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Drug use and its associated factors among money boys in Hunan Province, China

G.L. Yang [a], A.D. Zhang [a], Y. Yu [b], H. Liu [a], F.Y. Long [a], J. Yan [a,*]

[a] Third Xiangya Hospital, Central South University, Changsha, China
[b] School of Humanities and Management, Southern Medical University, Guangzhou, China

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ABSTRACT

Objectives: To describe drug use, types of drugs and related factors among money boys in Hunan Province, China.
Study design: A cross-sectional study was conducted between July 2012 and January 2013.
Methods: Based on respondent-driven sampling, researchers located seven 'seeds' via a gay-dating website: http://www.ixxqy.org. After three waves of recruitment, 234 money boys were enrolled. They were asked to complete a 23-item questionnaire regarding demographic characteristics, drug use, a history of human immunodeficiency virus infection and family environment. Descriptive statistics and logistic regression analysis were conducted using Statistical Package for the Social Sciences Version 20.0.
Results: In total, 205 valid questionnaires were collected. Based on the data collected, 80 (39.0%) money boys had used drugs within the last 3 months. Rush popper (36.6%) and methamphetamine (12.7%) were used most commonly, and other drugs used were ecstasy (7.8%), ketamine (5.9%), marijuana (2.4%), morphine (1.5%), heroin (1.0%) and cocaine (0.5%). Factors included in the logistic regression were length of service (odds ratio [OR] 0.395, 95% confidence interval [CI] 0.175–0.896), being an only child (OR 2.272, 95% CI 1.108–4.659), relationship between parents (OR 0.428, 95% CI 0.213–0.858) and social network (OR 2.387, 95% CI 1.144–4.970). A shorter length of service and a good relationship between parents were protective factors against drug use, while being an only child and having a wide social network were risk factors.
Conclusion: Drug use is common among money boys. This study found that length of service, being an only child, relationship between parents and social network are associated with drug use.
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Introduction

'Money boys' (MBs) is a colloquialism in China for males who sell sex to other males.[1] In some countries, males who sell or exchange sex are called 'male sex workers' (MSWs). However, there are some distinct differences between MBs and MSWs. Briefly, MSWs offer a small proportion of commercial heterosexual sex.[2] In contrast, MBs only provide same-gender activities and their clients are mainly men who have sex with men

* *Corresponding author*. Third Xiangya Hospital, Central South University, 138 Tongzipo Road, Changsha, China.
E-mail address: yanjin0163@163.com (J. Yan).
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(MSM).[3] In 2010, there were approximately 380,000 MBs in China, most of whom entered the commercial sex industry for economic reasons.[4] Weber et al.[5] reported that sex trade workers had less education, more unstable housing and a higher reported level of drug use than non-sex trade workers.

Findings from previous studies have indicated that MSWs are often engaged in illicit drug use, and they sometimes trade sex for drugs. Ballester-Arnal et al.[6] reported that 57.0% of MSWs in Spain were self-identified as drug consumers. In the study by Minichiello et al., 50.5% of MSWs reported drug or alcohol consumption.[7] A study of a sample of MSWs conducted in Atlanta found that half of the men smoked crack cocaine and 38% injected drugs.[8] In China, a survey of 418 venue-based male commercial sex workers (male CSWs) in Shenzhen revealed that 19.9% used recreational drugs.[9] Wong et al.[10] showed that the prevalence of illicit drug use among MBs was 12.1% in Shanghai.

The main purpose of drug use is to drive commercial sexual behaviours and/or to cope with emotional stress.[7,11] However, drug use is a key way of transmitting human immunodeficiency virus (HIV), both directly through sharing needles[12,13] and indirectly by increasingly risky sexual behaviours.[14,15] Many drugs impair judgement and memory, which leads to inappropriate or uncontrollable behaviours among users which may increase HIV exposure and transmission.[16]

It is therefore important to understand the status of drug use and its associated factors. As a hidden and marginalized group, MBs have not been studied extensively in China. Limited studies have reported the status of drug use among MBs in China, but the associated factors were not clear. Only one qualitative research showed their motivation for drug use.[17] The aim of this study was to describe drug use, types of drugs and related factors among MBs in Hunan Province, China. Appearances or the introduction of new drugs on the market and changes in drug popularity or usage represent new challenges.[18] Hence, the detailed description of drug use made this study more meaningful to address the prevention of drug use, essential treatments and the consequences of drug use.

As drug use has been studied extensively in different venues and populations, it has formed a considerably mature theoretical framework. The current study used the theoretical framework modified by Aday and Anderson for the alcohol and other drug (AOD) field.[19–22] Andersen and Aday's model is the most comprehensive and widely applied conceptual model in health services research. The model includes contextual and individual characteristics. The contextual characteristics are those measured at an aggregate level, and include factors that reflect health organization and provider-related factors as well as broader community (cultural) characteristics. Individual characteristics include demographic and psychosocial influences, and personal and community resources. Taken together, these factors influence subsequent outcomes. This study identified the effect of these variables (e.g. age, education level, sexual orientation and family environment) on drug use based on this framework.

Drug use is seen as a diagnostic category regardless of whether drugs are used or misused. Drug abuse and dependence refer to problematic patterns of drug use.[23] Problematic drug use is defined by the *International Classification of Diseases 10th Revision* as 'harmful use' and 'dependence.'[24] A classification of harmful drug use needs evidence that substance use is causing physical (e.g. organ damage) or psychological (e.g. drug-induced psychosis) harm.[24] This study assessed drug use by MBs within the last 90 days; evidence for harmful use and dependence was not collected.

Methods

Study population and sample size

This study was conducted in Hunan Province, Southeastern China, which is famous for rich media and entertainment industries. There are hundreds of clubs, dance halls and karaoke halls, especially in the capital city, Changsha. An MB was defined as any male who had provided sex services (receptive and/or penetrative) to other males for a fee within the previous 3 months. Inclusion criteria included: (1) males aged >16 years; (2) self-identified as an MB; and (3) ability to provide written and verbal consent. In this study, the primary outcome was the rate of drug use. The sample size calculation formula was $n = \mu_\alpha^2 \pi(1-\pi)/\delta^2$. The following calculation was used to determine the sample size: type I error = 0.05 ($\alpha = 0.05$), where π was the proportion of drug use, assumed to be 60%.[6] δ was determined to be 6% (usually 0.1π). Therefore, the sample size was 256 ($1.96^2 * 0.6 * 0.4/0.06^2 = 256$).

Participant recruitment

As MBs are a hidden and inaccessible population, respondent-driven sampling[16] (RDS), which has been used successfully in similar populations such as substance abusers, HIV patients and homosexuals,[25–27] was used to recruit subjects in this study. The initial step of RDS was to recruit 'seeds' or the initial contacts in the hidden population. The seeds were located via a gay-dating website: http://www.ixxqy.org. The QQ number and telephone number of key people were available on the home page of gay clubs. It was recommended that 6 to 15 seeds were needed,[28,29] and the authors chose 7 seeds from different gay clubs. Each seed was asked to recruit up to three MBs, and each subsequently enrolled participant was also required to recruit up to three peers. The recruiters were paid an additional bonus (50 RMB, 1 RMB = 0.160$) for each additional MB brought into the study. In total, 234 MBs were enrolled: 7 from Wave 0; 22 from Wave 1; 65 from Wave 2; and 140 from Wave 3. Two well-trained researchers briefed these MBs on the purpose of the study, methodology, confidentiality, risks/benefits (including referrals for other services) and payment for participation (100 RMB for the survey). After signing informed consent forms, the participants completed a 23-item questionnaire anonymously, which took approximately 15–20 min. The study was conducted between July 2012 and January 2013.

Instrument

The questionnaire used in this study was self-developed by the authors. Based on the framework and literature, potential variables were selected and basic items were installed. Based on advice from experts, the questionnaire was revised twice. After considering suggestions from MBs, the questionnaire

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