



Research Paper

Substance use among male sex workers in Vietnam: Prevalence, onset, and interactions with sexual risk

Gary Yu^{a,*}, Michael C. Clatts^b, Lloyd A. Goldsamt^a, Le M. Giang^c^a New York University College of Nursing, 726 Broadway, 10th Floor, New York, NY 10003, United States^b School of Public Health, University of Puerto Rico Medical Science Center, San Juan, PR, United States^c Center for Research and Training on HIV/AIDS, Hanoi Medical University, 1 Ton That Tung Street, Room 601, Building A1, Hanoi, Viet Nam

ARTICLE INFO

Article history:

Received 16 June 2014

Received in revised form 29 October 2014

Accepted 30 October 2014

Keywords:

Male sex work

Vietnam

Onset of drug and sexual risk

ABSTRACT

Background: HIV research in Vietnam has focused primarily on its large heroin injector population. Data on men who have sex with men [MSM], particularly the large and growing population of men who exchange sex for money or other material rewards, male sex workers [MSWs], is very limited.

Methods: Data derive from a cross-sectional study of MSW, age 16–35, recruited using community sampling methods in three cities in 2010–2011, including Hanoi, Ho Chi Minh City [HCMC], and Nha Trang City ($n = 710$). Assessments included demographic characteristics, substance use, sexual risk, and use of health services. A series of “event” questions were used to assess the influence of alcohol and drugs on sexual risk.

Results: Both tobacco and alcohol are initiated at a young age and most participants currently use both substances overall across all three cities. While alcohol and tobacco use precede the initiation of sex work, stimulant and opiate use are initiated following the initiation of sex work. There was substantial overlap between substance use and sexual risk, and this overlap was strongest in sexual events involving male and female elective partners rather than sex work clients.

Conclusion: Although rates of HIV infection in this group are low, this may be an artifact of the young age of the sample. High rates of drug use, including alcohol, tobacco and illicit drugs, coupled with high rates of ulcerative STIs such as HPV, suggest the potential for rapid amplification of STI/HIV risk among MSW and their complex sex partnering networks.

© 2014 Elsevier B.V. All rights reserved.

Introduction

Vietnam reported its first case of HIV infection in 1990. HIV has spread rapidly since that time, with nearly 200,000 individuals currently living with HIV infection and 14,000 new infections each year (Ministry of Health, 2011a, 2011b; VAAC, 2011). The early HIV epidemic was primarily associated with the post-war shift from opium smoking to high risk heroin injection practices among injection drug users (IDUs). Although injection risk continues to contribute new infections, sexually-mediated transmission accounts for an increasing number of new infections in recent years, particularly among women (Clatts, Giang, Goldsamt, & Yi, 2007; Go et al., 2011; Quan et al., 2011; Thanh et al., 2009).

More recently, Vietnam has seen a rapid transformation of its local drug markets and this is further reshaping the HIV epidemic in a number of important ways. Once primarily dominated by heroin, a wide variety of synthetic drugs (amphetamine type substances – ATS, Ecstasy, ketamine, etc.) have appeared in local drug markets, and are particularly popular among younger age cohorts. While most of these synthetic substances are not injected, and hence do not confer the same risks for injection-mediated HIV transmission, there is nevertheless substantive concern regarding the potential for these substances to contribute to sexual risk. Indeed, STI/HIV rates have increased sharply concomitant with rapid increases in the availability and use of synthetic drugs, particularly in younger (Clatts, Giang, Goldsamt, & Colon-Lopez, 2010, 2011; Vu, Mulvey, Baldwin, & Nguyen, 2012).

Largely ignored in the first decade of the HIV epidemic in Vietnam, men who have sex with men (MSM) were added to sentinel HIV surveillance activities in 2007 and rates of infection in this diverse group have sharply increased since that time. For example, surveillance reports show that the prevalence of HIV among MSM in Hanoi is currently estimated to be 19.8% (an increase from

* Corresponding author at: Center for Drug Use and HIV Research, NYU College of Nursing, 433 First Avenue, 7th Floor, New York, NY, 10010, United States.

Tel.: +1 212 998 5486; fax: +1 212 995 3143.

E-mail address: gy9@nyu.edu (G. Yu).

11.0% in Ministry of Health, 2010, 2011a, 2011b, VAAC, 2011.) were observed among MSM in Ho Chi Minh City (HCMC), currently estimated at 14.3% (an increase from 6.2% in 2006) and there is general agreement that sharp increases in the use of synthetic drugs (notably ATS) have contributed to sexual transmission among MSM (Vu et al., 2012).

Although there has been increased research attention to HIV risk among MSM in Vietnam in recent years, a general dearth of epidemiological information about particularly vulnerable subgroups within the overall MSM population remains. Research on the large, complex, and apparently growing population of male sex workers (MSWs) in Vietnam is particularly lacking. A number of studies of MSWs elsewhere in S.E. Asia, particularly Thailand (Chemnasiri, Netwong, & Visarutratana, 2010; Guadamuz et al., 2010, 2011; Toledo, Varangrat, & Wimolsate, 2010), have shown alarming levels of behavioral risk in this group as well as high rates of STI/HIV. Similarly, previous studies of young IDUs in Vietnam have noted the high rates of both drug and sexual risk among MSWs within the young IDU population (Clatts et al., 2007). However, there has been only one published study of MSW themselves in Vietnam (Mimiaga et al., 2013). Moreover, although several studies of the general MSM population in Vietnam have suggested that alcohol and drug use (particularly ATS) may contribute to sexual risk (Vu et al., 2012), most of the available data is correlational and the actual impact of drug and alcohol use on sexual risk in various subpopulations of MSM remains unclear.

In an effort to enhance our understanding of drug and sexual risk among MSWs in Vietnam, in 2007, a multi-city epidemiological study was undertaken in three cities, including Hanoi, Ho Chi Minh City, and Nha Trang City. Based upon data from this study, this paper describes substance use among MSWs, including prevalence of alcohol and a wide array of illicit substances. Additionally, we provide a preliminary epidemiological trajectory of the onset and initiation of drug and sexual risk. Finally, given MSWs' substantial partnering complexity, we use sexual event data to examine the role of drugs and alcohol in understanding sexual risk across different types of sexual partners.

Methods

Sample construction

MSWs were recruited using a combination of locally-tailored "targeted" and "time-by-location" community sampling methods (Clatts, Davis, & Atillasoy, 1995; Waters & Biernacki, 1989). Survey activities began in Hanoi in March 2010, and were subsequently initiated in Ho Chi Minh City in January 2011 and in Nha Trang in July 2011. In each city, data collection was preceded by formative ethnographic research (including observation, mapping, and informal interviews) to identify and map local settings and social groups in which male sex workers were present and could be recruited for research, including bus stations, public parks, tea stalls, internet cafes, massage parlors, drug "copping" sites, and similar types of public or semi-public settings. While no claim to formal representativeness is made, the ethnographic data served as the basis for development of a targeted sampling plan which was oriented to maximizing theoretical variability in the sample, including age, migration status, sexual identification, drug involvement, and settings for client-recruitment.

Selection of subjects was facilitated through the use of a brief, field-based, conversationally-oriented intercept interview which included questions about male sex work but masked screening criteria, thus limiting potential for self-selection among non-male sex workers in the venues. Potentially eligible subjects were referred to a private research office where formal screening,

written informed consent, behavioral survey interviews, and biological testing activities were conducted. Although the assessment measure included questions about a broad range of both monetary and non-material rewards in exchange for sex, eligibility was restricted to males between the age of 16 and 35 who self-reported having exchanged sex for some form of material remuneration (including money, drugs, food, clothing, or some other kind of material benefit) within 90 days prior to study recruitment.

Written informed consent procedures included a formal assessment of capacity for consent. Subjects were paid the equivalent of US\$10 in local Vietnamese currency ("đồng") in compensation for their time. All study procedures and instruments were reviewed and approved by institutional review boards in both the US (the University of Puerto Rico) and Vietnam (Hanoi Medical University).

Measures

The survey interview included five general domains: (1) Demographic Characteristics (including age, birth place, education, employment, sexual self-concept, etc.); (2) Alcohol, Tobacco, and Illicit Substance Use (including age at first use, current use, age at first injection, current injection, for a broad range of illicit and/or illegal substances); (3) Sexual History and Current Practices (including age at onset of first sex with different types of partners, current sexual practices and partner characteristics, and practices and partner types at last sexual exchange); (4) Mental Health Indicators (including the Beck Anxiety Inventory to assess anxiety symptoms and the 20-item version of the CES-D to assess symptoms of depression); (5) Knowledge of HIV transmission risk; and (6) Use of health services (including STI/HIV testing in the last year). Following completion of the survey interview, subjects met with a staff physician who conducted pre-test counseling procedures (in accordance with applicable laws and standards for STI/HIV screening in both the US and Vietnam). Specimens were screened for Syphilis, Gonorrhea, Chlamydia, Human Papilloma virus (HPV), Hepatitis-B (HBV), Hepatitis-C (HCV), and HIV-1.

Data analysis

Descriptive statistics were used to initially describe the prevalence of recent and lifetime use of tobacco, alcohol, and a broad array of illicit substances, including injection. Repeated analysis of variance (ANOVA) tests were used to determine the differences in the age of onset of drug use (alcohol, tobacco, cannabis and opiates and/or stimulants) and to construct a preliminary trajectory of onset of behavioral risks. Finally, using event level data from the last sexual encounter with each partner type [female, elective male, male client], prevalence of substance use before and during the last sexual encounter was described and the associations between substance use and sexual risk, such as UAI [unprotected anal intercourse], were examined using chi-square tests. SPSS (version 20.0) was used for all analyses.

Results

Sample characteristics

The final sample included a total of 710 men, all but one of whom were born in Vietnam (see Table 1). Mean age is 22 (SD 3.9, median 21, range 16–35). Education levels vary, with 19.7% currently in school. Among those who were not in school at the time of the interview, only a third (38%) had completed a full 12 years of secondary education. More than half (53%) are migrants, defined for the purposes of this analysis as having moved to the city in which they were interviewed within the past five years, had no parents living

Download English Version:

<https://daneshyari.com/en/article/7513448>

Download Persian Version:

<https://daneshyari.com/article/7513448>

[Daneshyari.com](https://daneshyari.com)