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Understanding HIV Testing, Care, and Treatment Service Uptake

Men who have Sex with Men (MSM) in Bangkok and Chiang Mai, Thailand

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Duangta Pawa
Researcher, PSI (Thailand)
Email: duangta@psithailand.org

Yaowalak Jittakoat
Strategic Information Manager, PSI (Thailand)
Email: yaowalak@psithailand.org

Gary Mundy
Senior Regional Researcher, PSI
Email: gmundy@psi.org

PSI Thailand Foundation
Q. House Convent Building Unit 2A, 38 Convent Rd.
Silom, Bangrak, Bangkok 10500 Thailand
Tel: (662) 234-9225-9

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Executive Summary

HIV prevalence among men who have sex with men (MSM) in Thailand is as high as 30%.[1] According to studies, several factors have contributed to the risk of HIV infection, namely an engagement in unprotected sexual event, being under the influence of alcohol or narcotics during a sexual event, specifying (expressing) self-identity as a homosexual person, taking receptive role during a sexual event, and having sexual engagement with multiple partners. Despite the fact that HIV prevention activities had focused on campaigning for the use of condom at every time of sexual engagement, as well as the encouragement for people with a risk behavior to seek voluntary HIV counseling and testing (VCT) service; however, the number of those who reported that they had taken a previous HIV blood testing ranged between 17.8% to 30.4% only. Also, according to studies, the persons previously took an HIV test intended to take another test after a following period of 6 months while those who never took a blood test before gave the reason that they feared to learn about their test results. As a part of CAP-3D (Control and Prevention of Three Diseases) Project that PSI-Thailand Foundation had implemented through the collaboration with partner organizations, this qualitative research was initiated under the title “Accessing Services: Understanding HIV testing, care, and treatment uptake among men who have sex with men in Bangkok and Chiang Mai, Thailand.”

This qualitative research aims to understand the behavior of MSMs in Bangkok and Chiang Mai. The findings from this study will inform the development and design of campaigning activities to reduce HIV transmission. This study was implemented by conducting in-depth interviews with MSMs aged 18-35 years in Bangkok and Chiang Mai, totally 39 persons. The data obtained were analyzed relevantly to the key points of various topics. PSI Research Ethics Board has granted an approval for the implementation of this study.

According to the findings from in-depth interviews, there were several factors that influenced the VCT uptake. Such factors included personal factors, the factors related to service delivery model, and social factors.

[1]Van Griensven F, Varangrat A, Wimonsate W, et al. **Trends in HIV prevalence, estimated HIV incidence, and risk behavior among men who have sex with men in Bangkok, Thailand,** 2003–2007. J Acquir Immune DeficSyndr 2010;53:234–9.

Personal factors included the situations in which MSMs initiated a need to take care of their health, developed awareness about their risk of HIV, had an ability to assess their risks, had a clear goal in their life, wanted to make a future plan for their life, and had positive attitude towards people living with HIV. *Factors related to service delivery model* included the situations in which VCT servicing facilities had a measure to maintain the confidentiality of clients; had proper understanding about MSMs; had a good creditability; and had a process in place for providing support and care after informing the test results. *Social factors* included the supports from family and surrounding people, such as peers or relatives.

The approach for implementing a campaign for encouraging MSMs to come for VCT service included: (a) the development of a specific HIV risk assessment model for MSMs (as a way for them) to realize about the risk; (b) the provision of knowledge to correct the belief that '*being accepted for giving a blood donation would indicate that they had not been infected with HIV, so it would not be necessary for them to take a test*'; (c) the development of HIV testing process in a way that every step throughout the process would be confidential; (d) the establishment of a measure to raise their confidence and reduce their worry about coming for the service; (e) the initiation of positive attitude among people in society regarding HIV infection; and (f) the provision of counseling to families to reduce stigmatization and discrimination against people living with HIV.

Factors contributed to care and treatment uptake among people living with HIV included their awareness about the importance of self-care and that of their coming for care and treatment services; as well as the acquisition of information and knowledge about self-care in the case that they have acquired HIV infection and (the information) about seeking care and treatment services. The suggestible approach for intervention included (a) the provision of correct information in a way that it could change the belief about side effects of service uptake; (b) the emphasis on the importance of, and the introduction about, the technique for taking ARV medications consistently and on time; and (c) the development of service delivery system for people living with HIV in a way that the information can be kept confidential in both direct and indirect manners.

Background

Thailand has around 490,000 people living with HIV[2]; and through estimation, the number of new HIV infected cases would be 43,040 by the years 2012-2016. Among these, the infection transmitted through the sexual events among MSMs would share 41%[3]. The prevalence of sexually transmitted infections (STIs), which is the indicating number for the trend of HIV infection, has been increasing over the years. Therefore, there is still a need to monitor HIV situation in Thailand on a continual basis.

Thai government has adopted and implemented HIV prevention policy very effectively; and that has contributed to a reduction in the number of new HIV infection among general population. However, some groups of the population, especially the vulnerable ones like people who inject drugs, sexual workers, and MSMs are still a high risk of HIV infection. In the context of Thai society, most MSMs perform their behaviors secretly because social acceptance about such behaviors is still minimal.

Previous studies found that, among MSMs, there are several factors that have contributed to the risk of HIV infection, which included an engagement in unprotected sexual event, being under the influence of alcohol or narcotics during a sexual event, specifying (expressing) self-identity as a homosexual person, taking receptive role during a sexual event, and having sexual engagement with multiple partners.[4]

HIV prevention activities had focused on campaigning for the use of condom at every time of sexual engagement, as well as encouraging people with a risk behavior to seek voluntary HIV counseling and testing (VCT) service. Taking an HIV blood testing is very important. Apart from letting the persons learn about their HIV status to inform a further care and treatment for them, it also prevents the transmission of HIV to others. Among the MSMs, the number of those who reported that they used to take an HIV blood testing was in the range of 17.8% to 30.4%.[5] A study conducted in transgender persons (TG) and male sex workers (MSW) revealed that the factors contributing to their VCT uptake was their intention to take

[2]UNAIDS Global Report 2012

[3]Bureau of Epidemiology, Thailand Ministry of Public Health, 2010

[4] T. Chemnasiri, **Inconsistent condom use among young Men who have Sex with Men, Male Sex Workers, and Transgenders in Thailand**, AIDS Education and Prevention, 22(2), 100-109, 2010.

[5]Bureau of Epidemiology, Thailand Ministry of Public Health, **The Integrated Biological and Behavioral Surveillance (IBBS) Among Men Who Have Sex with Men (MSM)**, 2010.

another test after a following period of 6 months while those who never took a blood test before gave the reason that they feared to learn about their test results.[6] [7]

To implement a campaign encouraging MSMs to come for VCT service and receive care and treatment services regularly in the case that their test results come out positive, some data are required to inform the planning and designing of the intervention. Therefore, this quality research is initiated to study and understand MSMs' decision making with regard to taking a blood test to learn about their HIV status and seek care and services properly further. The findings of this study will be utilized in the development of an intervention related to a campaign for them to come for VCT service; the design of activities to reduce HIV transmission; and the development of the system for referring them to services, as well as the development of the quality of caring and treatment system.

Program Description

PSI Thailand, in collaboration with implementing partners under the Behavior Change Communication for Infectious Disease Prevention Program (CAP-3D) which was financed by United States Agency for International Development (USAID) to prevent HIV prevalence among men who have sex with men (MSM), the Program emphasized behavior change communication among populations in high-risk areas or high-epidemic area as specified in Thailand.

The goal of the intervention is to promote safe sex among MSM through peer educators and drop-in centers, the centers of activities arrangement. The implementation was based on social marketing strategy in order to enhance products and services accessibility. Activities arranged at drop-in centers consisted of application of behavior change communication to individual communication, increasing quality rapid HIV voluntary counseling and testing (HCT), development of impact populations' potentiality in order to be leaders of activities arrangement for HIV prevalence prevention, building comfort zone for MSM, increasing the reach of treatment service for people living with HIV (PLHIV), implementation monitoring and evaluation, and documentation for lesson learned from implementing outcome. The

[6]PSI Thailand Foundation, **TG TRaC Report**, 2011.
[7]PSI Thailand Foundation, **MSW TRaC Report**, 2012.

activities of peer educators implementing in the area MSM is living and individual communication related to HIV/AIDS knowledge and safe sex.

In the manner of the social marketing activities design, the population and context are needed to be comprehended for behavior change. Therefore, the objectives of this study are to serve as a reference data for the development of services, key massage, and intervention for rapid HCT service and consistent treatment. Strategic Information Team of PSI Thailand, thus, conducted this research to understand behaviors of MSM in Bangkok and Chiang Mai areas. The result would be developed and used as reference data for designing intervention activities to reduce HIV prevalence.

Research Objectives

This research aims to serve as a reference data for intervention implementing design on HCT services and consistent treatment acquisition. The study focuses on behaviors of MSM living in Bangkok and Chiang Mai areas.

The objectives include:

1. To study archetype and habit of MSM.
2. To study beliefs to reinforce and beliefs to change involving treatment and HCT services.
3. To study strategies MSM using to overcome obstacles and forward to the desirable behavior.
4. To study Openings to reach MSM.
5. To study MSM's past experiences.
6. To study knowledge and sophistication of MSM to approach decisions about the desirable behavior.
7. To study recognition about HIV prevention and treatment services.

Research Methodology

PSI Thailand conducted this qualitative research on the factors affecting HIV testing and treatment services receiving among MSM in Bangkok and Chiang Mai areas during September to November, 2013. The data collection conducted via in-depth interviews.

Target Population

Interviews were arranged for MSM age between 18 to 35 years old who lived in Bangkok and Chiang Mai areas. The participants were ones reporting had more than one sexual partner in the past 3 months before interviews. The sample populations were selected according to HIV testing behaviors which was divided into 3 groups: consistent HIV testing, testing in the past 1 year, and never had an HIV testing. HIV-positive MSM would be categorized according to treatment services receiving behaviors i.e. consistent treatment services receiving and inconsistent treatment services receiving. In total, there were 39 MSM participating in this research, 19 in Bangkok and 20 in Chiang Mai. The target could be divided according to the testing result that 26 MSM had HIV-negative or unknown status, while 13 MSM had HIV-positive result or living with HIV.

Data Collection Process

In this research, in-depth interviewing with 39 MSM in Bangkok and Chiang Mai areas was used to collect data. The interviews were arranged with collaboration of staff and peer educators from implementing partners responsible for searching and screening the interviewees. The participants had to fill the questionnaire in order to be screened by their basic qualification before involving the in-depth interviews.

The in-depth interviews were arranged by the research team following the prepared interviewing guideline from the meeting with implementing team. The interviews emphasized the composition of the Focus for Qualitative Segmentation which was used as a framework for qualitative researching in PSI Foundation. It comprised of data analytic key codes i.e. Archetype, Beliefs to Reinforce, Beliefs to Change, Strategies to Behave, Acquisition, Openings, Knowledge and Sophistication, and Category Experiences.

Data Analysis

Data collected from the interviews would be transcribed and the transcription would be brought to encode and categorize into segments according to the analytic key codes

mentioned above. Additionally, the archetype of MSM would be documented because it was the major analytic issue of the qualitative data collection.

Ethical Consideration

This research was ethically approved by the Research Ethics Board, PSI Headquarters at Washington, DC, USA, on July 25, 2013. In the research process, the participants had been requested to be consented and permitted for interviews recording. The interviews were arranged in the closed, safe place and all the collected data was kept confidentially – there was no individual's reference in the content.

Archetype

Bad, aged 26 year-old, had realized himself since he was a child that he likes men. His family also knew that even he had never mentioned. In the early stage, he was not accepted by his family. However, they gradually had better attitude and accepted him because he proved himself that though he was a man who had sex with man, he could be responsible for his living and support his family

In the time of troubles, he often consulted his mother and close friends. He always liked surfing internet in his leisure time, especially online social network. His current boyfriend had dated with him for 5 years. Before that, he had about 8 or 9 boyfriends who made contacts through his friends, met in night clubs, or knew from internet. Along the time, he also had had temporary sexual partners or part-time lovers who met with him in the night clubs and online social network.

When he had sex with his boyfriend, he hardly used condom because he felt it would reduce trust between each other. With temporary sexual partners or part-time lovers, he often used condom, yet in some situation, such as being drunk or unprepared for condom, he did not used it.

Bad was anxious about HIV infection but he dared not to receive HIV testing. He was afraid of the result. In the future, he hoped himself would be successful in his occupation or owning the business in order to take care of his family.

Research Findings

1. Lives of Men Who Have Sex with Men

Men who have sex with men (MSM) participating in this research were living in Bangkok and Chiang Mai province. Most who lived in Bangkok were from other hometowns while the audiences living in Chiang Mai were locals or from Lamphun. MSM had various occupations i.e. employees, hotel workers, private business, and students. Most MSM lived with other people i.e. family, boyfriend, and friends. Their hobbies were internet surfing, covered dance group, and exercise. In the night time, they often went out to specific night clubs for MSM.

"I'm a head of hotel front receptionist, working 6 days a week and the routine is scheduled. My day-off will be varied by each month. Some months Monday, some months Tuesday, alternate with other department. This month I have Thursday for my weekly day-off."

(CHM13, 33 year-old, Chiang Mai)

"Usually I go to bed so late, around 4 am and wake up at 10 or 11, then having lunch with friends and go back to the room. I live alone. I'm a rural person. My parents live in countryside. I'm the only one of my family who lives in Bangkok. I often go to fitness center to fit my figure not to get fat because I have to wear the same size of clothes. I cannot be fat."

(BKK06, 29 year-old, Bangkok)

"Last month I went to G Star. I don't go out at night often, about twice a month."

(CHM10, 22 year-old, Chiang Mai)

"Going out at night, it depends on do I have my friends going with me. The last time I went was the last Friday. I will go again soon for my junior's birthday party. The most often was three times a month, depended on who invited me -- regular was once a month. People who mostly invited me were my close friends, ex-boyfriend, juniors, and my tutees. They were gay, girls, and straight. The nearest place was Silom for my gay friends. RCA and Khao San Road were also my destination, and Huay Kwang, too."

(BKK02, 25 year-old, Bangkok)

"I like to covered dance of Korean singer. I was hired to dance at bars. I would watch the MV and copy the moves. We, me and my friends, would join together for rehearsal. My group

comprised of 8 people, we gathered to set the line and position. We got paid for performance fee. Our night time hanging out was the day we had performance. The job finished and hanging out at the place, or, maybe, weekend to Friday, Saturday and Sunday, three days in a roll. We often went to SOS bar at the 8th lane, it was ordinary pub for heterosexual. For gay bar it's called Go-mi-go at Mahadthai lane."

(BKK10, 20 year-old, Bangkok)

"Working at the hotel is the job I love. My dream is to be a steward. My sideline job is doing massage to get double earnings. I work 7 days a week. After two o'clock, I'll do OT until four or five. The rest of the time I'll take a break, relax time for watching movies and having meals"

(BKK18, 25 year-old, Bangkok)

The goal of MSM's lives in the next 5 years is life stability – graduated, good occupation, owning business, and get married.

"I want a better job rather than dancing. Although dancing is my skill, it is unstable job. I think I should find another jobs, maybe acting performance."

(BKK01, 19 year-old, Bangkok)

"I want to be successful. I want to be a famous scholar in provincial level, or any level. I want to be a university teacher."

(CHM09, 26 year-old, Chiang Mai)

"Thinking of myself in the next 5 years, I may still work, live with my folks. And I promise to myself that I would have to be child-like all the time, like to be good-looking in the old age."

(CHM07, 23 year-old, Chiang Mai)

"I should have stable job first. If we have stable job, something good will come to us. Some of my planning things have come already – car and home decoration. Something more than what I want to do will come to me one day. I'm growing old but living unstably."

(CHM13, 33 year-old, Chiang Mai)

The anxieties of MSM were about living towards their own goals and health issue. Some MSM reported managing their anxieties by being alone, consult to no one, and some MSM preferred to consult their close friends, mother, or older sisters.

"I'm worried about my job. At this age and I have nothing on my own. I still have to rent a room. I might be good that my two brothers/sisters have everything, so I don't have to support my parents. All I have to do is survive. Anyway, my current job is a job I can do for a moment. If I get older, I might not do this job. It's my concern, job."

(BKK06, 29 year-old, Bangkok)

"I concern about family planning. I have to plan my life well. Because I'm gay, I'm not living with my family. I have left my family since I was 15 and lived on my own until now, 27 years old, almost 12 years now. I think I have to plan a lot for my future. I have to think more."

(CHM06, 27 year-old, Chiang Mai)

"My life's changed a lot. When I want to do anything, I was worried if I could do this to uninfected people. At first, when I was infected, I was anxious about living with other people. Could I eat with other people? I feel anxious with myself, my life, my goal, everything."

(CHM13, 33 year-old, Chiang Mai)

"When I was worried or uneasy, I would stay alone quietly for a while and then called to my mom. I often talk with my mom."

(CHM09, 26 year-old, Chiang Mai)

"I would tell my mom first if I was on something bad. She always warned me to be careful living here. If I was infected, I would unable to stand by myself. I might go back to live with my mom. I might not get over it. If I was infected, all of us would be infected because we live together."

(BKK13, 20 year-old, Bangkok)

MSM participating in the interviews had known that they like men since they were children. In most cases, their mother or relatives knew that they were MSM or gay by informing them directly. However, they dared not to tell their father because they feared that he might not accept.

"My family knows I'm gay. They could not accept that at first. I was hugging my boyfriend, at that time, and my mom could see from the window. She was stunned and said nothing. She didn't have any word with me but give me money to school as usual. It's been almost a year that she could accept the truth. She would think, at first, that I was like other boys doing activities like playing football. She told me that my dad didn't say anything. But I hardly talk to him. I'm my mom's child."

(BKK13, 20 year-old, Bangkok)

"My family knows that I'm gay. I have told them myself since I was in grade 9. I told my mom, not my dad, and let her to tell dad. If I didn't tell them, I would feel uncomfortable. I'm an uncomfortable guy. Actually, my parents have known for a long time. But after I told them, I felt relieved."

(CHM10, 22 year-old, Chiang Mai)

"At first, my dad could not accept that. He was so angry, being moody every time seeing my face. After a while, I had boyfriend and let him know that, I was not sure that he knew. I didn't tell him directly that I like men. When he knew that I had a boyfriend, he was moody every time he saw me. My mom could accept this. She might not like it but she didn't show that. She often murmured about want to see grandchild. But she also said it would be a burden, having a child, for the cost of milk, tuition fee, and got no time to take care of. That's all she said."

(CHM12, 21 year-old, Chiang Mai)

"My mom knows I'm gay. But I won't let my dad know, especially his relatives. They would not accept that. They don't like gay or homosexual. They cannot accept that."

(CHM14, 32 year-old, Chiang Mai)

All MSM participating in this research had their goal of living, including occupation and education. They also concerned about how to get forward to that goal and their health. In uncomfortable time, they often talked to their mother and they could reveal their gender identity to their mother.

2. Sexual Behavior

Most MSMs interviewed in this study used to have multiple partners (ranged from 2 partners to more than 10). They and their regular partners were still in the relationship at the time of the interview, but at the same time, they also had sex with other partners out of the relationship. They came across these other partners through the Internet and from meeting them at the entertaining places at night.

"In the past, I used to have 3 lovers. The others were my "sexual partners". I don't want to use the word "sexual lovers," because I think that they were more than sexual partners. I dated with just one, but we were not lovers. It's hard to be lovers. Mostly, they just had sex and then separated; they'd just met each other actually."

(BKK04, 21 year-old, Bangkok)

"I used to have 7-8 lovers. Besides my lovers, I had sex with a lot of people, more than 10 people. It's like we weren't bound. We were likely to be partners. When we wanted to have sex, we would call each other."

(CHM08, 24 year-old, Chiang Mai)

"We knew each other for a shot time via online media. We sometimes chatted, hung out, and met each other. We all had our own groups. We just knew on the media. I had a lover who had been in relationship since I studied. We were friends since we were in hi school. He moved from Mae Taeng to live around my house. We visited; until we graduated from grade 9, we separated. Now I chat, talk "what's your name? Where do you live?", and then we acquaint. If we get along well, he continues talking, but, if not, he will stop talking and disappear. Some foreigners send me messages to talk with me. Mostly they like Thai people, but Thai people annoying. There were both Thais and foreigners."

(CHM13, 33 year-old, Chiang Mai)

With regard to sexual behavior with regular partners, most of them used condom during the initial stage of relationship and then stopped using it on a later stage; because, they started to trust the partners and wanted to increase the level of sexual pleasure.

"At the time I had a lover, I used condoms, but latterly, I didn't use them. He said I had better not use them. I had about 3 lovers. At first I use the condoms, but after we lived with each other shortly, we didn't need to use them, because we lived together."

(CHM16, 35 year-old, Chiang Mai)

"I didn't use condoms with this lover because it wasn't fun when I did. Generally, the others didn't either. If we used the condoms, they couldn't be touched directly."

(CHM02, 27 year-old, Chiang Mai)

"I used condoms. I tried to use them often, but sometimes, in an urgent need, I didn't. Sometimes, I got drunk. Mostly, I used condoms with sexual partners. With my lover, I rarely use them. Sometimes I used, but sometimes I didn't. It might be because I never used them, and when I would do, I thought my lover would think that I didn't trust him or why did I have to be that safe. However, I seldom used condoms. I tried to adjust the attitudes. We'd just pretend to be aware of the disease like herpes simplex."

(BKK05, 31 year-old, Bangkok)

"Generally, I used condoms, but, barely, I didn't, or when I was really drunk. I was conscious when I was drunk, but I was in the mood. It wasn't often. Mostly, I used condoms. With this lover, I sometimes used them. If he told me to use, I would do."

(BKK13, 20 year-old, Bangkok)

In having sex with a casual partner or a partner out of their relationship, MSMs reported that they always used condom. However, in some situations when they were drunk or did not carry condom with them; they had to have sex without using condom at that given time.

"In Bangkok, I didn't know where to find it. Previously I used it more often, but now, 40% I used, and 60% I didn't. If I could get it in time, I would use it. If he told me to use, I would. When I used condoms, it quite unsmoothed. If I didn't use it, it could get in easily, because we also had gel. It was smoother without condom. I didn't use it all the time, depending on my mood. Mostly, we had sex after we had been drunk."

(BKK13, 20 year-old, Bangkok)

"It's not possible to use condom every single time when we have sex. It's lost by 8 percent when I was drunk, or when I was convinced like "Don't you really love me?" Normally, I am a bottom. At first, I used because I didn't know about his background or whether he's clean or not. So, I had to use it at the first time and after that also. However, there might be mistakes like in case of drunkenness, or when I really need it so that I forgot the safety."

(CHM09, 26 year-old, Chiang Mai)

"With those three lovers, I didn't use condoms at all. I didn't use at the first time and also the next times. We lived together all the time, so just let it be. We were in a relationship for a few months. There were many reasons; I was infatuated by a hot boy. The chance came, so I caught it. The other one was in different situation. He's like gentlefolk. With other guys, I wouldn't. I had to use my sense. I talked with him. There wouldn't be a problem with that. He had a baby and wife. The baby was just delivered and normal. He didn't have sex with everybody. The other one was gentlefolk. He didn't yield easily. I felt I didn't need to use. Sometimes, I had, and sometimes I didn't."

(CHM01, 30 year-old, Chiang Mai)

MSMs had sex with both regular and casual partners. The situations that prevented them from having a safer sex (i.e. did not use condom) with their regular partners included a considerable length of their relationship which was long enough for them to trust each other, as well as their desire to make their sexual event more pleasurable. For casual partners,

they had unsafe sex with them when they were under the influence of alcohol, and when they assessed that such a partner was not a person living with HIV, so they did not have to use condom.

3. HIV Test

Thirty-three MSMs in this study used to take an HIV test before; and eleven persons among these just had such a test within a previous period of one year. This behavior (the intention to take a test) was derived from their beliefs and situations.

As found in this study, MSMs had the 'belief to reinforce' for taking an HIV test while some of them still had the 'belief to change' that made them fear to do so. Based on qualitative data analysis, each point can be concluded as follows.

3.1 Belief to Reinforce

Belief to reinforce is the belief, the idea, or attitude of MSMs that leads to their decision to take a test for HIV. The ones who decided to take an HIV test were those who realized that they had a risk for HIV infection; did not trust their partners; wanted to know their HIV status so they could make a future plan for their life; and felt confident that even if the test result would come out positive, they still could live their life normally.

- **Realized that they had a risk for HIV infection**

Some MSMs who took an HIV test reported that they used to engage in a sexual event without using condom, or the one in which the condom was torn. So they feared that they would have been infected by HIV; and decided to take a test thinking that they had such a risk.

"At the time I was willing to have the blood test, it's because in the meantime, I didn't use the condoms for a year. So I was afraid and really worried about it. So, I had the test. At that time, it took 7 days for the test result."

(BKK03, 21 year-old, Bangkok)

"If I felt I was risky, such as a wound in my mouth, having sex without condom, breached condom during the oral sex, I had the blood test. At first it was the time after the test. I had the test 1 or 2 times a year. It's up to the period; it's often in some years."

(BKK15, 27 year-old, Bangkok)

- **Did not trust their partners**

Some MSMs decided to take an HIV test because they did not trust their partners, given the fact that most persons in their community or among their friends tended to have multiple partners. So sometimes they could not trust their partners because they did not know whether their partners might have an unsafe sex with some other persons, and whether their partners might have performed some behaviors at risk of HIV infection. Also, sometimes they did not use condom with their regular partners either.

"The thing that made me have the test was the thought that even though I knew my partner for a long time, he might have sex with other people. When we had sex, there was sometimes that I didn't trust him. So, I had the idea and had the test."

(BKK08, 21 year-old, Bangkok)

"In my opinion, there was no such guy being sincere with me. I didn't know if he talked and secretly had sex with others, because, latterly, I didn't talk with my lover who was in Chiang Mai every day. There were so many people, and I didn't know to whom my lover talked. So, I should protect myself when we had sex."

(CHM04, 21 year-old, Chiang Mai)

- **Felt confident that even if the test results would come out positive, they could still live their life normally**

Some MSMs had perceived about HIV infection from the experience of the people around them, i.e. their friends or relatives, who had lived with HIV. Some of them had educated themselves by seeking relevant information to make them feel confident that even if they were infected, they could still live their life normally, and that they could live a long life if they would take care of and treat themselves well. By learning about such information from the experience of other persons and through the search for information; some MSMs felt confident that even if their test results would come out positive, they could still live their life normally, and that made they feel brave enough to come for an HIV test.

"Previously, I used condoms every time, so I was confident to have the test. However, after I was careless to waste my life for many times without protection, it made me feel that I was risky. And, it made me imagine whether I could accept it or not if it turned out that I had the

disease. Until one day, when I recognized that a friend of mine had it, I felt that I had a friend to accept me. So, I dared to have the test."

(BKK17, 28 year-old, Bangkok)

"My relative who had the disease was a man. He wasn't a gay. He lived in Hat Yai. It's talked among relatives. He had been living for a long time since I was young. Now, he's still alive. It has been 10 years already. I think "Oh my god. He's just a villager with no knowledge or degree, but has taken the pills from the doctor and he can still live for a long time. It's likely because he's happy with his life and with what to do at the present time, and he's not sad nor thinks about it."

(BKK12, 22 year-old, Bangkok)

"I had the idea at the first time I had the test "Let it be." It's because of what I'd done in the past. It's just only about how I would the way after that. I did ask just in case, about how they lived, what they could do together with normal people or what they could not."

(BKK05, 31 year-old, Bangkok)

"I knew a lot of the infected. I felt expressionless. They didn't act up, just like normal people. Latterly, after I had known that they had the disease, my thought was changed. At first, I didn't believe though, because they looked bright. I didn't notice, because at that time I thought the infected wouldn't have looked bright, been dark, and had pimples. When I was a child, one of my neighbors had the disease. I saw his state, so the image had embedded. Shortly after I had moved to Bangkok, I knew a friend from the same province. He was from the same hometown as my close friends, so we intimated. He told me to have the test. It was unlike in the past. There were medicines making the infected look like normal people.

(BKK15, 27 year-old, Bangkok)

- **Wanted to know their HIV status so they could make a future plan for their life**

MSMs said that if they knew their HIV status, they would be able to make a plan for their life better, no matter how the result would come out, i.e. positive or negative. They would make such a plan more properly regarding how to take care of their health and how to prevent the transmission to their partners. So, the decision to take an HIV test was derived from their desire to make a future plan for their life.

"I had to know the result, because I had a goal to achieve. We are worthy. Everybody takes care of themselves. If we like the one night standing, we won't be worried. As a gay, without any lover and child, just let it be. We didn't have to be responsible for anything, but for those who wanted to have children, it's impossible. We have to know about ourselves. If we have the disease, we'll not have children. However, as a loner, we don't have to be worried. We will just die when the time comes. AIDS is not scary.

(CHM01, 30 year-old, Chiang Mai)

"Whatever will be, will be. If I don't accept it, I look shabby. If we have the test and find that we have it, we take the medicines and we will be fine. However, if we don't know, we won't know whether we have it or not. If the result turns out that we have it and we have sex with others and they have it, what will we do?"

(CHM02, 27 year-old, Chiang Mai)

"It's good to know the result, so we can control it, but if we don't, we will be worried occasionally."

(CHM10, 22 year-old, Chiang Mai)

"If we don't have the test, we won't know how to take care of ourselves. If we don't take care of ourselves, CD4 won't be decreased, and we will have incurrent diseases. We will die easier. If we have the test, take medicines, and can take care of ourselves, there won't be disease."

(BKK15, 27 year-old, Bangkok)

"Eventually, I thought it would be fine to have the test. Just had the test and knew the result. If I didn't have the test and the indication appeared, I had it anyway. So, don't be afraid of having the test. I talked to myself like that, so I had the test. I prepared myself, really. I waited and pushed forward. I thought of what to do with my life for a half an hour."

(BKK07, 33 year-old, Bangkok)

Based on the interviews with MSMs in this study, there was a wide range of beliefs that led to their decision to take an HIV test. Those who took the test mentioned that the significant benefits from knowing their HIV status was that they felt relieved (in the case that the result came out negative); and they could make a future plan properly for taking care of themselves and for managing some other aspects in their life. Also, by learning their HIV status, they could decide properly about preventing the transmission of HIV to other persons.

3.2 Belief to Change

From interviewing MSMs in this study, apart from the belief to reinforce, most of them also mentioned about a wide range of their beliefs to change (toward undesirable behaviors). Such beliefs to change included *their thought and attitude toward taking a blood test for HIV*, which lead to their decision not to take the test.

The data from some other previous studies revealed that the main factors that prevented MSMs from taking an HIV test included the fear about how the test result would be; the fear about the confidentiality of the test result; and the thought that they did not have any risk of HIV. Therefore, this study conducted in-depth interviews as an effort to understand such a belief.

According to the findings of this study, the reason for most MSMs who did not come for an HIV test was that they feared about how the test result would come out. They had such a fear because they worried about the feeling of their family members or the close persons around them; worried about the confidentiality of the test result; worried about how to live their life further if the test result would come out positive; worried that they would not be able to admit that they had HIV, given that they already had a negative image about people living with HIV; and worried that they would be avoided by (and isolated from) society. Apart from this, some MSMs did not take the test because they thought they did not have any risk for HIV.

- **Worried about the feeling of their family members or the close persons around them**

For some MSMs who did not take an HIV test, one of the reasons was that they felt worried and concerned about the feeling that their family members, their partners and friends would have about their test results. For their particular concerns: they did not want people around them to know that they had performed a risk behavior; they feared about the stigmatization and discrimination that they would face; and feared that they would make the people around them to have a negative feeling.

"I was afraid that if I knew the result, it'd make me down. At that time, I was so stressed and didn't dare to have the test. And, I was also afraid of people around me and society. I didn't know how to tell them if I had it. I didn't know how to live with others. Even though the recent media makes people easier to access, the other person's feeling, it's believed that

they wouldn't like to get close to the infected. Supposing that I had it, I believe so. It's an individual's feeling—everybody: friends, family. The others who don't know me don't care about me anyway, because they don't know anything about me. There were just my friends and family that I care."

(BKK07, 33 year-old, Bangkok)

"I was afraid that they would think I was risky. I was afraid that they would think what I had done. I was afraid that my parents thought over."

(CHM02, 27 year-old, Chiang Mai)

- **Worried about the confidentiality of the test result**

Some MSMs reported that they did not take an HIV test because they feared that the test result could not be kept confidential due to the fact that it would be evident by their visit for such a service at the healthcare facility, or by coming across some acquainted persons in the place where the test would be taken. Moreover, some MSMs worried that some other persons would know about their coming for the test, because they did not want other persons know that they had some risk behaviors; and they did not want to tell anybody about the test result no matter what the result would be (either positive or negative). And if they really needed to take the test, they would go to a place where they would not be seen by any acquainted persons, such as a healthcare facility in another province.

"We had to stay together. Let the time pass by, and have the test together. The other thing pressing us was that his mom has also had the HIV from the new lover who lives together at present. I didn't know how to tell his mom if I had it, because now his mom believes that it's her karma. If, one day, I had it and told his mom, would she be sad. I care others more than myself. So, I think that everything must be okay before having the test, and no one blames me about my life's failure."

CHM06, 27 year-old, Chiang Mai)

"The only thing I am afraid is that others know. I want to have the test, but I am afraid others will know. I'm worried about only that thing. To know, only me is enough. I know that I can accept it, because I won't die so soon. It's not that soon. I can take the medicine, but I don't want others to know. I'm afraid that the hospital can't keep the secret. My friend told me, so I don't want to have the test. When he went to have the test, they called him to have the test, so others knew. He wanted a pseudonym, but they called him with the full name. He wrote his anonym, but he had to attach his ID card with the document. So, they called his first name. What a secret! I am worried about to be gossiped."

(CHM10, 22 year-old, Chiang Mai)

"Yes, but I won't drive to have the test. If there is a booth, I will, because I think they don't know me. To have the test with someone I know night be embarrassing. To have the test with others, I might be not. If the result is that I have it and my acquaintance knows, I am afraid that he will tell others."

(CHM12, 21 year-old, Chiang Mai)

"If possible, I want to have the test in another province. I won't have it around here. I'd better visit places after having the test and then come back. However, there will be a question "Have you ever had the test, when was your last time, how is the condition?" It makes me hesitate, better to have the test or not."

(CHM06, 27 year-old, Chiang Mai)

Besides, MSM who did not take an HIV test shared their opinion that the process or method for addressing the feeling of clients (who took the test) and for providing social support to them was an important issue that the healthcare facility should develop, so the clients would feel ensured that they would receive comprehensive supports after being informed about the test result.

"There must be a process that can really deal with the emotion and feeling. A friend of mine had the test with the last project. He said that if he saw staff from the center, he felt he didn't trust any of them. He had to tell the doctor to tell the guy to buy something. Then, he could get out of the room. To have the test is not scary, but if it happened with you, would you accept it? Or, you want people to join the project, a lot of people to have the test, but don't care about them or anything happens to them. I told my friend to have the test. He moved to another province. It's my fault. His business was growing, and I destroyed it. I recommended him have the test, and when he knew the result, his business was collapsed immediately. He had to move to other place. I have a friend. He moved from Chiang Mai to Bangkok. Why did he have to move from one society to the other one that no one in his family was there? It's because he's scared, so there had to be some activities or something to support everybody after having the test. It can be anything that make people stop asking or talking about the condition. If the one is asked, he or she won't be happy."

(CHM06, 27 year-old, Chiang Mai)

- **Worried about how to live their life further if the test result would come out positive**

Some MSMs did not take an HIV test because they feared that they would have to face a change in life concerning their job and family; and worried about how they would live their life if it turned out that they were infected with HIV.

"I think it should be changed, because, also, I don't know if the result is positive, how I will deal with it. I think I'll be tense. No matter how well I take care of myself, I still know that my blood is positive. I believe that a lot of people cannot restraint their mind. Their life may change, but I don't know in what way. I may take a long time to control my mind until I get recovered. There are only 2 things. If I can control my mind, it is fine, but if not, I may have to be healed due to the condition."

(BKK07, 33 year-old, Bangkok)

"I am afraid as well. I am afraid that I have it. I don't know how to live if I was infected."

(CHM06, 27 year-old, Chiang Mai)

"I'm scared. What will happen if I have it? Will everything change: my work, lover, and family? I don't know. I have no idea. My mom may not blame me, and she may feel sympathize. However, I don't know how my dad will say, nor my lover.

(CHM10, 22 year-old, Chiang Mai)

"I've never had the test. I've just have the normal blood test. I used to talk with my friend that I wanted to have the test, and my friend was also scared. Both of us were scared. I want to know whether I have it or not. I'm scared. I like to hang out at night, and I fear to have the test, so do my friends. We want to have the test. I used to talk with them about how to do if we have it. Will we be fine to go to Phrabat Namphu Temple, but if the result is no, it's okay. Now, we really want to have the test but we fear. We want to know if we have it or not. We want to be relieved."

(BKK10, 20 year-old, Bangkok)

"I don't think I will have the test. If there is a booth, I may but I don't think I'll have the test soon, because I'm sure that I don't have it. Moreover, I am afraid of the result. How will I act if I have it? How will I tell my parents? I'm afraid of the result and how I will do when I know the result."

(CHM12, 21 year-old, Chiang Mai)

Some MSMs felt that they were not ready to take a test. Such a feeling was developed from their worry about the test result, and about how to live their life further (after knowing the result) in term of their study, their job, partners, and financial security. Some of them gave a reason that, before taking the test, they had to get themselves prepared for dealing with the consequent feeling after the test. At the same time, some other MSMs wanted to ensure a security in life, especially a reserve of money up to a certain level, before they could take the test; given that, even if the test result would come out positive, they could still manage to take care of themselves well.

"Yes. He is my close friend. He ever wanted to have the test, but eventually he didn't. It's because of his fear, so he changed his mind. Mostly I suggest everyone come here, because it's the right place, providing service: taking them to have the test, recommending, and calling them about the time to send the result. However, he didn't come to have the test, and I didn't dare to ask, because I already talked, contacted, and followed up, but he didn't get in the process. We won't ask about why and how, because it's his rights not to be ready for the test. Besides, it meant that he hadn't prepared himself. It's sensitive."

(BKK05, 31 year-old, Bangkok)

"If I have it, I'll also have to change my behavior, reorganizing myself, but now, I'm not ready yet. I'll wait until I graduate. However, if I have to have the test during this period, I will. Supposing that I'm sick and go to the hospital, and they do the venipuncture to examine for something. It's okay."

(BKK14, 21 year-old, Bangkok)

"As I said, I must be ready. I must prepare myself before the blood test. If I have I lot of things in my life, I will have to prepare a lot. If I had no lover, I would have the test right away, but I have a lover, work and burdens, so I must think all about them."

(CHM06, 27 year-old, Chiang Mai)

"I dare not to ask my lover. Even I myself dare not to do it. There was coordination, but I didn't ask him to have the test. For now, I don't want to know anything. I want to have some money to support myself whether I have it or not. If I know it now, I'll lose my spirit in working. I want to be able depend on myself first. No matter how the result tunes out, at least I will already have organized things."

(BKK11, 21 year-old, Bangkok)

- **Worried that they would not be able to admit that they had HIV, given that they already had a negative image about people living with HIV**

Most MSMs had been stuck in their mind with a negative image of people living with HIV, the ones they had seen through various media or through hand-on experiences. In most cases, they perceived a PLWH as a person with a thin body, dark skin, dreadful appearance, and skin rashes; who would ultimately have to stay in a shelter for terminally ill persons in a temple. Meanwhile, some other MSMs did not want to know their HIV status. They feared that after learning about their test results, they would feel very sad and that would make their symptoms become worse due to the worry that they would turn into a person with a similar image that they had in mind; and that would make them die sooner. To prevent such a situation and worries, they thought the good way for them was to decline to learn about their HIV status.

"I'm afraid that I have it. As I know, I'm afraid that I'll be very skinny, dark, shabby, and finally pimpled like other AIDs patients, and die eventually. In the end, I have to stay at Phrabat Namphu Temple. This is all I fear about the future. I'm afraid that I can't accept it; daring not to accept the result."

(BKK10, 20 year-old, Bangkok)

"I'm not afraid of being objected by people, but I'm afraid I can't accept it. The one dying was because he anguished. He couldn't accept it. He was a beauty queen, living in the same village. He was tense, and sad. He didn't go out anywhere since he had it."

(CHM12, 21 year-old, Chiang Mai)

"At first, I dared not to have the test. I talked with my friend that AIDS could be prevented by not going to have the test. If we don't have the test, we won't know that we have it. Actually, I'm afraid that I have it. If I know I have it, I'll be sad and ruined. In the past, I saw pictures in advertisements and media. The infected couldn't accept it at all. Just take a look at Phrabat Namphu Temple."

(CHM07, 23 year-old, Chiang Mai)

"I have never had the test. I've just donated my blood. I dare not to have the test because I have many reasons, so I dare not to. I'm afraid that I won't be able to accept it after I know the result. They said that the infected will die very soon. I can't accept it. He was my friend's friend. He couldn't accept it, and didn't take medicines. He died soon after that. I wondered why it's that soon."

(CHM10, 22 year-old, Chiang Mai)

"I'm afraid that I'll have the positive blood. I'm afraid that I won't be able to accept myself. That will make me get sicker."

(BKK16, 29 year-old, Bangkok)

"I'm only afraid that I can't accept the truth. I'm afraid of it. I'm scared of the positive blood and don't know what to do next. I don't think about the death. I feel I'm afraid I'll know. It's like I failed from the test."

(BKK19, 34 year-old, Bangkok)

- **Worried that they would be avoided by (and isolated from) society**

As shared by MSMs who did not take an HIV test; the reason for not doing so was due to their fear about social acceptance. They worried that, if their test came out positive, they would be detested by society and people around them; would be isolated, stigmatized, discriminated against, and would be looked at in a negative way.

"I'm afraid I have it. What should I do then if I have it? People around me will not accept it. I'll be objected."

(CHM09, 26 year-old, Chiang Mai)

"It's said among my friends that it's acceptable, but when someone passing by and seeming to be infected, they said that the one must have it for sure. In the future, if I have it, will it be said? If there was no such thing, I think people would have the test more. I used to have a hide lover. We had a meal and he asked me to insure for myself with AIA. I had to have the blood test. Accidentally, a gay at the table near us would apply for the insurance. He had the test and he found that he had it. He couldn't insure for himself. He told us about that. Even we were out of the circle, we knew."

(CHM06, 27 year-old, Chiang Mai)

"I'm afraid to be objected and looked negatively. It's like I had it and I would not want to tell others. Supposing that I didn't have it, and I just didn't tell anybody about the result, but just told them that I had the test, they would think about it. So, I'm afraid they would think that I had it."

(CHM10, 22 year-old, Chiang Mai)

- **Thought that they did not have any risk for HIV**

Apart from fearing how the test result would be, MSMs in Bangkok and Chiang Mai also felt that they were not in any at-risk situation. So they thought it was unnecessary for them to take an HIV test. For example, they always thought that most people would use condom, and that they only had sex with their regular partners; so they did not need to take a test for HIV.

"The factor that affects me to have or not to have the test is the person who ask me to do, and when do he/she ask me to do, and with whom. The anxiety is not the factor except there's a case like I forgot to use condoms or the condoms were breached. That will be more reasonable to have the test. If I use it all the time, I will have no motivation to have the test. When my friend asked me to have the test, I was worried, but I didn't have the test at that time. And that I dared not to have the test was not because I was that anxious. I thought I was quite clean, so I didn't want to have the test."

(BKK12, 22 year-old, Bangkok)

"I asked him why he could often have the test. He told me that he always used condoms, so he wasn't scared. However, one thing that I think I don't want to have the test is I'm not at risk."

(CHM10, 22 year-old, Chiang Mai)

"Recently, I don't think so. I'm afraid of the result. I'm afraid I can't accept it. I was worried at first. So I dared not to have the test. I'm sure that I don't have it, so I don't have the test."

(CHM12, 21 year-old, Chiang Mai)

From the interviews with MSMs in this study, we learned that there were a considerable number of 'beliefs to change' that prevented them from taking an HIV test. The main reason for not doing so was the fear about how the test result would be. If it came out positive, it would mean that they had to deal with feelings of their own, the feelings of their family, friends, and surrounding community; and some of the goals in their life would collapse. These would happen due to the negative attitude of people in general about living together with people living with HIV; the results of stigmatization and discrimination by people in society; and the lack of confidence in the ability to keep everything confidential in the VCT process.

4. Strategies to Behave (S2B) for an HIV Test

Despite the fact that MSMs participating in this study had a wide range of beliefs that might lead to undesirable behaviors, i.e. not using condom and not taking an HIV test; however, in several situations MSMs applied some techniques until they could lead to the performance of a desirable behavior.

MSMs had different techniques in negotiating for using condom with partner, for carrying condom with them, and for refusing to have sex if the partner asked not to use condom.

"Yes. I carry it with me, in my pocket. I have some arguments with my lover very often about the condoms carried. He asked whom I would have sex with or something like that. I said it's weird not to carry. At least, I protect myself. I didn't have sex with others without using condoms and made an argument. If he understands, I'll be able to accept it. Eventually, he does. I use it as usual. I use condoms every time. Mostly, it's me who decide to use condoms. Frankly, I'm a bottom and my lover is a top. It's found that mostly he didn't use it. To be honest, he said that it's not fun. Then, I said it's risky. No matter how many people you have sex with, you must use it. It's fine to get hurt more when he uses condom. I'll be even more hurt if we don't use gel, but I can accept the pain with safety. I allow it. I have to say that it doesn't mean I don't trust him. We both have to do it. I tell him to do and he is okay with it."

(BKK01, 19 year-old, Bangkok)

"I'll just refuse if he doesn't have any condom, because I think that he only wants to have sex. He doesn't want any other things. I can't really accept it. Honestly, I don't want to have sex."

(BKK04, 21 year-old, Bangkok)

"I began to be scared, because the disease comes very quickly, so I'm scared. He's a soldier, a bisexual. He didn't want to use condoms, but I said please use it. I talk to everybody who has sex with me that I want them to use condoms, because I want safety. At this time, I don't know who they really are."

(CHM08, 24 year-old, Chiang Mai)

"No condom? No! This is only about the case that I need in the night pub. Never! I can affirm. I he wants to have sex without condom, I will just refuse. That's it."

(CHM09, 26 year-old, Chiang Mai)

With regard to MSMs' behavior in going to take an HIV test, the MSMs interviewed in this study said that before going for the blood test, they would discuss with friends or seek relevant information to inform their decision; and that would help them to understand better and can accept more about the fact that HIV/AIDS is treatable, and that learning about their HIV status early would facilitate a planning for prompt care and treatment.

"My friend suggested me have the test. He explained to me that it's not scary as I thought. He wanted me to have the test, so I did. It's true as he said. It's not scary as I thought. If I had the disease, I'd be cured due to the condition. They took care of me. I was more pleasure. He said I should have the test. At least, I would know if I had it or not, and we'd deal with it after that. And if not, it'll be okay. If I had it, he wouldn't abandon me. He would always be with me, no leaving. So, he said I should have the test, no matter how it turned out. If I didn't have the test, and I had the disease, the indication would appear anyway. So, I should have it right away. If I had it, I would be cured."

(BKK07, 33 year-old, Bangkok)

"Whatever will be, will be. If I don't accept it, I get worse, but if I have the test and take medicines, I'll be fine."

(CHM02, 27 year-old, Chiang Mai)

Besides, several MSMs did not feel courageous to go for an HIV test but chose to go for a blood donation instead. And after the donation, if the Thai Red Cross Society accepted the blood that they donated, it would mean that they had not been infected with HIV; or in some cases, they would receive a letter informing a result after the donation.

"If I had the coupon to have the test at general hospitals, I won't, because I'm sure about the information saving. However, if I don't join with the project of the hospitals, I'll donate my blood, because if I have the disease, they will send the result immediately, like the annual health check of the companies."

(BKK09, 31 year-old, Bangkok)

"When I studied at a university, there were a lot of blood donations, and I always gave it. It was always satisfied. I thought that they had already examined it, so I didn't have the blood

test for the HIV seriously. I used to give my blood at the university, and there was a certificate confirming that I didn't have the HIV. It was mentioned in the paper that my blood could be used with no HIV infection. It was mentioned in the certificates like that every time. And it was also mentioned that my blood had already been used, so I think it's okay."

(BKK12, 22 year-old, Bangkok)

These techniques were used to overcome the obstacles and achieve a performance of a desirable behavior. Therefore, through an enhancement of the confidence and negotiating skills for using condom with partner, as well as the provision of information and the establishment of positive attitude about people living with HIV, MSMs would feel more confident and more courageous to take an HIV test. Also, a scheme may be developed for providing VCT service and informing the result along with the blood donation. The correct information about blood donation should also be provided,

5. VCT Services

According to the interviews with MSMs in Bangkok, the places where they went for a VCT service included the Anonymous Clinic (That Red Cross Society), Silom Community Clinic, Rainbow Sky Association of Thailand, and Bangrak Hospital

"Because Anonymous Clinic is confidential and the result is sure. My friends went first, close friend I've known for 10 years. He said that he went there. They could understand our gay status. We didn't have to tell them. They provided a test as soon as I arrived. They also educated us. At this clinic, they completely understood us."

(BKK03, 21 year-old, Bangkok)

"I went to Anonymous Clinic because I was hurt when urinated. I prepared myself because I could feel something wrong after having sex. And it's good but it's not friendly like hospital, especially at Silom Community Clinic."

(BKK05, 31 year-old, กรุงเทพ)

"I was suggested by my friend. He took me to Silom Community Clinic. At first I was scared and annoyed but the officer was very friendly that made me relieved. I thought that there would be a lot like me coming here. The infected ones would come for treatment. I had no idea what would be inside. When I arrived, the officer had made me comfortable. It's like

that. It's not an old clinic or old government hospital. It looked mellow and made me relax. The officer explained about the diseases – infection method, treatment method, and how to look after oneself when infected, not to transmit to other – something like that. I was okay and feeling better. I felt it is worth for testing. I should've come to test for long time ago, it's not horrible as anyone thought. It took only half an hour to finish."

(BKK07, 33 year-old, Bangkok)

For Chiang Mai, the MSMs who participated in this study and used to take a blood test for HIV said that the places they went for the blood test included Anonymous Clinic (That Red Cross Society), the Office of Disease Prevention and Control (DPC), Sanpatong Hospital, Sarapee Hospital, some private hospitals, Piman Center[8]. They also used to participate in the HIV blood testing activities organized by MPlus Foundation in various places.

"I will go to any place, not a major hospital. I don't like crowded people and fussy, like too many steps. I'm afraid that I might see someone I know. I just want to go to get a result, that's all. I don't want many steps. But it has to be serious such as at the Red Cross. They specially work for blood testing. It would waste my time if I went to a hospital. I have to go that building and walk to another building. What about register process. It will take a day. So I choose to go to the Red Cross that takes me a little moment."

(CHM01, 30 year-old, Chiang Mai)

"I once had a test at Mplus. My friend invited me. I'd got a movie ticket."

(CHM05, 35 year-old, Chiang Mai)

"I was afraid that the private hospital would not provide a certain result. I needed to be assured. After the test, I still had sex with people, but I didn't want to go to that hospital again. I felt unsafe for me. The room was surrounded by panes of glass and people coming there were all gay. I thought I should go to Saraphee Hospital because they said there was a specific room."

(CHM08, 24 year-old, Chiang Mai)

With regard to the VCT service that MSMs used to attend; the staff persons were friendly and understood the context of MSMs. They were expert at doing the test and reliable. The procedure for accessing the service was not complicated and the information about using this service was kept confidential.

[8]Piman Center is a research unit of the Research Institute for Health Science, Chiang Mai University, which has been operating since April 2, 2008, to serve as a place for conducting HIV researches in MSMs.

6. The situation when they learned that they had HIV

Based on the interviews with MSMs in this study, 13 of them had learned that they had HIV. The situations contributing to the learning about their HIV status was their awareness of their risk. So they decided to take the test and knew the result. However, some of them learned about their HIV status when they came to a hospital for the treatment of some other diseases.

"I went with my friend, who lived with me, at Bangrak Hospital. My friend had been tested and he took me there. He told me it's good. The doctor was so friendly and kind. So I went and found that the doctor was nice like my friend had said. I thought the result would be positive because I had more risky activities including using drugs with many people. I didn't worry about infection; I prepared myself while waiting and thought the chance of infection would be 60-70%. I still talked with my friend as normal. He said, 'welcome to my world', something like that. Still, I was stressed, even I had prepared myself. At first they didn't tell and asked me did I think I was risk. After answering him, he told the result and we discussed about rights. I was shocked at first, but not regret. There were friends and seniors who were infected, too. If I was the only one infected, it would be worse, but this – I was not alone. My CD4 was over 200 but the doctor did not prescribe me a medicine. I had to take medicine after one year passed. I exercised, playing badminton, and eat ordinary food, and took some vitamins."

(BKK15, 27 year-old, Bangkok)

"Every time before the test I was sure about the negative result. But the latest one, I knew that I was at risk. Actually, every time before that was also at risk, but it's not the time. That time, I knew I made many mistakes. --- I waited for the result. He said there was a problem and needed to take my blood again. This made me knew immediately. I was little shocked – sigh – and thought whatever would be would be. I had to get over it what was to be happened because I lived riskily. That day I still went to a bar with my friends. They did not know. That day I ate a lot because of a little stress. But I live normally while realized that I was infected."

(BKK16, 29 year-old, Bangkok)

"Repeated the test on that day, the doctor called me for a result. He asked that how long I did not use condoms. If the result was positive, how I would cope with it. Would I tell friends? I was sad but lived normally; I think cancer is more dangerous. I know quite a lot about HIV. I

have to take more care of myself. I didn't cry. I was not serious, not so sad. It's like there are additional vitamins in my body. I have to take care of them or they will harm me.

(BKK18, 25 year-old, Bangkok)

"I didn't mean to get a blood test. I just went to appendectomy at the hospital and the doctor informed the result. I never thought --- I consider myself is normal, no symptom and nothing wrong. I can have fun like anybody. I knew that when I had appendectomy; the doctor informed about infection. My mom was there. She came to look after me and the doctor informed in front of my mom. I was little stunned but have to accept. But I didn't feel anything because I was really okay. That time I had no idea in my mind what it was. No information about this virus. I acted as usual like before – having fun until my health declined."

(CHM13, 33 year-old, Chiang Mai)

"I like that it's free of charge, so I went to get a test. I was silent knowing the result. It's long time ago and I didn't think I would be infected. I was in the second year of university, about 5 years ago. At the time I didn't receive any medicine because I was stubborn. I thought that there might be a way to be cured without taking medicine. I told him allegedly that I loved him. He could feel something wrong and asked me what's wrong with me. I made phone calls to everyone to tell that I love them. I was so stressed. He asked me what's wrong and forced me to answer, so I told him. Then we made another test to be confirmed at a clinic and he could take care of me. Fortunately, my family could accept that but my sister sometimes acted disliking me, especially when we had meals together. She would sit in space. I knew but I couldn't say anything. It's hurt then."

(CHM16, 35 year-old, Chiang Mai)

With regard to the time when they were informed that they had HIV, several MSMs said that they were shock and did not think that this thing would happen to them. The issue they had to deal with after knowing their HIV status included the disclosure of the test result to people around them, both the friends and family members; and the development of a plan for care and treatment. In some cases whose acquainted persons or people around them had been living with HIV; they would be able to deal with their feeling better, because they would receive some instructions (from these people) about how to take care of themselves.

7. Access to HIV Care and Treatment

People living with HIV must receive appropriate treatment and care, which include self-care; and the enrollment in ARV treatment program and taking ARV continuously. Among the MSMs in this study, 13 of them had HIV. And among these HIV positive MSMs, nine of them received care and treatment consistently while four others did not. Based on qualitative data analysis, their behaviors in getting treatment and care services could be summarized into each point as follows.

7.1 Belief to Reinforce

Belief to reinforce is the belief, the ideas, or attitude of HIV-positive MSMs who wished to receive care and treatment regularly. The factors influencing MSMs in this group to get care and treatment regularly could be summarized as below.

- **Knowledge about HIV infection and how to practice self-care after knowing that they had HIV**

Most MSMs who had enrolled in HIV treatment and care program already had knowledge and understanding about HIV/AIDS from searching through the Internet, and from the training organized by public health personnel or the staff persons of a drop-in center (DIC). DIC staff provided them with knowledge and understanding about the importance of taking HIV test at an early stage, and that of taking antiviral medications while the physical body had not been affected by any opportunistic infections; how to practice self-care for their health; and ARV administration and possible side effects.

"I suggested to have a test sooner was better. Don't wait until the symptom activated, it would be serious. I told that if it's me, I would just take medicine. A nurse added that AIDS was not the cause of death but opportunistic infection. She said like that and told him to take medicine and he would live, being beautiful like before. It's not easy to die like that."

(CHM14, 32 year-old, Chiang Mai)

"At that time of knowing an infection I thought that I would die in 4-5 years. Now I take medicine continuously and take a good care of myself. At least I could live around 10-20 years more but I don't think I would live such a long life like that. The medicine has side effects; intake every day and it will accumulate causing many diseases. Each antiviral has its own side effects. For this one I've taken, it can make me better, my health gets better, but

the side effect causes me a bowel movement. The doctor took a look for me and he agreed that this medicine caused intestine problems. These two causes bowel movement, yes."

(CHM15, 26 year-old, Chiang Mai)

"I don't know. I'm not like anyone. Some transgender people dare not to test. They are afraid. I'm not. Someone dare not to test because he would die knowing the positive result. Someone didn't test but I didn't ask him. For me, I don't fear."

(CHM18, 35 year-old, Chiang Mai)

Some MSMs had learned how to practice self-care after knowing (from the blood test result) that they had to live with HIV. For example, they learned how to monitor their symptoms and the level of their immunity; how to change or adjust their behaviors; how to assess their limitations; how to educate themselves with basic information about each ARV medicine and its side effects, in order that they would be able to handle the situation they had to face.

"I always have a test --- I have to check my status. It's like driving a car; you have to check the fuel level. If it's low to the red zone, you have to refill. While someone didn't notice so he didn't know which level of his immunity. If we know that, we would realize we have too much work or not, going out or not, drinking alcohol or not. You have to evaluate and not to force yourself. Someone goes out at night every day. I should not do that. I should have a full rest. Not a little rest and going with friends. Evaluate yourself, you are the one knowing yourself best."

(BKK19, 34 year-old, Bangkok)

"It's a big deal. It's a big change of my life. I have to be with medicine for the rest of my life. Will I have allergy? Will my body can accept the medicine? I have to get over it and search for drugs information about their side effects. I have to know the basic information."

(BKK18, 25 year-old, Bangkok)

- **The development of a positive attitude when they knew they had HIV**

MSMs coming for treatment and care regularly were those who had a positive attitude when they learned that they had HIV. They were able to admit it to themselves and control themselves not to feel stressed, thinking that it was a normal happening that could occur to anybody. They did not keep thinking about their HIV status but tried to live their life as normally as possible, and tried to maintain good health. With such a good attitude, some

MSMs in Bangkok and Chiang Mai were able to accept their status of living with HIV; and decided to get care and treatment services.

"That time I didn't think. I'm the one who can accept the truth. I can adjust myself to live with it. I can accept the positive result. It depends on oneself. If I knew the positive result, I would have time to take care of myself --- and I can live normally. It has nothing to do with living; it enables me to love my life more – focus more on my health and stay away from illicit drugs. But for alcohol, it's up to the time."

(BKK16, 29 year-old, Bangkok)

"Our minds affect our health. No matter who you are. If we are stressed, we could not eat and sleep. But if we can control our minds, we can control our diet. Why? Think it's normal. Don't focus on HIV. Live normally and I can forget that I'm infected"

(BKK19, 34 year-old, Bangkok)

"I was so tired, then, burned out. I had prepared myself when participated in the project. The time I knew I couldn't accept. I didn't think I would be infected. One day later I could accept that. It's not needed to be serious. Everybody has a chance of infection, so I acted normally. It's better for not being serious."

(CHM14, 32 year-old, Chiang Mai)

"I had never thought of it. For the time I knew of infection, I had to take care more of myself. A little sad I was. I could not work aboard anymore. I calmed myself and thought that there were other jobs. I could've passed the first three years and I could see that I could live. Everything's okay. I met many people. Some of them didn't know I was infected. My physical health seemed nothing wrong because the symptom didn't act up. Some people told that I was looked good and more cheerful because I took a good care of myself, neither smoking nor alcohol. I knew my limit. Before infection, I live extremely – eating and going out a lot. I always told myself that if my body was bad, everything bad would rush in causing complications. If it couldn't be better, I have to stay as good as possible"

(BKK18, 25 year-old, Bangkok

"There is news about vaccine. It's on researching. My friend told me to watch channel 3 on TV. I watched the record and felt good and hopeful."

(BKK15, 27 year-old, Bangkok)

- **Receiving social supports from family and close persons**

Some MSMs decided to get treatment and care because the persons in their family and their close persons gave them mental support and understood them.

"At first, I feared my family would know. I wondered if it's good to tell my family. I've kept it secret for a while and made a decision to tell them. I talked to my mom and told her I was infected. She smiled. I thought she could accept. I continued talking and evaluated her feeling until I was sure that she wouldn't be anxious. I asked her why she was not shocked. She replied why should be shocked. I asked her more for questions. She asked me about my health."

(BKK19, 34 year-old, Bangkok)

"I don't know. Some people knew they were infected but they didn't receive treatment nor take medicine inconsistently. I asked about drug resistance for the strongest one. Some people who loved themselves would talk to me. Someone said not to be serious. Just thought that we could do the best we could. If they do not listen, I and my friends warned each other always. One of them took on 9 pm and I on 10 pm. When I found any new drugs, I would buy them and invite my friends to try, if it's good. Because it's like we are in the same boat. He dared not to tell his family. Me either. So we, three people, had to take care of ourselves. We didn't tell our families because we didn't want them to be serious. I thought they could accept because I'm their child. How about other people and society? Do they accept us? So we decided not to tell anyone."

(BKK17, 28 year-old, Bangkok)

According to the interview with MSMs in this study, there were several beliefs that had influence on HIV-positive MSMs in a way that made them decide to get care and treatment regularly. Such beliefs were the ones associated with the knowledge on HIV/AIDS; having a positive attitude about people living with HIV; and receiving social supports.

7.2 Belief to Change

From the interview with MSMs in this study, apart from the belief to reinforce, which led to a desirable behavior (i.e. getting care and treatment regularly); we also found that some of them did not come for treatment and care regularly, or did not take antiviral medication regularly. Some specific points could be concluded as below.

- **ARV medication was not important; and was not a priority either.**

Some MSMs did not have any knowledge about HIV infection and antiretroviral (ARV) medication. They thought ARV medication was not important and was not a priority either. This idea was based on the beliefs and understanding they had heard from before; as well as the idea that there would be some other alternative treatments without a need to take ARV. They also thought it was not the time for them to take ARV yet, given that they were physically strong at that moment. So it was no hurry to take ARV. Meanwhile, some other MSMs thought that taking ARV was a very big issue in life; so they wanted to have some additional information before deciding to take it.

"My mom was there. She came to look after me and the doctor informed in front of my mom. I was little stunned but have to accept. But I didn't feel anything because I was really okay. That time I had no idea in my mind what it was. No information about this virus. I acted as usual like before – having fun until my health declined. My birthday on October, I had to admit in the hospital."

(CHM13, 33 year-old, Chiang Mai)

"At the time I didn't receive any medicine because I was stubborn. I thought that there might be a way to be cured without taking medicine. I heard that the side effect would cause inflate belly, lean buttock and arms and legs, and more. I was scared so I didn't take it. I tried to treat myself until my health got worse and then I would take medicine. I have thought like that and could survive for 2 years."

(CHM15, 26 year-old, Chiang Mai)

"When I knew I was infected, Piman Center told me to get here, so I came. I applied for a peer educator. I was normal at the time. One year passed, my friend here told me to receive the medicine. I thought I was still healthy so I didn't take it. Another one year passed, the symptoms started acting up, and so I needed to take the medicine."

(CHM14, 32 year-old, Chiang Mai)

"I started searching information about people who infected. How to take care of oneself? How to take medicine? If we could hold the CD4 not too low, we didn't need to take medicine. He said taking medicine was like being on the back of a tiger, I had to take continuously."

(BKK17, 28 year-old, Bangkok)

"It's a big deal. It's a big change of my life. I have to be with medicine for the rest of my life. Will I have allergy? Would my body can accept the medicine? I have to get over it and search for drugs information about their side effects. I have to know the basic information."

(BKK18, 25 year-old, Bangkok)

- **Side effects of ARV medication**

Some MSMs worried about the side effects of ARV medication that might harm their body. They also thought that having to take ARV on time would be an obstacle in living their life. Some of them said that sometimes they forgot to take ARV on time; sometimes it was quite difficult to do so when they had to go to some other places; and as they did not want people to see them taking this medication, they had to take it secretly.

"Like 8 o'clock again? 10 o'clock again? Some drugs cause nightmare, like a night mare. Some drugs cause drugged and vomit. Someone works until midnight but has to take at 10. So it's like being drunk while working. It's an obstacle to work. It causes dizzy and sick. Some nights I had nightmares. This make unhappy to take medicine."

(BKK19, 34 year-old, Bangkok)

"I have to take medicine every day. Sometimes I'm afraid people will ask about the drug. I have to hide the truth because some people can accept while some cannot. I think this would be safe, not telling them."

(BKK17, 28 year-old, Bangkok)

"I received medicine from Sirinthorn Hospital once a month. They examine to make sure that my body can take the medicine once a month for the first three months and afterward, every three months. During those three months, I have to do blood and fat drawn for checking CD4, depending on doctor's appointment. The medicine has to be taken at 10 pm. I take on time about 80%. There sometime the clock doesn't alarm on time. But I will be in the bathroom. Most are up to one hour, except I totally forgot. There's only one time I forgot for a day. Most time I forgot not over an hour."

(BKK17, 28 year-old, Bangkok)

"I had once forgotten when I back home, in the countryside. Usually I live in Bangkok I will carry it in my bag. I don't carry bag at home. That day I walked to the market, the clock continued alarm. I was at the market then. And my sister invited me to go countryside. I set at 6 pm, so I didn't take it on time. I took it later at 9. That time was the longest forget. For other times, a little bit late."

(BKK15, 27 year-old, Bangkok)

"Sometimes when I was with my brother, there's no problem. But when I had to go countryside, I had to wait for the time of medicine. I had to put the drug into tissue paper and take a shower before taking it if other people were there. Usually there's no one saw. If they saw, I didn't want to answer any question. There's no other problem. If my family asked, I would tell them it's a supplement. I worry about my family more than colleagues. At my home in countryside, my folks go to bed early, so I can watch TV. Time for medicine is the time my parents asleep. I don't plan to tell them now. Countryside and Bangkok, the way people accept the information is different. In countryside we have to care about other people, while in Bangkok no one cares each other."

(BKK16, 29 year-old, Bangkok)

"I often forgot to take medicine in the evening. Sometimes it's late until 10 pm. I have never lived depending on medicine before. So I forgot sometimes. He suggested setting an alarm. The doctor examined and wondered why the viral load didn't reduce. He drew my blood to test and indicated that the medicine didn't effect. My body had resistance. He then changes a medicine for me. Now the viral load reduced. I'm not fat, just the same figure as I was. Before taking medicine, I was so thin. My weight reduced from 55 to 41-42. Skinny and dark-skinned I was. I got better after received medicine. I could take on time sometimes. While working, my I had to give service to many customers. This made me forgot to take medicine. And I had set alarm in the phone but I didn't look at it often. The medicine had to be taken every 12 hours. So I'd got drug resistance."

(CHM13, 33 year-old, Chiang Mai)

- **Worried about the confidentiality of their enrolment in ARV treatment**

Some MSMs worried about the confidentiality of their enrolment in ARV treatment, and felt reluctant to come for treatment service at a special clinic or a special health facility for HIV/AIDS clients; because, it would be a way to disclose their HIV status.

"At Lanna, I go there as usual like an ordinary patient. If at Nakhon Ping, it's a specific clinic so people will know, while at Lanna I can act like an ordinary patient – going to see a doctor without informing… the room of this doctor is separated. It's good. It makes me comfortable. At a specific clinic everyone will know. Here is not a specific clinic so I don't have to be tense or look back. I'm so pleased. Looking back is so pleased. It's not need to be infected to see this doctor. Someone might have other diseases, maybe cancer, because there many patients come to see him."

(CHM13, 33 year-old, Chiang Mai)

"Suddenly I went, at the time of dispense, there were many people and chairs were arranged closely. I didn't want other people to know what medicine I took. The officer called on mic very loud that this was an antiviral. So I asked her not to speak loudly when I took the medicine, that's all."

(CHM14, 32 year-old, Chiang Mai)

From the interviews with HIV-positive MSMs in this study, we learned that there were a considerable number of 'beliefs to change' that prevented them from getting treatment and care services; prevented them from getting information on treatment and care; and made them think that ARV treatment was not essential for them. For those who did not come for treatment and care regularly or those who did not take ARV medications regularly; they feared that other people would know their HIV status by seeing them taking such a medication; and similarly, worried that other people would know their HIV status by seeing them attending a special clinic in a healthcare facility. Besides, there were some other situations that prevented them from taking ARV medication on time.

8. Technique to ensure that PLWH would come for treatment and care

Though MSMs mentioned several barriers that prevented them from coming for treatment and care regularly, or from taking ARV medication on time; however, there were some techniques that they used to overcome such barriers and achieve the practice of desirable behaviors. The mentioned techniques included setting an alarm clock for taking the medication on time; carrying the medicines in a small circular casket; or telling other people that such a medicine was a vitamin or a pain killer.

"I have to take it secretly. I put them in a small box. In the rush hour I was once very late for 2 hours. Now suddenly then I wake up, I know that it's time to take medicine at 9 and go to work at 10. It's automatic."

(CHM14, 32 year-old, Chiang Mai)

"I take secretly. The clock alarmed and I will hide in the back, then I will take it and drink water. Try not to make other people see. No one doubts. I just hide. Maybe, some people suspect that what medicine I take every day. I try to hide to make sure that no one will see."

(CHM15, 26 year-old, Chiang Mai)

"Sometimes the child saw me and asked why I had to take medicine. I replied that it was calcium. It's white so other people didn't know. I told them that I had lifted weights so my arms hurt."

(CHM16, 35 year-old, Chiang Mai)

Apart from this, they also had a way of self-encouragement for getting care and treatment; a way of thinking positively about the change in life after getting infected with HIV; and a way in adjusting the goal of their life.

"Some people wondered why I they should take medicine. I considered: no medicine, no more breathe. So I had to take it. I had to find reason to take it. The reason was infection. So if I didn't take it, I would leave my name behind. Every day they could live because of drug. There's a question, there's an answer. One who questioned, one had to answered oneself. When we go outside, why we ride a motorbike, why we don't walk. The answer is it's too far to walk. Why we have to use telephone, because of communication. Everything has its own answer."

(CHM13, 33 year-old, Chiang Mai)

"Infected for long time, it has made my life changes. I think reversely: if I was not infected, I would not learn much about my life like today. When I knew, I didn't think I had to be back to the first step. I thought that from now on, I had to take care more of myself and my love ones, as well as setting the new goal of life."

(CHM14, 32 year-old, Chiang Mai)

9. Openings

In the discussion about the channels for communicating data and information among MSMs, most of them said that they received health information from the Internet; and they always used various application available through mobile phones to get connected with their social networks, such as Line, Facebook, Grindr, Jack'D, and Hornet.

"I search health information from internet. If I'm not sure about online information, I'll ask my colleagues here. This is what I am. I will find out what it is. How I have to take care of it besides receiving treatment at clinics. The information I got is like advice from nurses."

(BKK07, 33 year-old, Bangkok)

"Internet, I search from Google. For example, if suspected symptom occurs, I will check from the internet. It's edutainment. Facebook is for specific group, such as Bangkok Gay group, to meet up and most people can find boyfriend from here."

(BKK09, 31 year-old, Bangkok)

"It might be web page in the Facebook that invited me. For example, gay group, men love men group, and cute boy that people visit to post pictures, phone number, and Line ID. I have tried visiting, not frequently. There's information about condom to prevent AIDS, there're male models' pictures and a lot of information. In iPhone there are JackD and Hornet applications."

(BKK10, 20 year-old, Bangkok)

"I chat in Web GayRomio, the online gay community. I will add friend like that. After added, we greeted. In Facebook there are friends of friends and mutual friends in the group. Sometimes we never talked, just added as a Facebook friend. For Gay Romio, it's a chat application with profile picture, but we can't see the faces, just texting."

(CHM13, 33 year-old, Chiang Mai)

Whenever they felt uncomfortable, MSMs would consult their mothers who were a role model in their life. They also consulted their friends who understood them well. For MSMs who lived with HIV; after they learned about their test result, they chose to consult their mother or a person in their family, as well as their friends who also lived with HIV.

"I only told my friend who was also infected. Our families didn't know. In the future, when there are no burden things, or my parents and live well with nothing bother them, I would like to build a house for them. I wish I would give money to my mom to buy a lot in Chiang Mai."

(BKK15, 27 year-old, Bangkok)

"I talked to my close friends only. I can open and reveal to them everything. We have known each other for a long time, they would not leave me."

(BKK17, 28 year-old, Bangkok)

"When I have something worry me or make me anxious, I'll stay quietly, alone for a while and then phone call to my mom. I often talk to my mom."

(CHM09, 26 year-old, Chiang Mai)

“It’s my mom. She can understand and stand by me in the time like this. She can give advice and tell me to take care of myself. She concerns about me.”

(CHM13, 33 year-old, Chiang Mai)

“After knowing I was infected, I first told my younger brother, actually he’s a close cousin. I didn’t tell my parents. And I also told my younger sister, a biological sister. She’s close to me. I though in case I’m not good she could provide me help.”

(CHM14, 32 year-old, Chiang Mai)

Research to Action

From this qualitative study entitled: “Accessing Services: Understanding HIV testing, care, and treatment uptake among men who have sex with men in Bangkok and Chiang Mai, Thailand,” specific issues and recommendations for relevant interventions could be concluded as below.

- *The situations in which MSMs did not use condom with their regular partners* included (a) the discontinuation of condom use after a considerable length of their relationship; and (b) having sex while intoxicated with alcohol. Therefore, *the campaign for condom use* should focus on using condom with regular partner; the technique for negotiating with partner; and carrying condom and getting prepared before having sex while intoxicated with alcohol. *Information presentation scheme* should be developed in a way that it could make them be aware of a need to use condom; and that the condom is the symbol of love. For example, it may present a story of an MSM couple who use condom at every time when they have sex, which could be considered as another way to symbolize their love.
- The factors influencing VCT uptake included personal factors; the factors related to service delivery model; and social factors.
    - *Personal factors* included the situations in which MSMs initiated a need to take care of their health, developed awareness about their risk of HIV, had an ability to assess their risks, had a clear goal in their life, wanted to make a future plan for their life, and had positive attitude towards people living with HIV.
    - *Factors related to service delivery model* included the situations in which VCT servicing facilities had a measure to maintain the confidentiality of clients; had proper understanding about MSMs; had a good creditability; and had a process in place for providing support and care after informing the test results
    - *Social factors* included the supports from family and surrounding people, such as peers or relatives
- The approach for an intervention to campaign for MSMs to come for VCT service included:
    - The development of a specific HIV risk assessment model for MSMs to realize about the risk; and the correction of the belief that ‘being accepted for giving a blood donation would indicate that they had not been infected with HIV, so it would not be necessary for them to take a test’.

- The development of HIV testing process in a way that every step throughout the process would be confidential, covering from the time when a referral is made to a VCT service until the time when the result is informed, regardless of how the result of the test would be.
- The presentation of a hand-on experience in accessing VCT service, in order to build up MSMs' confidence and reduce their worry about coming for the service. The presentation should convey or reflect a real situation in the process in which the secret of clients is always kept confidential, the test result would come out in a timely manner; and the service is reliable and provided in a friendly manner for MSMs.
- Ensure an additional set of information and knowledge on HIV infection in a way that it is interesting and consistent to the contexts of MSMs. This additional set my include the topic about how to live their life after getting infected with HIV; the benefits of knowing HIV status in term of making a future plan properly; how to change attitude towards people living with HIV; how to use a fact to change a thought or a belief (such as using a media to present a real life of a person living with HIV); how to take care of their health; and how to live their life to achieve a goal that has been set.
- Peers or people living with HIV are influential people who can persuade MSMs to come for an HIV test. Getting to know some persons who are HIV positive, or having a close person living with HIV, or have somebody to accompany them to the VCT service; MSMs would feel less worried and feel more confident in accessing the service.
- The initiation of positive attitude among people in society regarding HIV infection; and the provision of counseling to families to reduce stigmatization and discrimination against people living with HIV

- Factors contributed to care and treatment uptake among people living with HIV included their awareness about the importance of self-care; the acquisition of information and knowledge about self-care when they have acquired HIV and have come for treatment and care services. The suggestible approach for intervention included (a) the provision of correct information in a way that it could change the belief about side effects of ARV medication; (b) the emphasis on the importance of, and the introduction about, the technique for taking ARV medications regularly and on time; and (c) the development of service delivery system for people living with HIV in a way that the information can be kept confidential in both direct and indirect manners.

Annex

Annex 1: Ethical Consideration Approval

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MEMORANDUM

DATE: July 25, 2013

TO: Duangta Pawa

FROM: PSI Research Ethics Board

RE: 34.2013

TITLE: Accessing services: Understanding HIV testing, care, and treatment uptake among men who have sex with men in Bangkok and Chiang Mai, Thailand

The PSI Research Ethics Board (PSI REB) has reviewed and approved the above referenced study via its expedited review process on July 25, 2013 for a period of 12 months. This approval will expire on July 24, 2014.

The IRB determined that study meets the criteria for expedited review under category, 45, CFR 46.110 Category 7 *(Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies).*

The PI is required to inform the REB immediately of unanticipated problems or new information which could change the risk/benefit ratio. Modifications to study design, data collection tools, study forms, or PI staffing must be approved by the PSI REB prior to implementation. For more information concerning modification request or reporting unanticipated problems, please refer to the PSI/REB website (http://www.psi.org/resources/research-ethics-board) or contact Kelly O'Keefe (kokeefe@psi.org).

Sincerely,

K. O'Keef

Kelly O'Keefe
Research Ethics Program Manager

Annex 2: Dashboard

Result of HIV Test Behavior

The research finding led to “Workshop on Research to Practice in Site” on December 23-24, 2013. It was a data analysis with cooperation of Strategic Information Team, PSI Thailand, and implementing team representatives for MSM from partner agencies, including civil society and government sections in Bangkok and Chiang Mai, i.e. the Poz Home Center Foundation, SWING Foundation, Mplus Foundation, Caremat, International Planned Parenthood Federation, Thai Red Cross AIDS Research Center, Rainbow Sky Association of Thailand, Thailand MOPH – U.S. CDC Collaboration, and PACT Thailand. Data of HIV testing receiving behavior was analyzed, including information of 8 behaviors, i.e. archetype, beliefs to reinforce, beliefs to change, strategies to behave, acquisition, openings, knowledge and sophistication, and category experiences. We also gave the name for character archetype of MSM. *Bad* was a representative of MSM who received HIV testing and *Danny* was a representative of MSM who lived with HIV. The result of data analysis was below.

“Bad”
A representative of MSM who received HIV testing

Archetype (ARC)

Bad is 26 year-old. He runs his own business. He has realized he is gay since he was a child. Presently, he lives with his boyfriend. Usually, he goes to bed around 2 am and wakes up around 6 am. He works Monday to Friday and has weekend as holidays. After work, Bad will go to a bar or fitness center to fit his figure not to get fat. On the day-off, he will do a washing, play games, sit leisurely, and take a walk. In the night time, he will go to a bar to have some drinks and hang out with friends. There are straight men and women and gay and lady-boy. He often goes with his gay and lady-boy friends. In average, he goes to a bar about three times a month.

Bad grew up surrounded by women. He had play with girls since he was a child. He thought his family knew that he was a gay since then, but they acted to ignore. He loved studying dancing art. He had never had a girlfriend.

He had told his mother that he was a gay while he studied in secondary school. He had not told his father because he did not like gay. Other family members did not say anything. The reason why he decided to tell his mother because he was uncomfortable, though they had already known his status.

After telling his mother, Bad was relieved and not uncomfortable anymore. Now his family has better reaction when he brings his boyfriend to his home. Words and the way they treat Bad have changed from the manner of unpleasant way when they saw Bad not being in manhood manner. Currently, he is not received any negative expression. He can bring his boyfriend to his home and has a better feeling. He thought that the reasons why his family accepted his gay status and changed attitude towards him in a better way because he had told them openly and shown them that he could take care of himself. He could run his own business and make good earnings. This proved to his family that being gay did not mean he was a bad person.

His boyfriend has lived with him for 5 years. Before that, he had had around 8-9 boyfriends knowing through his friends, online social network like Facebook, or seeing at bars. Usually, he dated one by one, but while he was in relationship, he still had temporary sexual partners with no serious relationship. He dated his partners only when he wanted sexual intercourse.

Bad did not use condom every time because he thought that wearing condom during sex was not enjoyable. Sometimes it made his penis unable to be fully erecting and caused the feeling unlike tightly snuggling. Besides, sometimes he was drunk and did not have any condom when he was going to have sex, he thus did not use it. He usually used condom with his temporary partners but with his boyfriend he often did not use it, because he concerned that his boyfriend would think he did not trust him and he did not want his boyfriend doubted that he had had sex with someone else. This would reduce the trust between each other.

Bad had once received voluntary HIV testing because he was aware that he had risk behaviors. After he knew the result, he was so relieved and thought to himself to be more careful and more responsible for himself. He told himself that from now on he would have to be strictly behave – he should be more careful to live. This was like a turning point of his life and made him thought about responsibility. He had to be more responsible for himself and his love ones. Bad felt that this was like a vaccine to his mind that enabled him not to head to that point again – a risky point he had past.

Concerning on his health, work, family, and his future, Bad worries about his health because he has health problems frequently, though he has been tested and found no sexual transmission infection. However, he still concerns about his health problems. For his work, he wishes to make more earnings and, thus, he concerns that he might not get to the expectation – afraid that he could not work when he get older. He also worries about his future life because he is gay and has a boyfriend. This is not like ordinary relationship that provides commitment as a family. He thinks the might have to be alone the end, so he is anxious over planning his future life.

Beliefs to Reinforce (B2R)

Although Bad often used condom during sex, sometimes, when he was drunk or in the situation approaching sexual intercourse and he did not have any condom at the time, he decided to have sex without condom. Bad thought that he had brought himself to the risk and really concerned about this. Therefore, he went to receive HIV testing. He had been suggested to be tested from his friend before. He explained to him that the testing was not horrible as anyone thought. At first, Bad was scared but he did not want to be tense and anxious, so he decided to be tested and found that it was not that horrible.

In the meantime of testing result waiting, Bad thought about if he was HIV-positive, how should he continue to live. If the result was positive, it would be because of the way he had lived in the past. Bad consulted his friends and officers about the sexual transmission diseases – what they were, how HIV transmitted, how to take care of himself, and how should he continue to live with HIV. Bad had a knowledge how people living with HIV lived, so he did not think that being PLHIV would reduce his life time. Besides, he knew where he should go for treatment if he was HIV infected. This comforted him, at least he thought that knowing the result could make him realized and took a control over himself not to transmit HIV to other people, while if he had not received the test, one day the symptom might activate, it could be worse.

After knowing the result, he was relieved and comfortable. He thought that it was worth to be tested this time and he should have received the test long time ago. It was not horrible as he or anyone had once thought. Furthermore, he received many useful information and advices. From now on, he would continuously test to confirm and observe himself.

Beliefs to Change (B2C)

Bad used condoms inconsistently during sex with both temporary partners and his boyfriend. One of the causes was being drunk – caused him forgot wearing a condom. Another case was when he strongly wanted to have sex causing him ignored about safety. In some cases, his partners and his boyfriend would ask him not to use condom with the words doubting about his trust upon them.

For temporary sexual partners, not his boyfriend, sometimes Bad examined their face, appearance, and financial status. For example, this guy looked like gentleman, a spoiled brat, and seemed no problem. This made him considered using condom or not with which partners. Some partners he thought he should use condom were whom he met at bars, real transitory sexual partners he did not know their profile. This case Bad would use condom.

Although Bad had received HIV testing, he felt every time he decided to test, he had to prepare himself for a while. This because he was afraid if it resulted as HIV-positive, how he would encounter the following problems: anxiety over living after infection, fear of being an outcast, fear of he could not bear it and his health would decline, fear of his boyfriend, family, and friends would not accept, and fear of the test result would not be confidential. Bad thought that he did not need to test frequently or regularly if he was confident that he was not infected or use condom often, so he was not risky. This did not drive him to go to test regularly.

Sometimes he thought that if he was infected, why he had to know the result. He did not need to know. In the past, he once thought that *AIDS could be prevented by not goes to test.* He believed that putting himself away from it would be better than involving and die sooner.

Strategies to Behave (S2B)

Bad would decide to use condom when his boyfriend asked him not to use, even though he felt that wearing condom would make him hurt. He could bear a hurt, though, for safety. Bad saw this as a co-responsibility, it had nothing to do with trust – it was all about safety. Sometimes he had to displease his boyfriend, but he had to do because of mutual safety.

For temporary sexual partners he met at bars, if there was no condom or he was asked not to use it, he would refuse to have sex.

For receiving HIV testing, he would talk to his friends because they could understand each other completely. He was interested in his friends' advices rather than physicians'. Every time he talked to the doctors, he could not focus and understand due to medical terminology. Furthermore, he concerned about the confidentiality. If he decided to receive testing, he would not go to a familiar hospital or participated in any projects because he was not sure about their data confidentiality.

Acquisition (AqS)

Bad decided to acquire services at a clinic because he considered data confidentiality. He did not want to go to general hospitals because of many procedures that took him a lot of time. The test result from the clinic was more reliable. They also educated him, were friendly to him, and advised him with understanding. In addition, testing at the clinic was more private, though sometimes there were a lot of people due to its promotion period – so he was afraid he would see someone he knew. However, he felt close and private for the examination rooms were properly shaped.

Openings (O)

Bad received preliminary information about HIV, including testing, testing places, transmission, and symptoms mainly from online media, i.e. Facebook, web board answered by physicians, specific web board for PLHIV, and searching via search engine like Google. This online information was updated all the time. Another source of information about sex health and gender orientation of MSM was from particular magazines, such as Attitude.

Bad often visited websites and used online social media applications to find someone to talk to, and many times led to dating and ended up with having sex. The online social media website was Facebook and there were applications for MSM in particular, such as Jack'D, Grindr, or Hornet. These applications would show profile picture, personal information, sexual orientation, and position of whom we wanted to know. Along with those particular websites and applications, Bad also used general social applications, such as Line and Instagram.

When Bad encountered problems or felt anxious, he often consulted his close friends first. For the serious problems, or about HIV testing result, he would talk to his mother. If one day he was found HIV infected, he thought he would tell his mother because she would understand and accept. She always said that she loved him no matter what he was. Moreover, sometimes when Bad worried about something and did not want to talk to anyone, he would do a meditation or listen to sermon.

Knowledge and Sophistication (KS)

Bad knew the basic knowledge that HIV transmitted through unprotected sex, or oral sex while there were mouth ulcers, or from mother to child.

When he was going to have sex, he knew how to avoid himself from risk situations – trying not to do oral sex, examining leaking of the condom by squeezing it; if it could swell, it was not break.

In addition, he researched for more information from HIV articles including antiviral drugs production reports and researches, as well as information about opportunistic infection and other sexual transmission infection from internet, especially when he was aware himself in risk and could feel something wrong with himself after a risky situation.

Category Experiences (CatEx)

Bad had been received HIV testing. While he was waiting, he worried if he was infected, how he could plan to live. He thought of his goal and daily life that would change and affect his personal life and work. Besides the testing, he had donated blood. Every time he donated, Bad would take the result of blood test as another way to confirm his status.

There was one time that he decided to receive HIV testing, but he changed his mind because of substandard service from the hospital. The officer called examinee's name and asked for personal information with quite loud voice and asked outside the room where many people were there. He felt that this act was some kind of pillory making him uncomfortable. This was what officers should not do. So he decided not to test and went to the other place.

Previously, Bad feared the testing result – he was afraid that he might infect and feared people would think he was promiscuous. He knew afterwards that one-husband housewife could infect HIV. In the past, he disdained and did not want to be close to PLHIV. When he had grown up and was educated, he knew the facts about transmission of the disease and he did not detest anymore. He should look into himself that if he was infected and treated like that, how he and people around him would feel.

Analysis Result of Treatment Services Receiving Behavior

"Danny"

A representative of MSM who live with HIV

Archetype (ARC)

Danny is 28 year-old. He works as an employee of a company. Nowadays he lives alone. In weekday, regularly, he wakes up at 8 o'clock and goes to work. After work he exercises or goes out with friends. In weekend he spends his leisure time with sleeping, watching TV, listening to music, exercise. Some nights he goes hanging out with friends. He has straight men and women, gay and transgender friends. They usually go out on Friday and Saturday night. Most of visit places of Danny and his friend were gay bars.

Danny's family knows that he is a gay, especially his mother. He has brought his boyfriend to home and she did not say anything. Currently he does not have any serious relationship. He has terminated long time ago. Now he just changes sexual partners, sometimes meets and talks in the phone application, such as Grindr or Jack'd and dates. He sometimes uses condoms and sometimes does not with these partners, depending on their appearance. If they were good-looking or university students, he would not use condoms. If he was drunk, he might forget to use or sometimes he did not carry condoms with him. In the morning he could not remember because of drunk and did not realize what he had done last night.

Danny knew about his risk and he was very anxious. The reason why he did not want to test for HIV because he feared the result. He feared he could not bear the test result, could not accept the truth, and his health would be poor, so he thought not to know was a better way. Danny knew the examination result when he got sick. After knowing the result, at first, he still lived as usual – having fun and hanging out with friends without receiving a treatment because he thought it would be good and it might be other ways to treat besides medication. Plus, at that time, he did not have much knowledge about this and the time passed by until his health declined, Danny, then, went for treatment at a hospital.

Nowadays, he mainly worries about work and money because his salary is insufficient for daily use. It is a problem he has to solve every month. This makes him stressed. He wants to own a business in the future but he has to focus on the present because of his health. He has to support himself not to be too stressed or fatigued. He wants to have a sum of savings to do what he likes and he wants to be able to take care of his mother and family.

Beliefs to Reinforce (B2R)

After Danny received HIV testing and knew the result, he always used condoms during sex to protect himself and his partners, even when he had oral sex, he also wore a condom. Danny always carried condoms and lubricant gel with him in the bag.

He thought he could live normally. He knew that living with HIV did not make him die easily. He needed to receive antiviral drugs and strictly took the medicine on time and took care of himself. This did not affect his daily life. He loved his life more than before. He took care of his health and stay away from any substances and alcoholic beverages.

He had to take care of himself more than before. At first he regretted and comforted himself for a while until he got better. He realized he could live. His appearance did not indicate anything that he was PLHIV because there was no symptom. He looked after himself in a better way – did not drink alcoholic beverages and smoke cigarette. He always told himself that if his health got weak, complications would follow. If he could not make his health better than this, he had to preserve his status. He had to evaluate and not to force himself – going out less frequently and having sufficient rest.

Beliefs to Change (B2C)

After knowing the HIV-positive result, he thought he was still healthy and did not take antiviral drugs; he thought he could be cured without medication. Until the symptoms were active and his health declined, he had to receive the drugs. He did not want to take antiviral drugs because he had heard that the side effect would cause inflate belly, lean buttock and arms and legs, and more. This made him anxious and did not want to take medicine, so he had treated himself and would take medicine eventually.

He did not quite concern about his health. If health problems occurred, he would receive symptomatic treatment. What he concerned were work and livelihood – how he could live along.

Danny also worried when he received services from hospitals; he was afraid about confidentiality. He did not want to receive services from specific clinics for PLHIV because he had to reveal his status and personal information in each procedure of treatment. He tried to take antiviral drug on time but sometimes, when he was with other people, he worried to take the medicine because he was afraid the people would suspect that he was a PLHIV.

Strategies to Behave (S2B)

Danny tried to consider and live normally – exercise, having ordinary meals, and taking vitamins. He took the medicine and went to see a doctor on time. He felt that thinking that he was a PLHIV would make him stressed. Stress could destroy his mental health and,

consequently, his physical health would be ruined. He had to tell himself not to get stress and find something to do to unwind.

Discussing with PLHIV friends was a way of relaxation; it allowed him to think that he was like anybody. Everyone would encourage each other. They came to make new friends and exchange their experiences. This enabled him to know that some of his friends had encountered many obstacles and he considered himself to make a better living without a negative thought.

When taking antiviral drug, Danny did not worry because during working time, he could take the medicine as normal. If someone saw, he would tell them that he was taking vitamins. He will contain the tablets into a small box and set an alarm clock to notify the time of medicine. He thought taking medicine was necessary because he wanted to live. If any problems occurred from taking medicine, he would go to see a doctor. He often went to see a doctor before the appointment time because, sometimes, he could not take a leave from his job. If he was inconvenient to go on the appointment time, he would go in advance for a week because he was afraid of taking medicine discontinuously.

Danny tried to bring positive thinking into his life. He thought that if he was not infected, he would not learn much about life like this. From now on, he had to take responsibility to his life and his love ones, as well as set a new goal of life.

Acquisition (AqS)

Danny received antiviral drugs from the hospital. He knew about these treatment services from the officer after he got a testing result. He needed to receive treatment services from reliable hospital which was friendly to MSM and keep the personal data confidentially.

Openings (O)

Danny would talk to his mother when he had problems. He felt that his mother could understand and concerned about him. She told him to take care of himself. She often encouraged him when he was tired and disheartened. She often told him to be patient and she would not leave him no matter what.

Usually, he would express his anxiety and consult his friends, especially his close friends, because there were some issues that he did not want to talk to his mother or did not want his mother to know. He did not want to make her sad or anxious.

Danny often searched for information from the internet, such as online social media like Facebook and Line application. He also found and made new friends who had interested issues similar to him. Additionally, he visited web boards for PLHIV group for discussing and consulting, including encouragement.

Knowledge and Sophistication (KS)

Danny had seen many PLHIV who could live normally. He knew that HIV infection could be completely cured, but he could live as long as possible.

He knew that if the CD4 value was under 200, he had to receive the antiviral medicine. He tried to search for information about the antiviral drugs' side effects and pay more attention to his diet. He had to examine the symptoms for any allergy happened, he would go to see a doctor to change the medicine.

Category Experiences (CatEx)

About taking antiviral drugs, sometimes he forgot. The officer suggested that he should set an alarm. Previously, he had been diagnosed and the doctor wondered why the viral load was not reduced. The doctor tested his blood and informs him that the medicine he had been taking was not effective to him, so the doctor changed the medicine. Before taking medicine, he had been very thin; his weight loses around 10 kilograms. However, he was better after received the medicine.

Previously, Danny had a friend, working in a place he intended to apply, who knew that he was HIV infected and told this to colleagues in the work place. As a result, Danny could not take a job. This entailed impact on his life, so he thought he should keep it secretly. He would not tell anyone again because of this experience.