also being accessed as regularly (or irregularly) as male partners.

#### 4. Who are MSM?

Male-to-male sex then includes those males who do, or do not, identify with same-sex sexual desire, perhaps through gendered sex roles, as well as those who do not. It involves biologically adult males, as well as adolescent males. If we only address HIV/AIDS risks for MSM based on identity/sexual orientation, then what happens to those males whose sexual behaviours with other males are outside the purview of such frameworks because they do not see themselves possessing a sexual orientation other than a normative masculinity as men?<sup>9</sup>

Too attempt to reduce this complexity will just lead to a greater invisibility of many divergent contexts of male to male sexual behaviours, expressed in an often bewildering variety and range of personal identities, behaviours, gender identifications and practices, which defy such a simple categorisation.

Contemporary research on sexualities and genders have clearly shown that the bipolar categories, such as ‘man’ or ‘woman’ or ‘heterosexual’ or ‘homosexual’, are not useful to describe the range of identities, desires and practices<sup>10</sup>. The terms “gay” or “homosexual” are too contextualised by a specific history, geography, language, and culture to have any significant usefulness in a different culture from their source. In this we should be talking about sexualities, genders, and at the least, homosexualities and heterosexualities, and about behavioural constructions. Where UNAIDS and others speak of behaviourally homosexual, we can also talk about behaviourally heterosexual.

Whereas some of the male-to-male sexual acts could perhaps be called ‘homosexual’ (within the context of a local sexuality based upon a feminised gender identification - self-labelled as *katoeys*) in that a sexual sense of self is operating within a framework of gendered sex roles and desires, a significant

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<sup>9</sup> See: The risks of categorisation, Shivananda Khan, Pukaar, Issue 21 April 1998; Varieties of homosexuality in Bangladesh, paper presented by Dr. Carol Jenkins at the 12<sup>th</sup> World AIDS Conference, Geneva, June 28-July 3, 1998, Pukaar, Issue 24, January 1999; Men and HIV: socio-cultural constructions of male sexual behaviours in South Asia, Shivananda Khan, Pukaar, Issue 28, January 2000; Males who have sex with males in South Asia – a *kothi* framework, Pukaar, Issue 31, October 2000. Pukaar is the quarterly journal of Naz Foundation International and available on its website [www.nfi.net](http://www.nfi.net)

<sup>10</sup> Personal discussion with Dr. Carol Jenkins, Care Bangladesh, 1999

majority of the male sexual partners of these *katoeys* could be seen within a context of semen discharge rather than desire for another male. It should also be recognised that within a gendered construct of male-to-male sex and desire, there are *men* who would form emotional and sexual relationships with *katoeys*. These men would not see themselves (nor are they perceived as such) as homosexuals, but rather as “real men”, defined by their supposedly exclusive penetrating role that they take in the sexual encounter with a *kathoey*. In fact it is unlikely they would even perceive themselves as “men who have sex with men”. Neither for that matter, would *katoeys*. Thus in FHI/Foreman’s paper for FHI he speaks of “unknown men” or “hidden men”, and “acknowledge men” or “identified men”.<sup>11</sup>

## 5. Estimation of the numbers of MSM

As discussed above, MSM as a category is highly complex, diverse, and for many significantly gendered, which makes it extremely difficult to make any effective size estimation.

At the same time, the issue of who is being defined as MSM is extremely pertinent. Do two males who only mutually masturbate each other defined as MSM? Does a single male-to-male sexual encounter define the participants as MSM? Indeed, how frequently does a male have to have sex with another male to be defined as MSM? Should risk to HIV infection be taken into account?

Behavioural surveillance and size estimation studies are often problematic, inadequate and badly designed. Many procedural and ethical issues are problematic where inappropriate questioning is the norm, poor formatting of studies, lack of confidentiality, stigmatisation by researchers, or even no mention of same-sex relations. This poverty in information and knowledge is further enhanced through a lack of understanding of the dynamics and frameworks of same-sex behaviours.

This leads to a lack of sensitivity to the realities of male-to-male sex and thus inadequate programming, which can often further socially exclude many MSM from service provision, treatment and care, as well as significantly underestimate the number of at-risk MSM in any given population along with a lack of resources to support HIV intervention programmes.

The qualitative and quantifying studies regarding MSM in any given population depends very much on the sensitivity of the methodology used, who conducts such studies, how they are conducted, and which groups of males are being accessed. Too often, such studies access visible MSM and build their size estimations on that. Perhaps the pertinent question here is, not who is MSM, but rather how many males are involved in a range of unprotected sexual practices, anal, vaginal, or both. How to provide HIV/AIDS prevention services that address these behaviours would then involve identities, sexual networking and vulnerability.

Thus all we are left with is the category of males (or men), participating in differing sexual networks and activities. While some have gendered identities, some with gay identities, and some with other types of sexual identities, thus expressing some self-identity that can be accessed and around which community-based responses may be possible, for many men, their male-to-male sexual behaviours does not revolve around such a gender/sexual identity, or desire for another male, but around the act of a particular type of sex, a behaviour choice.

Perhaps what we may need to do is to begin to think in terms of risky practices and ask the questions who, where, when, why (and perhaps why not?).

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<sup>11</sup> Family Health International, 2004. *Unknown Men – missing information about men who have sex with men in Bangladesh, Cambodia, Indonesia and Thailand*. Unpublished.

## 6. Sexualities, masculinities and gender

MSM is usually an acronym for the phrase “men who have sex with men”, but the category men, in the context of male-to-male sexual behaviours, is also problematic. How is the word ‘men’ being defined? Who is doing the defining? In both Lao PDR and Thailand there are categories of male which are defined as feminine. Such males perceive themselves as ‘woman-like’, ‘a woman in a man’s body’, and so on, and they usually will perform a female gender role, both in dress, mannerisms, and many times sexually. They may cross-dress intermittently, regularly, or even all the time. And with the growth in gender reassignment surgery, particularly in Thailand, they may well be considered ‘transgender’. But the term “transgender” can only have meaning in a binary gender system. This means that too often the English term “transgender” is used with exploring local contexts, meanings and significances around gender variance and performance.

It is also not unknown for such males to take on the penetrating role with another male. At the same time, there are also masculine men, who perform as men, but who at times are sexually penetrated. Thus behaviour and identity may not always be congruent.

What does appear to exist are a range of masculinities and gender variance, with differing contextualisation of sexual behaviours, sex partner choices, perceived sexual needs, pleasures and desires, where male-to-male sex is seen primarily within a gendered dynamic, rather than in terms of sexual orientation or identity. This means that for many who could be categorised as MSM would not define themselves as such because they would see themselves as normative penetrating males, or as males who are not men.

Thus when we discuss gender, we should ensure that males, men, masculinities are part of this discourse. Feminised males, particularly self-identified *kathoeyes*, are as vulnerable to sexual exploitation, violence, harassment and rape as women, and usually for the same reasons. Their vulnerability may well be higher, because of the double stigma of crossing gender boundaries, and being anally penetrated.

## 7. Female sexual health

Apart from the issue of the distinction between MSM as an imposed identity category and MSM as a behavioural category, the issue of female sexual health concerns arising from male-to-male sexual behaviours appears to be rarely considered. If male-to-male sex is seen as behaviour, and within cultures that reinforce concepts of masculinity and have strong cultural and social values around marriage, reproduction, and lineage, then sex with female partners is most probable. This is also heightened in cultures that strongly support marriage as socially compulsory and family duty.

## 8. Discrete categories

Another concern that must be taken into account is that by categorising “groups at risk” or even “populations at risk” as discrete and exclusive groups, such as MSM, IDUs, migrant populations, and occupational groups, means that cross-over behaviours are often ignored. Thus there are MSM who are sex workers, who inject drugs, who migrate, who also are a part of occupational groups, and so on. And similarly there are male IDUs who have sex with males, who sell sex, who migrate, and who also belong to occupational groups.

These concerns also make modelling the contribution that male-to-male sexual behaviours might make on the HIV epidemics in these countries, apart from increasing the difficulties in understanding MSM

sexual cultures. Further, as a consequence, size estimations of “the MSM population” become extremely problematic.

## 9. Groups, networks, and individuals

And of course there are significant levels of males who are not a part of any sexual network or group as such, who access male partners in neighbourhoods, schools, colleges, prisons, work settings, and in the uniformed services, regularly or irregularly basis, perhaps ad-hoc, and with a discharge focus, where perceive sexual need, immediacy and accessibility are the significant factors. Such partnering may well be casual, opportunistic, and irregular, but they can still carry risk for the broader population as much as to the individual. At the same time, male sex work may also be casual, opportunistic and irregular. These sexual transactions may not require a cash exchange, but the sexual servicing may revolve around gifts, employment opportunities, status, and hierarchy. On the other hand it cannot be forgotten that such “invisible” males may also have sexual encounters with other males, based on desire, love, and affection as well.

The FHI/Dowsett study talks of “denser networks of MSM”, that usually occur in urban areas where self-identified MSM cluster around specific sites or venues, and are more readily accessible for research, studies, and HIV interventions. This creates a sense of knowledge that can invisibilises other constructs, dynamics and frameworks, and create a perception that this singular intervention “covers it all”. Of course this is not true, and intervention agencies and organisations need to clearly understand that no one HIV intervention will cover the whole category of male-to-male sexual behaviours. Along with this, there needs to be recognition that geography, time, climate, life stages, migration, the economy, employment, class, age, educational status and so on, all have an impact upon patterns of male-to-male sex, who is involved, when, where, at what time, frequency, partner rates, and actual sexual practice. And along with these variations, are the meanings and significances that individuals places on these acts and behaviours.

## 10. MSM, Vulnerability, Stigma and social exclusion<sup>12</sup>

While little knowledge appears to exist regarding social exclusion, stigma, discrimination and sexual violence against MSM, particularly feminised MSM, such as *katoey*, in Lao PDR and Thailand, experience in the South Asian countries possibly indicate that these could also occur in these countries. Social constructions of masculinity appear to show similarities where the masculine male is seen as hierarchically superior to both women and the feminised male. Sexual violence occurs in both these countries, so one can fairly make an assumption that gender variance, feminisations and anal penetration are significantly stigmatised, and that perhaps sexual violence against such males also occurs

It needs to be recognised that the male being anally penetrated by another male is often highly stigmatised, both by the penetrator, as well as by general society, and those who are perceived to be recipients of penetration are often treated with contempt and abuse. This occurs because of the perceived feminisation that sexual penetration is believed to produce, along with feminised performance. Such stigmatisation around feminisation produces a range of human rights abuses, blackmail, violence, and male-on-male rape by local men and police.<sup>13</sup>

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<sup>12</sup> See also NFI Briefing Paper No. 7: Social Justice, human rights and MSM, available on the NFI website ([www.nfi.net](http://www.nfi.net))

<sup>13</sup> I am not aware of any studies conducted in Lao PDR or Thailand that explore the issue of male-on-male sexual violence, nor that around *kathoey*s and sexual violence. My comments here reflect what occurs in South Asia. However, it is clearly important to understand these issues as they have a great deal of impact on accessibility to services.

Not only does poverty, class and education levels stigmatise individuals along with the fact of HIV infection, but also the specific gendered role and identity that some MSM identify with. Thus they are doubly stigmatised because as biological males they are sexually penetrated – and thus not perceived as men. Their feminisation, their crossing of the gender roles and barriers accepted as social norms, reinforces the stigmatisation, leading to exclusion and denial of access to services and to the social compact. This often results in such males who are living with HIV/AIDS to be stigmatised by others who are also living with HIV/AIDS but whose routes of infection are deemed “normal”.

On the other hand, many masculine partners of *katoeys* can easily merge into the general normative male society, their sense of masculinity maintained because they are the penetrators, not of other men, but of “not-men”.

In South Asia, power inequality dynamics arising from constructions of masculinity, social attitudes towards feminised males and their sexual practices, sexual abuse, assault and rape, stigmatisation and poverty, discrimination and disempowerment, all configure the lives of many feminised MSM . As a consequence they play a significant role in the emotional, sexual, physical and economic exploitation of feminised males, and give rise to a range of physical, psychological, and emotional problems, which further increase vulnerability and disempowerment. This disempowerment creates significant levels of suicidal impulses and self-damage, an expression of self-hatred and despair. And this of course leads to significant increases to risks of STI/HIV as well as impeding successful implementation of risk reduction strategies. Do we know any different for *katoey*-identified males and other feminised males in Lao PDR and Thailand?

Many feminised MSM in South Asian countries not only face harassment, sexual violence and rape from law enforcement agents, but also from those whom they have called friends in schools and colleges, from those in positions of trust such as relatives, neighbourhood elders, elder friends, and teachers. Gang rape is not uncommon. And of course such forced sex is always unsafe and often results in serious physical injury such as a ruptured rectum, internal haemorrhage and so on. Can this also be true in the two countries covered by this study?

One of the central issues that have arisen from NFI research and understanding in South Asia is that often it is effeminacy and not the factual knowledge of male-to-male sexual behaviour that leads to harassment and violence. Thus harassment and sexual violence results from the fact that many such males do not live up to the expected normative standards of masculine behaviour. It is this belief that leads to the notion that those who are feminised can be exploited and abused and that being feminised somehow weakens the person, a notion often harboured by such males themselves. Can we say that it is different in Lao PDR and Thailand?

Accepted notions around effeminacy are therefore one of the major factors that lead to disempowerment and opens feminised MSM to abuse and assault and to a refusal of service provision. The fact that many such males themselves have internalised these notions so strongly, means that specific tools will need to be developed for these males in order to empower them to start valuing their lives and enhancing their self respect so as to reduce their risks for HIV infection.

Little official documentation of abuse of MSM has been undertaken, but more documentation is now occurring, and indicated in the 2003 Human Rights Watch report on HIV/AIDS related abuses in Bangladesh<sup>14</sup>, and the NFI report *Against the Odds*.<sup>15</sup>

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<sup>14</sup> *Ravaging the vulnerable: Abuses against persons at high risk of HIV infection in Bangladesh*, Human Rights Watch website (<http://www.hrw.org/reports/2003/bangladesh0803/>). Accessed 26/5/2004

<sup>15</sup> *Against the Odds* – report of the impact of legal, socio-cultural, legislative and socio-economic impediments to effective HIV/AIDS interventions with MSM, 2000, [www.nfi.net](http://www.nfi.net)

## Conclusion

Clearly there is a lack of knowledge and data on male-to-male sex, its diversity and complexity, and the range of socio-cultural contexts in which this behaviour takes place. What the review further identifies is that conceptual frameworks to understand male-to-male sex, risky sexual practices, along with HIV/AIDS risk need to themselves be reviewed and challenged, and that the category MSM does not fully capture this diversity and complexity, while carrying a risk of generating a limited and narrow response to the urgent concerns that unprotected anal sex between males (what about unprotected anal sex between males and females?) in terms of HIV/AIDS epidemics in the countries in this study.

As the FHI/Dowsett review states, current knowledge is “patchy in terms of quality, dominated by forced-choice survey method often with incompatible categories and items, and with poor sampling frames at times.”

While these studies may be indicative and suggestive, that is all they are, and cannot be used to clearly articulate programmatic interventions that will “solve the problem of at-risk males who have sex with males” for the countries’ National AIDS Programmes.

## Increasing knowledge

More appropriate research needs to be done that explores male-to-male sexual practices and their relation to the risks of HIV infection and transmission. In particular, I agree with the four key areas that have been identified in the FHI/Dowsett review which were:

1. The use of the concept and terminology of MSM;
2. Attention to the interplay, dynamism and fluidity of cultural definitions, of same-sex sexual practice;
3. Attention to the dynamic networks of same-sex sexual practice, particularly where these can be seen as integral to broader social networks; and
4. The roles of gender and sexual economies s organising constructs for much of what is currently characterised as same-sex orientation.

I would also like to add three more, recognising that not all male-to-male sex involves risky sexual practices, that risk may vary according to wide variety of factors, as well as issues of gendered violence and its impact on vulnerability and risk and these are,:

5. What meaning and significance is given to a range of sexual practices;
6. What impact do these practices have on HIV risk both within the category of MSM, as well as the general population, including females; and
7. What impact does gender constructions, along with legal, socio-cultural and socio-economic impediments to effective HIV/AIDS interventions?

To develop an effective response to HIV among males who have sex with males then, male sexual practices needs to be explored within a socio-cultural context, where meaning, significance and naming given to various sexual practices can be understood. This also means understanding social constructions of masculinities as much as gender. Along with “traditional” patterns of male-to-male sex following gendered patterns of masculinity and femininity, there are others that reflect pleasure, desire for specific acts, curiosity, accessibility of partners, desirable youths, along with emerging patterns resulting from modernisation, urbanisation, and the internet and the growing opportunities that urban areas give to access male-to-male sex.

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# Laos

Total Population (end 2001): 5,403,160  
 US Census Bureau

Country HIV and AIDS estimates, end 2003

Adult (15-49) HIV prevalence rate	0.1% (range: <0.2%)
Adults (15-49) living with HIV	1700 (range: 550-3300)
Adults and children (0-49) living with HIV	1700 (range: 600-3600)
Women (15-49) living with HIV	<1000
AIDS deaths (adults and children) in 2003	<200 (range: <400)



Male-to-male sex is illegal in Lao PDR as “being against traditional values.”

According to UNAIDS, Lao PDR is faced by many risk factors that could lead to increased HIV transmission in the near future if appropriate prevention measures are not taken.

## Country Situation Analysis

In Lao PDR, HIV prevalence remains low. There were 170 new HIV infections reported in 2003. The cumulative number of reported HIV cases at the end of 2003, was 1212 (male 63%, female 37%), of which 670 had progressed to AIDS. A total of 486 AIDS-related deaths have been recorded.

The low numbers notwithstanding, it has been recognized that there is no room for complacency in the response to AIDS. A study of 108 female sex workers showed infection rates of 43% for chlamydia, 26% for gonorrhoea, and 15% for mixed infection - representing a total infection rate of 54%, which is higher than reported anywhere else in Southeast Asia. Of the 108 sex workers, only 22% reported consistent condom use.

Rapid socioeconomic changes, including infrastructure development and tourism, have led some people to engage in behaviour that puts them at higher risk of HIV infection. There is concern about the spread of HIV among vulnerable populations, such as bar workers, migrant workers, truck drivers and other mobile populations, including government officials and business people.

Source:

UNAIDS 2004 Report on the global AIDS epidemic.

A Policy Project report on the Mekong Region and HIV/AIDS<sup>16</sup> states that Lao PDR is sparsely populated and mountainous country, and has yet to experience the dramatic HIV/AIDS outbreaks that are occurring in some other parts of the Mekong Region. It goes on to say that the country's first cases of HIV infection were detected in mobile populations and sex workers in the early 1990s, and that "despite low prevalence, proximity to drug trafficking routes, increasing integration with the region, and high STI levels in some populations could facilitate the further spread of the virus" in the country. The report goes on to show that HIV/AIDS increase may well stay about 1% in the next 5 years (p22).

This report does mention a range of contributing factors to increase risk and vulnerability. These include poverty, other sexually transmitted infections, the sex industry (which includes men, women and 'transgender' populations), stigma and discrimination, and what was termed 'alternative sexualities', including transgenders and males who have sex with both males and females (p11-14). But beyond this, there was very little else.

There appears to be very little specific documentation on MSM and HIV/AIDS from Lao PDR, indicating perhaps that this has not been considered a priority issue in terms of HIV/AIDS.

Recently PSI/Lao PDR had conducted both a qualitative analysis of the sexual behaviour and HIV/AIDS risk among what was defined as "transgender men" and their partners (October 2004),<sup>17</sup> and a baseline survey on knowledge, attitudes and practices related to HIV/AIDS and STIs among transgender and their partners (November 2004).<sup>18</sup> Apart from these specific studies on this particular sub-population of MSM (known as *kathoey*) and their sexual partners, there has been another study conducted among *kathoey*,<sup>19</sup> and a study on male sexuality by Burnett Institute with a cohort of 600 young men which found that 16% of these men had sexual contact with another male.<sup>20</sup> There appears to be no other sources on anthropological, behavioural, or epidemiological data on the behavioural category of male-to-male sex, while documents still speak of heterosexual or homosexual transmission in the country. Websites dedicated to the gay tourist do mention Lao PDR, and its "gay" spots.

While social research studies conducted in Lao PDR appear to indicate tolerant attitudes to multiple partners,<sup>21</sup> a survey of knowledge, attitudes, and behaviours indicated that only 11 percent of males reported 10 or more total lifetime sexual partners. (Chin, 2003)<sup>22</sup>

Chin's paper gave the explanation as to why the "intensity and prevalence of commercial sex in Lao PDR" was low. This was, he believed related to pre-socialist Indo-Chinese values and community adherence to conservative state regulations, while pointing out that commercial sex is beginning to re-emerge in most urban areas, but is "almost all indirect and very expensive relative to per capita income" and that "prostitution (both direct and indirect) is subject to more severe punishment in Lao PDR than is observed in neighbouring countries."

However, a search through a couple of international gay sites on the internet promoting "gay tourism" have indicated that there is an emerging "gay" scene, apparently tolerated by the government to some extent, as long as behaviour is subdued and "decent". Homosexual behaviour is illegal in Lao PDR,

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<sup>16</sup> Policy Project, 2003. *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand and Vietnam*.

<sup>17</sup> PSI/Lao PDR, 2004. *Sexual behaviour and HIV/AIDS risk among transgender men and their partners in the Lao PDR – a qualitative analysis*.

<sup>18</sup> PSI/Lao PDR, 2004. *Knowledge, attitudes and practices related to HIV/AIDS and STIs among transgender and their partners in the Lao PDR – results of baseline survey*.

<sup>19</sup> Doussantousse, S., *Male Sexual Health, Kathoey in the Lao PDR, South East Asia – exploring a gender minority*, 2004, 2005, a preliminary paper

<sup>20</sup> Message forwarded to the author 8/2/05. As of writing this draft, unable to access this report.

<sup>21</sup> *HIV/AIDS scenario for Asian-Pacific Countries*, James Chin, May 24, 2003. In regard to *kathoey*, Doussantousse also reports (2003, 2005) that they "seem to coexist harmoniously within mainstream society."

<sup>22</sup> Chin, 2003

being considered an offence against traditional customs, and while there were reports of internment of “gays” in re-education camps in the 1980s, apparently this is less so now. So-called “gay tourism” probably is the driver of the use of the word “gay” by some local MSM as a form of identity, but the specific meaning and significance in the use of the word by local Laotians has not been explored. Nor for that matter the use of “transgender” to describe local *katoeys*.

In one such site<sup>23</sup> it describes the situation in Lao PDR as:

*A traditional south-east Asian culture which recognises three genders, man, woman, and a bit of both (transvestite/transsexual). This was considered natural and pre-determined from birth. The appearance of masculine gay men not dressing as transvestites was not as much socially accepted, though. In Laos you will not find open gays like in neighbouring Thailand. This is probably the result of the influences of western (French/European) culture in Laos during the colony era, whereas Thailand stayed independent.*

I have reprinted this text to illustrate perhaps inappropriate use of terminology (imposition of western terminology on local cultural and sexual practices), along with inadequate sociological explanations (influences of western culture) for the lack of “open gays”. The problem is that often in literature regarding male-to-male sex in many countries, Lao PDR being no different, the Euro-American terms of gay, homosexual, heterosexual, bisexual, transvestite, transgender, and transsexual are all used without a clear analysis of the local cultural systems of naming, context and meaning.

The PSI/Lao PDR (2004) qualitative study of sexual behaviour and HIV/AIDS risk among transgender men and their partners in Lao PDR, (notice the title: “transgender men”), states that “no reported cases through homosexual transmission” has been documented among the “over 1,100 people reported to have HIV/AIDS”. It goes on to say that “the incidence of HIV among this *group* [MSM] (emphasis mine – do the partners of *katoeys* form a group?) is thought to be increasing in the region” adding that “many MSM have [unprotected] penetrative anal sex”.

This particular qualitative study, using key informants and in-depth interviews, was conducted in Vientiane, Savannakhet, and Laung Prabang, and explored sexual practices, meeting places, HIV/AIDS knowledge and attitudes, along with risk behaviours amongst *katoey* and their sex partners. It was anticipated that knowledge gained would be used to design interventions to reach this population. In-depth interviews were conducted with 36 respondents. Of these 15 were *katoeys* (3 who cross dress, and 12 who “dress as men”), 20 who had sex with *katoeys*, of which one self-identified as gay.

In conducting the study a number of entertainment sites where *katoeys* and young men can meet, as well as a number of other public and private locations where sex can take place, were identified, along with the statement that “youth are attracted to sexual relations with *katoey* because of payment received” (What about sexual desire and preference? Is cash incentive the only reason?), while it speaks of male-to-male sex as an alternative to sex with girlfriends and casual female partners. Multiple partners for both *katoeys* and their sexual partners were seen as common, with *katoey* partners also having sex with females.

The report also states that “condoms are almost never used” with *katoeys* and with girlfriends by the partners along with low risk perception, and therefore “there is an urgent need for outreach to educate *katoeys*” along with students and other young men to increase their knowledge of HIV/AIDS.

The PSI qualitative analysis report on “transgender” men reports on five “principle” MSM sub-populations. These are:

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<sup>23</sup> [www.geocities.com/WestHollywood/2144/1-laos.html](http://www.geocities.com/WestHollywood/2144/1-laos.html), accessed 01/02/05

Sub-group	Identify as	Appearance	Partners
<i>Katoey</i>	Female	Female	Men
<i>Katoey</i>	Female	Male	Men
Male	Male	Male	Men/women
Gay/bisexual	Male (gay)	Male, some effeminate	Men/women
Partners of <i>katoeys</i>	Male (heterosexual)	Male	<i>Katoeys</i> /women

While the qualitative analysis report states that “the typology of males who can be described as MSM in the region is varied and complex, covering a range of attitudes, behaviour and practices,” the attempt to tabulate this complexity, I believe, does not do this statement justice. The risk is that such a reductionist approach can be taken as a comprehensive description.

NFI experience from South Asia warns against this, and perhaps a more intense anthropological and random sampling approach is necessary to determine the range of male-to-male sexual behaviours, encounters, frameworks, identities and risk. The study does qualify itself to state that its focus was on the *katoey* and their partners. In another section<sup>24</sup>, the report goes onto qualify its results stating that the “findings cannot be generalised to the larger population of MSM in the Lao PDR.”

However, the report states that one of its research objectives would be “developing a network of MSM for future activities and direct sales [of condoms].” (p2) Further problematising is the language of this report and the lack of clarity in regard to the conflation of *katoey*-identified males, partners of *katoeys*, and the term MSM. This conflation can make developing appropriate HIV/AIDS responses problematic.

The PSI baseline survey on knowledge, attitudes and practices<sup>25</sup> does state that *katoey*-identified males had high levels of sexual activity primarily as receptive partners in anal sex, that sexual partners of *katoeys* also have sex with women, that there were significant levels of male-to-male sex work, along with low condom usage, low water-based lubricant usage, and high levels of reported STI symptoms. Along with this was reported sexual access to foreigners (or vice versa). All these factors were identified as that which could lead to risky situations for HIV infection along with other sexually transmitted infections.

The study was conducted in Vientiane, Luang Prabang and Savannakhet (identified as cities as having larger *katoey communities (emphasis mine)*). Using a questionnaire technique, 281 *katoey* (aged 15-35 years) and 401 partners (aged 15-25 years) were access at “cruising spots”.

Key findings from the study were:

- High levels of sexual activity with 76% of *katoeys* and 43% of partners reporting anal sex activity in the preceding six months, while 55% of partners stated that they had one or more girlfriends, and 43% reporting sex with female sex workers in the same period.
- 59% of *katoey* and 52% of partners reported condom usage the last time they had anal sex with a casual partner.
- 31% of partners believe that unprotected anal sex does not present a risk for HIV infection.
- 85% of partners and 50% of *katoeys* wish to keep their male-to-male sexual activities secret.

<sup>24</sup> 2.5 Fieldwork limitations (p5) of the PSI qualitative study

<sup>25</sup> see note 18

- 83% of partners and 70% of *katoey* reported receiving money, gifts, meals or financial support, while 10% of partners reported paying *katoey* for sex and over half of *katoey* respondents said they had paid their partners for sex.

In Doussantousse's 2003<sup>26</sup> qualitative study of a small sample size of 12 *kathoeyes*, he reported that there apparently was little abuse and violence against *kathoeyes* by family members or from others, and that when in school, were very popular with other students, despite their feminised behaviours. Mostly they went into professions which were predominantly chosen by women, while some went into sex work, servicing both local and foreign clients, mainly as additional income. Further, many *kathoeyes* paid for sex from locals, while getting paid by foreigners. It was also noted that on occasions, *kathoeyes*, while they are usually penetrated, would also anally penetrate when asked to. Thus identity and performance do not always pre-determine sexual practice. Doussantousse does point out that much more research needs to be done.

## Conclusion

It is clear that there is an enormous knowledge gap with regard to male-to-male behaviours, practices, contexts and meaning, both within sub-populations with sexual/gender identities, as well as among the general population. What information that does exist refers only to one such 'sub-population', but there is a tendency within these reports to see the masculine partners of *kathoeyes* as a sub-population too, when perhaps they should be seen as a part of the general male population. Other dynamics of male-to-male sex within Lao PDR have not been explored.

The PSI/Lao PDR reports, along with Doussantousse, do give a preliminary glimpse into some aspects of male-to-male sexual behaviours, vulnerability and risk with a relatively clearly defined category, and have identified the need for much more in-depth anthropological, sociological, behavioural and epidemiological studies. Unless these studies are done, it is unlikely that any HIV interventions will be sustainable or comprehensive to address all male-to-male risky sexual practices and vulnerabilities.

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<sup>26</sup> Doussantousse, S., *Male Sexual Health: Kathoeyes in the Lao PDR, South East Asia- Exploring a gender minority*. Preliminary paper, 2004, 2005

# Thailand

Total Population (end 2001): 63,584,000

US Census Bureau

## Country HIV and AIDS estimates, end 2003

Adult (15-49) HIV prevalence rate	<1.5% (range: 0.8%-2.8%)
Adults (15-49) living with HIV	560 000 (range: 310 000-1 000 000)
Adults and children (0-49) living with HIV	570 000 (range: 310 000-1 000 000)
Women (15-49) living with HIV	200 000 (range: 110 000-370 000)
AIDS deaths (adults and children) in 2003	58 000 (range: 34 000-97 000)



There are no laws in Thailand against male-to-male sex.

## Country Situation Analysis

Thailand is one of the very few countries that have managed to reverse the spread of the HIV epidemic. The challenge now is to ensure that this success does not lead to complacency and inaction. The prevalence of the disease is still relatively high, affecting many lives, and Thailand is still vulnerable to a resurgence of a generalized epidemic.

If Thailand falters in its effort to control the disease, the impact would be far-reaching, dealing a major blow to the global response to HIV/AIDS, to UNAIDS, and to the many countries of the world struggling to follow Thailand's example, bringing into question the effectiveness of the prevention-based paradigm.

Thailand's achievement in turning around the spread of infection was enabled by an early multisector response involving several key ministries, municipalities, NGOs, media, communities, private sector, and the police, focused largely on risk reduction in commercial sex.

Strong political commitment in the early 1990s and the formation of the National AIDS Prevention and Control Committee (NAPCC) under the Office of the Prime Minister, and the Prime Minister's own chairing of NAPCC, ensured the participation of all ministries and the support of the National Economic and Social Development Board.

Overall, three factors contributed to reducing sexual transmission of the HIV virus in Thailand: reducing brothel visits, condom compliance, and improved sexually transmitted infection control through the introduction of powerful antibiotics, thereby reducing risk of HIV infection.

Source: 2004 Report on the global AIDS epidemic.

## Note

In the short time available for this rapid literature, it was not possible to personally review all the literature on MSM and HIV in Thailand. This has already been admirably done by a FHI study conducted by Dowsett et al (2003),<sup>27</sup> along with the FHI study by Forman (2004).<sup>28</sup> Both of these documents have extensive references, where the former has a well documented annotated bibliography of studies, reports, and other documentation, in tabulated form, and where each publication is identified, sourced and evaluated. Forman's report also has used this document as a key reference. Some of these references have also been reviewed in this report. A list of the bibliography from both reports is given in the reference section for the Thailand portion of this report. Further I have also developed a second separate document which provides abstracts and reviews to a number of such documents and books on MSM and HIV/AIDS in Thailand.

I have used the FHI/Dowsett and FHI/Forman documents extensively in drafting this section, acknowledging their immense contribution in comprehensively reviewing what is currently known about MSM and HIV in Thailand. Between them they have brought together all of the relevant literature. To a large extent this review of literature on Thailand, MSM and HIV is "walking where they have already tread".

A search through the NFI resource library in Lucknow, India where there is a collection of books, articles, and abstracts (many of which are already included in the Dowsett and the Forman documents) focusing on Thailand was also conducted. Where I have reviewed any of these documents they are also included in the references quoted at the end of this section.

In the text regarding Thailand, I have used the way kathoey is spelt as it occurs in the FHI/Dowsett and FHI/Foreman reports.

## Background

HIV was first detected in Thailand in 1984 in a person who was MSM, but in these early years, IDUs and female sex workers and their clients appeared to be the primary groups affected by the virus. "By 1989, the virus has spread, primarily through heterosexual contact, from groups that practice high risk behaviours to the general population, where Thailand's HIV infections and AIDS cases are concentrated more in the northern part of the country but have been found in all 76 provinces."<sup>29</sup>

Strong government commitment and its adoption of a "100 percent condom use policy" at national level, and increased investment in AIDS programming, has led to dramatic fall on the number of new annual infections from 143,000 in 1991 to 29,000 in 2001 continuing to fall to 19,000 in 2003.<sup>30</sup>

AIDS is Thailand's leading cause of death, with 53,000 dying in 2003 from AIDS-related causes, where 90% of these deaths occurring in the 20-24 age group, while the estimated adult HIV prevalence rate is 1.5%.<sup>31</sup>

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<sup>27</sup> Family Health International, 2003. *A review of knowledge about the sexual networks and behaviours of men who have sex with men in Asia* by Gary Dowsett, Jeffrey Grierson and Stephen McNally, Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne, Australia. Unpublished. This study covered the countries of Bangladesh, India, Indonesia and Thailand. Unpublished

<sup>28</sup> Family Health International, 2004. *Unknown Men – missing information about men who have sex with men in Bangladesh, Cambodia, Indonesia and Thailand*. Unpublished.

<sup>29</sup> Policy Project, 2003. *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand and Vietnam*.

<sup>30</sup> UNDP, 2004. *Thailand's Response to HIV/AIDS: Progress and Challenges*

<sup>31</sup> FHI/Dowsett et al, 2003, p64

FHI/Dowsett reports that two independent epidemics, one among injecting drug users and the other among female sex workers, were indicated by sero-prevalence data since 1985, and that there has been a change in the composition of new infections in recent years. The incidence of HIV among female sex workers has fallen, illustrated by an HIV prevalence rate of 24 to 30% rate in the Central and Northern regions in 1993-1994 to 13% in 1999. Further the incidence among military conscripts has also fallen from its peak of 4% in 1993 to 1% in 1999.

However, this has not been the case with IDUs, which perhaps illustrates the failure of government campaigns. In Bangkok a 1% HIV-positive rate in 1987 increased to 30% in 1998, and since then has remained between 20% - 50%, both inside and outside Bangkok.

## Male-to-male sex in Thailand

Male-to-male sex has long been known in Thailand in its most visible form – that is between men and feminised males known as *kathoey* – within a framework of three genders: men, women, and *kathoey*. Historically, *kathoey* was a gender category used for both biological males and females who were seen as a gender apart, both in dress and gender performance. However, in recent times, it has been used almost exclusively in regard to feminised males, where usually its use can denote a “feminised homosexual”, a transvestite, transsexual, or a hermaphrodite.<sup>32</sup>

Thus in many cases and situations, the *kathoey* framework may be similar to that of *kothis* in South Asia,<sup>33</sup> *katoey* in Laos, the *waria* in Indonesia, and *bakla* in the Philippines. Similar perhaps, but maybe not the same.

Since *kathoey* has a distinct and separate gender category, this creates a situation where men can sexually access *kathoey* for anal/oral sex as receptive partners, without endangering their sense of masculinity.

FHI/Dowsett points out that within popular and academic discourse *kathoey* are always perceived as the receptive partners in anal sex, but that this may not reflect the reality of their sexual practice, and that much of the research on *kathoey* pre-dates the HIV epidemic and operates within a project of social control and the amelioration of social disadvantage.<sup>34</sup>

However, with the growth in Thailand's economy, the rise of its tourist industry, along with global communications and the internet, along with the male commercial sex industry, there has been the emergence of a distinct homosexual identity, and the term gay has been increasingly popularised. In the popular press, as well as academia, this rise in visible identities based on sexual orientation rather than on gender preference has been perceived as a social problem,<sup>35</sup> and has been linked to crime, corruption and sexual assault, where public officials criticise the extent to which the media appear to “normalise” homosexual behaviour.<sup>36</sup> But FHI/Foreman<sup>37</sup> states that “*kathoey* appear less subject to criticism, appearing to the public as either figures of either glamour or fun and to academics as individuals

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<sup>32</sup> Jackson, 1997, p.53

<sup>33</sup> Historically the term *kathoey* has been a part of a public discourse on gender, and such males have been present and visible in Thai culture for several centuries, where sexual relationships between men and *kathoey* were tolerated (some may even say accepted), where these relationships were often rationalised as a means for young unmarried men to gain sexual outlets where unmarried women were more socially policed (de Lind van Wijngaarden, 1995; Jackson, 1995, 1997). The term *kothis*, arising from the language of *hijras* in the same region, is never a part of public discourse and publicly known, but a term used by self-identified *kothis* between themselves. See a range of writings NFI/Khan, 1998, 1999, 2000, 2002.

<sup>34</sup> FHI/Dowsett, p68

<sup>35</sup> Jackson, 1997

<sup>36</sup> Sinnott, 2000

<sup>37</sup> FHI/Foreman, 2004, p83

deserving sympathy and respect.” Part of the criticism is the belief, that while *kathoeyes* are “born”, gays are “made”.<sup>38</sup>

As far as can be determined, there has been no research on stigma, discrimination and violence in regard to the evolving *kathoey* gender category, feminised males (particularly male youth), or the emergence of homosexual/gay identities (in their specific Thai incarnation).

## Studies on male-to-male sex

The FHI Dowsett report identifies a limited number of studies on male-to-male sex which include:

- Two studies on *kathoey* as a separate gender category, with the conclusion that “100% men (i.e. normative men, defined as “heterosexual”) to engage in sex with them without endangering their masculinity.

*Borthwick, P. 1999; Ten-Brummelhuis, H., 1999.*

The report also identifies 12 other studies that reflect a growing theoretical or conceptual body of work which largely explores Western constructs of male-to-male sex, and sexual identities and their relevance for Thai contexts, or explores the “cultures and categorisation systems of Thai male-to-male sex and socio-sexual networks” that reflect this.

*Sittitrai W et al, 1991; Morris, R.C., 1994; Jackson P., 1995, 1997 (2 papers), 1999 (2 papers), 2000; Jackson, P and Sullivan S., 1999; Murray S., 1999; Borthwick, P., 1999; Storer, G., 1999.*

- 10 studies on military conscripts:

It is believed that because military conscripts offer a captive population and is thus easy to access for both sociological and bio-epidemiological research, while appearing to be a random selection of young men in Thailand because of the lottery-based selection process where military service is compulsory, that this would make a very good sentinel population. However, FHI/Dowsett points out that deferment of military service is possible being given to men in higher education, thus limiting conscripts to a less-educated sample of the general population, thus studies would have a class bias. Another problem identified is that “stigma and loss of face associated with receptive anal sex or sex with non-*kathoey* men may lead to significant under-reporting of both these activities, particularly in a military environment” (p69) where aggressive masculinity is being stressed and valued.

*Nelsen, K., et al. 1993; Nopkesorn, T. et al, 1993; Nopkesorn, T. et al, 1993; Beyrer, C. et al, 1995; Nelson, K.E. et al, 1996; Celentano, D., et al, 1996; London, A. et al, 1997; VanLandingham, M. et al, 1993; Beyrer, C. et al, 1998; Celentano, D. and Bond, K., 2000.*

- 18 studies regarding male commercial sex work

As the FHI/Dowsett report points out (p69), given the focus of HIV prevention work and funding has been on commercial sex industry, “it is not surprising that the bulk of empirical work on MSM behaviour has been focused on sex work.” Male sex work has been identified as the primary focus of 12 of these studies, 3 included condom use and sexual practices, 1 explored sexual networks and sexual geographies, 3 on HIV incidence, 2 on identity, 2 on social support, and 1 on workplace safety. A worrying feature is also pointed out. “There were no studies with a primary focus on the clients of male sex workers.”

*Sittitrai, W. et al, 1993; Sittitrai, W. and Brown T., 1994; Sittitrai, W. et al, 1994; Kunawararak, P. et al, 1995; Beyrer, C. et al, 1996; Beyrer, C et al, 1997; McCamish, M. and Sittitrai, W., 1997; Storer, G., 1999 (2 papers); Natpratan, P. et al, 1997; Beyrer, C. et al, 1998;*

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<sup>38</sup> Jenkins, R.A. and Kim, B., 2004

McCamish, M. et al, 1998; McCamish, M, 1999; de Lind van Wijngaarden, J., 1999; Biehle, D., 1999; McCamish, M. et al, 2000; Kamolset Kamnggrerruer, 2001.

Other studies and documents include:

- Beyrer, C. et al, 2003, looks at drug use, increasing incarceration rate and prison-associated HIV risks in Thailand, where male-to-male behaviours was also a concern, in regard to cross-over behaviours – IDU and MSM.
- Griensven, van F. et al, 2004, exploring the prevalence of bisexual and homosexual orientation and related health risks among adolescents in northern Thailand, where in a cohort of 1,725 15-21 year old vocational students, 9% of males identified themselves as homo- or bisexual, who had a higher mean number of lifetime sexual partners than did heterosexual-identified males. Further 25.9% of these males were sexually coerced more often than were heterosexual males. Along with this was social isolation and depression.
- Jackson, P., 2003, looks at “performative genders” and “perverse desires” in terms of a “bio-history of Thailand’s same-sex and transgender cultures” where “gender, history and culture” intersect in the Asian context. Here he points out the “dramatic increase in the number of gender/sex identity categories and related cultures in Thailand emerging into public discourse, where the country perhaps, illustrates the “widely noted globalisation of new homosexual identities in the later decades of the twentieth century.”
- Jenkins, Richard A. and Kim, Bryan K., 2004, exploring cultural norms and risks in terms of lessons learnt in HIV, point out that many MSM in a range of studies report female sex partners and do not identify as “gay”. They go onto say that “this is an area where foreign researchers have particular obligations to recognise local cultural norms and relates social dynamics. Because local norms regarding the discussion of homosexuality have ceded a major role to foreign researchers, sensitivity to differences and commonalities across cultures has needed to be present and deepened (Jackson & Sullivan, 1999).”

“Sex between men in Thailand illustrates some of the difficulties of trying to infer sexual norms, associated social dynamics and categories of behaviour without understanding social context. Like the tendency to overestimate the “acceptability” of sex work without recognizing a variety of important social, economic, and political considerations, many inappropriate inferences have been made about the tolerance of homosexuality in Thailand and the elasticity of Thai male sexuality. On the other hand, inadequate attention has been given to the role of gender in defining sexuality and empirically demonstrable parallels to sexual; behaviour other cultures (e.g., experimentation with sexual partner of different genders) have often been neglected.”

- Matzner, A., 2002, discusses the “question of origins” of “*kathoey* and Thai culture” and to place the *kathoey* in the “cultural history of those people who live in what is today known as Thailand,” through examining creation myths of this area of the world may be significant because “they provide clues as to the role and status of the transgendered individual in southeast Asia religious tradition.”
- McCamish, M., 2002, looking at the structural relationships of support from male sex workers in Pattaya to rural parents in Thailand. The explanation that “parents in rural Thailand expect their children, once they start earning an income, to provide them with financial support,” has been used to explain HIV sero-prevalence among female sex workers, but “has not been previously studied is whether these same cultural values place similar obligations on rural sons,” and where “parents expect these sons to provide on-going financial support as well as to assist in

emergencies and with the education of younger siblings.” This qualitative study of one hundred male sex workers in Pattaya, indicated that they still acknowledge and respond to these societal norms, and that “the need to meet their filial obligation may contribute to the choice of sex work.”

- Sinnott, M., 2002, in “Gay vs *Kathoey*” which looks at the response of Thai society, to emerging gay/homosexual identities in comparison to attitudes towards kathoey in a country which has been relatively free of official legalistic discrimination and harassment that often occurred historically in western countries.
- Taywaditep, K., et al 2003, exploring homosexuality in men in Thailand, looking at “cross-gendered behaviours and identity” and “male commercial sex workers”.
- Thaisri, H., et al, 2003, which reports on a study looking at HIV infection and risk factors among Bangkok prisoners.
- Winter, S. and Udomak, N., 2002, which explores male-to-female transgenders through completed questionnaires designed to examine self-concepts and gender trait stereotypes held towards men and women;
- Winter, S., 2002, looks at “Counting *Kathoey*” who reveals that a 1996 estimate (Ehrlich) was some 10,000 *kathoey* in Thailand, but goes on to state that is almost certainly an underestimate.

### And of course a number of books:

Allyne, Eric, 1992: *The Dove Coos: Gay experiences by the men of Thailand*, Bua Laung Publications.

Allyne, Eric and Collins, Dr. John P., 1998: *Men of Thailand*, Bua Laung Publications.

Jackson, Peter A., 1989: *Male homosexuality in Thailand: an interpretation of contemporary Thai sources*, Global Academic Publications.

Jackson, Peter A., 1995: *Dear Uncle Go: Male homosexuality in Thailand*

Jackson, Peter A., 1999: *Tolerant But Unaccepting: The Myth Of A Thai “Gay Paradise”*

Jackson, Peter A. and Sullivan, Gerard, edited by, 1999: *Lady Boys, Tom Boys, Rent Boys: male and female homosexualities in contemporary Thailand*, Harrington Press

Jackson, Peter A., and Cook, Nerida M. 1999: *Genders and sexualities in modern Thailand*, Silkworm Books.

Nanda, Serena, 2000: *Transgendered males in Thailand and the Philippines*, Waveland Press, Inc.

Totman, Richard, 2003: *The Third Sex: Thailand’s Ladyboys*, Souvenir Press.

## Male-to-male sex and HIV

Significant rates of HIV infection have also been found among different cohorts of MSM, but in the main these studies have been done among military conscripts, where HIV prevalence among self-identified MSM ranged from 4.6% (*Celentano et al, 1996*) to 12.3% (*Beyrer et al, 1995*). Samples sizes were significant where in the Celenato study, there were 1,932 men of whom 89 identified as MSM, and in the Beyrer study, of the sample of 2047 men, 134 identified as MSM. FHI/Dowsett also noted that the results of these studies were also suggestive of systematic under-reporting of same-sex practices.

According to FHI/Dowsett, HIV incidence among male sex workers and other MSM has been rarely reported. Studies among male sex workers in Chang Mai (*Kunawararak et al, 1995* and *Beyrer et al 1997*) found a HIV incidence of 16.6% and 16.5% respectively. And in a recent study conducted among MSM in 42 locations in Bangkok (2003),<sup>39</sup> a HIV prevalence rate of 17% was found.

It was only in 2001 that work really began to focus on MSM HIV interventions, with Medecins Sans Frontieres, FHI and others began to invest in supporting “MSM” self help groups and community based organisations in Bangkok, Chang Mai and elsewhere. But with the 2003 study in Bangkok which involved the Ministry of Public Health, the widest consultation meeting was held with consultants, donors, NGOs, CBOs, and the business community to coordinate a more effective response among MSM.

However, as the FHI/Dowsett report states, the lack of reliable HIV incidence data in MSM populations, continues to be a barrier in understanding the Thai epidemic. The report goes on to say that “without such data, the situation of Thai MSM vis-à-vis HIV remains at best speculative, at worst invisible.” (p67)

## Population size

I have pointed out earlier in this report that trying to obtain accurate estimates of the size of the population of males at risk from HIV infection arising from male-to-male sex is highly problematic. But of course, researchers, donors, and government will still continue to try to find an unequivocal answer to this question, the “pot of gold at the end of the rainbow”.

Size estimations appear to come primarily from the studies of military conscripts (the weakness of this approach has been noted above), and additionally, high school and vocational college students. As the FHI/Foreman report states, “these show a very wide variation in the percentages of young men reporting same-sex experiences – from under 2% to over 30% - and such experiences may be lifetime rather than more relevant (in HIV terms) previous 12 months.” The report goes on to state that “such variation is a reflection partly of differing sampling techniques, partly questioning skills, partly interviewing methods, partly geographical variation, and partly of different definitions of “sex”. (p84)

Further, Foreman notes that “in a variety of surveys, between 3% and 4% of men in the general population have reported “recent” sex with men<sup>40</sup> which matches the WHO/UNAIDS guideline figure of 2% to 5%. If the latter figure is accurate, that represents 420,000 to 1.05 million men.” He also points out that current knowledge would “suggest that among younger men 5% or more is more likely to be accurate than 2%.” (p84)

FHI/Dowsett reports that key weaknesses in these studies were:

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<sup>39</sup> TUC/TRCS/RSOT, 2003

<sup>40</sup> AIDS in Asia: Face the Facts, 2004, MAP (Monitoring the AIDS Pandemic), UNAIDS

- Most of these only refer to young men below 25 and therefore do not explore male-to-male sex by older men, or even married men;
- Most of these studies take place in settings where normative masculinity is highly valued which might cause under-reporting of same-sex activities (i.e. military conscripts);
- As pointed above there is a class bias in the studies of military conscripts; and
- Lack of a clear understanding of gender/sex dynamics within male-to-male sex

## Sex practices

The 1999 UNAIDS document that provides a synthesis of existing studies in Thailand points out, as the FHI/Doswett report (p71) states, that “behavioural trends in men having sex with men are difficult to assess because there is [sic] little serial data” which then goes on to say that “existing studies do indicate high levels of behavioural risk with low levels of protective behaviour.”

Estimates regarding prevalence of sexual practices vary, partly because of inconsistent definitions, differing meanings and significance giving to the word ‘sex’ by interviewer and interviewee, methodological differences, inappropriate questioning, along with unasked questions for differing populations. Thus the question of male-to-male sex was not asked of heterosexually defined males in some studies.

In one study involving 157 military conscripts (*Nopkesorn, et al, 1993*), 13.6% had insertive anal intercourse with a *kathoey*, while 3.2% had had insertive anal intercourse with a non-*kathoey* and 3.3% had had receptive anal intercourse. Among self-identified MSM, with identity labels such as “gay king” and “gay queen”, sexual practices do not seem to follow label. In a 1992 study (*Sittitrai, W., Sakondhavat, C. and Brown, T., 1992*) among such self-identified MSM and a cohort size of 157, 61% stated that they had insertive anal intercourse, and 74% stated they had receptive anal intercourse.

As has been noted above, many MSM appear also to have female partners as well, while studies show considerable variation, probably due to methodological difference and geographical variations, and also differences in study populations. FHI/Foreman reports that in a 1995 study of Chiang Mai male sex works, it was found not only that 57% of respondents called themselves heterosexuals, but that 9% of those who called themselves “gay queens” and 14% of those who called themselves “gay kings” were also married. (*Kunawararak, P, et al, 1995*)

It should be noted that as FHI/Dowsett report says (p73), “the construction of penetrative anal intercourse (at least with a *kathoey* as fundamentally ‘heterosexual’.”

In a study using self-defined MSM populations (n=157) in North-Eastern Thailand (*Sittitrai, W. Brown, T. and Sakondhavat, C., 1993*) 40% reported 10 or more male partners in the previous year where condom use was highest with sex worker partners (30.6% with male sex workers, 60% with female sex workers) compared to 15% with male ‘lovers’. (*FHI/Dowsett, p71*)

## Male sex work

Thailand has a thriving male commercial sex work ‘industry’ based in major urban centres and tourist areas, such as Bangkok, Chiang Mai, and Pattaya, where considerable foreign tourism occurs. There doesn’t seem to be any documentation as to identify who the clients of male sex workers are, nor differences between local Thai or foreign clients.

The FHI/Dowsett review states the material on male sex workers was primarily focused on the overlap between men working in different sites and the extent to which male sex workers have sex with women, including wives, girlfriends and female sex workers.

These studies were based on the supposition that male sex workers form a distinct population, which is largely based on identity constructs and behavioural bisexuality. FHI/Dowsett see this as problematic “given the critique of sexual categorisations offered by a range of [studies]. (p72)

The report goes on to argue that while “*kathoey* may occupy a distinct social position and cultural role within Thai society, the relative rarity of ‘gay’-identified homosexually active men (generally restricted to urban settings and particular class structures) and the construction of penetrative sex as fundamentally heterosexual, the distinction based on the transactional quality of the sexual practice may be of limited value” (p72), a position that I concur with.

In their analysis of the geographies of male sex workers in Pattaya, Chiang Mai, and Bangkok, McCamish et al (2000), the overlapping relationship between ‘commercial’ and ‘non-commercial’ MSM sexual networks was noted along with the intersections these have with heterosexual networks, indicating a degree of fluidity and porousness.

FHI/Dowsett also refers to a study by McCamish (1999), which noted that while there is considerable mobility between bars by male sex workers in Bangkok along with lower social bonding, in Pattaya, the workers have much higher social bonding, remaining in the same bars for long periods of time. Further, the de Lind van Wijngaarden study (1995) notes distinctions between bars and ‘word of mouth brothels’ (*ban*), examining the flow between these and public sex-work sites such as parks, as well as discussing “the way identity constructs intersect with the geographies of male sex workers.

FHI/Foreman reports on a 1995 study in Chiang Mai (*Kunawararak, P., Beyrer, C., Natpratan, C., Feng, W., et al, 1995*) which found that 57% of male sex workers identified themselves as “heterosexuals”, and that “a considerable proportion of young men sell sex on an occasional basis”, while in one study in Chiang Rai (*Griensven et al, 2001*) 12% of 15-21 year-olds who had sex with males said they had been paid, compared to 2.4% of the same age group who preferred sex with women. (p87)

FHI/Forman also goes on to note the differences between sex workers who work in commercial establishments who report monthly earnings between 10,000 – 100,000 baht (US\$250 – US\$2,500) to that of ‘freelancers’ who sell sex in parks, streets and regular gay bars or nightclubs, noting that male sex workers must be at least 18 years to work in commercial establishments, but ‘freelancers’ may be under 18. (87)

An attempt to calculate the numbers of male sex workers in Bangkok was also made (p87) where FHI/Foreman quotes a figure of 3,500 men who sell sex from a range of commercial venues in the city, but notes that arriving at a number for ‘freelancers’ was not possible. He further adds that a questionnaire provided by EMPOWER (an NGO working with sex workers) of *kathoey*s who sell sex on occasional or regular basis was 1,000. He also adds that the figure of 1,172 male sex workers identified in Chiang Mai (*Kunawararak, P., Beyrer, C., Natpratan, C., Feng, W., et al, 1995*) was “remarkably high in a city of 168,000 people even allowing for turnover and a high number of men occasionally selling sex.”

## Sexual/gender identities

Traditionally there were three genders identified in Thai society, that of men, women and *kathoey*. However, as de Lind van Wijngaarden (1995) points out in contemporary Thailand, this simple three-gender system has become very complex, identifying some thirty different categories or identities used to describe 'sexual minorities'. Jackson (2000), as FHI/Foreman points out, argues for seven primary identities, but then he goes on to say that "while some academics argue that Western, or "globalised", identities are gaining ground in Thailand at the expense of indigenous terms, others claim that Western distinctions between gender (male, female, *kathoey*) and orientation (homosexual, heterosexual, bisexual) are not appropriate in Thai culture." (p85)

The problem with categorisation<sup>41</sup> is that it is a subtractive process, where often individual meaning, significance, and context, are lost, and the person is reduced to a label, a species, an "identity". For example, does the word 'gay' have the same meaning and significance in Los Angeles as it does in Chiang Mai? Why have terms evolved in Thailand such as "gay king" and "gay queen"? What significance does the word "men" have for *kathoey*? Who and what is a "*kathoey*", and how does this relate to the terms "transgender" or "transvestite". Who are developing these labels and identities? What role do researchers play in developing such identities?

In terms of HIV prevention, what matters is usually what sexual acts take place, and in terms of changing risky practices to reduce HIV transmission/infection, what should also concern us is the significance, meaning, and context in which such acts take place. In building sustainability in risk reduction among MSM, very often the "gay community" approach of the early 1980s is taken as the model, while labelling people creates an artificial sense of community, which may not exist. Furthermore such identity constructs leave an enormous number of males who do not "fit" into these constructs, outside of studies, and consequently, often without support in terms of HIV intervention services. Thus FHI/Dowsett points out that "taking together the construction of penetrative anal intercourse (at least with a *kathoey* as fundamentally 'heterosexual') and the loss of face associated with receptive anal intercourse, and where there is some evidence that non-penetrative sexual practices is not classified as sex *per se*, there may well be a systematic under-reporting of constellations of same-sex sexual practice that is not considered same-sex or even sex." (p73)

Such identity constructs also often preclude a clear gender analysis within the category of 'male', and the various masculinities that exist in any given culture. History, the impact of globalisation, the economies of sex, religious systems, constructions of desire, and so on, become lost, or devalued, while all of these have an impact upon how peoples create their lived experiences. This is often compounded by the debate between an 'essentialist' approach to sexuality, compared with that of 'social constructionism'.

Finally, FHI/Dowsett points out that the "nomenclature of same-sex male sexual practice is critical in interpreting these publications" while the "distinction between academic constructs of MSM (particularly in Thai language material) and popular usage, and the shifts in meaning over the past 40 years, suggest that particular caution should be exercised in any summative or comparative analysis of this material." (p73)

## Conclusion

FHI/Dowsett points out in his conclusions (p73) that there is "a paucity of reliable and generalisable data on the current incidence of HIV and MSM in Thailand." This has not changed since 2003 when

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<sup>41</sup> Pukaar, issue 21, April 1998: The risks of categorisation, [www.nfi.net/pukaar-news/htm](http://www.nfi.net/pukaar-news/htm)

the report was submitted. Current evidence does continue to suggest that for certain MSM population, there may be a higher incidence of HIV infection compared to the remainder of the population.

FHI/Dowsett also points out here that there is “a danger of yielding to the seductiveness of the conscript studies, given that on the surface they appear to offer a random sample of Thai men, interviewed in controlled circumstances,” going onto say that this danger is apparent “when one examines the literature that problematises the place of same-sex activity in Thai cultures.” Thus, he states that, “sensitivity to the multiplicity of meanings associated with same-sex practices and sexual relations with transgendered individuals, and to the stigmatisation of such practices” requires one to “treat many of these findings with considerable caution.” (p73)

It also needs to be pointed out that MSM as a category in Thailand worthy of study is only very recent, having been marginalised in the history of the HIV/AIDS epidemic in the country, and that this in itself is telling in regard to stigma and discrimination by academics, the government, donors, and other institutions.

While there is considerable more data available regard same-sex male sexual behaviours in Thailand than in Lao PDR, and while the existent information does increase, to some extent, our knowledge of male-to-male sexual behaviours and risk factors for HIV in the country, often the absence of knowledge speaks more loudly. Unless there is a more comprehensive and coherent approach to developing a good knowledge base from which an approach to HIV prevention, treatment and care appropriate to the needs of MSM can develop, such interventions will always be an ad-hoc, reactive, and short term, which ultimately will not resolve this health crisis.

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**Source:** Dissertation: Master of Arts in Sociology, Thammasart University [Thai language document].

Beyrer, C., Artenstein, A., Kunawararak, P., VanCott, T., et al., 1997, *The Molecular Epidemiology of HIV-1 Among Male Sex Workers in Northern Thailand*.  
**Stated Goal(s) of Research:** The molecular Epidemiology of HIV-1 among Thai MSM has not been reported.

**Source:** Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology 15(4) pp. 304-307.

Beyrer, C., Eiumtrakul, S., Celentano, D., Nelson, K., Ruckphaopunt, S. and Khamboonruang, C., 1995, *Same-sex Behaviour, Sexually Transmitted Diseases and HIV Risks Among Young Northern Thai Men*.

**Stated Goal(s) of Research:** To assess the risks for HIV infection and sexually transmitted diseases (STD) among northern Thai men who have sex with men, and to examine the possible role of male same-sex behavior in Northern Thailand.

**Source:** AIDS, 9, pp.171-176.

Beyrer, C., Kunawararak, P., Natpratan D., Celentano, D., Hoover C. and Khamboonruang, K., 1998, *The Role of Same Sex Behaviour in the HIV Epidemic Among Northern Thai Men*.

**Stated Goal(s) of Research:** Investigated the epidemiologic roles male same-sex behaviour may play in Thailand. Specifically, to assess risks and rates of HIV Infection.

**Source:** 12<sup>th</sup> International AIDS Conference, Geneva, Switzerland June 28-July 3 (POSTER).

Beyrer, C., Kunawararak, P., Celentano, D. and Nelson, K., 1996, *The Epidemiology of HIV and Syphilis among Male Commercial Sex Workers in Northern Thailand*.

**Stated Goal(s) of Research:** Authors ask if the high HIV incidence rates recently reported among male commercial sex workers point to a 'distinct homosexual epidemic', or an 'off-shoot' of the heterosexual epidemic in Thailand.

**Source:** AIDS, 101(1) p. 113.

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**Stated Goal(s) of Research:** To assess the factors affecting condom use for AIDS prevention by measuring knowledge, attitude and condom use for anal intercourse among male commercial sex workers.

**Source:** The 5<sup>th</sup> ICAAP Conference, Kuala Lumpur, Malaysia, 20-27 October.

Borthwick, P., 1999, *HIV/AIDS Projects with and for Gay Men in Northern Thailand*.

**Stated Goal(s) of Research:** Examines models of community organising and service delivery among MSM.

**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 61-79.

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**Stated Goal(s) of Research:** To evaluate a behavioural intervention to reduce STI among conscripts in the Thai Army in 1993.

**Source:** Archives of Inter Medicine. 160(4) pp. 535-546.

Celentano, D., Nelson, K., Suprasert, S., et al., 1996, *Risk Factors for HIV-1 Seroconversion Among Young Men in Northern Thailand*.

**Stated Goal(s) of Research:** To identify behavioural and sociodemographic risk factors for incident HIV-1 infection among young men in Northern Thailand

**Source:** JAMA, Journal of American Medicine, 275 pp. 122-127.

de Lind van Wijngaarden, J., 1995, *A Social Geography of Male Homosexual Desire: Location, Individuals and Networks in the Context of HIV/AIDS in Chiang Mai, Northern Thailand*.

**Stated Goal(s) of Research:** To gain an understanding of the social, economic and cultural factors that have produced a particular spatial distribution of homosexual encounters and homosexual risk. It is through space, used for expressing sexual identity and constructing specific cultural forms of homosexuality, that the variety and patterns of homosexual interaction in Chiang Mai are explored.  
**Source:** Chiang Mai: Social Research Institute, Chiang Mai University.

de Lind van Wijngaarden, J., 1999, *Between Money, Morality and Masculinity: Bar-Based Male Sex Work in Chiang Mai*.

**Stated Goal(s) of Research:** Explanations as to why men take on a job as a sex worker. The aim of the study is to portray the lives of male sex workers in non-sensational and everyday terms, as is the case for Storer and McCamish above.  
**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 193-218.

Jackson, P., 1997, *Kathoey<>Gay<>Man: The Historical Emergence of Gay Male Identity in Thailand*.

**Stated Goal(s) of Research:** No information given.  
**Source:** In Sites of desire/economies of pleasure, sexualities in Asia and the Pacific, Manderson, L. and Jolly, M. (eds), Chicago: University of Chicago Press.

Jackson, P., 1995, *Thai Buddhist Accounts of Male Homosexuality and AIDS in the 1980s*.

**Stated Goal(s) of Research:** No information given.  
**Source:** Australian Journal of Anthropology, 6(3) pp. 140-153.

Jackson, P., 1997, *Thai Research on Male Homosexuality and Transgenderism and the Cultural Limits of Foucaultian Analysis*.

**Stated Goal(s) of Research:** No information given.  
**Source:** Journal of the History of Sexuality, 8(1) pp. 52-85.

Jackson, P., 1999, *Same-sex Sexual Experience in Thailand*.

**Stated Goal(s) of Research:** Reviews Thai studies (mainly quantitative) of the rates of same-sex sexual experience which have been conducted since the late 1980s by people who disapproved of such behaviour. More recently research has been conducted as a basis for developing HIV/AIDS education programs.  
**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) 29-60.

Jackson, P., 1999, *Tolerant but Unaccepting: The Myth of a Thai "Gay Paradise"*.

**Stated Goal(s) of Research:** The chapter begins to unravel the contradiction between the common perception of a Thai gay paradise and the actual antipathetic character of Thai discourses on male homoeroticism and transgenderism.  
**Source:** In Jackson, P. and Cook, N. (eds) *Genders and sexualities in modern Thailand*, Chiang Mai: Silkworm Books pp226-242.

Jackson, P., 2000, *An Explosion of Thai Identities: Global Queering and Reimagining Queer Theory*.

**Stated Goal(s) of Research:** Documents transformations that have taken place in the past four decades in Thai gender/sex categories.  
**Source:** Culture, Health and Sexuality, 2(4) pp. 405-424.

Jackson, P. and Sullivan, S., 1999, *A Panoply of Roles: Sexual and Gender Diversity in Contemporary Thailand*.

**Stated Goal(s) of Research:** Introduction to collection of case studies of contemporary forms of male and female homosexuality and transgenderism in Thailand  
**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 1-27.

Jirarochanavat, R. and Jirarochanavat, S., 2001, *A Study of Male Prostitutes' Life at Gay Bars in Pattaya City, Chon Buri Province*.

**Stated Goal(s) of Research:** Translation not available.

**Source:** Research Report of Region 3 of Communication Disease Control, Chon Buri Province [Thai Language document].

Kamolset Kanggerruer, Thawatchai Pachun, Apisit Tiud, Sook Wannavong et al., 2001, *Love, Dignity Understanding and Equity: Support for Gay and Bisexual Men in a Park in Bangkok*.

**Stated Goal(s) of Research:** This paper is about the work of Rainbow Sky Club, a community based support group for gay and bisexual men.

**Source:** The 6<sup>th</sup> ICAAP Conference, Melbourne, Australia, 5-10 October (POSTER).

Kamolset Kanggerruer, 2001, AIDS Prevention for Sex workers and Gay Men in Public Park.

**Stated Goal(s) of Research:** Reporting on Program work with male sex workers and gay men in the Lumpini park which is a central public park.

**Source:** The 6<sup>th</sup> ICAAP Conference, Melbourne, Australia, 5-10 October (POSTER).

Kunawararak, P., Beyrer, C., Natpratan, C., Feng, W., et al., 1995, *The Epidemiology of HIV and Syphilis among Male Commercial Sex Workers in Northern Thailand*.

**Stated Goal(s) of Research:** To examine the prevalence and incidence of HIV and syphilis, and risk behaviours for these infections, among male commercial sex workers.

**Source:** AIDS, 9(5) pp. 517-521.

London, A., VanLandingham, M., and Grandjean, N., 1997, *Socio-demographic Correlates, HIV/AIDS related Cofactors and Measures of Same-sex Sexual Behaviour Among Northern Thai Male Soldiers*.

**Stated Goal(s) of Research:** To estimate overall levels of socio-demographic differentials in same-sex sexual behaviour. To examine relationships.

**Source:** Health Transition Review, 7(1) pp. 33-60 available online: <http://nceph.anu.edu.au/htc/pdfs/london1.pdf>.

Matzer, A., 1998, *Thailand: Paradise Not (On Human Rights and Homophobia)*.

**Stated Goal(s) of Research:** Paper comments on Thailand's perceived acceptance of transgenderism and homosexuality. Arguing that discrimination does occur. While there are no laws circumscribing homosexual behaviour there are also no laws offering protection from bias.

**Source:** The Harvard Gay and Lesbian Review, Winter n/p.

McCamish, M. Storer, G., Carl, G. et al., 1997, *Why should More Attention be Given to Male-Male Sex Encounters in Thailand*.

**Stated Goal(s) of Research:** Overview of research projects which have focused on male CSW, including organized sex workers and free-lance workers.

**Source:** The 4<sup>th</sup> ICAAP Conference, Manila, Philippines, 25-29 October [C(P)082].

McCamish, M., Kengkanruea, K., Carl, G. and Storer, G., 1998, *Development of Effective Intervention for Male Sex Workers in Thailand*.

**Stated Goal(s) of Research:** To explore previous interventions, investigate the sexual networks of male sex workers and develop a taxonomy of sexual sites.

**Source:** 12<sup>th</sup> International AIDS Conference, Geneva, Switzerland June 28-July 3.

McCamish, M. and Sittitrai, W., 1997, *The Context of Safety: Life Stories of Male Sex Workers in Pattaya*.

**Stated Goal(s) of Research:** To recruit freelance sex workers to consider similarities or differences between them and bar employees. To place their behaviour within a wider social framework.

**Source:** Program on AIDS, Research Report No. 19. Thai Red Cross Society, Bangkok.

McCamish, M., 1999, *The Friends Thou Hast: Support Systems for Male Commercial Sex Workers in Pattaya, Thailand*.

**Stated Goal(s) of Research:** Examines the social environment in which male sex workers operate and how the various relationships are influenced by workers and cultural norms.

**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 161-191.

McCamish, M., Storer, G. and Carl, G., 2000, *Refocusing HIV/AIDS Interventions in Thailand: The Case of Male Sex Workers and Other Homosexually Active Men*.

**Stated Goal(s) of Research:** Examines sexual networks of Thai male sex workers and their clients to demonstrate the overlap of commercial and non-commercial male-male sex sites and the intersections of male commercial sex with heterosexual sex. The study also develops a taxonomy of sites in which the recruitment of male commercial sex occurs.

**Source:** Culture, Health and Sexuality; 2(2) pp. 167-182.

Morris, R.C., 1994, *Three Sexes and Four Sexualities: Redressing Discourse on Gender and Sexuality in Contemporary Thailand*.

**Stated Goal(s) of Research:** No information given

**Source:** Positions, 2(1) pp. 15-43.

Murray, S., 1999, *Increasingly Gay Self-representations of Male-Male Sexual Experiences in Thailand*.

**Stated Goal(s) of Research:** Shows that there has been a decline in a gender-stratified conception and enactment of homosexuality in Thailand, paralleling the heterogender-to-gay transformation of homosexuality elsewhere in the world.

**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 81-96.

Natpratan, P. Apichaartpiyakul, C. et al., 1997, *Prevalence of HIV and HCV Antibodies Among Commercial Sex Workers in Chiang Mai Thailand*.

**Stated Goal(s) of Research:** To determine the prevalence rates of HCV and HIV co-infections, in female and male commercial sex workers who provide their services (brothel based) and indirectly (night clubs and bars).

**Source:** The 4<sup>th</sup> ICAAP Conference, Manila, Philippines, 25-29 October [C(P)126].

Nopkesorn, T., Sweat, M. D., Kaensing S. and Theppha, T., 1993, *Sexual Risk Behaviors for HIV Infection in Young Men in Phayao Province*.

**Stated Goal(s) of Research:** No information given.

**Source:** Thai Red Cross Society: Program on AIDS, Report No. 6.

Nopkesorn, T., Mastro, T. D., Sangkhoromya, S. et al., 1993, *HIV-1 Infection in Young Men in Northern Thailand*.

**Stated Goal(s) of Research:** To determine risk factors for HIV-1 infection in young men in Northern Thailand.

**Source:** AIDS, 7 pp. 1233-1239.

Nelson, K., Celentano, D., Suprasert, S. et al., 1993, *Risk Factors for HIV Infection Among Young Adult Men in Northern Thailand*.

**Stated Goal(s) of Research:** To determine the sociodemographic and behavioral risk factors associated with HIV infection in 2 cohorts of military recruits.

**Source:** JAMA, The Journal of American Medicine, 270(8) pp. 955-960.

Nelson, K. E., Celentano, D.D., Eiumtrakol, S., et al., 1996, *Changes in Sexual Behaviour and a Decline in HIV Infection Among Young Men in Thailand*.

**Stated Goal(s) of Research:** To evaluate the effect of the Ministry of Public Health's program in 1990 and 1991 to promote the use of condoms during commercial sex to prevent HIV infections in Thailand.

**Source:** New England Journal of Medicine, 335(5) pp. 297-303.

Pongthai, S., 1990, *Sexual Outlets Among Homosexually Oriented Medical Students as Compare to Heterosexual*.

**Stated Goal(s) of Research:** Aim of study was to explore homosexual activities among medical students.

**Source:** Journal of Medical Association of Thailand, 73(S1) pp. 87-92.

Sittitrai, W., Brown, T. and Sakondhavat, C., 1993, *Levels of HIV Risk Behaviour and AIDS Knowledge in Thai Men Having Sex With Men*.

**Stated Goal(s) of Research:** To examine the sexual behavior, AIDS knowledge and network of sexual contacts of MSM. Study intended as a pilot study and as a baseline for future comparisons.

**Source:** AIDS Care 5(3) pp. 261-271.

Sittitrai, W. and Brown, T., 1994, *Risk Factors for HIV Infection in Thailand*.

**Stated Goal(s) of Research:** Summarises the results of a number of behavioural studies and outlines the 'most urgent areas for future research and intervention'.

**Source:** AIDS; 8(Suppl 2): pp. S143-53.

Sittitrai, W., Brown, T., and Virulrak, S., 1991, *Patterns of Bisexuality in Thailand*.

**Stated Goal(s) of Research:** The chapter attempts to describe bisexuality in Thailand and outlining the implications of bisexual behaviours for the spread of HIV.

**Source:** In Bisexuality and HIV/AIDS: A global perspective, by R. Tielman, M. Carballo and A. Hendricks (eds), Buffalo, New York Prometheus Books, pp. 97-117.

Sittitrai, W., Sakondhavat, C. and Brown, T., 1992, *A Survey of Men Having Sex with Men in a Northeastern Thai Province*.

**Stated Goal(s) of Research:** An indepth study of a local network of homosexually active men. Aim is to gain more information to assist in devising locally appropriate HIV/AIDS interventions.

**Source:** Thai Red Cross Society Program on AIDS Research Report No. 5.

Sittitrai, W., Phanupahak, P. and Roddy, R., 1994, *Male Bar Workers in Bangkok: An Intervention Trial*.

**Stated Goal(s) of Research:** To determine risk factors among male workers in gay bars. To design and evaluate an intervention programme for increasing condom use among men who work in gay bars.

**Source:** Research Report No. 10, Thai Red Cross Society.

Storer, G., 1999, *Rehearsing Gender and Sexuality in Modern Thailand: Masculinity and Male-Male Sex Behaviors*.

**Stated Goal(s) of Research:** To chart traditions, discourses and institutional contexts contributing to the construction of gender and sexual identity in Thailand.

**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 141-159.

Storer, G., 1999, *Bar Talk: Thai Male Sex Workers and Their Customers*.

**Stated Goal(s) of Research:** To Understand the discursive and sexual practices associated with male sex workers in bars.

**Source:** In Men Who Sell Sex: International Perspectives on Male Prostitution and AIDS, by P. Aggleton (ed), London, UCL Press, p 223-240.

Storer, G., 1999, *Performing Sexual Identity: Naming and Resisting 'Gayness' in Modern Thailand*.  
**Stated Goal(s) of Research:** To challenge the relevance of 'gay' and 'community' to Thai contexts. Exploring issues around identity.  
**Source:** Intersections, 2 <http://www.sshe.murdoch.edu.au/hum/as/intersections/defaults.htm>.

Ten-Brummelhuis, H., 1999, *Transformations of Transgender: The Case of the Thai Kathoey*.  
**Stated Goal(s) of Research:** Focus on changes in the definition and presentation of kathoey over the last 2 decades.  
**Source:** Journal of Gay and Lesbian Social Services, 9(2-3) pp. 121-139.

Theeradech Boonmangam, 2001, *Used Experience of Gay Group Who had HIV/AIDS to Give Education in Gay and Sex Worker*.  
**Stated Goal(s) of Research:** Reporting on program work to provide information and improve participation and attitude of bar and club owners.  
**Source:** The 6<sup>th</sup> ICAAP Conference, Melbourne, Australia, 5-10 October (POSTER).

UNAIDS, 1999, *Relationships of HIV and STD declines in Thailand to Behavioral Change: A Synthesis of Existing Studies*.  
**Stated Goal(s) of Research:** A review of literature in order to: 1) summarise existing epidemiological and behavioural data, documenting changes over time on both national and regional levels, 2) examine the relationships found between behaviour and HIV/STD infection, 3) determine the feasibility of linking behavioural and epidemiological aspects of the epidemic, 4) examine the correlation of behavioural change with epidemiological change, and 5) determine the practical implications of these findings for continuing Thai national program and policy needs.  
**Source:** UNAIDS Best Practice Collection, UNAIDS: 1999;13-14  
(<http://www.unaids.org/publications/documents/epidemiology/determinants/una98e2.pdf>)

VanLandingham, M. Somboon, S., Werasing, S., Chayan, V., and Grandjean, N., 1993, *Sexual Activity Among Never-Married Men in Northern Thailand*.  
**Stated Goal(s) of Research:** Investigates sexual activity among never married men in Thailand, with a focus on age at first intercourse and characteristics of sexual partners.  
**Source:** Demography, 30(3) pp. 297-313.

### References from the FHI/Foreman report, 2004

Bennetts & others, 1999, *Differences in sexual behaviour between HIV-infected pregnant women and their husbands in Bangkok, Thailand*.  
**Source:** AIDS Care, 1999, vol 11, no 6 pp 649-661.

Beyrer C, Eiumtrakul S., Celentano D, Nelson K, Ruckphaopunt S and Khamboonruang C, 1995, *Same-sex Behaviour, Sexually Transmitted Diseases and HIV Risks Among Young Northern Thai Men*.  
**Source:** AIDS, vol 9, 1995, pp 171-176, quoted in Dowsett, Grierson & McNally 2003.

de Lind van Wijngaarden J W, 1995, *A Social Geography of Male Homosexual Desire*.  
**Source:** NAPAC Newsletter, vol 2, no 4, Jul-Sep 1995, pp 8-12.

Jackson PA, 1997, *Thai Research on Male Homosexuality and Transgenderism and the Cultural Limits of Foucaultian Analysis*.  
**Source:** Journal of the History of Sexuality, 1997, vol 8, no 1, pp 52-85.

Jackson PA, 1999, *Same-Sex Sexual Experience in Thailand*.  
**Source:** Journal of Gay and Lesbian Social Services, 1999, vol 9, no 2 / 3, pp 29 - 60.

- Jackson PA, 1999, *Tolerant but Unaccepting: The Myth of a Thai 'Gay Paradise'*.  
Source: *Genders and sexualities in modern Thailand*, 1999, Chiang Mai, Silkworm Books, pp 226 - 242  
quoted in Dowsett, Grierson & McNally 2003.
- Jackson PA, 2000, *An explosion of Thai identities: global queering and re-imagining queer theory*.  
Source: *Culture, Health & Sexuality*, 2000, vol 2, no 4, pp 405-424.
- Jackson PA, 2004, *Sexualities in Thailand (Interview with Peter Jackson)*.  
Source: *The Bangkok Post*, 16 June 2004.
- Koetsawang S & Topothai K, 2003, *Pilot Study of the Male Commercial Sex Business in Bangkok, Thailand; The New Possibility of HIV Transmission*  
Source: UNFPA (THA1891950), April 2003.
- Murray SO, 1999, *Increasingly Gay Self-Representations of Male-Male Sexual Experiences in Thailand*.  
Source: *Journal of Gay and Lesbian Social Services*, 1999, vol 9, no 2 / 3, pp 81-96.
- Sinnott M, 2000, *The semiotics of transgendered sexual identity in the Thai print media: imagery and discourse of the sexual other*.  
Source: *Culture, Health & Sexuality*, vol 2, no4, pp 425-440.
- Sittitrai W & others, 1992, *Thai sexual behavior and risk of HIV infection*.  
Source: Thai Red Cross Society, 1992 (quoted in van Griensven & others 2004)
- Srithanaviboonchai K & others, 2002, *HIV-1 in ethnic Shan workers in northern Thailand*.  
Source: *AIDS*, 2002, vol 16, pp 929- 931
- Totman R, 2003, *The Third Sex: Kathoey - Thailand's Ladyboys*.  
Source: Silkworm Books, 2003
- Thailand MOPH-US CDC Collaboration I Thai Red Cross Society I Rainbow Sky Organization of Thailand, 2003, *The prevalence of HIV and associated risks among men who have sex with men (MSM) residing in the Bangkok metropolitan area*", (PowerPoint presentation)
- van Griensven F & others, 2001, *Rapid Assessment of Sexual Behavior, Drug Use, Human Immunodeficiency Virus, and Sexually Transmitted Diseases in Northern Thai Youth Using Audio-Computer-Assisted Self-Interviewing and Noninvasive Specimen Collection*.  
Source: *Pediatrics*,  
2001, vol 108, no 1, pp n/a, [www.pediatrics.org/cgi/content/full/108/1/e13](http://www.pediatrics.org/cgi/content/full/108/1/e13).
- van Griensven F & others, 2004, *The Prevalence of Bisexual and Homosexual Orientation and Related Health Risks Among Adolescents in Northern Thailand*.  
Source: *Archives of Sexual Behavior*, 2004, vol 33, no 2, pp 137-147.
- Wiresit & others, 1991, Information came from Jackson (*Same-sex sexual experience in Thailand, 1999 – see above*). The exact reference was missing in the documentation available to the consultant.

## Gaps in knowledge

As has been stated, despite what appears to a significant level of information from Thailand (while only a little from Lao PDR), there are significant gaps in knowledge and data in regard to male-to-male sexual behaviours, practices and contexts in both countries, and almost no data on HIV/STI prevalence.

There is an urgent need to address the lack of knowledge and information on:

- The impact of social constructions of masculinity on male-to-male sexual behaviours and practices, particularly in regard to *kathoeyes* and their partners;
- An understanding of the construction of masculinity in Thailand and the range of *subaltern* masculinities;
- Stigma, discrimination and sexual violence in relation to the gendered roles that *kathoey* perform, and it seems that some of the recommendations for action displayed unwarranted assumptions about the power dynamics between *kathoey* and their sexual partners;
- An analysis socio-legal-cultural environment in which these identities and practices take place. Thus addressing such constraints in terms of what UNAIDS and others call “building an enabling environment” were not part of these reports. One wonders if they were considered at all;
- A broader understanding of male-to-male sex and sexualities, and what Foreman in his report for FHI<sup>42</sup> defines as “hidden men”, such as older males, married males, adolescent males, prison populations, cross-over behaviours (mobile populations, male IDUs, males in uniformed services), and males who do not access *kathoeyes* as sex partners, but other males;
- An analysis of economic status between partners, sexual desire and practice, whether the partners of *kathoeyes* had sex with non-*kathoey*-identified males, and so on;
- A framework for understanding male-to-male sex work, and any relationships to poverty, class, gender identity and sexual practice;
- An analysis of the relationship between behaviour, identity and gender including shifting identities and practices;
- The impact of foreign tourism of sexual practice and risk;
- Sexual debut, and adolescent sexual practices;
- The relationship between class (both social and economic), gender identity, sexual identity and sexual practice;
- Poverty, mobility and male-to-male sexual practice;
- Alcohol and drug use as risk factors in male-to-male sexual practices and risk reduction;
- The range of sexual practices, including group sex;

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<sup>42</sup> FHI/Foreman, 2004

- Information on clients of male sex workers;
- Female partners of MSM and their sexual health risks; and of course;
- Better HIV/STI epidemiological and behavioural data.