

Exploring to Bangkok Chaay Rak Chaay (Gay Men) Accessing Health Services in Thailand

Praditporn Pongtriang
Faculty of Nursing, Suratthani
Rajabhat University,
Suratthani,Thailand

Anthony Paul O' Brien and Jane Maguire
School of Nursing and Midwifery,
Faculty of Health and Medicine,
The University of Newcastle, Australia

Abstract- Health services are central to the provision of services for those affected by HIV including, prevention, health promotion and treatment. Access to health services for gay men is significant in increasing their knowledge associated with issues relevant to HIV so that they can better protect and care for themselves. Aim: This ethnographic study sought to clarify and further understand the experience of Bangkok's gay men and their access to health services relevant to HIV issues. Methods: The data collection was conducted between May and August, 2014. 45 to 60 minutes Face to face interview and digital audio recording were utilised for the data collection processes. Semi structured in-depth interviews undertaken at the Thai Red Cross Research Centre, Bangkok. All interview transcripts were translated from Thai to English. The NVivo program version 10 was utilised to organise the data coding and theming. Result: This study identified that there are few specific clinics for gay men with HIV in Thailand. Additionally, information associated with HIV and other related concerns are required to be more accurate and specific to men living with HIV. Many chaay rak chaay face difficulties accessing services, including a lack of information, privacy concerns and inadequate provision of services. Conclusion: the specific clinic and information relevant HIV issues need to be more readily available and widely circulated. Moreover, health care services should be aware of the privacy issues and personal confidentially issues. Such approaches toward providing services for gay me in Bangkok may assist in eliminating some of the many barriers faced by gay men when accessing health services in the city.

Key words-Gay men; Health services; HIV; Experience

I. INTRODUCTION

Since the first recorded HIV infection in the general population, Thailand has been faced with a high rate of HIV infection [1]. Consequently, Thai public policy and non-government organisations (NGOs) became committed to finding HIV prevention solutions and have established several HIV

prevention projects for the general community. Responsibility for HIV prevention projects throughout the country rests with the HIV Control Committee alongside political and financial commitment determined by government policy for HIV prevention. Controlling HIV risk relies on the cooperation of organisations across the country to work with gay men to change behaviours to match the principles of safe sex. Such an approach has the support of government policy that successfully supports HIV prevention [2].

Thailand has developed several campaigns for specific groups designed to reduce HIV infection, for example the 100% Condoms Campaign, Prevention of Mother to Child Transmission (PMTCT) and Voluntary Counselling and Testing (VCT) [3]. While these campaigns have proved to be effective in the general population, they have been less effective among gay men [4]. For this reason, over the last four years, the Ministry of Public Health has been planning a "getting to zero" project (2012-2016) [5]. This project is made up of three sub projects: (1) zero new infection, (2) zero AIDS related death and (3) zero discrimination.

This national project has been utilised to specifically reduce new HIV infections among the population of gay men. Strategies have included expanding the use of condoms and lubricant gels. These strategies are being coordinated by health promotion centres working in public areas [6]. However, Thailand has too few of these clinics providing specific services related to health promotion and counselling with a focus on sexual risk behaviour for men who have sex with men (MSM). It is therefore difficult, despite the government support, to assess their behaviour and design targeted health promotion and intervention strategies to reduce HIV problems [7].

Thailand has few interventions specifically designed for gay men, so it is difficult to assess those populations [3, 7]. Many experts suggest that HIV/AIDS solutions should promote an awareness of HIV/AIDS prevention and skills in safe sex activities [8] as community support, and a greater awareness of

the cultural context have been somewhat significant in successfully slowing the HIV epidemic throughout the country [9]

Health promotion and nursing care play an important role in supporting these HIV prevention projects. The Thai government has established several projects that aim to reduce the incidence of HIV but are still facing an annual increase of HIV infections [10, 11]. There are limited health services and interventions for HIV prevention in Thailand. Precaution strategies are likely to be ineffective in contributing to an improvement in the incidence of HIV infection in *gay men* because little is known about this subculture and this requires further exploration [12, 13].

Insufficient research and services designed to accommodate gay men in Thailand is a barrier to assess and understand the subcultural behaviours and values of the gay fraternity [3, 7]. For example, one pilot study developed an Internet site for MSM from a nursing perspective to aid in the prevention of HIV risk infections [14]. This is an interesting point to note regarding the number of *gay men* and incidences of HIV infection in Thailand, but there are significantly less studies of intervention relevant to the gay community.

The findings of this ethnographic study might be used to inform policy around improving the quality of services available to gay men and it may assist this population to overcome cultural and social barriers to improve their access to health care services to reduce the spread of HIV.

II. METHOD

A. Participants

Thirty-one gay men from Bangkok participated in this study. The inclusion criteria involved:

- 1) Participants identified themselves as “Gay men/ Rak ruaam phet ” “gay” “King/Rook” “Queen /Rub” “Both/Quing” “Bai/Suea bi” and “kathoe/y/tut”
- 2) 18 years of age or over; and
- 3) Thai speaking.

B. Data collection

The data collection was conducted between May and August, 2014. 45 to 60 minute face to face interviews and digital audio recordings were utilised for the data collection processes. The semi structured in-depth interviews were undertaken at the Thai Red Cross Research Centre, Bangkok. The ethics of this project was approved by the Human Research Ethics Committees (HREC) of the University of Newcastle, Australia and Chulalongkorn University, Thailand.

Data analysis

The content analysis development was used to analyse the data. Additionally, The NVivo program version 10 was utilised to organise the data coding and theming

III. RESULTS

An aim of this research was to *explore* chaay rak chaay’s encounters when accessing health services, including any challenges or barriers they may have experienced. The content analysis identified themes that reflect the difficulty experienced by gay men in this study who utilise health services in the homosexual community from Bangkok.

The following findings are provided:

A. Barriers to accessing health care services

This aspect of the study was to explore gay men’s experiences when accessing health services, including any challenges or barriers they may have experienced. Participants reflected upon the difficulty experienced by gay men who utilise health services in the homosexual community.

1) Lack of information

Most participants seek information on the internet, rather than from the health service about HIV and this internet information is more general in nature and not always current. Most participants highlight that the internet is the main source of supporting information about HIV. He notes that he was lucky to be involved as a volunteer in a specific clinic for gay men. This was advantageous for accessing up-to-date information and gaining new knowledge associated with HIV issues. He also compared his situation with other gay men who, unlike him, do not have the opportunity to volunteer. Those people do not have enough information to inform appropriate behaviours. The participant suggested that significant detailed information in relation to HIV management and concerns should be more widely available.

In the participant’s view, some general hospitals provide incorrect information for gay men. On the other hand, the more specialised clinics usually have health care professionals who are also gay, and they provide greater empathy and insight into the feelings of clients and a much more thorough understanding of the situation particular to gay men. In particular, if the health professional was gay this participant thought that they were much more likely to be able to deal with a client who had a positive HIV test, and provide appropriate emotional support, information and reassurance as the following exemplar reflection:

Some clinics provide incorrect information. I guessed it's due to the lack of training...general hospitals, the staffs are still lack of information. But as for special clinics like this one, most of the staffs are usually Gays. That's why they are able to understand us much better because the feelings...Let's say the test result came out positive, they would have a better way of letting us know or how to lift us from negative feelings and give us the courage to continue. (6:6)

2) Privacy concern

This ethnographic study revealed that most *gay male participants* were concerned about their privacy when utilising health services. Concern about privacy influences the decision making of gay men and whether or not they will access services [15]. This participant was concerned about the privacy of health services. This issue made him less likely to access health services. He was worried about others knowing that he utilised the service associated with HIV. This then resulted in him preferring the specific clinic for gay men that he perceived provided more privacy.

In comparison, the next reflection focuses upon utilising services in hospitals in the province:

I feel more unsecured and I don't know many people here either. If I come across the people I know then they would ask me why I am there. (17:6)

Although on one the hand the participant says that he does not know anyone and that this leads to feelings of insecurity, he also talks about being uncomfortable and concerned about meeting someone that he may know and then have to explain himself. This conflict creates a sense of anxiety for the participant.

Concern for privacy is an important barrier for the gay subculture, even beyond the small sample described in this paper. The privacy and confidential information remains a concern for many gay men as evidenced in the research literature [16]. There is therefore a need to place an importance around these issues to improve the trustworthiness in health services. This may help to decrease the barriers associated with gay men assessing health care services.

Purchasing a condom was discussed by participants as embarrassing. This is exemplified by the following participant:

I think men should be brave enough to buy it. They are the one that should have the responsibility. I am still quite shy with my appearance. If I have to buy condom then it is not the point right? He should buy it. (23:7)

Embarrassment and uncomfortable feelings are experienced by these participants when they are buying a condom. This results in them engaging in unsafe sexual activities and increases the risk of HIV infection.

3) Location of services influencing to access health care

Services related to the treatment of HIV are required and play a significant role in the prevention and treatment of HIV throughout the country [17]. In many interviews, participants talked about how hard it was to access services where location and distance made it challenging.

Firstly, the difficulty of access posed by the distance of health care services in the following exemplar:

This also includes the problem of distance. The service access may be too far from the community. Before, there used to be one in Silom. Now, it moved its location. (1:4)

The above discussion highlights that distance is one of the most significant barriers to *gay men* accessing health care services. Many participants were concerned that specialty clinics were hard to locate throughout Thailand.

The participant notes that the specialty clinics for the treatment of sexually transmitted diseases are difficult to find in Thailand. There is even greater difficulty in accessing these services in remote areas. These findings are similar to those from a study in Thailand that indicated that too few clinics were available providing specific services related to health promotion and counselling, with a focus on sexual risk behaviour for gay men [7].

TABLE I BARRIERS TO ACCESSING HEALTH CARE SERVICES

Theme	Representative quotes
Lack of information	I just get information from general websites. I considered myself lucky for being a volunteer here because I'm always updated with new information unlike others who have limited access to these updates. Like some people today still don't know or may know that prescriptions can be taken within 72 hours after being infected with HIV I think this kind of information should be more publicized. (1:4)
Privacy concern	Perhaps there should be more private, because some people might really be embarrassed. They do not want people to know that they are getting the blood test. Perhaps more specific service, but more private. (27:14)
Location of services influencing to access health care	Actually, specialized clinics relating to sexually transmitted diseases are very hard to find in Thailand, especially in other provinces. (4:9)

B. Gay men's expectation of the health care system and effective HIV prevention

1) Specific services and clinics

Evidence shows that specific clinics for gay men are few in Thailand. This situation is a barrier to the gay community accessing HIV prevention programs [3]. These findings give insight into the salient reasons why the *gay men* prefer services specific for the needs of their group as the following excerpts identify. The participants expressed fear of negative stigma associated with being infected with HIV and it is clear that this lends itself to why the participant prefers a specialised clinic:

It should be the specialised clinic. Most of the people who realized they were infected would not want to go to the other one. They are afraid that people around them will find out. Most of the people nowadays assume that the infected people are bad people. They are loathed and society has prejudiced against them. (19:9)

A feeling of embarrassment is the main concern contributing to gay man participants avoiding the general health services:

Well, if there is the special clinic for gay, and not only for general people then it is good. It is not as embarrassing to be in the place with mixed people. (11:11)

The healthcare system is important to assess in relation to the behaviour of gay men to HIV issues. The healthcare system is a key component to supporting gay men in the reduction of the incidence of HIV. In contrast, discrimination and stigma are a barrier to gay men seeking appropriate health services [18].

2) The need of specific information regarding prevention

The relevant information around HIV issues seems to be significant to *gay men* behaviours and it is important in the prevention of HIV [9]. This project explored the expectations of gay men regarding the need for HIV information that impacts on positive sexual health behaviours this being one of the main components in HIV prevention. Many gay men emphasised the significance of the information provided to both HIV negative and positive people.

I would like to rise is that I think public information regarding...the treatment after potential risk like condoms broke or internal ejaculation or things like that. There is still very few information about this. I think we need more information on how to use PEP or something like that. It should be more promoted since there is the lack of this kind of information today. (9:8)

The next HIV positive *gay man* suggested that it is also important to provide information to gay men according to the role they play during the sexual act:

Honestly I want both the top and the bottom one to use protection. To get more knowledge on this, as the bottom one doesn't know much and they are at more risk to get the disease than the top one. (14:7)

Many Gay men participants focus on the different identities and sexual roles of gay men that might contribute to variability in the risk of contracting an infection. There is therefore a need for information targeted at particular subgroups of gay men as the information although the same is not perceived as relevant when the gay man plays a certain sexual role, such as being in the bottom position.

3) Raising health promotion by multi-organisations support

Health promotion related to HIV issues plays a significant role in HIV prevention. An appropriate health promotion approach is effective in reducing the incidence of HIV and may assist in modifying the behaviours of the target group [19]. The results of this study indicate the need for multiple HIV health promotion strategies directed toward *gay men* as reflected in the following exemplars.

The participant suggests that all HIV organisations should establish greater HIV prevention campaigns for gay men using the public media, thus contributing toward a greater awareness of safe sex behaviours:

Right now, I want relevant agencies like Department of Public Health to promote health or safe sex among homosexual groups through public media or campaigns. I want them to pay more attention. (4:10)

The issue of HIV prevention in the sex entertainment venues frequented by gay men:

They wouldn't say it out loud that you need to wear condom every time. The most they do was handing out condoms, lubricants. Or better yet, there were posters on protection to inform you. That was it. (7:9)

The participant provides an example of the saunas that are rarely concerned about promoting safe sex behaviours in gay men. They should be more effort to promote safe sex behaviours and HIV messages throughout the entertainment venue. However, the data from my observation of the entertainment venues throughout Bangkok revealed some HIV prevention events occurring in entertainment venues for gay men. They provided an activity to promote safe sex behaviours such as a condom use, and also STI/HIV information.

Most participants in this study view health services for gay men as significant in the prevention of HIV infection and access to the other relevant treatments that impact positively on quality of life. However, more services are needed and the provinces appear to have extremely limited or non-existent services. It is possible that a peer outreach HIV prevention program might be one effective strategy to compensate for the health services limitations [19].

TABLE II GAY MEN'S EXPECTATION OF THE HEALTH CARE SYSTEM AND EFFECTIVE HIV PREVENTION

Theme	Representative quotes
Specific services and clinics	It should be the specialised clinic. Most of the people who realized they were infected would not want to go to the other one. They are afraid that people around them will find out. Most of the people nowadays assume that the infected people are bad people. They are loathed and society has prejudiced against them. (19:9)
The need of specific information regarding prevention	For non-infected people, it should be the news that spread around for everyone. If you are not infected then you should know what you will become if you are infected. So you would protect yourself more. For infected people, I think it is regarding their work. Some company still has this limitation. They do not hire you as much. (22:8)
Raising health promotion by multi-organisations support	I believe more government supports are needed, especially in Bangkok. The service is usually provided by either Thai Red Cross Foundation or other unknown clinics. Apart from that, it is under the care of NGOs, making it looks like the government gives no importance to the matter although a large amount of budget has been approved for anti-virus drugs. (1:4) At 1 AM. The Rainbow Sky Organization was coming to promote safe sex behaviours at a HIV protection event. They provided free condoms to all customers. They also provided a game used as a competition in relation to questions around safe sex practice. At that time, that made the customers relaxed and happy. (Observation field note: 28/6/14)

IV. DISCUSSION

A. The need of specifically gay male clinic and information

Most *chaay rak chaay* (Gay man) interviewed for this study indicated that the specific clinics for gay men are inadequate and insufficient in Thailand. They also highlight that the distance between services and their availability remains a barrier to gay men utilising these health services. There is also difficulty, despite the government support, assessing gay male sexual risk

behaviours and designing targeted health promotion and HIV prevention strategies to reduce HIV problems [7].

The doctoral study reported here is the first of its kind in Thailand and highlights a number of key ways to assist in the development of health promotion interventions to help bring down the HIV infection rate of Thai gay men living in Thailand, or in the case of this particular study, Bangkok. These include expanding the use of condoms and lubricant gels coordinated by health promotion centres working in public areas [6] and promoting an awareness of HIV/AIDS prevention and skills related to safe sex activities [8]. There is also a need for the general community to know about what it is like for men to be living with HIV and for health services to be more sensitive and caring in relation to these men needing continuous health care and medical intervention.

Additionally, information associated with HIV and related concerns are required to be more accurate and specific. For example, many *chaay rak chaay* note that access to specific information is important and relevant to their sexual health behaviours and problem solving around the risk of HIV/STD infection. The information around HIV and how it is transmitted and disseminated amongst the gay community is significant to the prevention of HIV [9].

The study by Ball [20] indicates that AIDs education and information specific to HIV infection plays an important critical role in guiding gay male sexual health behaviours. Some *chaay rak chaay* described receiving inaccurate information when using general health services and this can detrimentally affect the perception of there being available appropriate sexual health clinics.

Many participants reinforced the need for specific clinics and information for the gay community in Bangkok. In order to meet their needs and improve HIV prevention throughout this group, the Thai government should be encouraged to provide more specific clinics and information relevant to HIV issues for this community. Moreover, mobile clinics for HIV services could help to decrease the barrier of distance to access services and assist the gay male subculture to have a wider access to health services. The blood bank do this effectively and a bus to provide information and medical advice to people living in the community at risk of HIV, or even living with HIV would be of enormous value in the continuing fight to reduce the infection rate.

B. Privacy concern in using health services

Chaay rak chaay participants commonly described privacy concerns as a barrier to accessing health care services when interviewed for this study. Most experienced feelings of embarrassment when utilising services alongside of heterosexual

clients and described being looked down upon for accessing services associated with STDs or HIV issues. The clinic specifically for gay men enabled them to feel more comfortable when accessing services in comparison to the way they described feeling when they used the general clinic [16].

Some public and health service attitudes may be difficult to shift at first, but worldwide evidence suggests that breaking down the discrimination and stigma and increasing awareness of people being in same sex relationships can improve the public attitude toward gay life [21]. There is a need to revamp the way the health system engages with Gay men. The government can provide a friendly environment and ensure the system services strongly protect the client's personal information. In addition, the location of some services for *chaay rak chaay* could be separated from others to ensure that their privacy will be protected during the entire health care experience of using services [16, 22]. This need however will change as mainstream services become more accepting and focused on the health care needs of gay people generally.

Confidentiality concerns influence *chaay rak chaay* when deciding whether or not to use services [16]. The findings of the research project highlight that the participants were especially concerned about the potential for the 'leaking' of personal information and that others may learn of them accessing services associated with HIV [15].

Participants also revealed that the free condoms provided by the health service are less frequently collected by gay men; especially if this service is provided in a public area. It is useful to dispense them in male toilets and this can reduce feelings of shame and it is more likely to protect their privacy [23]. Additionally, the embarrassment of buying the condoms from the store or pharmacy is experienced by many gay men and this is a significant cause of gay men engaging in unsafe sexual activity [24].

A study of bisexual men reveals that the privacy services in relation to environment and space are important in increasing and promoting access to health services [16]. Such issues are indicative of the need for a major population attitude shift in order to reduce the isolation gay men feel living in Bangkok but also in the context of increasing awareness across all places in Thailand about HIV, not just men living with HIV.

C. Expectation on the effectiveness of any HIV prevention strategy

Most *chaay rak chaay* participants identified a specific health promotion approach to reducing HIV risk infection such as HIV/STI prevention. Other participants associated this with increasing well-being across the gay male community. An appropriate health promotion program designed specifically for

gay men to reduce the incidence and spread of HIV could contribute in modifying unsafe sexual activities in the target population [19].

The outcome of participant discussions further suggests that government support of HIV prevention requires a greater emphasis on the provision of specific services, increasing promotion of safe sex activities and HIV prevention, as well as providing easy access to adequate HIV information and funding relevant to the issue of HIV. Jose, Nelson [25] in Puerto Rico recruited 587 gay men to a workshop intervention that integrated the health belief model, concept of self-efficiency and community development. The Jose, Nelson [25] intervention revealed an improvement regarding knowledge, attitude and behaviour related to HIV prevention.

Chaay rak chaay participants expected to be broadly supported by government organisations and NGOs that run HIV prevention projects for the gay community. The need for funding of ARV (anti retro viral) treatment has to be addressed. Evidence indicates that the Thai government and non-government organisations have become more committed to finding HIV prevention strategies and have begun to establish several HIV prevention projects [2]. For example, the Thai Government has established Anti Retrovirus Therapy (ART) and included universal public health insurance for people who are living with HIV/ AIDS. However, people living in poor and remote areas including *chaay rak chaay* are less likely to have access to these services [3] and they are predominately mainstream focused. There is likely to be a barrier to accessing appropriate health care services for *chaay rak chaay* which results in some gay men being denied health provision and serious health monitoring [3].

A further, expectation of most *chaay rak chaay* participants was the need for a greater emphasis on emotional campaigns directed at HIV prevention on public media sites. In order to be an effective HIV prevention strategy, the HIV information should be attractive and much more motivating toward a greater awareness of protecting against infection.

Such a process would also assist to reduce discrimination and potentially have a positive flow on effect to the heterosexual community, as protection is not just a gay man's responsibility. As Zembylas and Vrasidas [26] suggest, the effective promotion of HIV prevention is influenced by many factors. Nowadays, the media influences people's perceptions and behaviour. Relevant information about infected people should be provided on media sites such as television and the internet.

These should stimulate the audience's attention and emotion and may create a greater awareness of safe sex practice [27]. Thailand has been provided a "Getting to Zero" project that aims to eliminate the incidence of new HIV infections between the years 2012-2016. This project has provided many advertisements

on public media in relation to promoting carrying and using the condom using the “chest pocket bag” (กระเป๋าอก/yeud okk pock thung). This promotion increases the awareness of protection in many groups of the population.

Experts suggest that a website featured on the government health department web page will deliver safe sex information, referral agency contacts, lay information about sexually transmitted diseases and access to academic information of a more technical nature [28, 29]. Potential users of the health promotion website will be able to search for information about HIV and ask questions to clarify issues regarding HIV status and treatment. This could assist to reduce the incidence of HIV infection across the Thai *chaay rak chaay* community [14].

V. CONCLUSION

The participants shared their thoughts about issues in relation to the prevention of the spread of HIV in the gay male community. Chaay rak chaay participants identified barriers to accessing health care services, expectations of health care services, and raised the possibilities for more effective HIV prevention approaches. The study also reveals that chaay rak chaay face difficulties accessing services, including a lack of information, privacy concerns and inadequate provision of services. These factors directly influence the decision of gay men to avoid appropriate health care services. These factors directly influence the decision of gay men to avoid appropriate health care services. Therefore, the specific clinic and information relevant HIV issues need to be more provided. Moreover, health care services should be aware of the privacy issues and personal confidentially issues. This concern needs to be integrated with the health care system and could result in greater use of health services by gay men. The government should provide privacy and trust when providing health-related services and ensure that privacy will be provided during the entire process of service engagement. The location of services for gay men should also potentially be separated from others to eliminate feelings of shame.

VI. LIMITATION

There was only one participant who mentioned bisexuality in the study but it is known from the literature that bisexuality and unprotected intercourse are risk factors for HIV infection [30]. This issue is worthy of further study in the context of Thai bisexual men and relationships in the context of the spread of HIV infection.

VII. RESEARCH IMPLICATION

Increasing information promotion about safe sex chat on public media may assist, as well as specific, targeted information. Additionally, promotional advertisements which

can influence people emotionally may increase the acceptance of information to engage gay men around awareness of HIV prevention measures. The Thai government could pay more attention to increasing HIV prevention via the media frequently, for example, advertisements and short films relevant to gay life and HIV should be promoted

VIII. RECOMMENDATION

Health care services could be more aware of the privacy issues and personal confidentially issues. This concern needs to be integrated into the health care system which could result in greater use of health services by gay men. The government should ensure privacy and trust when providing health-related services. Furthermore, the location of services for the chaay rak chaay population could be separated from others to eliminate feelings of shame.

IX. ACKNOWLEDGMENT

The authors express their appreciation to the volunteer participants who gave up their time to provide sensitive information. Sincere thanks are also directed toward staff of the Thai Red Cross Research Centre.

X. REFERENCES

- [1] Ainsworth, M., C. Beyrer, and A. Soucat *AIDS and public policy: the lessons and challenges of 'success' in Thailand*. Health policy, 2003. 64, 13-37.
- [2] Merson, M.H., et al., *HIV prevention 1: The history and challenge of HIV prevention*. The Lancet, 2008. 372(9637): p. 475-88.
- [3] Chariyalertsak, S., A. Aramrattana, and D. Celentano, *The HIV/AIDS epidemic in Thailand – the first two decades*, in *Public health aspects of HIV/AIDS in low and middle income countries*, D. Celentano and C. Beyrer, Editors. 2009, Springer New York. p. 401-432.
- [4] Punpanich, W., K. Ungchusak, and R. Detels, *Thailand's response to the HIV epidemic: yesterday, today, and tomorrow*. AIDS Education & Prevention, 2004. 16: p. 119- 136.
- [5] AIDS TB and STIs Control Division. *AIDS News*. 2013 [cited 2013 April 21]; 1]. Available from: <http://www.bangkok.go.th/aids/>.
- [6] The nation committee for the prevention and alleviation AIDS, *The national plan for strategic and integrated HIV AND AIDS prevention and alleviation 2007-2011: Key contents* A.W. Rose, Editor. 2007, Thailand.
- [7] Sirivongrangson, P., et al., *HIV risk behavior among HIV- infected men who have sex with men in Bangkok, Thailand*. AIDS and Behavior, 2012. 16(3): p. 618-25.
- [8] Coleman, E., *What is sexual health? Articulating a sexual health approach to HIV prevention for men who have sex with men*. AIDS and Behavior, 2011. 15 Suppl 1: p. S18-24.
- [9] Family Health International and T. Bureau of AIDS, *The Asian Epidemic Model (AEM) Projections for HIV/AIDS in Thailand: 2005-2025*. 2008. p. 1-59.

- [10] Phoolcharoen, W. *Evolution of Thailand's strategy to cope with the HIV/AIDS epidemic*. Food, Nutrition and Agriculture, 2005. 16-23.
- [11] van Griensven, F., et al., *Trends in HIV prevalence, estimated HIV incidence, and risk behavior among men who have sex with men in Bangkok, Thailand, 2003–2007*. Journal of Acquired Immune Deficiency Syndromes, 2010. 53(2): p. 234-239.
- [12] Chariyalertsak, S., et al., *HIV incidence, risk factors, and motivation for biomedical intervention among gay, bisexual men, and transgender persons in Northern Thailand*. PLoS One, 2011. 6(9): p. e24295.
- [13] Patthum, T., et al., *Health behaviors in the development and maintenance process of homosexual identity*. Journal of the Medical Association of Thailand, 2010. 93 Suppl 3: p. S6- 11.
- [14] Kasatpibal, N., et al. *Developing a web site for human immunodeficiency virus prevention in a middle income country: a pilot study from Thailand*. Cyberpsychology, Behavior and Social networking, 2012. 15, 560-563.
- [15] Ramallo, J., et al., *Exploring social networking technologies as tools for HIV prevention for men who have sex with men*. AIDS Education & Prevention, 2015. 27(4): p. 298-311.
- [16] Dodge, B., et al., *The significance of privacy and trust in providing health-related services to behaviorally bisexual men in the United States*. AIDS Education & Prevention, 2012. 24(3): p. 242-256.
- [17] Chariyalertsak, S., et al. *Prevalence, incidence, risk factors and willingness to participate in HIV vaccine trials among gay and bisexual men and transgender persons seeking HI*. AIDS Research and Human Retroviruses, 2011. 27 (10), A55.
- [18] Risher, K., et al., *Sexual stigma and discrimination as barriers to seeking appropriate healthcare among men who have sex with men in Swaziland*. Journal of the International AIDS Society, 2013. 16: p. 1-9.
- [19] Manopiboon, C., *HIV prevention in men who have sex with men [in Thai], in HIV prevention project among MSM in Thailand*, T. Plipan and K. Kladsawat, Editors. 2008, Bureau of knowledge management: Nonthaburi.
- [20] Ball, S., *The HIV-negative gay man : Developing strategies for survival and emotional well-being*. 2014, Taylor and Francis: Hoboken
- [21] Knight, D.A. and D. Jarrett *Preventive health care for men who have sex with men*. American Family Physician, 2015. 91, 844-851A.
- [22] Sabin, J.A., R.G. Riskind, and B.A. Nosek, *Health care providers' implicit and explicit attitudes toward lesbian women and gay men*. American Journal of Public Health, 2015. 105(9): p. 1831-1841.
- [23] Tamboli, B.L. *Role of unmanned condoms depots in promotion of condoms in the community during HIV/AIDS epidemic in INDIA*. National Journal of Community Medicine, 2010. 1, 118-121.
- [24] Hindustan Times. *Shy to buy a condom? Just feed the machine*. Hindustan Times (New Delhi, India) 2008 May 31 [cited 2015 September 15]; Available from: <http://infoweb.newsbank.com/resources/doc/print?p=AUNB&docref=news/12109CE4C926A2D8>.
- [25] Jose, T.A., V.-D. Nelson, and A.-B. Ivan, *Evaluation of an HIV/AIDS prevention intervention targeting Latino gay men and men who have sex with men in Puerto Rico*. AIDS Education and Prevention, 2002. 14(6): p. 445-456.
- [26] Zembylas, M. and C. Vrasidas, *Globalization, information and communication technologies, and the prospect of a 'global village': promises of inclusion or electronic colonization?* Journal of Curriculum Studies, 2005. 37(1): p. 65-83.
- [27] Young Soo, K., *Japan addresses the global HIV/AIDS crisis: The roles of media and civil society in shaping perceptions and aid*. Asian Perspective, 2015. 39(3): p. [483-511].
- [28] Wohlfeiler, D., et al., *How can we improve online HIV and STD prevention for men who have sex with men? Perspectives of hook-up website owners, website users, and HIV/STD directors*. AIDS and Behavior, 2013. 17(9): p. 3024-3033.
- [29] Grov, C., *Barebacking websites: electronic environments for reducing or inducing HIV risk*. AIDS Care, 2006. 18(8): p. 990-997.
- [30] Grov, C., et al., *Navigating Condom Use and HIV Status Disclosure with Partners Met Online: A Qualitative Pilot Study with Gay and Bisexual Men from*. AIDS Education & Prevention, 2013. 25(1): p. 72-85.

Authors'Profiles



Dr.Praditporn Pongtriang

Dr.Praditporn Pongtriang is currently Associate Dean for Research and Academic Support, Faculty of Nursing, Suratthani Rajabhat University, Thailand. Praditporn has an interest in HIV prevention research, safe sex behaviours and Health promotion issues.



Professor Tony O'Brien

Professor Tony O'Brien (RN, BA, Med.Stud, PhD.) is a health services and mental health nursing researcher who has conducted projects in New Zealand, Australia, United Kingdom and Singapore. He is currently Head of Discipline Nursing and Director of Post Graduate Course Work Master's Programs at the University of Newcastle in Australia. Tony has an interest in cultural research and Indigenous health outcomes and enjoys working with Research Higher Degree students interested in subcultural and minority group projects.



A/Prof Jane Maguire

A/Prof Jane Maguire is an internationally recognised nurse academic researcher. She has published in all major neurology speciality journals, including Nature Genetics and Plos Genetics since being awarded her PhD in 2010, in parallel with substantive academic teaching and administrative workloads. Her research experience is broad and includes qualitative designs, but her main focus is stroke genetic epidemiology and her work exploring the genetics of stroke risk and stroke outcome is internationally acknowledged. A/Prof Maguire is recognised internationally as one of the leading nurse stroke genetics researchers in the world, evidenced by many speaking invitations and session chairs at different meetings and universities.