



## Condom Use among Commercial Male Sex Workers in Kathmandu, Nepal

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### ABSTRACT

**Objective:** The descriptive cross-sectional study aimed to examine factors associated with condom use among the commercial male sex workers (CMSWs). **Materials and Methods:** Sample included 131 CMSW aged 19-54 years living in Kathmandu, Nepal selected by purposive sampling. The duration of data collection was from 1<sup>st</sup> February to 29<sup>th</sup> February 2008. Chi square test was used to determine the association. **Results:** The proportion of workers who always used a condom with the clients was 69.5%. Almost all (91.5%) were well-versed about HIV/AIDS and modes of transmission. Only 14.6% were at a good level of prevention and treatment. More than three fourths (80.9%) had a positive attitude towards HIV/AIDS. Condom use was found to be significantly associated with alcohol drinking (p-value =0.024), attitude towards condom use (p-value=0.003), accessibility (p-value <0.001) and access to free condom supply (p-value <0.001) and the reinforcing factors like support from the peers and clients (p-value <0.05 and 0.001, respectively) **Conclusion:** Problems facing CMSWs and condom use should be addressed comprehensively and synchronized in order to formulate appropriate programmes for proper health care services to combat HIV/AIDS.

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### INTRODUCTION

AIDS is an extraordinary kind of a crisis. It is unique in human history in terms of its rapid spread and extent. AIDS is a global burden, concern and a threat that exacerbates every other challenge to human development. Tracing back the history, the first case was diagnosed among homosexual men, twenty six years hence the numbers have been mushrooming and grown to pandemic proportions, resulting in an estimated 65 million infections and 25 million deaths.<sup>1</sup>

Asia is one continent in which the epidemic continues to expand putting the population at greater risk. The HIV epidemic remains largely concentrated in injecting drug users, men having

sex with men, sex workers, their clients and the immediate sex partners of both the clients and the workers. Inadequate effective prevention programme coverage is one of the leading causes. Epidemics in places like Thailand and Cambodia are driven largely by commercial sex.<sup>1</sup> Studies done have revealed the HIV prevalence in Thailand amongst pregnant women have declined from 2.4% in 1995 to 1.2% in 2003. However, there has been an increase in the prevalence of males who have sex with males in Bangkok from 17% in 2003 to 28% in 2005.<sup>1</sup> The practice of anal intercourse both in homosexual and heterosexual couples has been associated with a high level of

HIV infection. In particular, the receptive partner has been associated with a higher risk of HIV infection.<sup>2</sup>

Commercial male sex workers (CMSWs) are considered to be one of the high-risk groups driving the epidemic of HIV/AIDS because of exposure to multiple partners and inconsistent use of condoms. An integrated Bio-Behavioral Survey (IBBS) revealed HIV prevalence among male sex workers as 5% in Kathmandu.<sup>3</sup> Nepal still remains unexplored in respect to these concerns. Men who have sex with men are generally a latent population in Nepal. There are indicators of high prevalence of unprotected anal sex, knowledge about HIV/AIDS, safer sex and sexual health issues. In spite of ongoing investment to combat HIV/AIDS, an effort should be made to monitor their knowledge, attitude and practices of condom use during sexual activities. The response to HIV/AIDS has to be exceptional and requires leadership at both national and international levels to transform from episodic crisis management to an innovative strategic response that recognizes the need for long-term commitment and capacity-building. Thus, the objective of this study is to examine factors associated with condom use among CMSWs in Kathmandu, Nepal.

## MATERIALS AND METHODS

In order to achieve associated variables testing<sup>4</sup>, 131 CMSWs were recruited. In order to obtain the sample, the researcher had to access them through an organization centre in Sanepa (a place in Kathmandu) where CMSWs usually spend time in the afternoon. The inclusion criteria included males who worked as CMSWs in Kathmandu, aged between 18-55 years and Nepali citizens who can read and write Nepali language.

### Instruments

Self-administered questionnaires consisted of 6 parts as follows:

General characteristics assessed were age, marital status, caste, education, monthly income and alcohol drinking.

*Knowledge about HIV/AIDS and condom use.* These 19 questions measured modes of transmission, prevention and treatment of the disease and proper technique of condom use. The score was 1 for a correct answer and 0 for an incorrect answer. The range of scores was 0-19. The score was divided into 2 levels: 80% and higher referred to good, whereas the other was needed to improve.

*Attitude towards HIV/AIDS and condom use.* There were 9 statements to measure the attitude toward HIV/AIDS and condom use. The sample had to answer whether they strongly disagree (1) to strongly agree (5) with each statement. The

range of score was 0 to 45. The score was divided into 2 levels: 80% and higher referred to positive, whereas the other was negative.

*Enabling factors.* This part included availability, accessibility of condoms and information about HIV/AIDS. The sample had to specify whether they had (1) or did not have (0) to all these enabling factors.

*Reinforcing factors.* This part included 6 questions measuring perceived support for condom use from peers and clients. Each individual had to specify whether they had (1) or did not (0) receive support from all of these resources.

*Condom use.* This one question measured whether CMSWs always used (1) or did not use (0) a condom with their client for either anal or oral sex.

## Data Collection

After receiving an approval from the institutional review board (MUPH 2008-17), the primary investigator met CMSWs in the centre in order to summarize the purposes, requirements, and benefits of this study, emphasizing its anonymous nature. After that they were dispersed throughout a center to insure privacy. A packet of questionnaires was distributed; a cover letter was placed on the top of the packet. It took participants about 30-40 minutes to answer the questionnaire. The duration of data collection was from 1<sup>st</sup> February 2008.

## Data Analysis

Chi-square or Fisher's exact test was used to determine the association between general characteristics, knowledge, attitude, enabling factors, reinforcing factors and condom use with the p-value < 0.05 considered as statistically significant.

## RESULTS

The sample was from 19 to 54 years of age with an average age of 26.6. They obtained secondary school or higher (64.9%), whereas some (8.4%) did not have formal education. About three-fourths (75.6%) were below 30 years with 67.9% of them being single. Almost half (45%) belonged to the Vaishnyas caste. Their monthly income ranged from 1000Rs to 25,000Rs with an average of 5630.9 rupees. They drank alcohol (29%) prior to engaging in sexual activities with the clients. The results showed that 69.5% always used condoms with clients. The main reasons for not using a condom were client

refusal (17.6%), physical abuse (11.5%), and financial incentive (8.4%).

#### **Knowledge about HIV/AIDS and condom use**

Almost all (91.5%) were well-versed about the disease and modes of transmission. Probing into the matter, only about three-fourths (80.2%) comprehended the fact that the symptoms of HIV do not appear immediately after the entry of the causal agent. Regarding the prevention and treatment of the disease, only 14.6% were at a good level. Less than half (48.1%) of them understood well that HIV can be prevented by using sterile/disposable needles. Three-fourths (72.5%) thought that withdrawal/ejaculation is one way to prevent HIV/AIDS. Only 67.2% and 64.9% believed that HIV/AIDS can be prevented by vaccination and drugs, respectively. Regarding condom use, 35.9% needed to improve their understanding of how to use a condom effectively. 28.2% and 26.7% did not know they needed to press the tips of the condom to release the air out and avoid the using finger nails to tear the condom when tearing package, respectively.

#### **Attitude towards HIV/AIDS and condom use**

More than three-fourths (80.9%) of the CMSWs had a positive attitude towards HIV/AIDS. They strongly agreed that AIDS is a global threat (84.7%), yet preventable (49.6%). Only 9.1% strongly agreed that PLWHA are worthless. More than half (59.5%) had a positive attitude towards condom use. They felt that condoms create a sense of security (77.1%) and hygiene (74.0%). However, 23.6% of them strongly agreed that using condoms interrupts sexual pleasure, and 19.0% felt reluctant to use a condom with those for whom they had strong sexual desire.

#### **Enabling factors**

About half (42%) of the CMSWs obtained a condom from non-governmental organizations (NGOs). Three-fourths (77.9%) got access to condoms easily and more than three-fourths (87.7%) did not have access to a free condom supply. Concerning the accessibility of information about condoms and HIV/AIDS, the majority had access via media like television and radio (98.5%). Less than half (38.2%) gained information from their family.

#### **Reinforcing factors**

The majority had friends who supported condom use (90.8%) and who were role model for the practice of safe sex (89.3%). About 86% had friends who demonstrated how to use a condom properly. One third (22.9%) avoided using condoms when swept away in a moment and 20% used condoms on demand by the clients.

#### **Condom use with clients of the commercial male sex workers**

The results showed 69.5% of CMSWs always use condoms with clients. The reasons for not always using condoms with clients showed main reason was client refusal (17.6%), abuse/threat (11.5%), financial incentives (8.4%), condom was not available (7.6%), acquaintances/no STD (5.3%), others (1.5%).

#### **Associated factors of condom use**

There was a significant association between alcohol drinking prior to sexual activities and condom use among CMSWs ( $p = 0.024$ ). There was no significant association between knowledge about HIV/AIDS, prevention, proper condom use, and condom use. There was a significant association between attitude towards condom use and condom use ( $p$ -value = 0.003). CMSWs that always use condoms had a positive attitude (79.5%) more than a negative attitude (54.7%) towards condom use (see Table 1).

Regarding enabling factors, places where condoms were available like NGOs and pharmacies had significant associations with condom use ( $p$ -value = 0.012 and 0.037, respectively). CMSWs that always use a condom had places to get a condom more than those who did not always use one. Easy access to condoms also had a significant association with condom use. CMSWs that had easy access to condoms (78.4%) were more likely to use condoms when having sex. The accessibility of a free condom supply was significantly associated with condom use ( $p$ -value < 0.001). The more access to free condoms, the more frequently CMSWs always use a condom (75.4%).

Regarding reinforcing factors, there were significant associations between support from peers, regular clients, and client incentives for having sex without a condom among CMSWs ( $p$ -value < 0.05). When the CMSWs had encouragement, modeling, and a demonstration on how to use a condom from friends, they were more likely to use a condom (72.3%, 73.5, and 75.9%, respectively). One important reinforcing factor was client incentive ( $p$ -value = 0.001). When the CMSWs were asked to not use condom while being provided money incentive, they were less likely to use a condom (76.2%) (see Table 1).

**Table 1 Associated factors of condom use among CMSWs (n=131)**

Factors	Condom use				p-value
	Always (n=40)		Not always (n=91)		
	No.	%	No.	%	
<b>Drink alcohol before engaging in sexual activities</b>					
No	70	75.3	23	24.7	0.024
Yes	21	55.3	17	44.7	
<b>Attitude towards condom use</b>					
Positive	62	79.5	16	20.5	0.003
Negative	29	54.7	24	45.3	
<b>Enabling factors</b>					
<i>Place to get condom</i>					
NGOs					
Yes	45	81.8	10	18.2	0.012
No	46	61.3	29	38.7	
Pharmacy					
Yes	27	58.7	19	41.3	0.037
No	64	76.2	20	23.8	
<i>Accessibility of condom</i>					
Yes	80	78.4	22	21.6	<0.001
No	11	37.9	18	62.1	
<i>Access to free condoms supply</i>					
Yes	86	75.4	28	24.6	<0.001*
No	4	25.0	12	75.0	
<b>Reinforcing factors</b>					
<i>Having friend encourage use of condom</i>					
Yes	86	72.3	33	27.7	0.45*
No	5	41.7	7	58.3	
<i>Having friend as a role model</i>					
Yes	86	73.5	31	26.5	0.011*
No	5	35.7	9	64.3	
<i>Having a friend demonstrate use of a condom</i>					
Yes	85	75.9	27	24.1	<0.001
No	6	31.6	13	68.4	
<i>Regular client or lover request</i>					
Yes	85	78.7	23	21.3	<0.001
No	5	22.7	17	77.3	
<i>Long time to negotiate with client</i>					
Yes	77	76.2	24.0	23.8	0.002
No	14	46.7	16	53.3	
<i>Client incentive</i>					
Yes	80	76.2	25	23.8	0.001
No	11	42.3	15	57.7	

\*Application of Fisher's exact test

## DISCUSSION

The results of the study indicate that there are risks of HIV transmission amongst CMSWs that still exists. The proportion of those who always used a condom was 69.5%. Most of the CMSWs came from younger age groups of below 30 years of age, and the use of condoms with the clients was higher than those above 30 years of age. Concerning age there are studies by Campbell in Africa who found that the younger age groups showed greater intention to use condoms compared with older age groups.<sup>5</sup> The percentage of condom use with the clients was seen more in CMSWs who attained secondary school or higher. The practice of condom use is higher with more

awareness and knowledge. One study in Vietnam showed that education is related with the practice of condom use, and that it is a positive factor in condom use.<sup>6</sup> There is a need to be culturally sensitive in educational programs and in creation of materials developed specifically for CMSWs. Information can be disseminated in the right manner to bring about awareness and mitigate stigma. Regarding income status, the CMSWs making lower monthly income used condoms than CMSWs making an income of 4000 rupees and above. As a matter of fact, when some of the CMSWs are low-paid and work at a cheaper rate, they are entitled to have more hurried negotiations and a higher number of partners, which eventually leads to an inconsistency of condom use.

The percentage of CMSWs who always used condoms with clients who did not drink alcohol was higher than those who drank alcohol. This supports the findings of Gordon CM, Carey MP, Carey KB which revealed that the men who consumed alcohol demonstrated lower skill in negotiating the use of a condom, and were more likely to consent to sex without a condom.<sup>7</sup> The issue of alcohol drinking prior to having sex is of special concern among CMSWs and clients because alcohol relates to reckless decision making and consent to use a condom. Warning messages about disadvantages and risks involved in drinking alcohol should be dispersed through public media (i.e., TV and radio).

Regarding the knowledge, although the CMSWs in this study were aware of the disease and the modes of transmission and condom use, they were not knowledgeable in prevention and treatment of the disease. These findings were consistent with the findings of a study done in Nepal among adolescents.<sup>8</sup>

The significant association of attitude towards condom use and condom use among CMSWs supports the feeling about condoms that they provide a sense of security and also represent of cleanliness.<sup>9</sup> These findings are supported by the findings of Browne and Minichiello that for workers, 'sex at work' is different to 'personal sex'. This result also addressed the issue that using a condom interrupts sexual pleasure which is consistent with a study done in Australia.<sup>9</sup> Changes in the attitude towards condom use can create awareness, which in turn enhances more consistent condom use.

The findings of easy access and free access both showed a statistically significant association. CMSWs who had free access to condoms had a higher percentage of condom use when compared to those who do not have free access. This supported the idea that increasing free access encourages always using a condom. However,

regarding the association between the availability and condom use with clients, there was a significant association between pharmacy and non-governmental organizations and condom use. It is consistent with AIDs and public policy indicating that availability of condoms was associated with condom use beyond commercial sex workers among Thai males.<sup>10</sup> Condoms should be freely distributed in order to promote safe sex resulting in greater success in combating HIV/AIDs. In addition a 100% condom use policy should be implemented. The importance of access to free condoms for CMSWs must be acknowledged or easy access should be made in the proper areas of reach at a subsidized cost.

An interesting finding was that only one third of the CMSWs receive information from families. This might possibly be a result of the cultural context. Talking about safe sex and condoms is not an easy task in Nepal where discussion of the topic is prohibited by the cultures and orthodox traditions which still exist today. Furthermore, most Nepalese people believe that their children are not sexually active, and also believe that teaching them about safe sexual practices will promote sexual activity among adolescents. Stigma still exists and young adolescents and the sex workers feel such issues still cannot be openly discussed with in families. This result was consistent with the study done by Wongkhomthong S, Kaime- Atterhog W, Ono K who found that there was no significant association between source of information and condom use.<sup>11</sup>

There was a significant association between reinforcement from peers and clients and condom use among CMSWs. Discussing HIV/AIDs with partners, friends or teachers, and perceived support were important predictors of the acceptability of condoms.<sup>12</sup> In addition, the perception that the informal networks of CMSWs encouraged condom use as a means of maintaining safety from sexually transmitted disease including HIV.<sup>13</sup> More comprehensive and innovative training sessions on condom use should be held for peer educators to increase their knowledge and skills. After that they can disseminate the information to their CMSWs friends.

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