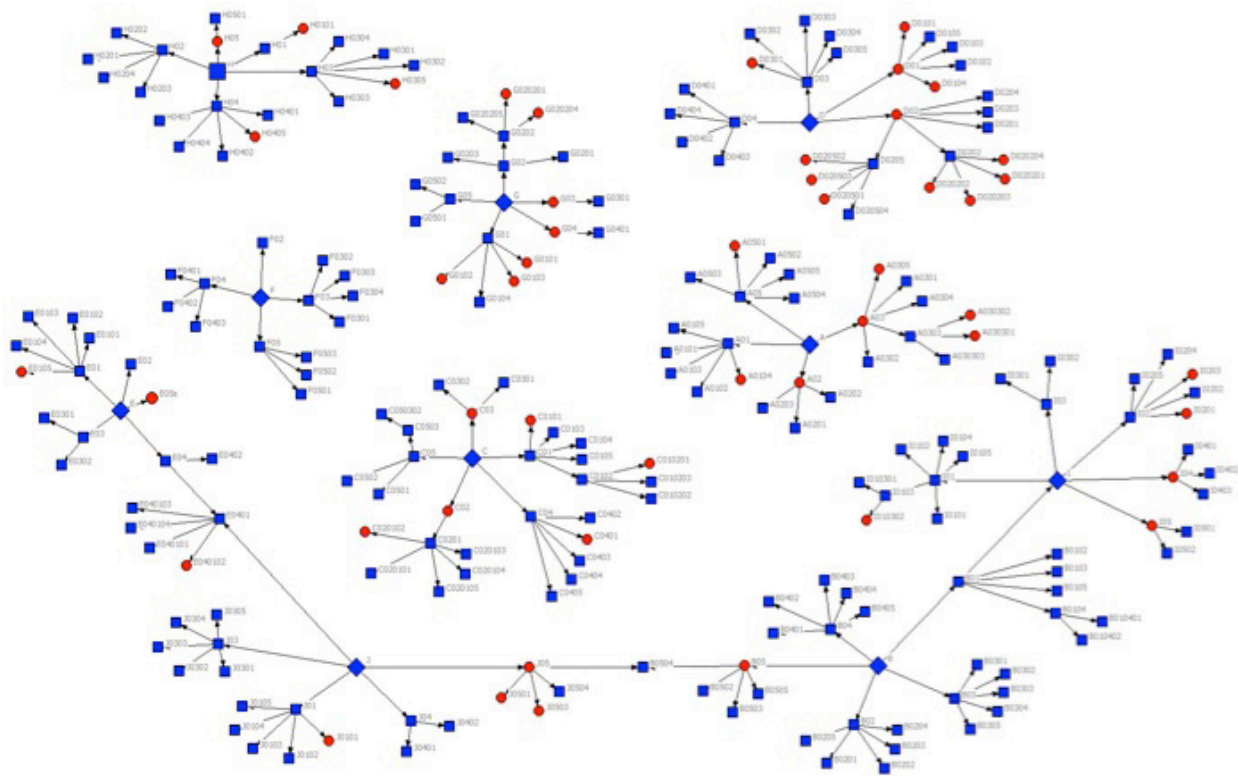




## FINAL REPORT

# Exploring the sexual networks of men who have sex with men and women in Hanoi, Vietnam



## Authors

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# EXECUTIVE SUMMARY

## 1.1 BACKGROUND

Funded through AusAID's Australian Development Research Awards (2009), the Burnet Institute conducted this research to explore the sexual networks of men who have sex with both men and women in Vientiane, Lao PDR and Hanoi, Vietnam. The research aimed to identify network characteristics that promote or block HIV transmission in this network. In Vietnam the study involved collaboration between the Centre for Population Health and the Centre for International Health at the Burnet Institute and the VICOMC.

## 1.2 RATIONALE

A number of women, mostly married and generally considered at "low-risk", are becoming infected with HIV by their spouses. Projections in the Commission on AIDS in Asia report estimate that, by 2020, 20% of HIV infections will be among women infected by their spouses, a proportion of who will have been infected through male-to-male sex. Preventing HIV infection among this group of women starts with the prevention of HIV infection of their male sexual partners. HIV interventions which aim to address rising infections among men who have sex with men in Asia are currently inadequate due to limited coverage and lack of investment in scaling up services. Where services are provided, uptake is generally high, however most programs for men who have sex with men and transgender do not target men who also have female partners.

In Vietnam the initial response to the HIV epidemic focussed on people who inject drugs and female sex workers as high risk groups. Until recently scant attention was given to men who have sex with men, in part due to their lack of recognition in mainstream Vietnamese society. As a likely consequence of this response, Vietnamese men who have sex with men have reported falsely low perceptions of HIV risk. Consistent condom use is also still reported to be low.

There remains significant societal pressure in Vietnam for men who have sex with other men to marry. Moreover men who have sex with men in Vietnam often report wide ranging sexual networks including transactional, casual and regular sexual partners both male and female.

The potential for men who have sex with men to act as a bridge for HIV spread to the general population is of particular concern in Vietnam given recent HIV prevalence estimates to be 14.8% in Ho Chi Minh City and 17.3% in Hanoi in this population.

To reduce the transmission of HIV in Asia it is important to understand the sexual relationships and practices of men who have sex with both men and women. It is essential to understand the beliefs and attitudes towards HIV risk which drive the decision making processes of this group of men in order to develop effective HIV prevention interventions and target them effectively.

## 1.3 METHODS

There were two distinct objectives of this study that were addressed sequentially in two components:

- Conduct qualitative research to generate a rich set of data about beliefs and attitudes to sexuality, gender, and sexual health of men who have sex with men and women; and
- Conduct quantitative research to describe and map the social and sexual networks of men who have sex with men and women in Hanoi, Vietnam, and identify key risk behaviours or individuals within the network that either promote or "block" HIV transmission within the network

### 1.3.1 Qualitative component

The qualitative research component aimed to explore the reasons why men have sex with both women and men, the context in which these interactions occur (in terms of meeting partners, negotiation of sex, and where the sex act occurs) and how place and time impact on the choice of partner and or condom use (the intersection of why and where).

A range of qualitative research techniques were used to explore these questions, including mapping, pair-wise ranking, focus group discussions and key informant interviews. Participants were recruited through the social networks of peer educator groups. Eligibility for participation in the first wave of the study included men who reported sex (oral, anal or vaginal intercourse that resulted in ejaculation) with both men and women in the previous 12 months and who lived in Hanoi. Trained facilitators conducted the focus group discussions and led the pair-wise ranking and mapping exercises.



*Post field work meeting of peer interviewers.*

### 1.3.2 Quantitative component

A cross-sectional survey using a sexual behaviour questionnaire was conducted in Hanoi with participants recruited using a modified form of respondent driven sampling. The study population was men who have sex

with men and women, and their sexual networks. Two separate questionnaires were used (one for female and one for male participants). Trained field researchers recruited participants. Ten “seed” participants, all of whom were men who reported sex with both men and women in the previous 12 months, were drawn from the qualitative research phase of the study. The seeds were deliberately selected to encompass different demographic profiles in Hanoi, including identifying two men with a history of injecting drug use. The first wave of participants comprised the sexual partners (“nodes”) of the seeds, and the second wave of participants comprised the sexual partners of the nodes identified in the first wave, and so on. Three waves of participants were recruited. Participants completed a sexual behaviour questionnaire using a personal digital assistant (PDA), and referred up to five sexual partners for participation.

## 1.4 RESULTS

### 1.4.1 Qualitative component findings

A total of 14 peer-led focus groups were held with 96 men in Hanoi between August and November 2010. Participants in the groups were recruited from venues and spaces where men who have sex with men are known and also included several focus groups specifically for men who inject drugs and also have sex with other men.

The focus group discussions were structured similarly by the peer facilitators to cover men’s initial experiences of having sex with other men (and women); the locations where men meet other men to negotiate and have sex; patterns of condom use and also the influence of alcohol and other drugs on their sexual risk practices.

The data reveal clearly that there were a wide variety of reasons why men in Hanoi had sex with other men and this was linked to but not always determined by sexual preference. Much of the narrative was focused on the idea of pleasure and how this was best achieved from a male partner.

There was also discussion of community pressure to have a partner for life even if this did not necessarily involve sexual intimacy. Lasting relationships may only be for show to family and the local community.

Alongside the issue of having a life partner and the social pressure to establish a family, participants reported a great deal of shame and stigma when having sex with men especially early on in their sexual careers. Analysis of the focus group data revealed that stigma and shame are also linked closely to the issue of culture which was raised regularly through all the focus groups.

Men in the focus groups also talked about other ways of having sex with men that has less to do with their own agency. Male only settings including prisons, university dormitories and the army also facilitated sexual contact between men and at times this was not necessarily a choice they would make themselves, though sex in male only settings did not always involve coercion.

The influence of alcohol and other drugs was also a focus of many of the discussions through the focus groups. There were many occasions where participants discussed the role of alcohol

and other drugs in facilitating both the negotiating of sex and also sexual encounters between men and women. It was also the case that alcohol could be seen to facilitate extra sexual risks including not using condoms.

There was discussion in most of the focus groups about the use of sex for income generation. This was the case for men who identified as predominantly heterosexual. Some men also described having relationships with foreign men. Sex with other men was also one way in which money could be obtained through both formal and informal employment. The use of condoms was a key question asked in all the focus groups, however, consistent condom use was rare. Participants had a clear separation between the partners that they were less likely wear condoms with, i.e. those that they ‘trusted’. Location for having sex was also an important facilitator or barrier to condom use.

### 1.4.2 Quantitative component findings

Ten seeds were initially recruited. These seeds then recruited 49 nodes in the first wave, who then nominated 155 recruited nodes in the second wave who then nominated 32 recruited nodes in the third wave. A total of 246 people were interviewed, including one surrogate and five other respondents whose data are not included in the analysis presented here. Of the 239 participants included in this analysis, there were 48 female and 191 male participants.

For 177 of these participants, penetrative sexual behaviour and partner numbers in the preceding 12 months could be reliably determined, and of these 146 males reported bisexual behaviour. In terms of sexual attraction, 31% of males described themselves as predominantly or exclusively heterosexual.

The median total number of partners reported by male participants was highest for those who reported bisexual behaviour. The median number of reported male sexual partners was also higher for bisexual men than homosexual men. Similarly the median number of total female partners was greater among men who reported bisexual behaviour compared to men who reported exclusively heterosexual behaviour. Men who reported bisexual behaviour generally reported more regular, casual and paying partners compared to male participants who reported exclusively heterosexual or homosexual behaviour.

Men who reported exclusively heterosexual or homosexual behaviour reported overall higher levels of consistent condom use than men who reported bisexual behaviour. Among men who reported bisexual behaviour, the lowest reported condom use was with their female and regular partners and the greatest with transsexual and foreign partners.

Women reported even lower levels of consistent condom use than the males in this study, with one in ten females reporting consistent condom use with their male or transsexual partners.

Overall 42% of males and 44% of females reported sex with a paying partner in the previous year, however with small

median numbers of partners only (5 and 2 respectively). Thus non-transactional sex was much more common than transactional sex in this sample.

Whilst most participants had reasonable knowledge of risk factors for HIV the overall knowledge was not high amongst either men or women. Moreover knowledge of the benefits of condom use in terms of risk transmission, whilst high, does not appear to be translated into practice.

Despite two seeds being selected with a personal history of injecting drug use current injecting drug users were not common in the sample. Nor did alcohol consumption appear to be a driver of participants' sexual behaviour.

## 1.5 DISCUSSION AND RECOMMENDATIONS

Our findings also demonstrate that homosexual and heterosexual networks are frequently linked by men engaging in bisexual behaviour in the network. Moreover some women and heterosexual men who report only low numbers of partners (and who may consider themselves at low risk of STIs) are linked into much larger networks of men who have sex with men who may engage in more high risk sexual behaviour.

Overall, consistent condom use is low in all participants and with all types of partners, despite the fact that most participants technically appreciated that the risk of HIV spread could be mitigated with the use of these during sexual intercourse. This may reflect the initial Vietnamese government (and media) approach that HIV was

predominantly transmitted via people who inject drugs and female sex workers, whilst men who have sex with men have until very recently been given minimal attention as a high-risk group, let alone as potential transmitters.

Whilst around a third of the sample reported exchange of sex for money in the last year, the low median number of paying partners and the large number of sexual partners reported in other categories means that the exchange of sex for money among participants, particularly with female sex workers, was not particularly common. Thus, many people in this Hanoi sample are easily able to find casual sex partners without paying, and traditional Vietnamese attention to HIV spread and mitigation based on people undertaking transactional sexual intercourse are unlikely to target the men and women of this sample.

Furthermore the low rates of injecting drug use amongst this sample, despite a design to try and reach people who inject drugs in this network, reaffirms that networks of men who have sex with both men and women may not be similar to those of men who inject drugs. Hence programs cannot rely on blood borne virus education programs targeting injecting drug users to inform men who have sex with both men and women.

HIV prevention messages targeted towards men in the general population and to men who have sex with men should reflect the fact that men may not identify according to distinct "straight" or "gay" groupings, and should ensure that HIV prevention messages are inclusive and include risk mitigation strategies to prevent HIV and other STIs among the partners of men who engage in sex with women and men and/or transsexuals. outreach to parks, lakes, general entertainment venues and peer to peer education may be required to reach these men differently.

There should be increased prevention education programs in work places where men may be offered money for sex, such as massage parlours, hotels and guest houses, and bars and discos. Condoms should be readily available in these work places.

New technology, such as mobile phones and social network sites should be piloted to assess the effectiveness of sending safe sex messages to men who would otherwise not access drop-in centres and "gay-oriented" entertainment venues.

All men and women should receive accurate information on all aspects of sexual health -- anal sex, vaginal sex and oral sex. Prevention education programs for people should emphasise the need to always use condoms, and not rely on subjective judgement as to another person's HIV risk. Further research should be undertaken as to how knowledge of HIV risk factors translates into action in terms of condom use and behaviours.

Finally, given the findings of this study and the increasing rates of HIV amongst men who have sex with men in Hanoi, population prevalence studies of sexual behaviour are urgently required in Vietnam. These will help determine the potential magnitude of the spread of this disease both within the population of men who have sex with men and the potential spread to the broader community.

## ABOUT THE BURNET INSTITUTE

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Specifically, our mission is:

*to achieve better health for poor and vulnerable communities in Australia and internationally through research, education and public health.*