

Refocusing HIV/AIDS interventions in Thailand: the case for male sex workers and other homosexually active men

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Although seroprevalence studies have shown that Thai male sex workers are at heightened risk of HIV infection, no sustained preventive strategies have so far targeted homosexually active men in Thailand. In this paper, we bring together data from qualitative research carried out in Pattaya (McCamish and Sittitrai 1995, 1997) and Bangkok (Storer 1999a, 1999b), with data generated during a bar-based intervention in Bangkok (Carl, unpublished report), to develop a taxonomy of sites in which the recruitment of male commercial sex can occur. We also examine the sexual networks of Thai male sex workers and their clients in order to demonstrate the overlap of commercial and non-commercial male-male sex sites, and the intersection of male commercial sex with heterosexual sex. Previous interventions directed towards Thai male sex workers been non-continuous, largely restricted to high-profile tourist areas, have not acknowledged the importance of recreational sex; and have not built up a capacity for ongoing intervention. With a change of focus, interventions directed towards sex workers could reduce the risks of HIV infection among both organized and freelance sex workers as well as their commercial and male and female casual sex partners. First, however, there needs to be a commitment to well planned and long range interventions directed by and at male sex workers.

Introduction

This paper brings together the results from a number of research studies being carried out by the authors with Thai male sex workers and their clients, and with management and staff working in the male sex industry. Representatives of community agencies working in the arena of HIV/AIDS have also participated in this work. In all, we interviewed more than 100 male sex workers, 30 clients, 10 bar managers and 10 community based organizations. The workshops and focus groups were held in a number of gay bars in Bangkok as part of an ongoing pilot intervention carried out by the Thai Red Cross in Bangkok (see Thai Red Cross 1994). A complete description of the

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methodologies used for the interviews and workshops with male sex workers, their clients and bar management can be found elsewhere, in Pattaya (McCamish and Sittitrai 1997, McCamish 1997, 1999) and Bangkok (Storer 1999a, 1999b).

Why should greater attention be paid to male-male sex behaviours?

Thailand is probably unique in the way that it has systematically tracked the progress of the HIV epidemic with surveillance of so-called risk groups beginning in 1985 (Weniger *et al.* 1991), less than a year after the first detection of HIV in the country. Surveillance (see Weniger *et al.* 1991) initially focussed on male and female sex workers and injecting drug users, though many other groups were later involved (see, for example, Ministry of Public Health (MOPH), Thailand 1995, Ungchusak *et al.* 1995).

There are two features to note about these early data: first, the surveillance of homosexually active men was in fact surveillance of male sex workers (msw); second, the initial focus assumed that the epidemic in Thailand would follow a pattern already established in the West, in which HIV infection was initially most prevalent among male homosexuals and injecting drug users (IDUs). However, the assumption that the AIDS epidemic in Thailand would mirror that of the West proved invalid and, as in other parts of Asia, the epidemic became largely heterosexually driven.

In 1991, Weniger *et al.* posited two epidemics in Thailand: the first among the population of IDUs; and the second characterized as a series of waves moving from female sex workers through male clients of the female sex workers, to wives and regular partners of the clients, and then to their children. Brown *et al.* (1994) adopted Weniger's wave model in an updated analysis of HIV in Thailand. Subsequent studies of the molecular epidemiology of AIDS in Thailand confirmed the initial independence of the two epidemics (Weniger *et al.* 1994) and showed that while HIV subtype B was prevalent among IDUs, HIV subtype E was originally prevalent among heterosexual survey groups and male and female sex workers (see figure 3 in Weniger *et al.* 1994: S17).¹ This is in contrast to North America, northern Europe and Australia where the HIV epidemics were initially concentrated among homosexually active men, and where subtype B is the most common strain.

These epidemiological studies have not only been instrumental in identifying particularly vulnerable groups in Thailand, but have also been responsible for the shift from an initial interest in homosexually active men to a greater concern with heterosexual populations and, in particular, female sex workers. This refocus is reflected in the Thai educational campaigns that were initially directed towards brothel-based female sex work (e.g. Visrutaratna *et al.* 1995, Rojanapithayakorn and Hanenberg 1996), and later expanded to family-based interventions (Lyttleton 1996). One consequence of this shift, however, was a total neglect of other homosexually active men and an absence of continuous epidemiological data for msw after mid-1994 (see for example, MOPH, Thailand 1995, Rujivipat 1997).

A number of authors (ten Brummelhuis 1993, Cohen 1996, McCamish 1997) have argued that Western models of prostitution are not necessarily relevant to Thailand and that the lines between formal and informal sex work and companionship are temporal and fluid. It is not surprising, therefore, that studies of Thai msw have concentrated on behaviours rather than contexts. Those studies of Thai msw that do exist show that the majority are behaviourally bisexual, and describe their work in terms of economic need rather than sexual identification (Nopekesom *et al.* 1991, Sittitrai *et al.* 1991, Sittitrai *et al.* 1992, Narvilai 1994, Kunawararak *et al.* 1995, Sriwatjana 1995, McCamish and Sittitrai 1997). In addition, sentinel studies show that Thai msw is at high risk of HIV infection. Kunawararak *et al.* (1994), for example, showed levels of infection at 20% among msw in northern Thailand. Beyrer (1998: 172) highlights the problem:

from 1989 to 1995 a regular twelve per cent per year [of msw in northern Thailand] were getting HIV. This was in addition to the twenty percent of men who were already positive making gay bar work about as deadly an occupation as one can imagine.

What the epidemiological data fail to distinguish, however, is how these male sex workers were infected: were they infected primarily during commercial or non-commercial sex, through heterosexual or homosexual encounters, or during sexual contact with Thais or non-Thais (*farang*)? One study on the molecular epidemiology of HIV among commercial sex workers in northern Thailand (Beyrer *et al.* 1997) is of interest in that it reveals that only one of 17 HIV-infected msw had been infected with HIV subtype B (the strain more likely transmitted by infected *farang* clients), although 12 of the 17 reported sex with *farang*. The data also show that recreational sex encounters for Thai msw can include male and female partners, 'wives' and other sex workers. Our research tells us that even where there is a safe sex culture in the commercial venues, this sometimes breaks down outside the workplace (McCamish 1990, McCamish and Sittitrai 1995, 1997, Storer 1999a), a finding consistent with research that shows that relational bonds (e.g. Morris *et al.* 1994, Pyatt and Warr 1997) and sexual contexts (e.g. Kippax *et al.* 1995, Devin and Meredith 1997) mediate the practise of safe sex. Further, anecdotal evidence suggests that Thais are more likely than *farang* clients to insist on anal intercourse with msw (de Lind van Wijngaarden 1996, Storer 1999c) and are less likely to wish to use condoms (McCamish 1999).

Studies of homosexually active men, other than commercial sex workers, have concentrated on Thai army recruits (Beyrer *et al.* 1995, Beyrer 1998, Jackson 1999, Nelson *et al.* 1998), with two other studies focussing attention on urban areas in the northeast (Sittitrai *et al.* 1992, 1993) and in the north (de Lind van Wijngaarden 1995, 1999). These studies show that same sex encounters typically comprise just one portion of the men's sexual repertoire. Indeed, only a minority of the homosexually active men report having sex exclusively with other men, and the majority are subsequently (or even concurrently) involved in one or more heterosexual relationships (Sittitrai *et al.* 1994a). This prevalence of bisexual behaviour in Thailand points to complex and interconnected sexual networks similar to those evident among Thai msw. Further, it is possible that the low rate of

infection among homosexually active men (as indicated by the MOPH statistics) and the low visibility of HIV positive persons in these areas give rise to complacency among the general population of homosexually active men (UNAIDS 1997).

Research of male homosexuality in Thailand is hampered, in part, by a lack of clear terminology, and the heterosexual-homosexual framework that dominates HIV/AIDS research in the West is particularly problematic here. It is important to note that homosexual behaviours often go unnamed in Thailand and a male who plays out the insertive role in sexual relations, particularly when the sex involves an effeminate or transgender male, will not view his behaviour in terms of sexual orientation but in terms of meeting a physical need (Jackson 1995, 1998, Lyttleton 1995). As in other parts of Asia, homosexual behaviours need 'to be set against the backcloth of strong family and community expectations to heterosexual norms' (Parker *et al.* 1998: 332); further, disclosure of one's homosexuality is difficult as it is seen to affect the family's face (Storer 1999c). Thus, while outward discrimination against homosexual behaviour is not prevalent in Thailand, as long as the behaviour is discreet (Sittitrai *et al.* 1991, 1992, Jackson 1995), tolerance does not equate with acceptance and fear of public sanction remains.

In interview, Tong, a 26-year old communications officer in Bangkok explained that: 'I feel like I lead two lives. One is with my gay friends here in Bangkok and the other is among my co-workers and family'. Chai, a 27-year old bank employee from Bangkok, said he was *afraid* to disclose his sexuality in the workplace: 'If my sexuality is revealed, there will be negative consequences in my job. I may even get dismissed'. Comments like these support the suggestion that 'societal biases and prejudices' affect the reporting of male-male sexual behaviours (Sittitrai *et al.* 1994b).

Sittitrai *et al.* (1994b :1920) argue that those men who are unable to acknowledge openly their same-sex behaviours may also be reluctant to seek information on HIV/AIDS and STD prevention, or to seek appropriate medical services when required. This effect may be compounded for men who migrate from rural villages to large cities like Bangkok, only to find themselves outside the peer support mechanisms that operate in their new communities. Sittitrai *et al.* (1994b) suggest that isolation of this kind can result in an increased chance of risk behaviour when an individual finds himself drawn into homosexual encounters characterized by anonymous and fleeting contacts that lack emotional attachment. The absence of emotional attachment may, in turn, inhibit the negotiation of safer sex practises, especially when one of the partners desires the contact and 'seduces' his partner with sexual favours.

What we have postulated thus far is that the conflation of homosexually active men with msw reflects the *real* difficulty of reaching homosexually active men whose risks and infection levels remain hidden, or worse, are closeted in the heterosexual statistics. Given that there have been numerous reports showing a decline in new infections of HIV in Thailand among previously identified heterosexual high risk groups (Mason *et al.* 1995, Mastro and Limpakarnjanarat 1995), we argue that it is timely to return attention to the population of homosexually active men.

A taxonomy of commercial sites

In Thailand, the male sex industry is extensive in the four cities of Bangkok, Chiang Mai, Pattaya and Phuket with a variety of sites for male commercial sex encounters. These are either formal (organized in commercial outlets) or informal (freelance). In Bangkok, as many as 50 commercial venues are located throughout the city (Allyn 1992a, 1997, Jackson 1995). These include the male go-go bars, the saunas and gyms offering massage services, karaoke bars, male escort services, and clubs that offer a range of services, one of which may be commercial sex. Brad, a long term *farang* resident in Thailand explains:

Now there are these gay club type and restaurant atmosphere venues. There's a social, community, gay, family environment, where commercial sex is ah is an option but not a requirement, nor necessarily an expectation by the owners.

In addition, freelance workers are found walking the streets (Narvilai 1994, Poshyachinda and Danthamrongkul 1996, Storer 1999d) or cruising the discos, pubs and cinemas frequented by homosexually active men. These freelance sites are visited by men in all walks of life, from motorcycle taxi drivers and construction workers to bank clerks and school teachers (Narvilai 1994, Jackson 1997, Storer 1999a, 1999b). In Pattaya, the extra prospect for cruising the waterfront at night and the beaches during the day exists, and an efficiently operated 'gay' beach scene at adjacent Jomtien Beach provides excellent opportunity for worker and client to coincide (McCamish and Sittitrai 1997, McCamish 1999).

The overriding characteristic of the 'organized' sites is that an *off* fee must be paid to the management of the establishment in order to access the services of the worker.² This fee is fixed and independent of what happens between client and worker, and effectively releases the worker from attendance at the establishment until the following day (McCamish and Sittitrai 1997, McCamish 1999). The organized sites are further subdivided into those where access to sexual services is the primary purpose and those where commercial sex is 'an option but not ... necessarily an expectation'. The latter include food and drink outlets where staff are employed as waiters, but can also be taken *off*. Freelance sites, by definition, do not require an *off* fee and comprise establishments like discos or snooker parlours, where workers can congregate with friends but be available should opportunity arise, or open spaces in which the search for clients is the paramount purpose.

We note at this point that the distinctions made here are not tidy: many sites differ in name rather than purpose (e.g. escort agencies and call boy services), while others share names but not function. Some saunas, for example, provide commercial sex services, whereas others provide a 'sex on premises' venue for homosexually active men. Similarly, both commercial and non-commercial sexual encounters are played out in the 'porn' cinemas. We have attempted to summarize this complexity in table 1.³

Sexual networks of male sex workers and their clients

Our studies have identified the ready mobility of male bar workers. This is consistent with reports by Sittitrai *et al.* (1994a) which showed that the average

Table 1. Taxonomy of commercial sexual recruitment sites.

Places where commercial sexual recruitment can occur			
Organised (off fee)		Freelance (no off fee)	
Primarily for sex	Primarily other services	Establishments	Open spaces
Go-go Bars	Hotels and bars	Saunas	Streets
Pubs	Cocktail lounges	Discos	Parks
Private clubs	Restaurants	Snooker halls	Beaches
Member lounges	Karaoke bars	Karaoke bars	
Massage parlours		Shopping centres	
Escort agencies		'Porn' cinemas	
Call boy services		Food and drink outlets	

stop at a bar was little more than two months.⁴ As Sam, a Bangkok bar worker, explained, moving from bar to bar allows a worker to capitalize on the fact that clients like to 'change flavours' (*plian rot chaat*) and seek 'new boys':

Ask any of the boys. They will have worked in at least five different bars because the boys change bars often. After a while no one will take you *off* any more. So you move, and become a new boy at another bar. Like when I was at the *Stud* bar. I was an old boy there. But when I went to the *Stallion*, I was a new boy again.

By shifting sites, Sam was able to improve his income. Other workers have other motives. They may shift bars out of boredom, or even move between towns for a change of scene; Tui, a Bangkok bar worker, described how he would get away for a change of scene: 'Sometimes when I want to get away for a few days I'll go down to Pattaya and work in one of the bars where I used to work before'. Other sex workers mix as well as shift their sites and it is not uncommon for bar workers to cruise the discos after the bars close, or the parks or beaches during the day, especially when they have not been *off* for a few days or when rent or other payments are due.

Some men temporarily move in and out of sex work, not uncommonly to return home for the planting and harvest season, as the majority of bar workers come from the countryside and have farming backgrounds (Sittitrai *et al.* 1994a, McCamish and Sittitrai 1997). Their return to sex work is often accompanied by a change in bar. For other men, sex work is occasional and provides an opportunity to supplement their income. Mitr had his own small trading business in Bangkok, but as he explained: 'the money is not turning round and I can't meet expenses. A friend told me about cruising here [the park]. So here I am'. Others move to the periphery of the industry. Bar staff, waiters, doormen and the like, are generally recruited from ex-bar workers, and while their current employment is not primarily associated with sex work, many can still be taken *off*.

Clients, too, are not restricted to any specific site in their search for commercial sexual partners and, like workers, may combine a number of them in a short space of time. Here Len, an expatriate living and working on the outskirts of Bangkok, describes a typical night out on the town.

I like to make a night of it, so I check into the Toreador Hotel. If I get there in the afternoon I can usually pick up a boy hanging out in the coffee shop. Later, I'll catch up with friends, go out for dinner, and then hit the bars. If I don't find anything I like in the bars, then I can always get another trick in the coffee shop when I get back.

Such multi-focused cruising is not restricted to *farang* but also characterizes the homosexually active Thai male. Toi, a Thai designer, reflects on the variety in his life:

I used to go to the disco nearly every night and to the saunas, but I'm too old now. Sometimes I go to the go-go bars in Bangkok, or Pattaya when we go down for the weekend. I also go to the Body Club for a massage, and if I have nothing to do on the weekend, I'll cruise the cinema or the park.

It is important to understand here that when Toi refers to the cinema and the park, he is identifying the hope for a non-commercial encounter. Thus, it is not uncommon for clients, even in the same day, to oscillate between commercial and non-commercial sexual partners. Gary, who is a frequent visitor to Pattaya would 'catch the first bus to Bangkok ... go to a porn cinema for a few hours [before going] to the sauna, and then catch the second last bus back to Pattaya in plenty of time for the bars'.

These examples illustrate the mobility of both workers and clients across all the organized and freelance sexual sites. What has been overlooked so far is the fact that sex workers have private lives. On the one hand, they may be involved in long-term relationships. Nath, for example, was married and supporting two children, while Thong, reported that 'there are boys working in the bars who are lovers'. On the other hand, the msw may be involved in primarily casual and recreational heterosexual and homosexual encounters.

I have a girlfriend but sometimes when I go out, there are people, women who can really get your attention. And then anything can happen. (Ohd)

I'm pretty sure that my boyfriend has other partners so I think it's okay for me to play around too. (Jack)

In some instances, a worker may assume the role of client to another sex worker, male or female. Toey and his friends, all freelance workers in Pattaya, bought *off* a young bar worker for Pok on his birthday.

Thus, in addition to clients, workers will include regular and casual, free and commercial, male and female, Thai and foreign sexual partners, a pattern which was also reported in de Lind van Wijngaarden's study (1996) of the types of sexual partner of bar boys in Chiang Mai. Clients, similarly, range widely in their patterns of sexual partner. Paul, a regular visitor to Thailand frequented male sex worker bars in both New York and Thailand. Unlike the majority of workers, who identify as 'non-gay', the majority of clients identify as 'gay' and so heterosexual choices are less frequent, though it is not that uncommon to see single women, or bisexual couples *offing* workers from the bars.

The interconnectivity of the networks of both clients and workers which will include both commercial and non-commercial sexual encounters is summarized in figure 1.

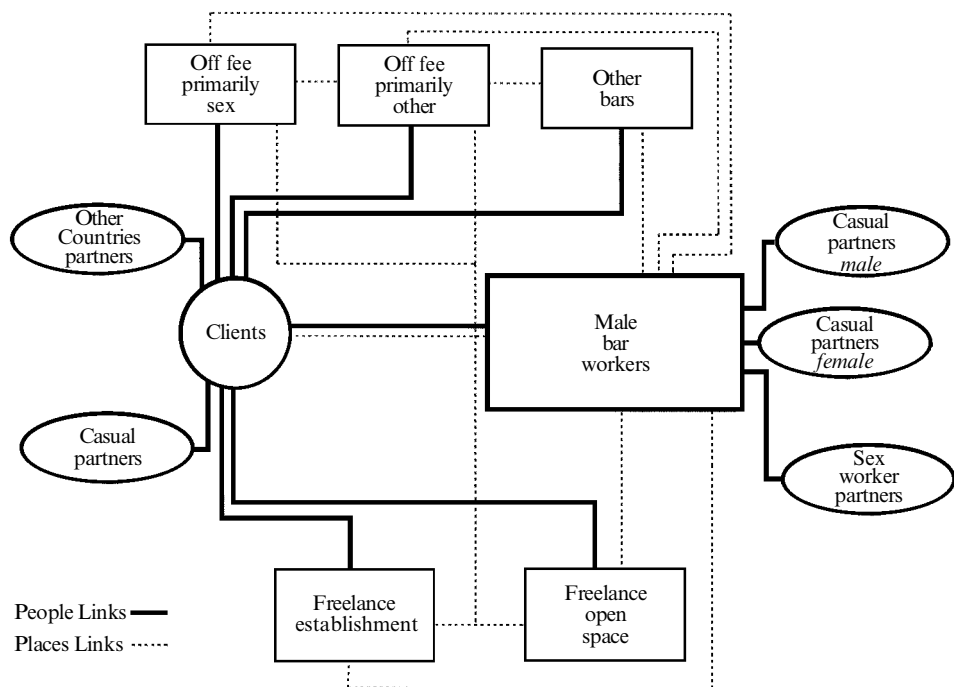


Figure 1. Map of sexual networks of Thai MSW and clients

A response from within

No continuous interventions have been conducted among populations of homosexually active men in Thailand.⁵ In addition, while many studies have been conducted among populations of msw, no continuous interventions have been conducted with msw. In 1989 two organizations were set up in Bangkok out of concern for the possible spread of HIV/AIDS among homosexually active men and msw (Sittitrai and Brown 1994). The first, the Fraternity for AIDS Cessation in Thailand (FACT), used cabaret entertainment as the medium to present HIV prevention messages to both male and female sex workers (Timm 1989, Teerarojpongse 1993). In part, FACT, tapping into the dissatisfaction some homosexually active Thai men felt with the commercial bar scene, also became a social group reaching into the larger population of homosexually active men and began monthly social meetings which offered a volunteer reserve for FACT's AIDS prevention projects. A monthly newsletter, *FACT Sheet* was also produced to disseminate information on HIV/AIDS prevention and other issues concerning homosexually active men populations in Thailand.

Seed funding for FACT cabaret-based interventions came from the Thai MOPH, and MOPH officials attended these performances and distributed condoms and HIV-related literature. Promises for extended funds from the Ministry and anticipated resources from international gay AIDS NGOs failed to materialize. This absence of guaranteed and continuing funding and the fact that over the years FACT has spread its operations 'too thin' by opening branch chapters in the North and Northeast, and targeting populations other

than homosexually active men (Chiemcharoen 1995), has meant that much of the public attention FACT once received has now faded.⁶

A second group, the Gay Entrepreneurs Association of Thailand (GEAT), was also established in 1989. GEAT was made up of Bangkok's gay bar owners (Allyn 1992b: 94), and dealt with issues of mutual business interest, from exchanging information on problematic bar boys and customers to negotiating with government officials on a number of issues including health education. However, GEAT faded away when government and non-government agencies working to prevent HIV infection shifted attention away from homosexually active men and msw to female sex workers and their clients, though a few of the organization's more active members have continued to provide in-house HIV/AIDS programming.⁷

A group in Chiang Mai, *Chai Chuay Chai* (men helping men), was 'based on the concept of a sex workers group which would train men working in the industry to be peer educators' (Beyrer 1998: 173). However, according to Beyrer (1998: 174), the project failed to have an effect on seroincidence after a year and, as Borthwick (1999) has also noted, the group faltered when it began to target other homosexually active men, perhaps because the target population became less clearly defined and because the intervention 'needs' were not identified locally, that is, by homosexually active men themselves. A premise of the *Chai Chuay Chai* project was that it would be possible to develop a sense of 'pride' and solidarity among homosexually active men (de Lind van Wijngaarden 1995). But as indicated above, a preoccupation of identity over behaviour is problematic and it was not apparent that identity was a concern of the target population.

Two questions emerge from these three examples: first, is it possible to target interventions where there are no common interests or no shared sense of identity; and second, can interventions be sustainable when the needs are not defined and perceived locally?

Lessons learned

In an UNAIDS-sponsored colloquium held at the Fourth International Congress on AIDS in Asia and the Pacific (Best Practices 1997), five projects targeting commercial sex workers in Asia reported on their work. What was most remarkable about this colloquium was that the reports were given by female sex workers, all but one speaking through an interpreter. The women talked about the project activities and the roles they were playing, and provided an evaluation of the intervention. They called for safer work conditions, an environment that promotes health management and is free of harassment. Their message was eloquent and clear; best practise is found in projects that actively involve the target group in the identification of needs, design and delivery, and evaluation, and which engage the target population in decision making about their lives.⁸ The Thai non-government organization, EMPOWER (Education Means Protection Of Women Engaged in Recreation: Wilson 1996) has long understood the need to involve female sex workers actively in its project activities, to promote self-esteem as a prerequisite to successful negotiation and personal health management, and to promote prostitution as a legitimate form of work.

So far, interventions directed at Thai male bar workers have tended to focus attention on the high profile 'tourist' bars.⁹ However, our research shows that in both the 'local' and 'tourist' bars, the negotiations that take place between workers and their potential customers is limited and full of ambiguity. Further, it is important to remember that negotiation for male bar workers means negotiating sexual practise, sexual safety and payment, all of this while satisfying the 'protocol of service' (*ao jai khaek; taam jai khaek*), which demands that the workers 'please the customer' (Storer 1999a, 1999b).

Discussion and conclusions

Our mapping of the sexual networks for homosexually active men shows the interconnectedness of homosexual and heterosexual commercial and non-commercial networks, a complexity which indicates that bar-based interventions have the potential to access directly or diffuse to both organized and freelance msw, as well as to their clients and male and female casual sex partners. Focusing HIV-preventive interventions in bars makes good sense for other reasons as well. First, bars are epidemiologically identified sites of high HIV prevalence as shown by MOPH sentinel surveillance reports (MOPH, Thailand 1995, Ungchusak *et al.* 1995). In the absence of any other epidemiologic data on homosexually active men which point to the contrary, bars at least provide access to large, identifiable groups of homosexually active men with probably the greatest concentration of high risk behaviours. In addition, focusing on bars provides an opportunity to maximize resources, in the face of the current economic meltdown being experienced in Thailand and the subsequent impact on funding in the health sector.

Second, interventions in bars address not only the risk, but also the vulnerability of workers. As Sittitrai (1998) has argued: 'Vulnerability is about ... the amount of control you have over your own risk behaviour'. Although the bars provide the msw with some degree of protection, the workers are subject to the policies of the bars and to the dictates of management. Our research suggests that msw in bars have fewer choices than do their freelance counterparts in terms of what they do and with whom they do it (McCamish 1999, Storer 1999a). Consequently, they are less likely to be able to reject a client, even when they are pressured to engage in unprotected anal sex. In some bars, where they are not part of the *off* negotiations, the workers are also victims of the power asymmetries with the *mamasan* or *kaptan*, and may feel locked into the 'protocol of service' (Storer 1999a).

Third, the ease with which workers migrate among bars suggests that there are overriding similarities in bar culture. With managerial support a neutral or hostile environment could be converted into a supportive one, so that new recruits would encounter worker-driven and management endorsed strategies to reduce vulnerability and risk immediately, rather than be dependent on itinerant, non-continuous, externally driven interventions. Inter-bar migration, rather than hindering sustainable interventions, could hopefully facilitate the spread of the intervention.

We conclude that bar-based interventions *can* directly access or diffuse to

both organized and freelance msw, as well as to their clients and casual sex partners. In order to reach these populations of homosexually active men, interventions need to provide detailed information relating to risk behaviours without being sexual identity specific; that is, they should address both male-male and male-female sexual behaviours. Successful interventions need also to address issues relating to self-esteem, communication and sexual negotiation, and create a supportive environment through messages and services to all facets of the sexual network. Finally, interventions should address decision making and problem solving skills development: what decisions are male sex workers and their clients making about personal risk assessment and what alternatives are there for personal risk reduction?

Bar-based interventions will not succeed if they remain non-continuous and restricted to high-profile tourist areas; if they do not acknowledge the importance of recreational sex; and if they do not build on the resources and experiences within the msw group. Furthermore, interventions need to have stable long-term funding to enable them to develop strategically to meet the changing needs of the workers. All of this suggests that interventions must seek to build peer support mechanisms among the bar workers, while promoting managerial support for safe sex practises. In addition, it also suggests a commitment to developing strategic skills among bar workers and bar management, which, in turn, would allow them to direct and plan ongoing interventions.¹¹

Notes

1. According to the chronology described in Weniger *et al.* (1994: 17), male and female prostitutes identified by 'sentinel heterosexual survey groups' initiated the 'mainly sexual spread' of HIV subtype E. We have identified in the text the problem caused by subsuming the category of homosexually active men into msw. Weniger's classification compounds the problem by containing msw within the category 'heterosexual survey groups'.
2. The word *off* has been incorporated into the Thai vernacular and refers to 'going off' with a client and to the fee paid to the bar by the customer when he takes a worker *off* (Storer 1999a).
3. While the majority of data that has informed this classification came from studies in Bangkok and Pattaya, a similar diversity of sites has been reported in a study of the social geography of homosexual desire carried out in Chiang Mai (de Lind van Wijngaarden 1995, 1999) and a study of men who have sex with men (msm) in the north-east of Thailand (Sittitrai *et al.* 1992).
4. Thai male bar workers appear to be far more mobile than their female counterparts, for whom there are fewer alternative viable employment opportunities.
5. Parker *et al.* (1998: 337) argue that while there are several published studies of homosexual and bisexual behaviours in Thailand (as noted above), 'references to Thai prevention programmes are almost entirely non-existent whether as published reports or even conference presentations'.
6. FACT was headed up by gay Thai activist, Natee Teerarojjanapongs. Its initial HIV-preventive work involved cabaret shows for msw in Bangkok and Pattaya, and later a cruise squad, targeting recreational and commercial msm in 'non-organized' sexual sites. Within a year of establishment, the focus was further broadened to include female sex workers, students and the general public (Anon 1989, Timm 1989, Mr Eric 1990, Teerarojjanapongs 1993).
7. These members co-operated with FACT, distributing their FACT sheets and providing premises where workers from a number of bars could attend FACT HIV-preventive cabarets. A number of bar managers also provided safer sex messages for customers, instituted regular checks for STDs, distributed free condoms and lubricant and, in some cases, encouraged staff to refuse clients who insisted on penetrative sex without condoms. Though these activities reflected the levels of responsibility of individual bar managers, the impetus came from the early interactions with FACT, officers of the MOPH, and the Thai Red Cross.

8. Unfortunately, best practise was not a dominant theme at the conference. All of the projects represented in the colloquium were female sex worker projects with only one of the speakers making reference to male sex work. In another session, 'Sex Workers and HIV', five of the six presenters spoke about female sex work and only one referenced both male and female sex work. Sex workers were notably absent from this session. In a third session, 'Transgenders Issues and HIV', only one of the presenters was a transgender person. The silence around male sex work was indicative of the conference programme itself, and papers on male sex work were largely consigned to poster sessions or tucked away into the all-nebulous group called 'men who have sex with men'. It seems that commercial sex work remains conflated with female sex work.
9. Since preparing this manuscript, we have learned of a planned 8-month long intervention that will focus on msw working in suburban bars in Bangkok. This intervention is to be implemented by the Thai NGO, Life and Hope, and is being funded by the Asian Positive Network (Toh 1999).
10. These terms are here used almost interchangeably, and they identify bar staff with whom clients can negotiate the *off* rather than with the workers themselves. This negotiation through an intermediary is more common in 'local' bars (see Storer 1999b) and it is not unknown for such staff to require 'compensation' for recommending particular workers. This dichotomy of negotiation practise is further evidence of the need for interventions to address both 'tourist' and 'local' bars.
11. In developing effective interventions it would be foolish to overlook the work of EMPOWER, with whom there may well be opportunities for collaboration. EMPOWER's success and longevity can be attributed to the fact that they aim to identify and address 'the experiences and concerns of women in the trade' (Wilson 1996: 334), and to EMPOWER female workers to organize collectively on community-identified issues including HIV-prevention issues of both workers and clients (Apisuk *et al.* 1990). EMPOWER's approaches and the ones recommended in this paper are endorsed by the World Health Organization (1997) and incorporate well documented principles of health promotion (Commonwealth of Australia 1998: 4547).

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Résumé

Bien que des études de prévalence du VIH aient démontré que les prostitués mâles thaïlandais courent de très grands risques d'être contaminé par le VIH, jusqu'ici aucune stratégie préventive suivie n'a été ciblée sur les hommes homosexuellement actifs en Thaïlande. Dans cet article, nous rassemblons des données issues de recherches qualitatives effectuées à Pattaya (McCamish & Sittitjai, 1995, 1997) et à Bangkok (Storer, 1999a, 1999b) et des données produites lors d'une intervention dans un bar de Bangkok (Carl, rapport non publié), afin de développer une taxinomie des lieux dans lesquels la prostitution homosexuelle est proposée. Nous examinons également les réseaux sexuels de prostitués thaïlandais et de leurs clients afin de démontrer la superposition des lieux de sexe commercial et non commercial homosexuel et l'intersection entre sexe commercial homosexuel et sexe hétérosexuel. Les interventions ciblées auprès des prostitués thaïlandais réalisées précédemment n'ont pas été poursuivies ; elles ont été pour la plupart restreintes aux grandes régions touristiques ; elles n'ont pas reconnu l'importance des relations sexuelles récréatives et n'ont pas créé les conditions nécessaires à une intervention suivie. En changeant d'orientation, les interventions ciblées sur les prostitués pourraient diminuer les risques de contamination par le VIH chez ces derniers, qu'ils soient organisés ou indépendants, ainsi que chez leurs partenaires, masculins ou féminins, avec lesquels ils ont des relations sexuelles commerciales ou occasionnelles. Dans ce but, il faudrait s'impliquer dans des interventions à long terme bien planifiées qui soient non seulement ciblées sur les prostitués mais aussi dirigées par eux.

Resumen

Aunque estudios sobre la frecuencia de seropositivos demuestran que los trabajadores de sexo tailandeses tienen el mayor riesgo de infectarse por HIV, no se han creado estrategias sostenidas de prevención dirigidas a homosexuales activos en Tailandia. En este documento, reunimos datos de

estudios cualitativos llevados a cabo en Pattaya (McCamish y Sittitrai 1995, 1997) y Bangkok (Storer 1999a, 1999b), con otros datos generados durante un control en un bar de Bangkok (Carl, informe sin publicar), para crear una taxonomía de los lugares seleccionados para el comercio sexual entre hombres. También se examinan las redes sexuales de trabajadores de sexo tailandeses y sus clientes a fin de demostrar la coincidencia parcial de los lugares comerciales, y no comerciales, donde ocurren las relaciones sexuales entre hombres, y la intersección del comercio sexual masculino con la población heterosexual. Otros controles anteriores entre trabajadores de sexo tailandeses han tenido un carácter discontinuo, y ocurren sobre todo en las zonas más turísticas. Estos estudios tampoco reconocen la importancia del sexo por diversión; y no han introducido medidas para un control continuo. Cambiando el enfoque y con intervenciones dirigidas a los que comercian con sexo, se podría reducir el riesgo de infección de VIH entre la población que vende sexo, ya sea organizada o autónoma, y de sus compañeros sexuales casuales de ambos sexos. No obstante, primero debe existir un compromiso de controles bien planificados y a largo plazo dirigidos a los trabajadores de sexo.