

**SOCIAL MEANINGS, PERCEPTIONS, AND THE USE OF
VOLUNTARY HIV COUNSELLING AND TESTING AMONG
MALE SERVICE WORKERS IN VIENTIANE, LAOS**

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ABSTRACT

Voluntary HIV counseling and testing (VCT) services are a component of HIV and AIDS programs in LAOS, and is increasingly being implemented throughout the country. However, studies found a low use of VCT services among male service workers (MSW).

The research aimed to understand the use of VCT services among male service workers (MSW), focusing on the social contexts, social meanings and perceptions and its effect on the use of VCT services.

The symbolic interactionism perspective was used as a lens to understand the phenomenon. The qualitative research design with multiple methods used in-depth interviews with ten male service workers together with key-informant interviews and focus group discussions.

The findings showed that there are a numbers of social contexts that contributed to the utilization of VCT services among male service workers. Male service workers face with double stigma that affected their use of VCT services. Male services workers were attributed to be inferior member of society. As entertainment service work is a stigmatizing job for the low class and uneducated people, they didn't want to show their work to the public. The social meaning of VCT services labels them for HIV prevention. Male service workers rarely use VCT because of fear; fear to know being HIV positive and fear of being labeled to be HIV patients by society. Other social factors, including the perception of HIV and AIDS, are found to affect the utilization of VCT services.

To encourage MSW to utilize the HIV testing, the concerned stake-holders should raise the awareness about HIV and AIDS through peer education among male entertainment workers. Building the image of VCT services in a non-stigmatized manner is needed. The quality of VCT services provided to clients should be improved in a friendly manner with a variety of choices.

KEYWORDS: MALE SERVICE WORKERS/VOLUNTARY HIV COUNSELLING AND TESTING / SYMBOLIC INTERACTIONISM PERSPECTIVE.

124 pages

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LIST OF ABBREVIATIONS

Abbreviation or symbol

AIDS	Acquire Immuno-deficiency Syndromes
ANC	Antenatal Care
ART	Anti Retroviral Therapy
ARV	Anti-retroviral
ATFOA	Lao ASEAN Task Force on HIV and AIDS
CHAS	Center for HIV and AIDS, and STI (Laos)
FGD	Focus Group Discussion
FSW	Female Sex Workers
GF	Global Fund
GO	Government Organization
HIV	Human Immunodeficiency Virus
IEC	Information, education, and communication
Lao PDR	Lao People's Democratic Republic
LWU	Lao Women's Union
LYAP	Lao Youth AIDS Program
MoH	Ministry of Health
MSF	Medicine Sans Frontiers
MSM	Men having Sex with Men
MSW	Male Service Workers
NCCA	National Committee for the Control of AIDS
NGO	Non Government Organization
NSC	National Statistics Centre
OIs	Opportunistic Infections
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV
PSI	Population Services International

LIST OF ABBREVIATIONS (cont.)

SI	Symbolic Interactionism
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SW	Service Works
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USA	United States of America
VCT	Voluntary Counseling and Testing for HIV
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 HIV and AIDS in the World and Southeast Asia

HIV continues to affect the health of people throughout the world. Globally around twenty-five million people have died because of HIV. The international epidemiological statistics have some optimistic information; the annual number of new HIV infections is falling in some countries in Asia, Latin America and sub-Saharan Africa. The estimated rate of AIDS deaths has also declined, in part as a result of success in expanding access to antiretroviral drugs in resource-limited settings. However, these favorable trends are not always evident, either within or between regions. This underscores the need for more progress in conducting effective policies and programmes (UNAIDS 2008a). The number of people living with HIV continued to increase in 2008 which indicated that HIV was spreading in the world. According to the latest epidemiological information these are an estimated 33.4 million people with HIV and AIDS. At the end of 2008 the total number of people living with HIV was 20% higher than in 2000, and in terms of prevalence it was approximately threefold higher than in 1990. (UNAIDS and WHO, 2009).

AIDS continues to be a major global health priority. Although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS related deaths, the number of people living with HIV continues to increase. AIDS-related illnesses remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades (World Health Organization, 2008). Although AIDS is no longer a new syndrome, global solidarity in the AIDS response will remain a necessity into the future (UNAIDS and WHO, 2009).

In Asia 2008, the number of people living with HIV was roughly 4.7 million, including 350,000 who became newly infected last year 2007. Asia's epidemic peaked in the mid-1990s, and annual HIV incidence has subsequently declined by

more than half. Regionally, the epidemic has remained somewhat stable since 2000. In 2008, an estimated 330,000 [260 000–400 000] AIDS-related deaths occurred in Asia. While the annual number of AIDS-related deaths in South and South-East Asia in 2008 was approximately twelve percent lower than the peak mortality in 2004, the rate of HIV-related mortality in East Asia continues to increase, with the number of deaths in 2008 more than three times higher than in 2000. With the exception of Thailand, every country in Asia has an adult HIV prevalence of less than one percent. However, owing to the region's large population, Asia's comparatively low HIV prevalence translates into a substantial portion of the global HIV burden (UNAIDS/WHO, 2009).

A wide variation in epidemiological patterns exists between different Asian settings. For example, while sexual transmission is driving the epidemic throughout most of India, accounting for nearly 90% of prevalence nationwide, transmission through injecting drug use is the primary transmission mode in the north-eastern part of the country (National AIDS Control Organization, 2008). In China, while the five provinces with the highest-prevalence account for 53.4% of infections, the five provinces with the lowest prevalence account for less than 1% of total infections (Wang et al., 2009). In the province of Irian Jaya in Indonesia, where a generalized epidemic similar to the one in neighbouring Papua New Guinea has emerged, HIV prevalence is fifteen times higher than the Indonesians national average (National AIDS Commission, 2008).

In Asia, the Commission on AIDS in Asia (2008) stated that “HIV causes a greater loss of productivity than any other disease, and is likely to push an additional 6 million households into poverty by 2015 unless national responses are strengthened.” The UNDP (2005) indicated that in modern history “HIV inflicted the single greatest reversal in human development.”

HIV is only partly a bio-medical problem that can be dealt with by medical technology. Other disciplines such as anthropology, economics, and sociology are important too; however, HIV has spread, widely because of ignorance or social conditions that influence increasing HIV risk and vulnerability (UNAIDS, 2008a). The Global HIV Challenge pointed out that “HIV and AIDS not only affect health problems but it also reduce life expectancy, slowed economic growth, and deepened household poverty” (UNAIDS, 2008a).

1.2 Situation of HIV and AIDS in Laos

Similar to other countries in Asia, the Lao PDR is facing an HIV epidemic. The Center for HIV and AIDS, and STI (CHAS) in its Annual surveillance for 2008 showed the official notification for the cumulative number of HIV infected people was 3,118. More than 50% of those infected are between 20 and 39 years old, and the major mode of transmission of HIV infection is through heterosexual intercourse (85%), (CHAS, 2008).

In the Lao PDR, the HIV prevalence among the adult population is estimated to be 0.08%. Although the prevalence is low in comparison to its neighboring countries, the Lao PDR faces many challenges to keep infection rates low, including increased recreational drug use among youths, a high prevalence rate of STI, and myths associated with transmission and susceptibility. The country is also vulnerable to the spread of HIV due to rapidly expanding land transportation network, increasing internal and international migration, and low rates of condom use. The cross-border links are relevant to the concern about the spread of HIV and AIDS; in the north, National Road 3 links Thailand and China via Lao PDR and the second Friendship Bridge in the south links Thailand, Lao PDR, and Vietnam passing through the communities in several provinces, exposing population to a significant risk of HIV and AIDS (CHAS, 2008).

The National Committee for the Control of AIDS (NCCA) launched the National Strategic and Action Plan on HIV/AIDS/STI 2006-2010 to serve as a tool to guide all partners engaged in the national response to HIV/AIDS to minimize the negative impacts of HIV and AIDS on the development of the Lao PDR and to maintain the low prevalence of HIV and reduce new cases of HIV infection. A key action is to establish and enhance support networks of HIV and AIDS programs at the national and international levels.

Many actors and activities are involved in addressing the issues and challenges. The Ministry of Health (MoH), the Center for HIV and AIDS, and STI (CHAS), Provincial Committees for the Control of AIDS (PCCA), and international non-government organizations (INGO) working in Laos are currently supporting activities to assist people infected and affected by HIV and AIDS. Local health departments and community base organizations (CBO) support HIV and AIDS

awareness activities at the community levels as well as public awareness campaigns. Consequently, the Lao PDR is committed to address the challenges of HIV and AIDS in order to:

- Achieve full coverage, both in terms of quantity and quality towards universal access to prevention, care, treatment and support;
- Establish an enabling environment for an expanded response at all levels through increased understanding of decision makers and communities;
- Increase data availability to monitor both the epidemic and the response (strategic information);
- Strengthen the capacity of implementing partners at all levels;
- Effectively manage, coordinate, and monitor the expanded response.

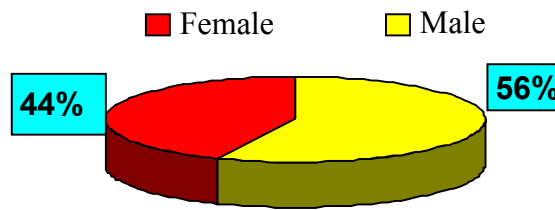
Another challenge is to improve human resource capacity within (and outside) the health sector, especially as regards treatment and care services. This is an overall challenge for the health sector and reaches far beyond HIV.

1.3 Problem statement

1.3.1 Situation of Male Services Workers in Laos

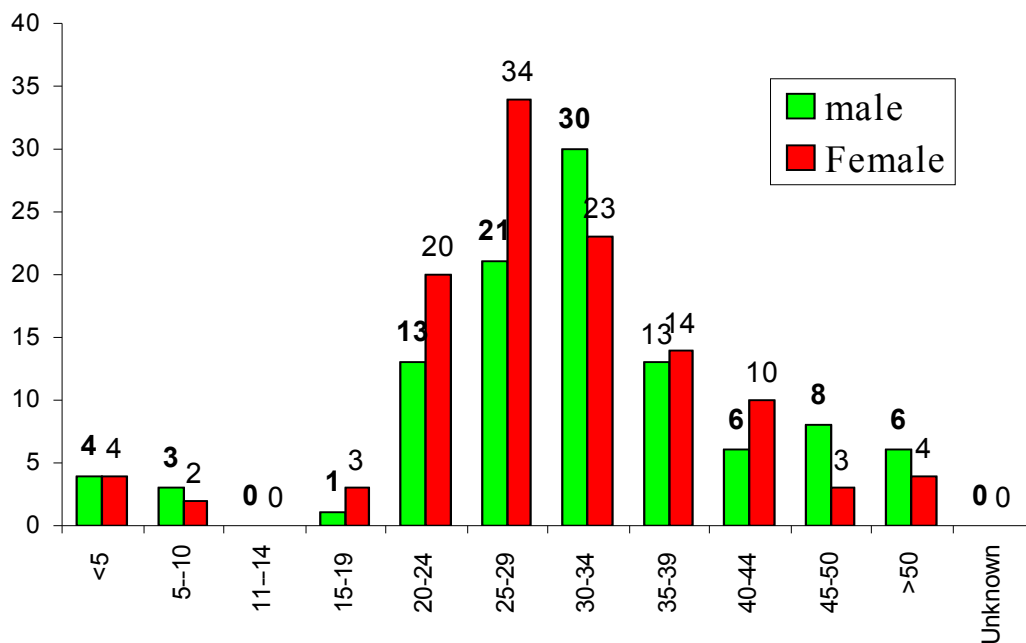
In Laos, males are at a higher risk of HIV/AIDS infection than females due to their promiscuous behavior. The national surveillance from 1990-2008 reported that the percentage of HIV infection in males (56%) was higher than females (44%). Information in the second generation surveillance on HIV, STI and behavior (2004) shows that HIV prevalence remains low in the male population who are considered as potential clients of entertainment workers, but HIV sero-prevalence among female entertainment workers increased from 0.9% in 2001 to 2.02% in 2004, and in some provinces, the prevalence has reached 3.3% and 4%. In addition, the percentage of STD (Chlamydia or Gonorrhoea) among sex workers (SW) is high (46%) and STD is a known co-factor in facilitating the transmission of HIV (NCCA: HIV Policy, 2001).

Figure 1.1 Percentage of HIV reported by genders, 1990- 2008



Source: Center for HIV and AIDS, and STI, Vientiane, Laos

Figure 1.2 The Reported Number of HIV Positive People by Age and Gender (1990–2008)



Source: Center for HIV and AIDS, and STI, Vientiane, Laos

Male Service Workers (MSW) are regarded as a high risk group for HIV infection. In the Lao PDR, like some other countries, the number of sex workers is increasing because of rapid development, industrialization and trade which are associated with social inequality in society. Men who work in entertainment places to a large extent seem to have low levels of skills when it comes to men who work in other types of jobs. In service work they are exploited and work hard for low wages in bad working conditions. Some men find additional income in the sex industry to supplement their low pay and fulfill the wish to live a modern, urban lifestyle. Therefore, they seek sex work when their jobs do not pay a high enough income for

them to follow their lifestyle aspirations and so they become a focal point of disease transmission to their partners and clients, both male and female. This is evident from studies in Laos by Population Service International (PSI)/Lao PDR, (2004) that found in Vientiane, mapping identified forty six locations where *katoey* and their sexual partners meet. In many of the entertainment venues key informants estimated that approximately 30% of the patrons are MSM from places such as beer shops, discos and nightclubs, pubs and karaoke bars, even saunas and guesthouses were included in the list of venues. As a result, the venues are one factor that contributes to the spread of HIV spread.

Lifestyle and needs lead male service workers to be at risk of HIV infection. The same study by PSI/Lao PDR (2004) found that MSW are sexual partners of *katoeys*. Many MSW live in dormitories; face home sickness and depression; and often live beyond their means, trying to keep up with the fashions and trends of the day. They are seduced by brand name clothes, and by technology as part of the urban scene. They eat at restaurants, drink alcohol and visit discotheques, spending their earnings and any money their parents give them. However, because of their low income and their extravagant needs, almost all MSW need to work to earn money, including selling sex with clients, particularly *katoey* which means they are high risk for HIV infection in their lives.

There are few studies that show the health seeking behavior of MSW, but there is a study by LWU and UNIFEM (2009) that indicates that men are reluctant to use health care services provided by the government and prefer to visit a pharmacy or private clinic especially for a sexual health related matter. Generally, men persuade their female partners to seek medication and treatment on their behalf for STI, particularly if both partners have the same infection. Furthermore, despite high rates of condom use; for example, among service workers and their clients, there is inadequate knowledge about the prevention and treatment of STI and HIV, particularly related to treatment seeking behavior, risk assessment with regular partners or clients, and the connection between STI and HIV. Socio-cultural issues prevent many sex workers from using and/or negotiating condom use with their regular partner, boyfriend or husband.

1.3.2 Situation of Voluntary Counseling and HIV Testing in Laos

In the Lao PDR, the first specific project on HIV and AIDS care was initiated, with the support of MSF, in Savanakheth hospital where the VCT started around 2001. Health staff were trained to provide services including counseling and testing, and hospitalization of PWHIV. The treatment for OIs has been provided since 2001 and ARV since September 2003 (LWU and UNIFEM, 2009). Later the program was expanded to other provinces across the country. VCT services are a necessary and important way to prevent the transmission of HIV between partners, people in general and to prevent and reduce the impact on the family, community and society.

Accessibility to HIV testing/VCT services may be a problem in many countries for people who are sexually active. In the Lao PDR, this is so when VCT is available in seventeen provinces and sixteen districts when in fact there are seventeen provinces with one hundred and forty-two districts. In Vientiane city, there are three central hospitals, four district hospitals, and twelve centers that are called VCT services network. There are two drop in centers established by INGO namely FHI and PSI that emphasize HIV risk groups including female sex workers and MSW. Besides increasing the services, and in order to provide effective services to clients; CHAS provides a VCT training course for health providers to be counselors and provides needed materials to use in VCT services with funding from the Global Fund (GF), so VCT is a free services for all.

While the number of people who use VCT services has been increasing, VCT could not reach the goals set for several reasons including limited accessibility. Even when the service is accessible people do not want to use it, especially in a city such as Vientiane. There are other factors that contribute to the difficulty to access the service such as stigma and discrimination. These remain key barriers to HIV prevention, care and treatment and prevent people from getting tested (VCT), accessing, and disclosure, and so drive the epidemic underground (Asia Pacific Council of AIDS Service Organization, 2008). Therefore, it is necessary to study VCT services for male sex workers in Vientiane for the reasons in the following paragraphs.

Firstly, VCT services exist in Vientiane but the rate of use, now and in the past, is less than the expected number of people. The cases of HIV among MSW would suggest the usage should be higher. The question is then: Why is the use so low? CHAS (2008) shows the total number of HIV tests as around 189,742 cases in the national surveillance from 1990-2008. That is still less than the expected number when compared with the length of time (28 years). Another report (ATFOA, 2006) showed that even though VCT services are spreading throughout the country, people still need to have more accessible services. The report suggests that VCT is not good at providing services to clients, especially for a high risk group such as MSW.

Secondly, there are many studies about VCT services related to females but few about males, especially MSW. Globally, there are a lot of studies about VCT services but most concern females and provide important information to understand about VCT services in specific contexts; however, the literature search on MSW did not find any articles. Even though there is a lot of research in many countries, VCT still needs to be studied in Laos. This is for the following reasons. First, qualitative research on VCT services does not exist in Laos, especially studies about a particularly high risk group such as male service workers. Second, there is a need to increase knowledge regarding VCT services in the Lao context. This study will help organizations to design interventions that provide effective VCT services. It will also help to understand men who have status within a special social context. Third, previous studies have been limited to understanding the utilization of VCT services in relation to the social contexts, social meanings, and perceptions. Therefore, it is necessary to study the VCT services among MSW to gain knowledge and to understand the comprehensive use of VCT in the specific social context of Laos.

Finally, VCT services exist in Vientiane but there are barriers to their use such as stigma and discrimination as described in the literature review in this thesis. Several studies related to VCT have stated that, people did not want to use the service, even when they could access the VCT services; for example, some did not have HIV testing because they were scared to be stigmatized and discriminated against by the physicians; family; community or society when it was known that they were infected with HIV. There is also the fear of being HIV positive, and the associated depression. Additionally, even though the health provider is trained for the VCT services, they still

do not understand the feelings of PLWHA, and this makes people not use VCT or other health services.

In short, as described above, there is a need to explore the social contexts, social meanings, and perceptions influencing the uses of VCT by MSW. While there are studies regarding VCT in other countries they are rarely found for Laos and none use qualitative methods that provide a deep understanding about the utilization of VCT services in Laos.

1.3.3 Rationale

The key barriers that prevent people from using VCT services are stigma and discrimination. People misunderstand about HIV and AIDS and thus contribute to stigma and discrimination against the uses of VCT. UNAIDS (2004b) mentioned that:

People fail to be tested for HIV for many reasons: lack of access to testing services, fear of stigma and discrimination, fear the test will be positive, and lack of access to treatment. These facts mean thousands of opportunities for increased access to treatment, care, support and prevention have been, and are being, missed. On the other hand, if people sought or knew their HIV infection in earlier and accessed to treatment that it would avoid from an illness or death.

VCT itself is crucial for reducing the stigma and discrimination for PWHIV. VCT could deal with the negative issues through support from a counselor or health provider. A study in Thailand (Yoddumnern-Attig et al., 2004) indicated that the extensive loss of family members reflects the widespread impact of AIDS in the three areas (north, central, and northeast), particularly in the North. It reflects social and economic losses at individual, family, and community levels that are seriously effective on family and society. Therefore, PWHIV need support from other organizations to deal with this problem especially from health provider.

In addition, the obstacles for an expanded response have been identified including that most of the prevention, care and treatment programs are pilot initiatives and reach only a small portion of the target populations, there are limited interventions for certain vulnerable groups, such as migrant labour and MSM (UNAIDS, 2008b). Many education programs were initiated including direct programs to target groups such as in and out of school adolescents, young people, adults, and housewives.

Indirect programs were launched through the mass media (radio, television, posters, leaflets, billboards). Some programs provided individual health education and others provided group health education, including campaigns that have been implemented within health centers, hospitals, schools, factories, and communities. However, HIV and AIDS education programs still have a limited reach to high risk groups, particularly commercial sex workers, such as MSM.

In short, VCT services reduce serious problems, and negative impact resulting from HIV and AIDS on society. HIV is not only a health problem but also involved social and development issues. VCT services play an important role to prevent and reduce the consequents. Studying VCT within a particular social aspect means it is necessary to explore the social factors that influence people to use or not use the VCT services whether it is in Laos or another country.

1.4 Research questions

- How does the social context influence the use of VCT services among male service workers?
- What are the social meaning of VCT services, HIV and AIDS, and male service workers?
- What are the perception towards VCT services, HIV and AIDS, and sexual practices (acts)?
- How do social meaning and perceptions influence the use of VCT services among male service workers?
- What are the facilities and barriers to the use of VCT services among male service workers?

1.5 Objectives

1.5.1 General Objective

To explore how the social meanings and perceptions toward VCT services influence the use of VCT services by male service workers in Laos.

1.5.2 Specific Objectives

- To understand the social context of being male service workers.
- To explore social meaning and perception toward male service workers, HIV and AIDS, and VCT services by MSW.
 - To investigate the social meaning and perceptions toward male service workers, VCT services, and HIV and AIDS and how these influence the use of VCT services by male service workers.
 - To examine what facilities and barriers exist to the use of VCT for male service workers.

CHAPTER II

LITERATURE REVIEW

2.1 Theoretical Concepts

2.1.1 Theoretical Concepts in this Study

Symbolic interactionism (SI) from the sociological discipline was employed as a theoretical lens to examine the linkages of the social context of male service workers, social meaning toward MSW, and perceptions about HIV and AIDS that influence the use of VCT services in the Lao context. The social contexts of MSW would be analyzed in terms of how MSW perceived meanings from society and interacted with the community or society, and based on these the MSW perceptions that influenced them to use VCT services. Health seeking behavior concepts were also used to explain the use of VCT.

In Sociological theory, Ritzer stated that: SI was developed in contrast to the psychological reductionism of behaviorism and the structural determinism of more macro oriented sociological theories such as structural functionalism. Its distinctive orientation was to mention the mental capacities of actors and their relationship to action and interaction. All of this was conceived in terms of process; there was a disinclination to see the actor impelled by either internal psychological states or large scale structural forces (Ritzer, 1983:301)

The SI is a sociological perspective, resulting from the ideas of a number of major thinkers, including George Herbert Mead, Charles Horton Cooley, W. I. Thomas, Herbert Blumer, and Erving Goffman. SI explains individual behavior based on interactions between the individual and the social world through symbols. Ritzer pointed out that there are three points that are critical for SI: (1) a focus on the interaction between the actor and world; (2) a view of both the actor and the world as dynamic processes and not static structures and; (3) the great importance attributed to the actor's ability to interpret the social world (Ritzer, 1996: 327-328)

In sociological theory, Ritzer stated that the single most important work concerning SI is Mead's *Mind, Self and Society* (Mead, 1932/1962:134). Mead sought to extend the principles of psychological behaviorism to one of the basic concern of pragmatists' mental processes. Mead's great concern was the relationship between mental processes, action and interaction. In analyzing the relationship, he defined many of the basic interests of symbolic interactionists: gestures, symbols, language, meanings, self, "I" and "me," and socialization. Although Mead told us much about mind and self, his work was relative impoverished in terms of its analysis of society, of large scale structures and interactions in general (Cited in Ritzer, 1996: 332).

The thesis of Kham L. V. pointed out that for Mead (1934) the meaning of symbols depends on the context and human mental capacities to interpret the meaning. The meaning of action arises from the process of interaction and the result of continuous evaluation and interpretation of the situation by individuals who adjust this meaning accordingly. People are able to modify or alter the meanings and symbols they use in action and interaction on the basis of their interpretation of the situation and this allows them to examine possible course of action, assess the relative advantages and disadvantages and then choose one (Crossley, 2000. cited in Michele, 2000. cited in Kham, 2005: 8). For example, the individual who accepts HIV testing, has carefully weighed the likelihood that they are HIV positive or not, and changes their behavior. This is a rational thought process. In fact, people's ideas about health, illness, and disease have their own rationality of good or a sense of morality and value.

The SI perspective is comprehensive enough to understand the reasons and barriers for using VCT services through the meanings, and perceptions of MSW in this study instead of other perspectives. Some terms in SI will now be briefly reviewed in the sections which follow.

2.1.1.1 Perceptions: Perception is one component of human action to respond to situations that happen through language or symbols for interaction. According to Mead as described by Ritzer:

For Mead, the unit of study is "the act" which comprises both overt and covert aspects of human action. Within the act, all the separated categories of the traditional, orthodox psychologies find a place. Attention, perception, imagination, reasoning, emotion, and so forth are seen as parts of the act... the act, then encompasses the total process involved in human activity. For

Mead also differed in his views on the relationship between human and animal behavior. There was a significant qualitative difference; the key to this difference was seen as the human possession of mental capacities that allowed people to use language between stimulus and response in order to decide how to respond (Cited in Ritzer, 1996: 329-330).

2.1.1.2 Social Meanings (Meanings): Social meaning is defined as a meaning constructed by people in society; for example, the meaning of using VCT services, or the meaning of HIV and AIDS. The following gives an idea of Mead's idea about meaning:

Mead rejects the idea that meaning is a psychical phenomenon or an idea. Rather, *meaning* lies squarely within the social act: Meaning arises and lies within the field of the relation between the gesture of a given human organism and the subsequent behavior of this organism as indicated to another human organism by that gesture. If that gesture does so indicate to another organism the subsequent (or resultant) behavior of the given organism, then it has meaning (Mead, 1934/1962:75-76). It is the adjustive response of the second organism that gives meaning to the gesture of the first organism. The meaning of a gesture can be seen as the "ability to predict the behavior that is likely to occur next (Baldwin, 1986: 72 Cited in Ritzer, 1996: 340).

Ritzer extended the explanation of the term meaning; while the meaning is to be found in behavior, it becomes conscious when meaning is associated with symbols. However, although meaning can become conscious among humans, it is present in the social act prior to the emergence of consciousness and the awareness of meaning. Thus, in these terms, lower animals (and humans) can engage in meaningful behavior even though they are not aware of the meaning (Ritzer, 1996: 340).

2.1.2 Related Theoretical Concepts

The literature reviewed in section 2.2 shows several studies on VCT services. Some of the material discusses why VCT services are used or not used. The perspective of the literature ranges widely from biomedical through to sociological. While these do examine barriers to VCT use they do not examine the negative social meaning of HIV and AIDS, stigma and discrimination that influence the use of VCT. Social meaning and reaction are key reasons to prevent someone to utilize VCT services. In other words, there are interactions between people and society through the

meanings that they are the subject matter (social meaning) of SI perspective. The explanations of theoretical concept related to the VCT services based on literature review are shown in the following.

The medical perspective emphasizes understanding the medical explanation of both general disease causes and individual diagnosis of a particular case of a disease. The medical perspective looks at the cause of the disease, but neglects the meanings of the disease. That is one barrier to prevent people to use VCT services, but the meanings of HIV and AIDS and VCT utilization are sensitive issues. Therefore, if a hospital cannot maintain confidentiality, and privacy, people do not use the VCT. Even people who need treatment or know their illness do not use VCT services.

The public health perspective organizes society to protect, promote, and restore people's health. It combines with science to improve health through social actions but the public health perspective ignores individual beliefs, behavior, and perceptions that lead people to not use VCT services. If people have negative feelings toward HIV and AIDS, then they do not use VCT services because of fear of stigma and discrimination.

The epidemiological perspective focuses on evidence-based medicine for identifying risk factors for disease and determining optional treatment approaches to clinical practice but it does not look at the meanings, socio-culture, and social relations of people that are barriers preventing a person from using the VCT services. Even though the epidemiological perspective supports the necessary information for evaluation and planning of services for prevention, control, and treatment of disease, people still do not use VCT services because of negative meanings and actions from society toward HIV and VCT services.

The psychological perspective emphasizes the explanation of individual perceptions and actions but it neglects to look at other factors such as social meaning toward HIV and AIDS, social relations, and the social context of people that influence people to not use VCT services. In the Lao societal context there is a difference between meaning and practice. Then traditional culture and politics influence, and control people that lead to people is loss of confidence and status. All these things contribute to people's behavior in daily life. People try to hide their negative behavior in order to avoid stigma and discrimination. The same prevents them using services.

The political economy perspective looks at social relations and class relations in society but ignores the meanings of HIV and AIDS, and individual perceptions and behavior that lead people to not use VCT services. Even when VCT services are free of charge to encourage people to access the service, they do not use them because of the negative meaning of HIV and AIDS combined with a lack of individual perception to prevent them from not using VCT services.

In short, these perspectives could be used to explore the utilization of VCT services. However, based on the literature review I found that negative meanings toward VCT services including stigma and discrimination are key barriers to prevent people from using VCT services. This is interaction between people and society because people interpreted the meanings of HIV and AIDS and reacted to society according to how they perceived the meanings, and it also called SI. Therefore using SI will be useful to illustrate how the meanings and perceptions influence people to use VCT services, especially in the specific Lao contexts.

2.2 Related Literature review: Barriers related to the uses of VCT

The literature review provided information useful for exploring the use of VCT services, as well as to reviewing what kind previous studies have been done in the past. A number of articles were found and reviewed from many sources such as the library (University), and websites in and outside the Laos. The results of the review are outlined below.

2.2.1 VCT services and Health Setting Facility

Because of the lack of privacy and hence the reservations of clients, the health setting could not keep the patient's confidence, and if the health setting had referral system to other hospitals, people would have difficulty to use the VCT services. People decide to use the VCT services in the hospital because they want to know their HIV status or illness but they will not use the services if the hospital can't keep their information confidential, and because of the referral system. A study from the USA (Greenwald, et al., 2006) provides the following information about referral based testing: 2.3 patients/day were referred for VCT (average 6.4%), resulting in 1.2

HIV tests and 0.7 counselings per day, but counselors met with 83% of these patients; the rest were unavailable or refused to speak with the counselors. On the other hand, no-referral based testing resulted in 6.2 patients/day for HIV tests and 3.0 counseling per day. Furthermore, 77 % of patients accepting test when they received their tests results.

WHO/ UNAIDS/ UNICEF (2007) mention that even PLWHA who need to use VCT services if the accessibility could not facilitate them, they did not use VCT. A study in Zambia (Fylkesnes and Siziya, 2001) stated that effect placement on acceptability of VCT was demonstrated barrier in explaining low demands for VCT. There is evidence to support this; firstly, a study in New York City (Futterman, et al., 2004) points out that youth are most vulnerable to HIV infection (particularly poor minority youth) but face many obstruction to receiving health care in general including poverty, lack of insurance, and mistrust of health care professional. If they do not use health care, providers of health care to youth miss many opportunities to offer HIV testing when adolescents or adults seek episodic care they rarely offered HIV risk assessment or counseling and testing. Secondly, a study in South Africa (MacPhail, et al., 2008) pointed out that adolescent HIV risk is compounded by barriers to access to VCT because of the negative perceptions of VCT facilities. Participants identified the attitudes of nursing staff, lack of appropriate adolescent services, and mistrust of counseling quality as being barriers to accessing VCT.

2.2.2 VCT services and Knowledge concerning HIV and VCT.

There is a relationship between knowledge and the perceived effects of HIV and AIDS that influences readiness of people to use VCT services. A study by Paoli, et al (2004) pointed out that women perceive that they have a high personal susceptibility to HIV and AIDS, and women's acceptance of VCT seems to depend upon their perceiving that VCT and alternative feeding strategies provide clear benefits, primarily for the child. However, barriers to prevent women using VCT are related to confidentiality and partner involvement.

In addition, it might be true that people decide to take an HIV test if they know about HIV transmission but it is also related to their educational level. In other words, there is the relationship between knowledge of HIV and the decision to test for

HIV. Those who had been tested for HIV had significantly more knowledge of HIV transmission than those who had not been tested. Statistics revealed that those with lower education levels had lower than expected frequencies of testing. Those with high education levels had more testing than expected (Haile, et al., 2003).

The power of knowledge influences people to test for HIV. On the other hand, even if the treatment is important for people free from the disease if they lack knowledge on HIV and VCT services that makes them to not use VCT services. A study in Boston, USA (Greenwald, et al., 2006) shows that because of the lack of knowledge about HIV transmission and prevention, women were not aware of the various VCT options and this leads to difficulties to decide to test for HIV infection. A study in Canada shows the same barriers to use the VCT services (Mitra, et al., 2006) and stated that practitioners identified women's lack of knowledge about HIV transmission and prevention as a primary needs; patients identified inadequate awareness of HIV screening, treatment services, benefits, and harms.

Furthermore, a study from South Africa (Mabunda, 2006) indicated that 9 (75%) of all the informants did not use testing because of the following reasons: no reason given (3), no time (2), did not want to know HIV status (1), did not know about the services (1), no longer sexually active (1), and waiting to discuss testing with partner first (1). This information shows how complicated making a decision can be.

2.2.3 VCT services and Socio-economic factors

VCT is important for all people, but many people cannot access the service for many reasons, including economic factors, different classifications, and social status in society. Since socio-economic factors affect accessibility to health care service, even when people need to test for HIV, they can't use the testing service because of these factors.

A study from Tanzania (Rasch et al., 2006) tells that women who earned an income were more likely to accept HIV testing than those who did not earn an income. The socio-economic factor influenced the acceptance of HIV testing because of women's occupational situation. Compared with housewives, students, and unemployed they were two to three times more likely to accept being tested for HIV. Another study from sub-Saharan Africa (Asingwire 2004; MoH & ORC Macro 2006;

Morin et al. 2006; Yoder et al 2006) indicated that transport difficulties and the fear of being seen at the health care facilities limit the number of people seeking VCT from an established healthcare setting or at stand alone VCT site (Cited in Matovu, et al., 2007).

The socio-economic factor is more important than HIV infection, because the fear of being HIV positive, job loss, and stigma influence people to avoid HIV testing/VCT services. A study from South Africa (Ginwalla, Grant, et al 2002) points out that clients stated fear of being positive deterred miners from getting tested. The fear was related to job loss, death, and stigmatization; one nurse counselor cites lack of treatment as barrier to VCT. Furthermore, a study from Africa (Glick, 2005) shows that when VCT is still rare, the psychological or social barriers to its use may be quite significant, and the measures just described may reduce these costs, raising the acceptability of the VCT program.

2.2.4 VCT and Sexual Risk Behavior

Lack of perceived sexual risk behavior and VCT services lead people to not use VCT services. People would use the VCT services if they could assess their risky behavior to HIV infection, while almost all people did not know that they are at risk of infection with HIV. A study from South Korea (Shin, et al., 2007) shows that the major reasons given for seeking HIV testing are because of unprotect sexual intercourse with commercial sex workers, premarital sex, and extra marital sex. All these reasons tell us who those are that think that they are at risk to infection with HIV and will seek VCT services but if they do not perceive themselves to be at risk they do not go to VCT services.

However, even when people have positive attitudes for VCT and respect the use of the VCT services they do not use the services if they perceive their behavior does not put them at risk of infection from HIV. A study from Tanzania (Kakoko, et al., 2006) tells that the study group had favorable attitudes, perceived normative pressure more positive, felt a high level of control and had strong intentions with respect to using the VCT services. However, more than 50 % of respondents felt less vulnerable to HIV infection. Additional, 737 (80%) had never tested their HIV status. This is the reason why people do not use the VCT services. Since using VCT services is

associated with many dimensions and little is known about individuals who use the VCT. In other words, it is complication when VCT is related to specific aspects such as sexuality, and health seeking behavior.

2.2.5 VCT and Mental/ Psychological Dimensions

People live in different social contexts and environments that influence people to have different feelings and behavior. In regard to VCT services, people do not use the VCT because they fear being HIV positive and the resulting depression related to psychological issues. This is supported by some studies; for example, firstly, a study in Malawi (Karanzer, et al., 2008) states that common reasons for refusal were fear of testing positive, previous HIV test, knowledge of HIV sero-status and the need for more time to think. Secondly, a study in New York City (Exner, et al., 2002) indicated that the common reason for not being tested was anxiety about the result: 66% of respondents felt the test was too emotionally stressful; 52 % of respondents did not want to know; 39 % of respondents did not think that they were at risk of HIV. Other reasons were concerns about confidentiality (27% of respondents); reluctance to have blood drawn, and concerns about their partner's reaction (both 18%). Thirdly, a study in Kenya (Irungu, Varkey, et al., 2007) shows that a number of people felt that it was not important for everyone to know their HIV status because it would lead to depression and stress and/or early death, and participants wanted to be tested at a place where nobody knew them because of the potential stigmatization by health workers, family or community. Finally, a study in South Africa (Varga and Brookes, 2008) shows fear of a positive test result, and concerns over confidentiality, and poor treatment by health care providers.

In addition, there are studies that show the relationship between psychological and physical health related with VCT services. A study in South Africa (Mabunda, 2006) tells that according to some general informants (nurses), clients are reluctant to go for testing because of the lack of treatment. They prefer not to get tested because it is better to live without worrying about living with HIV (without treatment) and wondering when they will die. A study in Tanzania (Vermeer, et al., 2008) shows that reasons for not participating in VCT included: fear of being HIV positive, self efficacy, perceived susceptibility, and fear of being stigmatized.

Furthermore, society in general has negative attitudes to HIV and AIDS, so if someone who has HIV infection still has other people to give emotional support, it is great thing for them, especially if it is family members. A study in Zambia (Denison, et al., 2008) shows that a disapproving reaction from family members or friends often discouraged youth from attending VCT until they found someone supportive. That means if there is someone to encourage young people, they have confidence to find solutions. This is especially true among adolescents because without support, adolescents do not attend the VCT services.

In short, it is difficult to understand the issues, so they need more study to answer the question why people do not use VCT services, what is the reason behind this. As a result, since doing research is to gain knowledge it is important that it help people to deal with the illness both physically and mentally.

2.2.6 VCT services, Miscommunication and Gaps

Miscommunication leads to negative attitudes which makes people not use VCT services. A study in Kenya (Taegtmeier, Kilonzo, et al., 2006) indicated that information from a VCT counselor explained that there is mistake in billboards; it shows pictures of rich people from town. That person also said “I have issues with mass media depicting couples counseling as only for the few who have big dreams, laptops and MAs (i.e. Masters degrees), how many of our women have that?”

Furthermore, misunderstandings lead people to not want to use the VCT services. The same study from Kenya (Taegtmeier, Kilonzo, et al., 2006) show that a few participants who explicitly made the link between rape and VCT services, information from male FGD, VCT is for HIV and it is not for rape, it would be likely tell that raped person that they have HIV. Information from interviews (women) show a further obstacle that visiting the centre for HIV testing was connected with prostitutes and women did not want to give people the wrong idea. One woman shared: “It’s a secret and many people fear to stigma and discrimination, so someone should go secretly.”

2.2.7 VCT services and Stigma and discrimination

Clients are reluctant to utilize VCT services because of social reactions

such as stigma and discrimination (UNAIDS, 2003). This is similar to the findings from the literature review that I found in a number of articles. It is a key factor to explore in this research paper, since people who are infected and affected by HIV and AIDS are frequently stigmatized and discriminated against in such areas as medical treatment and social relationships. Those are barriers to use the VCT services. A study in South Africa (Daftary, Padayatchi, et al., 2007) mentions that experiencing stigma and discrimination were clear barriers to using VCT, many patients were afraid; for instance, of being seen at an HIV clinic. A study in sub-Saharan Africa (Painter, 2001) points out that the social stigma, shame, and silence that are widely associated with HIV and AIDS, together with the semi-public nature of many social interactions in African communities, can create major obstacles to efforts by individuals to engage in protective actions. Finally, a study in India (Maundi, et al., 2008) points out that the fear of stigma is known to discourage individuals from being tested for HIV and from disclosing their sero-positive status to sexual partners, family, and friends.

In short, all above information shows the interactions between people and society, how people perceive the meanings of HIV and AIDS, and then how people react through their behavior to society. This is the human interaction in different way within specific contexts by using language toward on the meaning and build up the symbols. This is key concept and process of SI. As a result, people must behave and interact based on the perception respond to the meanings and society.

2.3 Conceptual Framework

The conceptual framework is a guide to explore the phenomenon and present the researcher's concepts for the research. This study is designed based on the SI perspective and literature review. The conceptual framework and concepts dimensions are given in detail below.

2.3.1 Conceptual framework Explanation

The main concepts of this study are used to examine how social meanings and perceptions influence male service workers use of VCT services, and what are the relationships between social meanings and perceptions toward VCT services among MSW. An SI perspective will be used to listen to the voices of MSW, and how they

perceive and interact with society in regards to the VCT services. I also believe that the SI perspective will guide me to explain how social meanings and perceptions influence males to utilize VCT through the theme of society, the context of their daily lives, and VCT services within symbols and language that are used to communicate with other people. Thus, these are included in the conceptual framework.

General Social Contexts:

General Social contexts refer to demographic conditions (Economics, culture, relations, gender, etc), policy and laws and other environmental conditions

Social context of Male Service Workers:

This part emphasizes the personality of MEW by looking at how male entertainment workers interact with the community or society at large in regards to their daily lives, working conditions, as individuals (location, age, etc.), and social networks (family, community, and society)

Social Meanings:

The dimensions of social meanings include three aspects: MSW; HIV and AIDS; and VCT services. Each part will be investigated for its meaning to analyze how this meaning happened and how it influences the use of VCT services by MSW.

Perceptions:

The parts about perceptions include three dimensions: MSW/sexual acts; HIV and AIDS; and VCT services. These parts will be looked at as to how MSW perceive these aspects, and how these perceptions influence MSW to utilize the VCT.

VCT services:

Dimensions in this respect include policy, service systems, providers, and activity interventions, IEC materials, as well as looking at facilities and barriers from the provider aspect towards the utilization of VCT services.

Service Workers (MSW)

Service Worker is person who is permanent employee or short contact employee in the hotel, guesthouse, night club, pub, bar beer, restaurant, karaoke, and other shops. (Ministry of Information and Culture, 2003)

Conceptual framework

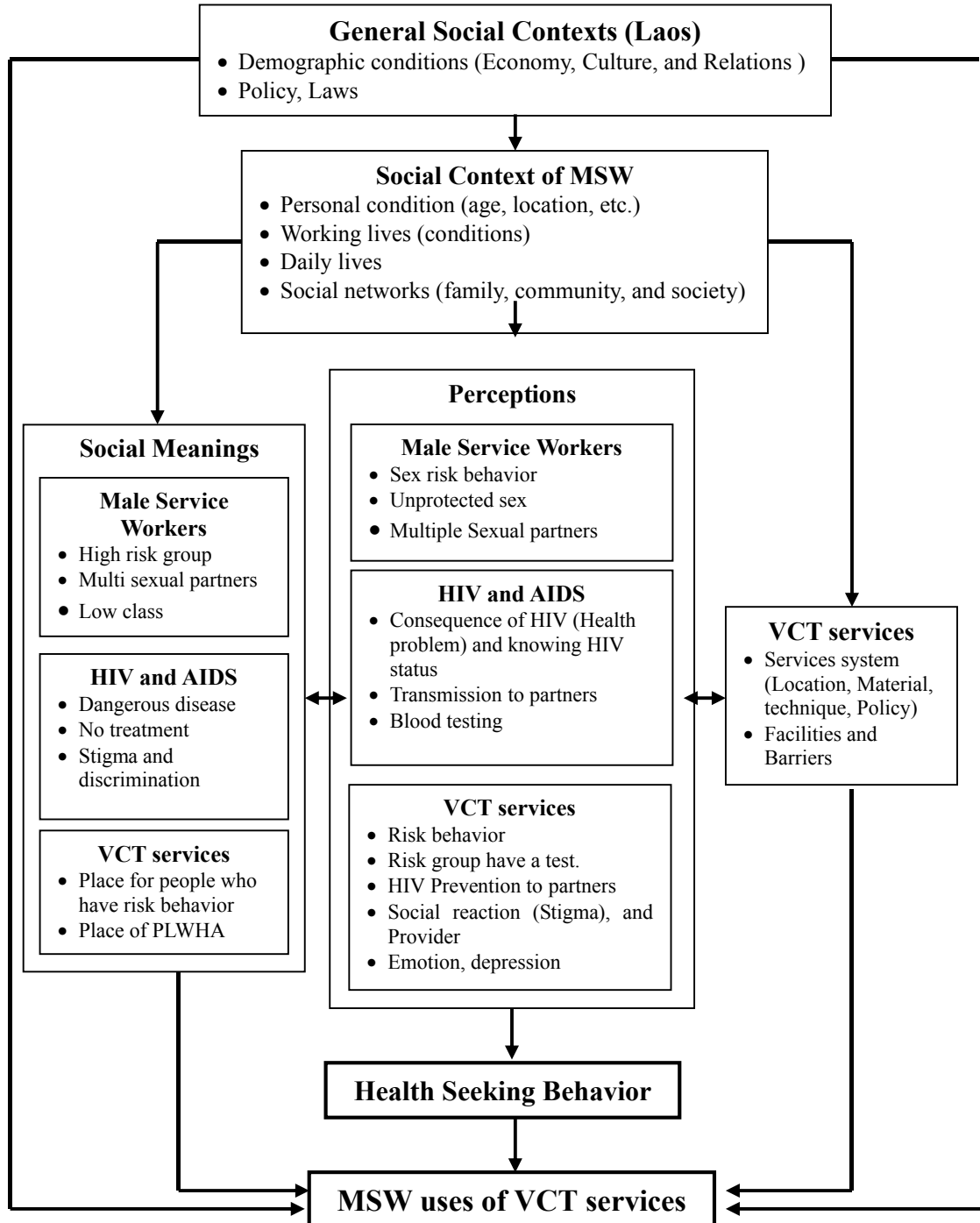


Figure 2.1 Conceptual Framework

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

Using a qualitative approach to study the use of VCT services helps to explain the differences between MSW in different social contexts, social meanings and perceptions. Without an understanding of these phenomena, this study will not be successful. In order to gain an understanding of MSW regarding the use of VCT services with comprehensive multi-dimensions this study was designed as a qualitative research using multiple research methods; in-depth interviews, focus group discussions, and observation techniques. HIV and VCT are sensitive and related with sexuality. Without being sufficient time with informants and qualitative approach that study did not reach the reasonable use of VCT through the meanings and perceptions.

One of problem whole doing research is time limitations, and there is a lot of work to do in the field. During the fieldwork, over two months, this study used multi methods—non participatory observation, in-depth interviews, key informant interviews, and focus group discussions to collect data with all the subjects of the research. Apart from data collection, informal discussions were held with key informants. These included a woman from CHAS, a staff member of an INGO, and two men from the office of the Vientiane governor to explore the situation of VCT and related services in Vientiane. Multiple methods were used to collect different data. However, some work was not finished during the fieldwork due to time limitations.

Furthermore, one cause of the delay during fieldwork was the social context of MSW which created a barrier to interviews. Several times appointments with MSW for interviews were delayed, postponed, and cancelled because of the different social contexts of the MSW. MSW work at night and come home late to sleep and then they cannot wake up early in the morning until they recover their energy by sleeping. Therefore, MSW delayed, or postponed to give interviews even though they were reminded several times that their actions delayed finishing the fieldwork on time.

3.2 Research Site

Vientiane is the capital and the country's political, economic, social, and financial center. The NSC (2007) survey of population and housing census in Vientiane Capital showed the total population as 698,318 people and the proportion of females and males was an almost equal 50 % (NSC, 2007; Lao version). Vientiane is estimated to have the highest HIV prevalence in Laos which is usually ascribed to the rapid development of the city, including an increasing number of entertainment places, businesses, tourists, and industries.

There are, it is asserted because of the above, an increasing number of male and female sex workers who are frequently young people. There is a diversity of sex work and people who sell sex either directly or indirectly. In addition, increasingly a large number of young people work in Vientiane in jobs that put them at risk of some form of harm, that they do so is because of socio-economic conditions such as lack of paid employment elsewhere, their health, and human trafficking.

Modernization and globalization influence young people's lifestyle in Vientiane and result in changes in their culture; young people listen to Thai songs, watch Thai movies, and even follow international fashion trends. Young people are also customers of entertainment venues (beer shops, bars, and discotheques), most young people use a lot of their free time to go and 'hang-out' to drink beer. These settings entertain their young customers with Thai songs and DJs (speaking in Thai sometimes) because songs in Lao language are not popular among young Lao people.

Although Vientiane city has a high rate of HIV infection, there is only one quantitative study on the use of VCT services. This was conducted by Phengsavanh (2005) and published as *Acceptability of Voluntary HIV Counseling and Testing (VCT) for Antenatal Screening Among Pregnant Women Attending an ANC in a Hospital in Vientiane Capital*. Of course, men were not included in the study.

As a result, Vientiane is chosen as the site of this research to understand more about MSW through the social contexts, how they perceive the meaning, and how they react with society as well as how they solve their problems when they are concerned about health issues.

3.3 Informants and Selection Process

3.3.1 Entering the field

There are four steps used to enter the field to collect data. First, trying to understand the general information about VCT services and finding out the appropriate way to enter the lives of males who work in entertainment places and have sexual experience or have heard about HIV and AIDS. Toward the end of August 2009 information on VCT services, entertainment locations, and informants was collected by discussion with key informants from GO and INGO—CHAS, Hospital (VCT center), BI, PSI, and UNFPA. Informal discussions showed what is happening with VCT services, entertainment places to conduct the study, and how to approach MSW to be informants. Even the research found some useful information for this study, the researcher still need to apply and modify within real situation in the fieldworks.

Second, knowledge of the local language can help a researcher to communicate. Informants can understand what the discussion is about because the researcher can communicate easily and directly without difficult words. Knowing the local language helps the researcher to understand the contexts of the MSW.

Third, approaching informant was one of the problems in this research. This researcher visited, and observed several beer bars and discotheques in Vientiane based on previous information obtained as outlined above and asked some general questions with people I met there. Then I introduced myself briefly: *“My name is Sanya. I work with HIV and AIDS project in Vientiane related to male service workers, and at present I am a Master’s degree student from Mahidol University. I am doing my thesis on male service workers’ use of HIV testing (VCT services), and I am now seeking male people like in your group who have experience in this matter ...”*

Afterwards, we talked about general topics, and MSW shared their ideas that doing this research was a really good thing because we would know why people did not want to go to the hospital for HIV tests, and previously nobody had done a study like this one. One male mentioned that someone had come to ask questions with MSW and then went away. He also said the information given was not true because the MSW just wanted to finish the questions, and it was only once that somebody came to asked questions, and then went away. He said, *“You did correct ways because*

you had time and talked with us, and then you would be familiar with us. Then, you would get true information from us. Please do not hurry if you want us to participate in the research.”

As the statement above shows, it seems that I used the correct ways and I got the involvement of the MSW. Then I asked them to introduce others who are interested in this matter, or they could volunteer to be informants. I told them to answer later because they needed time to consider, or decide by themselves, and they also had time enough to decide to participate in the study, or whenever they were ready give an answer. This was asking permission from them before I started interviews. From the discussion, some were interested in the study, and some volunteered to ask their friend if anyone wanted to joint in this study. However, to avoid disturbing their work, I needed to quit the discussion for a while and continued when they were free.

Four, being close with MSW is the key to approach them to be informants in this study. Almost every day at night time; the research visited the places where MSW work for discussion and observation. Despite very loud music, crowds of people, or they had to work, the researcher waited until they had free time. In other words, the researcher was getting to know the MSW and the MSW to know the researcher so as to build trust step-by-step without too much interference in the lives of the MSW. The researcher became familiar with MSW and that encouraged them to participate in this study. Surprisingly, there were two people from different places who volunteered to be informants because they were interested to obtain information about HIV and AIDS so they came to ask more questions about this study. The researcher again explained the purpose of the research in order to make it clear to them. They were told that this study will be carried out in confidence; names will not be recorded in the notes or report, and they will be identified by pseudonyms. Other information such as village and school will not be named in the field notes and thesis. In the end, they agreed to participate in the study.

Finally, after about two weeks, the researcher made an appointment to interview informant who had agreed to participate in the study. Some not agree to meet giving as the main reason that they did not have free time for the interview. Some refused to participate directly because they would be busy, so they requested to

postpone to next time. Later they gave the same answer which meant that they did not want to join the study. However, the researcher could obtain ten informants as stated in the research proposal. Informants are important to do research, but to obtain them takes time to be close with the target people.

3.3.2 Sampling

A combination of sampling methods was used to reach a diverse sample for this research. The entry to the field described in 3.3.1 showed how the researcher approached MSW to be informants. In short, purposive sampling and snowball sampling techniques were used to recruit the informants for this research. The sampling was done using two procedures. First, to see if an informant filled the criteria for the study, the researcher discussed participation in the study with MSW in their workplace. During these discussions, the researcher discussed with the MSW about the criteria to be informants; such as length of time working, age, sexual practices (sexually active, condom use, and STI infection), and experiences with health services. After talking with MSW and observing them the researcher selected those that could be informants for the study because they fell within the research criteria. Later on the researcher initiated direct contact with the selected MSW, to make appointments for interviews at mutually agreed times and locations.

Second, choosing the correct person to be an informant led the researcher to get rich information. When the researcher entered an entertainment place, someone was introduced to be an informant. This person was introduced by their friends because they were known among their group as suitable because they fit the criteria to be an informant. This thing was called the snowball sampling technique that the researcher used in the research. Also the researcher found other males from other shops by using the same methods. However, the researcher did not immediately select people to be informants. I explained the study to them so that they understood it and then waited for them to decide by themselves, whether or not they agreed to participate in the research, The researcher observed them while they were working, in order to avoid selecting incorrect person relative to the criteria. In the end, only people who filled the research criteria were selected as informants in this study.

Third, those who participated in the study did so based on their own

decision with being forced to do so. About sixteen males were contacted for selection to the study, but in reality some could not participate for their own reasons. Other people, within the sixteen, could participate, and the researcher discussed, observed, and regularly contacted them. Ten informants were eventually chosen, ten people is significant for this study, even if it is not many. This is because this study emphasizes understanding the reasons for using VCT for a particular group of MSW and as such is relevant to the particular phenomenon, and cannot be generalized to other phenomenon. Finally, there were ten males service workers who filled the research criteria and could participate for the full length of the study. Generally, almost all ten informants have similar backgrounds, but they had some significant differences that will be shown in the findings in Chapter IV.

3.4 Research Methods

3.4.1 Non-participatory Observation

As part of the selection process, the researcher went to observe entertainment places where men worked at night such as beer shops, discotheques, hotels and similar places. The researcher found the entertainment places crowded with many kinds of customers—young males and females, adults, middle aged people. They listened to loud music and drank beer Lao. The special focus for the researcher was male service workers in terms of what, why, and how they interacted with clients in the particular social contexts. Furthermore, it helped the researcher to better understand the informants through the interaction and environment surrounding them. The appearance of male service workers is in general similar, but differs somewhat depending upon the place they work.

Three kinds of entertainment places were visited for observation. This was done mostly at night times. First, the research began with the beer bars they usually open around noon and close around 23:30. Two kinds of beer bars (one for young people and the other for adults) were observed. In all of these places men work as waiters, these places are popular in Vientiane City and have many customers. All the places are set in the natural environment with plenty of available space. Beer Lao is a

popular order at these drinking establishments. The waiters are nicely dressed in uniforms, they are nice to clients, and look happy especially when the clients are beautiful women. The service work seems to be hard especially when there are a lot of clients so that waiters looked busy to serve the clients. On the other hand waiters can drink with their friends when they are not busy or with women when they interest them and after work they also drink or go to discotheques. The latter was observed by this researcher.

Second, the researcher observed two discotheques (one for high class customers, and the other for other kinds of customers). These places are similar to beer bars because there are crowded with client and male services workers, but the opening time is 21:00 and closing time is around 01:30. The environment makes it hard to stay for a long time because of smoking and very loud music, and this is even with the air conditioning on. Despite these conditions male waiters work to serve the clients in order to earn money to support themselves. In the discotheque, male waiters can drink with the clients, especially women clients, and they looked stronger and more active than male waiters in the beer bars. This might be because of working in a different context from beer bars such as music style and the kind of clients. However, all the male waiters at all these places behaved with kindness with all clients in order to provide good service to all.

In addition, the researcher observed one hotel that is not far from the beer shops and discotheque, and here almost all of the employees are males except the house cleaners. The male hotel staff behave the same as male waiters in the beer bars and discotheques, that is with kindness with clients, and they also have some female clients depending upon the opportunity, However, they looked kinder than male waiters in the beer bars and discotheque because of the different type of clients and environment. Non-participatory observation could help the researcher comprehend the social context and sexuality of male service workers throughout their service work and social relations. This led the researcher to understand more realistically the situation of informants through the language used, conversations, interactions and environment in their daily lives.

3.4.2 In-depth Interviews (IDI)

In-depth interviews are an important tool to gather data in response to research questions. In *Social Research Methods*, Bryman., A (2004) points out that in qualitative research, flexible interviews are increasing and can be referred to collectively as in-depth interviews or qualitative interviews which seem to be the affective methods to collect data so more specific issues can be addressed.

In-depth interviews in this study took place in private, so it was possible to collect comprehensive accounts of informants' lifestyles from individual interviews. In-depth interview methods were used when the researcher arranged to meet with the informants privately. During fieldwork, in-depth interviews were conducted face to face with ten individual informants. It took around half an hour to two hours for an interview based on a flexible interview question guide. Interview skills were used to explore information from interviewees. Generally, interviews began with general topics and an explanation of the research objective. Later in the interview session, the researcher pursued other questions according to the direction and flow of information in a particular situation. As a result, during the data collection process, ongoing reviews were conducted and others factors were allowed for consideration.

Ethical considerations are important to avoid misunderstanding and disadvantages for informants. Before starting an interview; the researcher asked permission to use a digital recorder in the interview; it is necessary to ask permission when discussing individual questions deeply and to use a digital recorder because the researcher must avoid any misunderstandings and any mistakes that could happen during the interview and in order to save time and keep the discussion flowing continuously in order to obtain full information from the informants.

3.4.3 Key Informant Interviews

Key informant interviews were used to collect data from people who are health providers (counselors) in hospitals, VCT service centers, GO, and INGO staff that have experience of working work with male service workers, HIV and AIDS, or in the field of VCT. Information from key informants provided figures for the facilities and barriers, meanings, and perceptions, concerning VCT services among male service workers that are useful for this study.

Because of the cooperation of key informants, the researcher could interview all key informants who were contacted for interviews. Making appointments to interview key informants was done with an official letter from Mahidol University in order to emphasize the objectives of the study and to describe the important information to be collected from them. However, key informants were concerned about the use of VCT issue; it is good if there is information relevant to VCT services because there is no study on this topic, especially, for male service workers.

3.4.4 Focus Group Discussion (FGD)

Only one focus group discussion was conducted by the researcher, but it was meaningful to answer the research questions. There were eight male participants in the FGD within the criteria of informant. Their ages were between 18 to 23 year old. The interview was held in the beer bar where they worked in order to avoid difficulties with transportation. We discussed step by step following the FGD guideline that focused on the meanings concerning VCT services, HIV and AIDS, and their status as male service workers. They were happy to share their experiences at work and the leisure.

Because of different social contexts of MSW, FGD could not be conducted with two groups. Even the researcher contacted with the groups for long times it still only one group was possible for discussion. Then the researcher realized that it was difficult to conduct the FDG with several people who were different social contexts (different living places, characteristics, and personal conditions). There was only one group to discuss. However, it helped the researcher have more understanding of the interaction between MSW and society in a special social context and confirmed the use of VCT among MSW.

3.4.5 Documentary reviews

Documents were collected during key informant interviews. Documentary data refers to documents, magazines, IEC materials, and other media which contain information on HIV and AIDS, VCT services, and sexuality. Some of this material was not taken because it was less numbers to provide for clients. However, data from the mass media was analyzed and contributed potential answers to the research questions.

3.5 Data Processing and Data Analysis.

The data processing was begun during the fieldwork as a continuous process to organize all data into units of analysis. The process fell into three main steps.

3.5.1 Field Notes

Because of the frailties of human memory and the importance of information from field work, field notes are taken in two steps. First, after the researcher came back home or collected the data from the informants the researcher jotted down as much as possible what was seen, observed, and heard, including descriptions, memos, and further questions. Then the notes were reviewed and missing information noted so as to be included for the next interview to ask the informant for more information to fill the gaps. For these reason two informants were interviewed for a second times, and even though they were busy they were available for interviews.

Second, all data collected from informants, using the digital recorder were transcribed case by case, to get more data from informants. This data the researcher added into the field notes. In addition, to finish the field notes the researcher took time to write. Even though the field note is difficult it still is needed and important for a qualitative study.

3.5.2 Recording and Transcription

The digital recording from informant interviews, key informant interviews, and the focus group discussion were reviewed and then transcribed after finishing each case during the fieldwork. To make sure that I did not lose any information; transcription was done in Lao language so that it reflected the same meaning as the original records. The transcription was reviewed for second time to make field notes and categorize the information for analysis as the next steps. Transcription is useful to organize data, even if it takes time to conduct. However, it is needed in qualitative research.

3.5.3 Data Analysis

To work the field notes into an organized and understandable unit, data

analysis started simultaneously in the field. The researcher collected data from all sources, such as informants, key informants, and relevant materials by using in-depth interviews, observations, FGD, and documentary collection.

The recorded interviews and field notes were reviewed, coded, edited and analyzed as the data were collected (in the field) in order to identify the concept issues. To complete the field work, the tapes were transcribed, cross checked and then integrated into other data sources—field notes. The master sheet (Microsoft Excel) was used to present the data based on the in-depth interviews, including the socio-demographic of the informants.

And then the data was manually coded for all of the cases and categorized into the themes and subthemes relating to the research questions and concepts. These codes were sorted and grouped together to conform to the informants categories and to synthesize the results.

3.6 Validity of Data

As I mentioned previously this is a qualitative research project which uses multiple research methods for data collection, the most important criteria for the evaluation of social research are reliability and validity (Bryman, 2004). The basic principles of reliability and validity are accepted by most qualitative researchers.

Validity and reliability have defined meanings in qualitative research. Validity is an important measure for the quality of research. In other words, this research was designed to study specific social contexts and collect data with a human sample; therefore, in order to achieve the goal of the research and avoid misunderstanding or misinterpretation the researcher used the following strategies during the research.

3.6.1 Trust Building/ rapports

The most crucial matter concerning data collection in fieldwork with regards to informants is trust building. Trust building was the first step for collecting data with informants; including in-depth interviews, observation, and focus group interviews. Because of the specific conditions: limited time and it being a sensitive

topic, building trust is not easy but I could deal with this issues based on experience and the identity of researcher by using some activities. For example, first the researcher shared a part of his identity and made informants realize that we are on an equal level. Although the researcher is at present a student he used to work with male service workers. Not being a medical professional or master degree student he did not have more power than them. He also has experiences working with HIV and AIDS prevention projects, and could understand MSW better than others. The researcher could communicate the same as a brother.

Second, the researcher could be a friend and brother to listen to them. Normally, male entertainment workers are a minority and have less communications with others. They appreciated that the researcher listened to them, and let them to release their experiences before starting an interview.

Third, the researcher regularly visited the places where the informants worked in order to make the informants understand that the researcher not only interviewed and collected data from them, but was also a friend and talked with them as a friend that made them trust in the researcher.

Finally, through talking and participating in MSW activities the researcher beliefs/ trust was established with the MSW.

3.6.2 Reflexivity

Reflexivity is an important aspect of fieldwork, as well as for analyzing qualitative questions. Exercising reflexivity continued from the moment of entering the research site, and continued during collecting data, and writing up the research findings.

There was not different between the researcher and the informants regarding to survive in city. The informants not only worked hard to earn money alone, but also the researcher used to work hard like them. The informants said they worked hard and this showed through their faces, voices, and behaviors. The researcher could imagine and understand the feeling because the researcher also worked hard like the informants in order to survive in city.

Additional, even almost all of informants were from other provinces will the same level of low income. The informants mentioned that they were from low

class formless in other provinces and this was not different with the researcher. This is the opportunity to improve their lives and the informants realized that they are improving their lives too. In the end, the researcher did not see any differences with the informants, and they accepted to share their feelings and experiences with the researcher.

The researcher was conscious and noticed that MSW were so proud of having shared their experiences in hard work in services and sexuality. I am a married man with one son sometimes, I felt unhappy hearing the informants talking how to prevent diseases through sexual transmission with many methods even not using condoms, and it was fine for them (nothing happened) that they were not the correct methods. However, the researcher reminded himself that he should keep in mind to correct them about condom use. Furthermore, the informants said that it is easy to get girls if you have a car, and maybe I will try this girl sometime.

3.6.3 Researcher's Identity

While the researcher was in the field, the researcher identified himself as a Master's degree student from Mahidol University. I am a married man with one son. Also, the researcher informed the informants about his work experiences on HIV and AIDS prevention project and working with male service workers, and that he used to be an INGO staff. Then informants called the researcher "brother". These identities helped the researcher get close to all informants, and reduced unequal power relationships between researcher and MSW.

3.7 Ethical Considerations

The ethical issues are importance for social researcher especially doing research with human beings. To avoid any mistakes to the research informants. Permission for this research was approved by the National Ethics Committee, Ministry of Health. Lao PDR, and Mahidol University Institutional Review Board. The four main ethical principles in social research are described in the followings sections.

3.7.1 Harm to participants

The researcher attempted to minimize disturbances both to the informants and other relations. The harm to participants addresses avoiding the confidentiality of informant records. The researcher did not write down the names, working place, school, and villages of the informants. In other words, the researcher used pseudonyms in the thesis; notes on the notebooks were destroyed after I expanded them into field notes. Even though photos are important to show in the fieldwork and thesis, the researcher did not take any photo of informants.

3.7.2 Privacy

The researcher knows that HIV and AIDS related with sexuality is a sensitive topic. Therefore, when the researcher carried out in-depth interviews with the informants, the researcher asked the informants to choose where they were comfortable to talk. Generally, the informants chose restaurants, beer bars, and their own workplace because they were comfortable in these places.

3.7.3 Informed Consent

Informed consent is most important in ethical concerns and connects directly to privacy, confidentiality, and social research. In terms of data collection by using qualitative methods, the first necessary step is informed consent. Therefore, it was necessary to inform the informants to make an informed decision about whether or not to participate in this study when the researcher met them; for example, first the researcher informed the MSW of the purpose of the study and how data would be used for the thesis and publication. Second, when the informants decided to join the study, again they were informed of the purpose of the study and the use of the data, and they were told they had the right to ask any questions if they had any doubts. Also, if they were not comfortable to join the study, they had the right to change their minds and to withdraw from the study at anytime. Finally, the informants were informed they could refuse to answer or could choose to answer questions the researcher asked, and the researcher would not judge the informants by language or words that stigmatize and discriminate against them such as bad behavior, but for quotes from the informants and key informants that the researcher might refer to in thesis.

3.7.4 Benefits to Participants

Research informants are the main sources information for the study to develop the knowledge and learning process because if they do not make a contribution, the researcher could not complete this research. Similarly, the researcher would like to say “Thank you very much” to all informants who participated on this research as the researcher did not just collect information, but the researcher considered to be an inside person in this group and wanted them to feel we are sharing the knowledge and experience with each other.

I will help them as much as I can, such as by giving counseling for health. I will contact with other organizations to find out whenever they will conduct awareness activity or training on HIV and AIDS prevention. They should include this group to attend in these activities in order to guide them to improve their behavior.

3.8 Research Limitations

Generally both qualitative and quantitative research are limited specifically to study. Part of the everyday life of MSW meant they could not be incorporated into in-depth interview because they worked during the night time, went back home late, and felt tired. Consequently, they could not meet to interview when we had an appointment. Therefore, it was necessary to postpone or cancel meetings, and to make new appointment again and again until they were available for an interview. The other limitation is the research topic is that it is a sensitive issue that took time to discuss carefully. In other words, it was difficult to discuss openly with informants regarding HIV related to sexual behavior.

CHAPTER IV

RESEARCH FINDINGS

This study using a symbolic interaction perspective aims to explore the use of VCT services among male service workers in Vientiane, Laos and to investigate social meaning of MSW, HIV and AIDS, and VCT services affecting the use of VCT services. The research findings consists seven main topics: 1) social context of Laos in general, 2) voluntary counseling and HIV testing services in Laos, 3) socio-demographic of the informants, 4) social contexts of being male service workers, 5) social meaning of MSW, HIV and AIDS, and VCT services, 6) perceptions towards VCT services, HIV and AIDS, and male service workers, 7) social meanings and perceptions influence the use of VCT services, and 8) facilitators and barriers to the Use of VCT services.

4.1 Social Context of Laos in General

The Lao PDR is a landlocked and classified as a least developed country and as such is considered by the international community to be one of the poorest countries in the world. Geographic conditions restrict both the quantity and quality of agricultural land and pose difficulties in the development of trade, social infrastructure, and transport and communications links.

The Lao PDR is divided administratively into 16 provinces, (plus one special zone and the capital Vientiane), 142 districts, and 13,324 villages. Over the last decade the government has been undertaking reforms of public administration, targeting improvements to the structure, functioning and management of government organizations. The current system of governance conforms to a centralized pattern with additional administration at the provincial and district levels.

Laos comprises a large number of ethnic groups; the dominant Lao speaking majority makes up less than half the national population. Other Tai Lao speaking groups

(e.g. Tai Lue, Tai Dam, Tai Daeng, Phu Noi) inhabit lowland and highland valleys. Close to 40% of the population are from 49 officially recognized ethnic minority groups who usually live in more remote and/or mountainous areas (Mons-Khmer; Tibeto-Burman and Hmong-Yao linguistic groups).

However, economic reforms since the mid-1980s have contributed to a steady increase in national development. In more recent years, GDP has increased steadily at an annual growth rate of up to 6.2%. The estimated per capita GDP in 2004 was US\$428. During and in the aftermath of the Asian Economic crisis (1997-2002) the GDP per capita dropped from US\$379.4 in 1995 to US\$331.2 in 2002. The level of labour migration to Thailand escalated rapidly during this period. Although GDP per capita started to increase in 2003 and 2004, trends of labour migration remain unchanged (National Statistics Centre, 2005).

The influence of socio-economic development affects lifestyles including the social and cultural value of Lao society. Nowadays, in Vientiane people at all levels can have their own mobile phone and access internet no matter who they are and what they do. This compares with the previous decade, when not many people had access to mobile phones and internet. In the past mobile phones were mostly used by businesspeople for business communications. Even students who study at secondary school, demand to use a mobile phone and parents tend to provide mobile phones as a motivation for their children to study.

Moreover, entertainment places are crowded with young customers whether day time or nighttime, young students in high school uniforms drink beer and hang out in the entertainment venues. Even though the cultural management regulations do not allow people less than eighteen years old to use entertainment services, young people (male and female) still drink in the beer shops and discotheques. Consequently, the regulation does not work anymore in this case. Not only have values and attitudes changed, but the spoken language has also changed; for example, Thai songs are popular songs to listen to for entertainment played by Thai speaking DJs.

Socio-economic and cultural changes are directly related to HIV and AIDS prevalence in the Lao PDR. Premarital sex is likely to be acceptable among young people. While the numbers of sex workers, clients and MSM increase due to the demand from the sex industry. Young people move from other provinces to work in

factories, beer bars, and nightclubs. It is understood that some women engage in casual sex work and also some men, although sex work is officially illegal in Laos. Street-based sex workers are also increasingly visible in Vientiane. Many of these people are believed to be internal migrants (CARE, 2001). As a result, although the prevalence of HIV in Laos is low, the country is faced with many risk factors that can lead to an increase in HIV transmission in the near future, especial in Vientiane city. Vientiane is reported to have the second highest official record of HIV prevalence in Laos. The cumulative number was 978 as of the end of 2008 (CHAS, 2008).

To deal with HIV and AIDS the Lao PDR has a legal framework to support health care services equality. The health care law; Article 5 mentions State Policy on Health Care: The State pays attention to improve the quality of health care to ensure that the whole population, and in particular women and children, poor citizens and those who live in remote or isolated areas, have a good state of health. The State implements the policy of paid and free health care in accordance with regulations. The State encourages and promotes all sectors, nationally and internationally, to invest in health-care services by using modern medical equipment and material. The State promotes health-care services by combining modern and traditional medicine. (UNIFEM, 2009)

Other laws including the regulation of cultural management (entertainment venues), and tourism management were reviewed. However, all these regulations do not mention anything relevant to health issues, but instead focus on how to manage these kinds of services for cultural preservation and tourism. In addition, CHAS (2009) is developing law relevant to HIV and AIDS and when it is ready it will be proposed to the national assembly to approve and officially announced.

4.2 Voluntary Counseling and HIV testing (VCT) services in Laos

This section will describe the services of voluntary counseling and HIV testing services (VCT) and changes occurring in HIV and AIDS programs, the role of VCT is to bring about specific health results for people living with HIV and AIDS (PLWHA), and communities.

VCT services extend throughout the whole country and continue to grow significantly. VCT services have expanded to all provincial hospitals, and some district hospitals. There are 91 VCT sites in the whole of Laos at provincial and district levels, and they are continuously increasing in number. The first VCT services started in 1998 in Vientiane Capital when CHAS began to provide VCT services (CHAS, 2008). The services were expanded to central hospitals, and then there was continuous expansion to the provinces until 2005/6 when all 17 provinces in the country were covered. Also, in 2005 VCT began at some district levels and this is expanding continuously. Generally, VCT services are free of charge for all services. Nevertheless, in some case hospitals use syringes and gloves that cost approximately 25,000 kip (US\$ 2.5). This is a small amount for the syringe and the test liquid is free of charge (CHAS, 2008). Usually one test cost approximately US\$12 per case. This includes the chemicals and equipment.

VCT services follow the WHO guidelines but reflect the specific conditions of Laos. First, the CICP (Client Initiated HIV Voluntary Counseling and Testing) is for people who voluntarily use the services by themselves because they perceive they have engaged in risk behavior, and then they want to use the services. Second, despite the country wide HIV prevalence among the adult population being low some province face a high prevalence rate of HIV, especially the provinces sharing borders with Thailand, and people who are defined at high risk group use the services in health care center that should recommend with PICP (Provider Initiative HIV testing and Counselling services) such as drop in center (high risk group).

With regards to HIV testing, WHO/UNAIDS recommend using the serial testing approach because this approach is low cost, and for second test is recommended when the first test is positive. In recently, the HIV testing method uses the rapid tests for the diagnosis of HIV infection in VCT services center that the result can know within thirty minutes. If the first is negative, the HIV testing report is negative. Of course, all people have to receive pre-test counseling before the HIV testing and post-test counseling after the HIV testing. These activities (counseling) have the purpose to help all clients deal with the depression and decide to solve the problem by themselves (CHAS, VCT service Guideline)

VCT services is a focal point of disease prevention in public health

because VCT is the first stage guiding people to access health services regarding HIV and AIDS, as well as others diseases. For example, the Mother and Child Health Care Center has a PMTCT project, following the guideline for PMTCT in Lao PDR (2007). This emphasizes all women should receive counseling how to prepare and reduce mother to child transmission. VCT services are also integrated into both HIV and AIDS and Tuberculosis program to provide the services for clients.

However, the people regard VCT as linked to HIV and AIDS. This study found that there are different terms used about VCT between providers and clients. All key informants (providers) used “VCT services”, while male services workers as clients called “HIV blood testing”. One key informant said:

“General people understand and call VCT is “Kan Kuad Leud Xork Hah Xeu Loke AIDS” (Blood Testing to look for HIV infection or HIV testing). If we talk with them is VCT (Voluntary Counseling and HIV testing), they do not understand these words, so we have to call it HIV testing. Therefore, when people come to hospital or VCT place, they want to test their blood immediately without talking with counselor. They understood easily like blood testing of other diseases.” (Dr. V)

In Vientiane, there are six central hospitals, four district hospitals in seven districts that can provide VCT services, and recently there are twelve networking centers of VCT in Vientiane City, including the rehabilitation center, Lao Youth Health center, Counseling and Protection Center for Women and Children, and two drop-in centers (for high risk groups/FSW and MSM). All the network centers provide pre-test counseling to clients, and then transfer the client for blood test to other places (at the central hospital) where it is comfortable for the client. If the client agrees to test, the clients will follow the procedure of VCT network—referral system. Furthermore, in the future network centers will provide HIV testing as part of a comprehensive VCT service supported from UNFPA and Global Fund (GF). These strategies aim to facilitate people to access VCT services in Laos. With the effort to improve accessibility of VCT services, the use of VCT is increasing. As one key informant said:

“Despite the expansion of VCT services, indicators based goals have not yet been achieved partly because the goals were set too high, to reasonably achieve. However, if we talk about accessibility, measured by the number of users of the services it is recognized that the number of people using the VCT is increasing when comparing each month to

monthly report from the all centers/hospitals. That indicates that awareness and accessibility are better than before.” (Dr K)

4.3 Socio- demographic Data of the Informants

The socio-demographic data of the informants is one factor that contributed to MSW using VCT services. In this research the socio-demographic characteristic of the informants were investigated—ages, living conditions, education conditions, general social contexts, VCT services contexts, and MSW contexts. All these elements are closely related.

Based on the inclusion criteria of informants for the research; MSW were selected to be informants based on different ages, locations, social situation, occupation, and level of education

In detail as figure 4.1, the informants’ ages of this study were between 18 to 30 years old, six informants were from 18 to 24 years old and four informants were 25 to 30 years old. The ages are signals to consider being male service workers in the entertainment places because most of all the informants said that service work is for young people, and based on this researcher’s observations the majority of male service workers are young people who work in the entertainment places.

For living conditions, the informants have mixed living conditions. The majority of informants (eight people) were from other provinces in Laos, and only two informants were born in Vientiane and live with their parents. The eight people who were from outside Vientiane Capital rent a room and stay with their friends, two informants who were married rent a room and stay with their wives, one informant who was married stayed in a dormitory by himself, and one informant stayed at the business owner’s house. For the rest of informant, two informants who came from Vientiane, lived with their families. However, the informants who moved in Vientiane, perceive the different living conditions between the city and their hometown. Some informants perceived that there is freedom of choice when working in the city and working can change their lives, and some said that city is a convenient place where people to find food and eat, but the city is viewed as an unstable place to live as they have to move due to their work places.

In terms of education, there are various levels of education among the informants. Half of the informants (five people) have a high school education, one at secondary school level, and one at primary school level. Three informants are studying in college and university. It can be concluded that most of the informants in this study do not have a high education level.

In regard to marital status, in this research there are two social statuses of informants; six single men and four married men. The length of marriage for all married informants is less two years. In more details, one man has been married for two years, one man for one and half years, one man for seven months, and one man for five months. One man has one daughter of around ten months. One of the wives is government staff, one is a waiter in a restaurant, and the rest are housewives.

Social Demographic Characteristic of Informants

No	Informants Pseudonym	Age	Education Level	Marital Status	Length of marriage (Years)	Number of Children	Living in Vientiane (Years)	Length of Working (Years)	Living condition		Work place	Occupation	Other
									Living with	Accommodation			
1	D	22	2 nd years college	Single			2	1	Friend	Renting room	Beer bar	Waiter	Student
2	K	24	Secondary school	Married	1,6	0	5	4	Family	Renting room	Hotel	Bellman	
3	M	21	Primary school	Single			5	3	Employer	Employer' house	Hotel	General worker	
4	C	18	2 nd years University	Single				1	Parent	Parent' house	Beer bar	Waiter/	Student
5	V	28	Secondary school	Single			12	6 months	Friend	Renting room	Night club	Waiter	
6	S	19	Secondary school	Married	7 months	0	2	1	Family	Renting room	Beer bar	Waiter	Factory Worker
7	T	25	High school	Single				5	Parent	Parent' house	Night club	Waiter	
8	P	26	High school	Married	5 months	0	5	4	Friend	Renting room	Night club	Waiter	
9	B	30	2 nd year college	Married	2	1	13	2	Family	Dormitory	Night club	Waiter	Student
10	J	23	High school	Single			6 months	5 months	Friend	Renting room	Night club	Waiter	

Figure 4.1 Table of Informant Information

4.4 Social contexts of being male service workers

In this part, there are four main dimensions were investigated: reasons of engaging in service works, the daily lives of male service workers, social networks of service workers and working condition of service works. Social contexts of being male service workers will help to understand how male service workers live within the context of service works.

4.4.1 The Reasons for Doing Service Works

There are several reasons why people work at entertainment places. Even when they know well the term service works has negative meanings. People need to do this job because of low skills and education, low income, no choice, and to earn money. All these reasons were found from all of the informants who were interviewed. However, informants gave different answers based on their different contexts, so there are some main points that will be shown below.

Low educational level is found one reason to engage in service works. It is not easy to find jobs with low education and get high pay as in entertainment work. One informant said he wanted to change to do the other work, but he could not change because his skills and education, so he still worked at entertainment place to have money for using in his daily life. He said:

“Actually, I want to change my work, but I do not have any knowledge and skill. If I change new work, my income might be lower than this work. In here I have salary and other profits from introducing the woman to the guests. Even money is not much I still have some money to pay for daily life. If I change to new work, I want to be a driver because I used to study driving in the school and I already have driver license, I want to have experience in this work.”(Mr. K 24 years old)

The informants, who moved in Vientiane, perceive themselves as country people who have to work hard in order to survive in the city. The living conditions in the city influence people to work to survive. Even it is hard work they need to do it to maintain their lives like others in society. This is one reason why informants work in entertainment places because there is a difference between the country and city in terms of the way of looking for food to survive and they live far away from family so does not receive its support. One informant said:

“City is different with country side. In the city, every thing is money and has to buy, but in country side that I can find food from forest, so facing with money problem that is not only me, but others also like me, especially people who from other provinces. Therefore I decide to do this work.”(Mr. D 22 years old)

However, two of the informants who were born in Vientiane city, live with their parents. Their parents know that they work in SW as extra job so that they can help the parents to earn money. While the informants expect to get income to spend for modern lifestyle, use modern technology, and ride a motorbike. MSW who live with parents in their communities seem to face social pressure and negative attitudes toward their work and lifestyle. However, this shows that MSW live in different conditions that lead informants to interpret and perceive meanings, and how to react to society and deal with the problems in their lives. As one informant said:

“I work here around one year. As we know that study need to pay high cost, and also others I need to pay for dressing, eating, and playing, or I can say that everything in my daily life. Therefore, I have to work for earning money by myself. I study at daytime and work at night time. All these things are from my mind, but I also asked permission from parents and they said that it is good if I can help parents to reduce the payment in family. However, I also had a problem when I did not go back home, and parents asked me why I did not go back home. I went out with friend and it was late night, so I could not go back home for safety. In addition, villagers who live near my house say to me in negative way.”(Mr. C 18 years old)

Most of the informants said that they do this work because they do not have any other choice. The informants perceive the meaning of MSW in negative ways so they have to hide what they do from their parents in order to prevent the latter being concern about working conditions. It is necessary to do this even if they know that it is not good doing like that. However, they have to do it because it is better than to stop working. As one informant said:

“Usually I talk with my friends who work together and I also talk with parents, but I do not tell them in details about work because I do not want them know much about my work, how it is difficult. If they know, they will worry and concern about me, and then they will not allow me live here. I just tell them that it is not hard and I am not tired.”(Mr. J 23 years old)

Although working at the entertainment places is hard work and meaning of MSW is negative, the key reason informants work as entertainment service worker is that they can get high income from such work. Almost all of the informants pointed out that they realized the income made them happy with their work because they had money for paying in daily life. It could help them to buy food and pay to rent a room. This is important to consider when asking why many males work as service worker no matter meaning of this work. As one informant said:

“Actually, this work still not much people know, even we are waiters we can earn money is higher than some work. It depends upon the places and practice of MSW that the outside people might not know. Although we can earn money, we can pay easily. It is daily income and we pay for our daily life, but it is still good at least we have money to pay that makes us feel good.” (Mr. T 25 years old)

In terms of family life, people perceive the meaning of husband that has been created in society. To be a good husband people have to work hard to support their family and retain their love. Men, who are husbands, keep the value of a good husband meaning that they work hard to support their family and retain their love. An informant, who is a married man and keeps working as MSW does so because he is the breadwinner and earns income for his family. He said:

“Now a days, I stay different house with my wife because my wife’s house is far from my workplace, so it is difficult for traveling, and I do not want to disturb others because I come home late, but I usually visit family in every weekend, and my wife also believes in me (not have sex). Actually, if I have or do not have sex that is not matter, but it does not mean that I have sex without consideration. What my wife wants, I can earn money to support family that is fine enough. I always give money to her. If I do not have money, I advance my salary to give her first.” (Mr. P 26 years old)

It is found in this study that MSW who work to earn money for their family are perceived as having good behavior as a good husband. One man mentioned that working as entertainment service work at night time he is able to meet and go out with many girls, and he enjoyed his sexuality. However, he said that he always think about his wife and keeps working to support his family. This is reacted the meaning of good husband and the reason for working at entertainment place. As he said:

“This is second times for working here. Doing this work, I am

difficulty for traveling. Sometimes I am afraid a gangster when I go back home, but I think it is good I can go somewhere. If I do not work, I can not go outside. When I work I have friends, and I also have girlfriend. After finish work I go back home, I stop at girlfriend' room until 1:00 or 2:00. I have sex with her for one or two times. Then I go back home to continue with my wife (have sex), and she does not say anything even I come home late.”(Mr. S 19 years old)

Some informants need to do SW even when their wives do not want them to do this work. They keep working as entertainment service workers because they want to be good husbands who earn income for their families, support study and for a better life for their family. As one informant said:

“My wife say to me, I should stop to work because I came back home late at night time that is not good, but If I stop this work, we do not money for eating, and the other income is saved for using when it is necessary. We have money to use in daily life that is from this work. These things I always talk with my wife, and she also says that if I am tired, I can stop because she knows well I study at day time and work at night time. For me, even I am tired I cannot stop because I still want more income to use in family.”(Mr. B 30 years old)

It is found that the informants in this study are both unmarried and married men. Married men who work as MSW kept the meaning of a good husband by earning income to support their family. The informants tried to do everything they could to persuade their wives to understand and respect them. All of this is similar to single men who worked as entertainment service workers in order to earn money, reduce the payments of their parents, and to be good children of their family.

4.4.2 The Daily Lives of Male Service Workers

There are two characteristics of informants in this research, six males work only in entertainment places, and four males work at service places together with other jobs (three persons are students who study at the day time and work at night time, one person is a worker in wood factory). Generally, daily activities of the informants are not different from general people. After work they relax by going somewhere with their friends. One informant said:

“When I was free, I wanted to visit somewhere as Vientiane is different with my hometown. My friends and I took a Tuk Tuk to visit the (...), Oh! You see! That is “stupid people” who from countryside and never visited the city.”(Mr. D 22 years old)

One informant from the country side said that he has to adjust his life to live in the city. As he said:

“The life of country people is difficulty because I do not have the property—renting a room, buying rice, and working hard, and even I work at the day and night time for earning money I still difficult survive in the city, and I do not have any friend who is from Vientiane city. I contact only person who is from other provinces like me. However, my life is different with previous time. Before I was depressed because I did not know anything about Vientiane city, and when I applied to work, I was nervous because I was not familiar with people in society. Now, I am fine, I know somewhere to go, and my life is better than before.” (Mr. P 26 years old)

In the daily life of MSW, they usually stay in their workplaces. However, when they were free, MSW enjoy being with friends, playing football together and meeting young girls. These things are the ways of MSW to fulfill their work hard through daily life activities. All these things reflected the meaning of MSW (good MSW). It showed even if the informants enjoyed their daily activities, they still maintained their responsibility to their work. One informant said:

“In my daily life, I enjoy with other activities with everyone—friend or girlfriend. Generally, I play football in the afternoon. Then my friends and I go to the garment factory where a lot of women work there. Sometimes we go to the beer shop where a lot of teenagers and beautiful girls use the services. Even I go outside, drink beer, and come back late until to the morning, I am sure that I can help the chef preparing the breakfast for the guests.” (Mr. M 21 years old)

Although the meaning of MSW is negative, MSW seem to enjoy their daily life. There are various behaviors of the informants. Since they work in entertainment places that people use for entertaining, MSW enjoy with entertain environment in this place such as music, alcohol and dancing.

Even if an informant works and enjoys with his friend, it does not mean that he follows and joins with all their activities. As one informant said he does not do like others because he has own reasons, and it depends upon him to decide to do or not. This information show that even if friends exert an influence on group members, but a member can or cannot follow the group if the thing is not good to do because it depends on individual reason to decide to do or not. As one informant said:

“In here we work together in every day, and we help each other the

same as people in family, or we can say we love each other like old and young brother. However, I do not agree with all people. Someone ask me why I do not do like others. I do not go another place after we finish work. I do not drink beer with friend, and I do not go outside with client. Then I also asked them back if I go with them, what I will receive. Everyone can join or refuse that it depends on their decision, and I do not join because of my own reasons.” (Mr. C 18 years old)

Night lives is one kind that MSW has to face with and learn how to deal with it. MSW lives are not only working but also facing with danger including gangsters and fighting. However, keeping as entertainment work have to avoid with the serious situation like fighting. One informant said:

“When I start to do this work, I understand well the society at nighttime. I have more friends. I know to observe who female sex worker is. I see a gangster groups. That’s why I remind my friends when they go to the night club that they should avoid from fighting issues because it is dangerous.” (Mr. P 26 years old)

Based on the above information informants behave with different behaviors through their daily life in different social contexts. All of the information show how they interpret the meaning and react to society through their daily life activities and also through social networks.

4.4.3 The Social Networks of male service workers

The social network is one key part of the social contexts of MSW. Social network refers to the grouping of individual together into to specific group. In regard to male service workers, social network of MSW means their peers, lovers, the owner or their boss and their clients. MSW interact with their friends who are not MSW with differently because MSW are seen as different from other people. Because the meaning of MSW is negative, MSW are looked differently by others who are their friends; including someone who they love. They are still looked down on when it is known they are MSW. As one informant shared his experience showing how social network affected his life, how he perceived the meaning of being MSW from his friend, and how he reacted to society. He said:

“In general if talk about MSW, it is low class people even working in big or small workplace. This is true. As my experience, before I studied and worked at nighttime, and I also had a girlfriend. At first

our love was smooth. Then she tried to stay away from me when she knew I was a waiter. Because she did not love or was shy her friend, I did not know. It was something that she did not like this job. If talked about friend that was the same. When I went to somewhere, we knew other friends. Then we discussed about work. Suddenly, they stayed away from me. That meant they did not want to talk with me, they looked at me to differentiate with them.”(Mr. T 25 years old)

Although a social network is important for MSW, they cannot disclose their status to their friend in order to save their face and live with dignity in society, so they need to hide what they are doing as MSW. This is a natural way people practice in society. In order to avoid losing face and being despised by others, people have to do everything to close their real situation from other people even their friends. As one informant said:

“I talked with my friends about work, and they said it is good that I can apply to do this work in my workplace because I have good income. However, I do not tell the details of work, and I just say if someone interests, you can apply, please!”(Mr. M 21 years old)

Because MSW are members of the entertainment society, they share and practice like their friends in the MSW group. As participants of the FDG said, their friends influence other persons to behave like others in the group because they are friend and work together in the same place, so they become close friends. This relationship is called peer pressure. Peer pressure has influence on other people in the group to practice or follow other friends in order to show the friendship in the group. However, it depends on decision of people to follow or not. As participants of the FGD explained:

“We work here we meet many people like friends. Our friends have different characteristics. Because we live in society, we depend on society that influences us to follow the society/group. It means if our friends ask to go with them, we will go and do with them. When we joint with them again and again, we become to addict and change to be not good persons. This thing also happens among our group. However, we are also good people because it depends on ourselves to control it.”(FGD)

In terms of sexuality, the social network (friends) influence informants to practice like their friends. Although people try to control, people still can not control

their sexual behavior. They do as do their friends. One informant said, he had friend who is still single that he followed his friend to have sex with other girls. Even he knew well that because of his friend, he practiced like his friend, but he could not stop to do it, and he perceived that he made a wrong decision to get married. This is peer pressure influence him change his mind and behavior. As he said:

“I do not know what happen with me. Before getting married I felt that I really wanted to get marry. Now a day, I think I made wrong decision. I do not know why I think like that. I really want to go out to have sex, or because I see my friends are still single and I play and go with them. They also go outside to have sex with other girls, and I joint with them that it makes me to do like them.”(Mr. S 19 years old)

The social networks comprise all relationships between informants and other people in society. In other words, social networks show how MSW interpret the meaning and react to society based on where they stand in society. The meaning also change in every society, especially social network as family and working life in the entertainment places.

The meaning of children influences informants to work as MSW to earn money to reduce the expenses of the family. The informants interpret the meaning of child and react to their society. In other words, someone can accept and someone cannot accept the meaning that leads them to react in different ways. As one informant said, he could accept with people saying about him and did not pay attention to them. Because the important thing was he worked to earn money, and it was true he worked as an MSW in the entertainment places. He said:

“If ask me that I do care or not. Yes, I do care because of dignity. I should not be angry, I just continue working and study, and I do not pay attention with this thing. It is normal if people said like that. However, I do care because I am human, I have feeling, but I can control myself. It is true, I work at night time and go back home late at night, or sometimes if it is not safe, I do not go back home, people said like that it is fine for me I can accept.”(Mr. C 18 years old)

Regarding to the family society/social network, there are people follow the meaning of child, while someone cannot follow this meaning. One informant said, he cannot do like his parent needs. Therefore, he has to choose his own life. Although family raised him to be a good person, he is not like his parents wanted. Because he

did not like their ideas, he could not follow his parents. This is an individual interpretation and reaction within society because it depends upon a personal decision whether to practice or not. However, this is a special case found in this interview. He said:

“I forget to tell you. I disappointed my parents because I could not do and could be what they wanted. Therefore, they were so angry to me. How I force myself to do because my heart did not want to do. That is right, parent can control my life, but I must to choose by myself. If I follow them, I was not happy that it is not possible. Actually, I used to do a lot of works such as construction worker, truck driver assistant, and also I worked in Thailand. For this work I do it because my friend suggests me after I worked very hard but I did not receive anything.”
(Mr. V 28 years old)

4.4.4 Working Conditions of Male Service Workers

In this research, three major working conditions of informants were included and observed by the researcher based on the type of entertainment places in Vientiane such as beer bar, night club, and hotel and entertainment complex. The beer bars and night clubs play music very loud, while the hotels do not. The beer bars and night clubs have limited amount of space inside and usually open and close within specified time limits, while the hotel opens the whole day without closing; however, these places have more similarities than differences. All places have male service workers and are crowded in the patrons.

The entertainment places are where people go to enjoy themselves, but the meaning of MSW is low skilled workers and low class people. One informant said, he perceived the working condition at the entertainment place had negative meanings for him and everyone who worked in this place, so he had to change himself to accept the attitudes and behavior of the customers or not pay attention to anything in order to keep working to earn money. All these things, most MSW have to face and cope with while they are working. As he said:

“I used to see my friend who worked at beer shop before, I though he did not have road to walk—not have work to do, why he did this work. Then when I work there is similar question to previous. It happened when my friends sat and looked at me to work, and they asked me how I could work here that I knew what mean was. This is obvious happen. For me, I do not pay attention with it. That’s why I say, people who can do this work that are people who not be shy and accept whatever people will do or say even they look down on us.”(Mr. D 22 years old)

While working, some MSW do many tasks to maintain their work status. One reason is that the owners of the work place have the power to get rid of them if they do not do what the owner wants. One man said, it is good for him develop his knowledge and skills to minimize stigmatization in the workplace even he had to do everything, and also he tried to get others to accept him:

“I was general worker in here that is third workplaces. I do a lot of works such as bellman, electronic and water supply technician, security guard, gardener, and driver. Even I do not get much money in this place I can get money from the other job. However, I work here that is OK for my life, and it was better than someone if compared with someone who does only one work.” (Mr. M 21 years old)

Because there is hierarchy in society, most MSW have to face negative attitudes even those of the business owner. One informant mentioned that MSW have no meaning for business owners because they just work for money from their workplace, and it is easy to hire someone to do this work because it requires low skills, but it requires someone who is a good person to make profits for the business owner. He said:

“Business owner do not care MSW, if someone is not good they can resign him from work easily. The client pay money for business, but MEW do not buy anything and just work for them, so they can hire new person to do this work, and there are several people want to work. Also business owner need good person to work for them.” (Mr. V 28 years old)

Most of service workers are young people. Based on the study ages of MSW are around 18 to 25 years old. The informants mentioned that service work is appropriated for young age people. As two informants said:

“SW is extra work because we cannot do this work for a long time. It is easily to say that whenever if we work well, the own business is happy without saying anything, but whenever if you do something wrong; it is big problem for you. We cannot do this work for our whole lives. We can do it when we are less than 24, 25 years old. If we are older than this age, it is impossible.” (Mr. D 22 years old)

“It is young people can do this work if it is old that it is not possible. If it is around twenty five years old it is fine like me, I still add more five years that I can do it, and even I know the meaning of MSW is low class people I can accept it because I am a MSW, and I want to earn money to grow up my family’ economic strength.” (Mr. S 19 years old)

However, for the older people, SW is regarded as survival work as they have a low level of education and are unable to find good jobs, so it is necessary to do this work even it is not sustainable work. As one informant said:

“In fact, SW is good income if person concentrates to do it, but I am already old, and I want to do the other thing if I have money. However, person who is in this society that it is hard to save money. Also this work is not sustainable. Even we really do it well there is something makes us to get out, and what job I should do if I am lack of knowledge and skills like this, so I think, this job is around 60 to 70 % that is not sustainable.” (Mr. T 25 years old)

From the above information, it can be summarized that most of the informants are young. SW is for young people because it is temporary work that the young can do. For the older people, they work in service work because they don't have the choice to find good jobs. However, they have to do this work because they want to earn money to survive and maintain their life in society. Furthermore, ages are also relevant to use VCT services that it is important to criticize why they consider using VCT services. As a result, the age is part of manner to interpret the meaning and react to society (find detail in the section 4.7)

This study found that there are many people who do SW as part time jobs. One MSW stopped studying while he was working as MSW because he was too tired to work and study at the same time. Finally he decided to keep working as he expected to get money from easy/unskilled work. He said:

“The reason why I dropped from the school because study had to use a lot of money, so I needed to work at night time and I could not concentrate for study. Then I stopped to study. When I am not educated people what I should do, and I am so shy when I meet my friend. They might think that why I do this work because family is fine and support to study. If I would do this work, I should have started when I finished at high school. Because SW is not difficult, I should not continue to study anymore.” (Mr. T 25 years old)

Although people perceive that education is important for everyone, people have to stop studying in order to reduce expenses for their parents. Some people perceived the children should help or save money to support parent because this is meaning of good children. The meaning of children influences informants to think like

that. One informant said even if he wanted to study, he could not because of the family's economic situation, and he wanted to save money to help his parents. However, when he had money he could not save because he wanted to learn about society. He said:

“It was true for me. I stopped to study at high school because family did not have money to support for study, and I did not want parent selling the property, so I did not want to study. I told them that it was enough! I would work in Vientiane, if I had money, I would pay by myself. When I came to Vientiane, I could not save money because I paid for eating, drinking, playing, and I still was young. I wanted to know about society in Vientiane, so I did not have money to pay for study.” (Mr. P 26 years old)

Although MSW is viewed as work for people with a low level of education, MSW are viewed as good if they are students and work for extra income to support their studies and family. Some people study at the day time, and they work in entertainment places at nighttime because of the economic condition of their family. One man said:

“People give several meanings to MSW; for example, if we work and we are also student, people think we work for money to use for education, and we are good persons. For me, I work because I want to earn money and also my family cannot support well for my study. However, if we stay at home without doing anything and do SW, people think we are bad persons. People think in different ways. It depends upon our behaviors.” (Mr. C 18 years old)

Even though service work is regarded a work for people with a low level of education and for unskills people, it was found in this study that people with a high level of education do this work to pay for their studies. The difference in education contributes to different interpretations, perceptions, and reaction to society and perceptions towards HIV and AIDS knowledge that are also different among informants.

Furthermore, it is same as information of the informants of FGD who are studying in the university or college and work as MSW because they want money to support their current study. As the participants of FGD said:

“We can say that the outside people look this work is very low—who does this work is low education and skills. However, why we do this

work because business owner give us an opportunity to do even we stay outside we can start to work at 05:00 p.m. It means we can study in the school. Then we work later. This is pushing us do this work, whatever others look at us, we are proud ourselves to do it because it is part time jobs and we can earn money to support our study.” (FGD)

In general, working conditions at entertainment places are for entertaining, fun, and party. However, although MSW perceive the meaning of the entertainment places in a negative way, they still work in these places. This is because the group/society influences people to behave following the society, or there is no choice for someone, or it is a personal reason to do this work because the person likes this job. As one informant said:

“I feel happy and more powerful when people look at me because the captain is a little bit different with waiter, but it does not mean that I am happy because I see a lot of girls, gangsters, or Sang Kom Mua Soom—social addiction. However, I like to work in this society because my characteristics appropriate it. People have different way for earning money, so whatever people will say I do not care, I work for money to use in my family that is enough.” (Mr. P 26 years old)

Some MSW mention they work in entertainment places so that they can earn money, so they can survive in society. Moreover, some of them mention that working in service places means they can forget the suffering from negative meanings and difficulties by enjoying drinking, chatting with people, and they can accept every attitude and behavior towards them. As one informant said:

“Working in the entertainment places is not hard, even people will say anything, that is fine for me. I can accept because I work here I am happy to listen to music, I drink with friend, and I have money that I can pay for drinking if I go to the other shop after work or I can pay for having sex. You know! Even I am MSW, woman still love me. I feel to be happy with my daily life. In contrast, if I do not work, I always stay with my wife. That mean I cannot go anywhere, and I am not happy, so I work at night time it is better.” (Mr. S 19 years old)

With regarding to the entertainment working condition, one informant said, he needed to modify his attitudes and change according to the real situation. Even he did not like to do it he still did it to keep his income. The important thing was he

worked to earn money for his daily life. That was similar for other MSW who worked in the entertainment places, He said:

“This work is flexible, even we do not want to do we have to do it like acting “Pa Jop Pa Jeang.” Whatever the clients do, or they got drunk that we have to do it for them in order to provide good service. For me, I do like that I use my own idea how to earn money with clients.”(Mr. T 25 years old)

Working at night in the entertainment places is hard work. One of informant said that they worked by walking and standing all night long for 7-8 hours to serve the clients. Then he was tired and his legs hurt. However, it was good thing to teach him to know how to earn money, and he also changed his behavior for paying money. This is an example to show how people perceive the meaning of life to survive in society without support from their family. As one man said:

“I work from 17:00 to 23:30 that is about seven hours in everyday. I have to walk fast for serving the clients, after work I feel tired and my legs are automatic movement. This pain make me can not sleep at night time, so because of this, I perceive the value of money. Before I paid a lot of money to buy what I wanted, now I save. Also I follow what my parents said, In Vientiane I have to control myself because no one help me, I do it by myself. That is right.”(Mr. D 22 years old)

Regarding working condition, MSW have to be patient with all the verbal and physical behavior of clients whether positive or negative. To be good MSW they have to work under pressure, and there is no choice for them. One informant said, he was shy to take money from clients, but if he did not take it then he was not polite to them, so it was difficult to do for him, and in the end he had to take it because he had no choice. However, it is a normal practice of people in service work. He said:

“Sometimes I feel to be shy in front of clients if clients give money with impolite way, and if I do not take it, I am not polite to them. Even I take it I seem to be shy to take it from them. There is no choice to do for me. If I do not take it some clients say that it is too little! Then they will give again.” (Mr. J 23 years old)

The working conditions influence MSW to change their appearances to fit with their society. People avoid losing face and want to live in dignity with the modern life in the city, so people have to adjust to the society such as dressing, clothing, and making up and changing their views to become like other people. This is information

from participants in the FGD:

“We work in the place where there are many people use services, so we should take care ourselves with clothing and cleaning. Someone follows the fashion they have to buy new cloths, some get tattoo, wear earring, and make up hair style. This is people who follow others because they try to be like others. When they make it, they feel more handsome, confidential, and modernity. We can not do as we lived in country side. If someone wears the old cloth and dirty, people will laugh and look at that one like something difference.” (FGD)

Because of working conditions, MSW can sell sex. Most of the informants mentioned the clients are interested in them and try to contact with them to go outside. Although they went out with clients, they never had sex. This is important information to concern about the sexuality of MSW especially HIV prevention. As one informant said:

“There are all kind of clients to interest me; katoey, gay, and woman. As we know this is the entertainment place, so it is normal that happen like this. For me, I used to go with my friend around 4 or 5 times to drink beer with clients, but I never had sex with them. However, I see someone goes out with client, but he has sex or not, I do not know. Might be he has sex. This is secret things. I can not ask him.” (Mr. T 25 years old)

The entertainment place is where people learn to understand the society. The entertainment place is not only working place, but it also the place of MSW learn about people in society. This is one of personal interpretation for something happen in society. As one informant said, he can learn something from doing SW because he never known about this thing before. He said:

“I see a lot of things while I work in the entertainment place, and I surprise when I see them. I never see something happen with young women, they fight each other for their boyfriend. They might be too hungry, to have sex. In my village I saw they talked each other, but in here they do not talk they use the glass and bottle for fighting or pour beer on the other one’s face that I never known and seen before, and I also learn to know how to behave with people in the society that is similar the client behave with me.” (Mr. D 22 years old)

This above information shows the interaction between MSW and society through symbolic interaction. The main point is why MSW interact in different ways. To understand this we have to understand the relationship between MSW and society

(family, friends, clients, and people in general) because MSW are human and live in society, and they are part of society. Therefore, society influences members to behave within the society through meaning and activities in daily life.

Almost all of the informants perceive that they are at risk to get infectious diseases. These diseases are dangerous for them. This causes MSW to consider finding about new types of jobs. However, it is difficult to find new jobs because of their low level of skills and their income as MSW, so they still work in entertainment places like other MSW. As two informants said:

“We work here, we are high risk to get disease because there are several of clients at the workplace, and they are both Lao and foreigners. What disease they have we do not know, so we are at risk for disease such as influenza, bird flu while it is spreading during this time, and also we are at risk STI and HIV from having sex with FSW or others without using condom.” (Mr. V 28 years old)

“My mother tells me that smoke is bad for health, so I should do another work is better than this job, and I tell her if I want to do new work, it is not possible. As you know I do not have any knowledge. If I do another work, I get salary less than here that it is not enough. I will do this work for earn money, everything has to use money because I have a lot of thing to pay in daily life.” (Mr. T 25 years old)

Working conditions affect the health of MSM. The research findings show that informants have problems with STI. They use the mixed type of health seeking behavior within the pattern of type c: Hierarchical Resort, Mixed Type (Usually a chronic or recurrent sickness in an adult). As evidence for this one informant said:

“In general, if people get STI they would not go to hospital. It is true. Because I also had STI—Gonorrhoea for two times, it already recovered. First, I treated by myself, but it did not recover, so I went to the clinic and paid a lot of money for treatment. That was good because it worked. However, I had it again after one month later. It was the same signs. Then I bought the medicine from the pharmacy that was cheaper than I went to clinic. I knew why I had it because I did not use condom at that time.” (Mr. P 26 years old)

Even if Mr. P did not know about the disease he had when he had symptoms of a disease he found a solution by himself. This shows the health seeking behavior of the informant. In addition, although he got STI the first time, he still got it one more time. Health seeking behavior is a common practice, but prevention is

difficult to practice. The same informant said: *“when people see the sign of disease, people realize something and change their behaviors.”* However, why he cannot change his behavior is very important to discuss; was it because of love, trust, beautiful girl, and drinking alcohol. It might be the contexts influenced him to think about these things then he chose to behave based on those meanings. He said:

“After I had disease I realized to use condom to prevent disease and I was so afraid to infect this disease. That’s why I say if people do not face the problem, people are not afraid and prevent disease. You know! Someone say that what it happen! Just do it—do not use condom and then oh! I got it (disease).” (Mr. P 26 years old)

The other case with STI is similar to the case of Mr. P, but the second case has not yet recovered. He used the same pattern of health seeking behavior as in type C. As he said:

“For health, I had problem with STI for three years. It is gonorrhea or not I don’t know. Even the doctor never told me what disease is. I knew how it happens because I had sex without using condom. When I had disease, I treated with all kind of medicine traditional, modern medicine, and Chinese medicine, but it still had the same symptom, and I also treated by myself when I heard someone said this is good I used it. When it does not work I met the doctor and pharmacy as I say earlier [...] I treated it with many doctors private or government also the same, but I paid a lot of money [...] I stopped and I decided to do blood test for HIV.” (Mr. K 24 years old)

The case of Mr. K is similar to that case of Mr. P in that it began from self labeling and self treatment, labeling and treatment by family and social network, and then he moved to the second stage: continuation of care resorting to western style doctor or pharmacist; he moved to the third stage: continuation of popular care and western style treatment and resort to Chinese style doctor or pharmacist; he moved to the fourth stage: all or some of the above as well as resorting to secular and sacred folk practitioners, and then he moved to the fifth stage: change to other practitioner of the same type or to other practitioners. That means all treatment behavior of Mr. K followed the health seeking behavior. He moved from stage to stage as the condition of his health did not recover. In the end he decided to take a blood test for HIV.

Regarding health seeking behavior, Mr K applied the pattern of health seeking behavior directly, As Kleinman points out:

The strategies that people employ to decide which option to use at which stage of illness are called patterns of resort.

Therefore, it is difficult to say when people have something happen with them. Then they will go to hospital because of cultural belief for health seeking behavior, especially STI treatment. When people have some symptom of STI, they will treat by themselves. If the medicine does not work, they will continue the other options. This means people have several options to choose for treatment, and they decide by themselves. This is similar to one key informant said:

“Most of people come here because of STI symptoms. It is the first of their thinking, and they do not think that they have HIV attaching from their risk behaviors, so they will tell the doctor they have some symptom of STI that make them to come here. This is something like people forget or did not concentrate to HIV as well, or because HIV and AIDS symptoms do not appear as fast as after having sex like STI, so they forget it, but in fact it already inside if they had sex with someone who carried HIV infection.” (Dr. Y)

HIV, AIDS and STI are related to each other, but people treat STI as something that is common in society. Most of the informants said that generally STI treatment is common in society, but people do not talk about HIV. One informant said:

“Actually, there are a lot of people get STI, and they usually do not go to hospital because some reason. For example, most of males get disease, so they ask their friends how to treat, and they are suggested to buy the medicine to treat by themselves, or they use traditional medicine, so they do not go to hospital. They said that if you go to hospital, sometimes you meet young girl doctor, are you shy? It means there is the other way is easier than going to hospital. However, they do not know if it is not recovering what consequence will happen with them, or some people know, but they do not pay attention, so they try to treat by themselves until they find to solve the problem even go to hospital when it does work” (Mr. T 25 years old)

The above information shows the social factors influence people to not use services in the hospital. All these things are reflected the case of Mr. K. He treated his disease with all options that he had, until the disease did not recover. Then he used HIV testing/VCT service. From the information of Mr. K, it shows why he did not use HIV testing earlier, or because of social factors, or what is the reason behind to prevent him not go to hospital. All these things also happen with other people.

4.5 Social Meanings of Male Service Workers, HIV and AIDS, and VCT services

The social meanings are key dimensions to contribute to the use of VCT services. Regarding social meanings, three meanings were investigated—(a) meaning of MSW, (b) meaning of HIV and AIDS, and (c) meaning of VCT. These will be described in some detail below.

4.5.1 Social Meanings of Male Service Workers

There are several social meanings of MSW found in this research. All these meanings were created from society, and they were perceived by all of the informants of the research. The social meanings influence the informants to interpret their meaning and then react to society through their activities. That is called interaction between MSW and society. Details are shown in following sub sections.

4.5.1.1 MSW as Low Class People

There are various meanings of MSW ascribed to them in the entertainment place. The meaning of word “Dek Serve” (Waiter) is not polite, but several MSW can accept this meaning, so MSW react to society in different ways. Furthermore, there are other actions of clients that show the meaning of MSW as low class people such as impolite words and actions. All of the informants mention about the client’ behavior to show MSW are low class people; however, they can accept this because they have to keep their income, and also they do not have a choice. As one informant said:

“Some people look at MSW like low class because I see their behaviors. They talk to me with impolite words. They did not say; you and I instead of they use impolite words Meung, Koo, and Ai Hia. Even they are not Lao people they should not say. Sometimes they show through physical actions. If I can not serve as they want, they give the tip with unsatisfied or impolite way, and I really do not want to take it, but I have to take because I do not have any choice” (Mr. J 23 years old)

Generally, there are different characteristics of people in society. Someone orders another person to do this or that thing, if that person cannot do as fast as the second person want; they will say some bad thing. This meaning is similar to the information of other informants (low class). The meaning of MSW is

low class and that makes them feel unhappy. However, they still work in entertainment places. This information is provided from participants of the FGD. As the group suggested:

“If we talk about society there are many societies. For people who from outside city, they know this work and we are equal with them, but people who from city they said different—we are country people. This kind of life is low because other people sit and drink beer, but we are waiter to serve for them. That is Toi Tum (low class) and is looked down. The client and waiter are the same rights. It does not mean that the client is powerful than others/MSW.” (FGD)

All of the informants perceive the meaning of MSW in negative ways, so MSW can not do some bad thing in order to keep their faces. Even they work for money they can not lose their face, or to avoid being looked down on because of money. This is one reaction to society in order to keep their face and live in dignity. As one informant said he worked for money, but he could not accept society looking down on him because of money. He said:

“There was some event happen that is similar to the previous shop. A customer is Jay (old woman), and she said that let’s see, this man looks young and handsome, she asked me go with her, and she will pay money for me. Then I did not talk any thing with her. I though she looked down me, someone though that I really want money. The event like this is frequently happen, including katoey and gay man, but I never gone with anyone.” (Mr. D 22 years old)

All above information show how informants perceive the meaning of MSW as low class people, and then they also react to society. Although the meaning of MSW is low class and they work for money, MSW cannot lose their face. Therefore, they have to hide and refuse to do that which will make them lose their face and reputation. This is natural practice of people in society. However, it is an individual interpretation and reaction to society through symbolic interaction.

4.5.1.2 MSW is Low Educated people

All of the informants perceive that one meaning of MSW is low education. One informant said, even he is studying in the college and works as an entertainment place for extra work he must accept the meaning and continue his work because he does this work for his family and also pay for his studies. This is an example to show how an informant deals with the problem. As he said:

“I think, clients will say that MSW are low class because they say “Boy” that is low class people. However, even people will say whatever, I do not pay attention. In my case, the client show to look down on because there is one time, one man asked me that Jao Hien Yoo Por Dai? (Which level of primary school did you study?). I asked him back, how about you? Which level you studied? Then I started to think, Oh! I was low education; I was beggar (poor person). Based on that meaning I am low education, low class because people said which level of primary school I studied.”(Mr. B 30 years old)

Regarding the above information, this is one of special case of the informant. He is a student in the college and his kin is back and speaks like people from the countryside and belongs to an ethnic group. He accepts the meaning of MEW as low education. This is called double stigma and is very important to consider about the context of MSW (residence, reason of work, education, and ethnic group)

4.5.1.3 MSW as Country People

One meaning of MSW is country people. As the informants in this research show eight informants are from other provinces in Laos. Almost all of the informants said, and accept, that people who are from the countryside work in entertainment places, so it is not different from the meaning society gives to MSW is as country people. However, all of MSW know this meaning and so they cannot be friends with other people to avoid being looked down on. As one informant said, although he was from Vientiane, he is still looked at as a country person because he works in entertainment services, so he isolates himself from other people in society. This is a common practice of people to avoid negative actions from society. He said:

“In general, people in society look down on MSW, and most of MSW are from other provinces, there is no one who is from Vientiane. This works for people who from outside city. We can say that client is a boss, and we use this word (boss) very often in the workplace, but for us serve for them. However, because of this meaning I can not be friend with others who are in Vientiane’s society. I am afraid that they will look down on me.”(Mr. T 25 years old)

MSW interpret the meaning of MSW as country people, and then they react accordingly to society. They are not friends with other people. This happens through symbols. MSW know themselves; who they are, and they react to society by believing that they cannot be friends with others. Consequently, they isolate themselves from society.

4.5.1.4 MSW as Multiple Sexual Partners

The influence of group/society affects people to follow the group activity. Whether people follow their group/friends depends on their decisions because it is an individual interpretation and reaction to society. As one informant said, it is easy if he wanted to have sex, but it depended on whether he wanted to or not. He said:

“Many people say, at my workplace is very happy and several of girls, so it is easy for me to play (have sex). That is normal because I work in the entertainment place, but it depends on me. If I want to play that I just pour beer and cheer with the girl that is OK, and if I do not want when I finish work, I go back home without doing anything. However, I do not know about society.” (Mr. P 26 years old)

Due to the working conditions and the above information, MSW can find partners easily. It seems to be true that MSW have multiple partners because one informant said he has three partners at the same time. This is reflected with the meaning of MSW a multiple sexual partners as well. He said:

“I have one real girlfriend, and I have other three girls that I can say that my girlfriends because all of them I already have sex with them (Mun Pen Khong Tai Yu Leo). The most important thing, I do not allow my real girlfriend knows about this because if she knows, she will very angry to me, and she will cut my ears (Hou Khat Lote).” (Mr. M 21 years old)

4.5.1.5 MSW as Persons Who Sell Sex for Money

People use entertainment places for relaxation, drinking, dancing, and having sex. This is the common practice of people in society. Almost all of the informants mention that people can find sexual partners in these places, so it is possible that MSW can have sex in exchange for money. This is the same as one informant said: *“there are sale sexes among MSW even in his workplace to earn money for survival.”* Therefore, it seems to be true that the meaning of MSW is sell sex for money. They might do this thing in order to release their suffering from difficulties by earning money, enjoying drinking, and chatting with people. However, they cannot talk about their sexual behavior to just anybody to avoid losing face and reputation, or complaints from society, so they have to hide everything. He said:

“There is someone who has sex for money. I hear about this in

somewhere in the city and also in my workplace, but they do not tell anyone. If the client gives a lot of money, they go with them. As we know, in this day people want money to survive, so they are necessary to do. Why it happens like this because of poverty, so they have to do this job. However, I can not say anything and I concern about them, and also concern about me too. Because I am also poor, I work to earn money that is similar to them.”(Mr. V 28 years old)

The above information is similar to the information from key informants talk about the meaning of MSW. Although they work as entertainment services without sexual activity, society still looks at them in a negative way, especially women. MSW are said to be low class, low education, country people, and sell sex, are looked down on by the society. As one key informant said:

“It is difficult to say what meaning of MSW is, but an example as I see people cannot accept this group. There is one man loves a woman who works in the entertainment place, but he can not get marry with her because his family do not allow him to get marry with her. I used to see his girlfriend that is beautiful. However, even she serves beer only, she does not sit and drink with client it is still a problem for society. For men that they are not different from women, might be women are more serious than men. I do not know why people think like that because of culture, or classification in society. Even myself, I have a daughter, and I still difficult to decide and allow her to get marry with man who works in this workplace.” (Dr. S)

All the above information shows that people give negative meanings to MSW. These things happen because people interpret meaning in different ways. In addition, because sexuality is sensitive, MSW can not talk about sexual behavior to others in order to avoid losing face and reputation, so they have to do everything to prevent them. However, MSW become a hidden group because they do not accept that they have can have sex with clients from their work. If they accept, they will face complaints and loss of respect from society. Because they are men, they cannot earn money from selling sex. Therefore, they have to refuse and hide their sexual behavior in order to live in dignity in society.

4.5.2 Social Meaning of HIV and AIDS

There are two main meanings of HIV and AIDS that all of the informants gave as the answers in this research as discussed in the following sub sections.

4.5.2.1 HIV and AIDS is a dangerous disease

Most of the informants know the meaning of HIV and AIDS is a dangerous disease without a cure. Although the informants are from different parts of Laos, almost all of the informants gave the same answers. One informant said; general people know well the meaning of HIV and AIDS is dangerous disease. This is a general meaning of HIV and AIDS what people perceive to happen if they get HIV because people still remember the old view of AIDS, so they are reluctant to go to hospital. They avoid knowing the bad things that it will happen to them. As he said:

“Most of people think AIDS is dangerous disease. People who realize that they are at risk HIV infection they do not go to hospital because they know HIV and AIDS is dangerous disease. If they have HIV infection, they think like die already, and they are very upset. Some people say that if someone get HIV, let that one goes, plays and eats as much as he or she wants, or having sex before death.” (Mr. S 19 years old)

Although the meaning of HIV and AIDS is a dangerous disease and no treatments, society should support HIV infected people because they are members of society. One informant said, even people know well about HIV and AIDS is dangerous people should give emotional support for a person who has HIV. This is common feeling of people who know or understand about HIV and AIDS. However, it is difficult to practice in reality because there are many people who look at HIV and AIDS in negative ways. As he said:

“If talk about HIV and AIDS, AIDS is a dangerous disease and can not cure completely. Mostly 80% of people think HIV and AIDS in negative ways. For me I think, happiness of people is the satisfaction, if someone is not satisfied with you, you would be happiness of people is the satisfaction, if someone is not satisfied with you, you would be not happy. HIV infected people are member of society, so society should give a chance for them.”(Mr. C 18 years old)

People realize that HIV and AIDS is a dangerous disease and that is common knowledge about HIV and AIDS among society, and people use this knowledge to prevent them from HIV infection. Then it becomes the meaning of HIV and AIDS that society gave for this disease. On the other hand, because of negative meaning of HIV and AIDS, people feel very upset if they get HIV infection.

4.5.2.2 HIV and AIDS is Stigma and Discrimination

The other meaning of HIV and AIDS is stigma and discrimination. Most of the informants responded with the same answers for the meaning of HIV and AIDS is stigma and discrimination. People are afraid to become infected with HIV from someone who is already infected with HIV, so they do not contact with this group to protect themselves. However, it is called stigma and discrimination towards PLWHA. As two informants said:

“When people get HIV infection, it is not easy to show symptoms and it is difficult to transmit to other people, but HIV infected people feel so sad to survive in this world because they lose their hope to live, and some people in society stigmatize and discriminate them. Because they do not understand about this, people are afraid to infect HIV from them through eating, sharing the spoon that will infect HIV. This is they do not understand about HIV and AIDS.” (Mr. J 23 years old)

“I can say that if someone has HIV infection, people will stigmatize and discriminate him or her. As I saw the example of the leprosy disease in my village, someone who had leprosy was discriminated by isolation to live alone, but for family member did not do like that because they knew information from hospital, but people were around them they were afraid to get the disease from that one, they did not want to be close, so that one had to move out from home. It is still good because family did not deny and visit in the forest. I think HIV and Leprosy is the same, and there is stigma and discrimination for people got this diseases. I’m sure.” (Mr. D 22 years old)

The above information shows the meaning of HIV and AIDS in society. Furthermore, society/people give the meaning of HIV infected people as someone who is a bad person. People stigmatize and discriminate against people with HIV to protect themselves from the disease, and also because they are afraid of the serious symptoms of the disease. The story about leprosy shows how people react to disease, so how much stronger will be their reaction to a more serious disease such as HIV and AIDS. That is evidence show how society think and perceive the meaning of HIV and AIDS as same as the interaction between HIV infected people and society through these meanings.

4.5.3 Meanings of VCT services

Most of the informants gave answers that are not different regarding the meaning of VCT services. There are three main meanings of VCT services that found in this research.

- **VCT services meaning is Health and HIV Prevention**

All of the informants gave answers that the meaning of VCT services is to prevent HIV transmission and maintain the health of people. As one informant said; VCT services is very important for all people because it is the way of prevention for HIV infection as well as to give cooperation to prevent HIV together in whole society and maintaining their health. He said:

“Because people concern with their sexual behaviors, they risk getting HIV infection, so they go to hospital for HIV testing that people who want to know, they get HIV or not, they want to help the society free from HIV such as new marry couple because it is prevention for HIV as well as people will know about their health. Because if they infect HIV, they would not be good health and people need the help from project to maintain their health, or to prolong their life.”(Mr. S 19 years old)

- **VCT services meaning is to Reduce Depression.**

The other important meaning of VCT from informants' answers is to reduce feeling of depression about HIV infection. All meanings lead people to decide to use the services. As one informant said, it is possible people will use VCT service in order to know that they get HIV or not. This is the same as reduction depression about HIV infection. Then they decide to use the services, and it is better than they keep it in side alone, and also they know more information about HIV and AIDS. He said:

“People can know the result of their blood testing because people who think they are at risk HIV infection. They are worry—HIV infection or not, people will be serious and lose their emotion, or they think to kill themselves. Therefore, if they use HIV testing, they will know the result as same as they reduce their depression as same as they will prepare them for solving the problems, or when they know, they would not spread to others.”(Mr. V 28 years old)

- **VCT services meaning is Breaking Confidentiality.**

Although VCT is good for health and reduces depression of people who are worrying about risk behavior, people do not use the VCT service because the other meaning of VCT is breaking confidentiality. Most of the informants said the meaning of VCT services is breaking confidential for people who use the services. To escape the negative attitude from society, people do not want to use services. Even people use VCT services they have to hide the eyes of society. As one informant said:

“VCT meaning is good, but people still not to use the VCT service because if they use, the result is positive. When other know especially family member, society or family will isolate or discriminate to them. This thing still happens in our society. That’s why people do not want to use VCT services anymore.” (Mr. B 30 years old)

With regard to the above quote, it is similar to information from all key informants who mentioned about the use of VCT services. As one key informant said:

“HIV and AIDS that people know what disease is. Although people know, society is still scared, stigmatize and discriminate to this disease. This thing happens that it is not far from us, why I say like that. Even trainer who work with us, she was trained about HIV and AIDS knowledge, in her family still discriminate younger brother of her husband. You see! It is not necessary to talk about others. That is right! We say that we should give the emotion support to this group like this or that, but in reality is different, when it happens, it is difficult for people to practice.” (Ms V)

4.6 Perceptions towards VCT services, HIV and AIDS, and MSW

As part of Chapter II, perception was shown to be one component of human action to respond to situations through language and behavior for interaction. Mead stated that:

Perception, attention, imagination, reasoning, emotion, and so forth, are seen as parts of the act, then encompasses the total process involve in human activity. (Cited in Ritzer, 1996: 329-330)

The aims of this study focus on the social meanings and perceptions of MSW’ utilization of the VCT services and the researcher does not study or evaluate the knowledge of HIV and AIDS and providing VCT service of the VCT program. However, in order to make sure that informants know about HIV and AIDS, general knowledge about HIV and AIDS were discussed to open the minds informants to answer the general research questions.

In general, most of the Informants have heard and received HIV and AIDS information from different sources so they understand HIV and AIDS in different ways. There are three main points of HIV and AIDS knowledge to discuss.

First, there are various sources of HIV and AIDS information to support knowledge and information throughout the whole country. Most of the informants

have heard about HIV and AIDS through different sources such as from family, friends, media, and even from school. As one informant said:

“I ever heard about HIV and AIDS since I studied in high school, and I saw the project implemented awareness activity in the village, but I did not joint with activity. Because of village’ activity, they allow the mature (father or mother) jointed with the activities, for teenager were not allow to joint with village’ activities.” (Mr. J 23 years old)

This quote shows that because HIV and AIDS are involved with sexuality, they cannot be openly discussed because sexuality still cannot be talked about in general society, especially with young people who are very active sexually. However, it is good that young people can access information from other sources like school, friends, and parents.

Second, there are different HIV and AIDS knowledge among people in society. Almost all of the informants have knowledge concerning HIV and AIDS at different level. Some know about modes of transmission, some know what HIV and AIDS are, and some know about AIDS symptoms. However, some have less knowledge about HIV and AIDS. Even they have different knowledge they still know in the same thing that using condom is for protection from HIV prevention. As one informant said, although people in general know that HIV and AIDS are dangerous, they are not clear about transmission, prevention, and treatment.

“I know the mode of transmission. Suppose I have a lot of sex, and first I have one disease, and I have new disease. Then I infected the other disease and all these diseases combine together that it calls “AIDS”. AIDS is the most dangerous and do not any medicine for treatment, but it can prevent by using condom.” (Mr. S 19 years old)

There are many people know about HIV and AIDS knowledge, while someone does not know what differentiate of HIV and AIDS. One informant said:

“I do not know clear about this, what HIV is. I still do not know. HIV is more dangerous than AIDS. We can treat it or not. For AIDS, I know a little. Someone said if we touch the skin we will know that one get HIV because the body will hot and it is hotter than normal people. This is the cause of AIDS.” (Mr. P 26 years old)

Third, the answers about prevention are similar. Most of the informants gave correct answers that how to know someone had HIV. That is only take blood test. As one informant said:

“We do not know who HIV infected people is if they do not have any serious illness. It is difficult to know that someone infect HIV. It is similar with normal illness. HIV infected people is like general people, so we have to test blood in the hospital only.”(Mr. B 30 years old)

Within regards to HIV and AIDS knowledge, people misunderstand that HIV and AIDS and STI are the same diseases. One key informant said:

“In terms of knowledge, general people know only basically such as mode of transmission, prevention, and some people confuse that HIV, and AIDS and STI are the same diseases, especially people who from other provinces where limited access to information. However, it is important to raise people to understand about HIV and AIDS through awareness activity.” (Dr. Y)

The above show that there is different knowledge about HIV and AIDS among informants who participated in this research. It is important information to evaluate which level of knowledge informants have about HIV and AIDS, and it also concerns how informants consider using VCT services.

4.6.1 Perceptions towards Male Service Workers

4.6.1.1 Sexuality cannot Show Publicity.

The influence of groups/society affects people to not show their sexual behavior, especially concerning with having sex FSW. Although people have sex, they also hide it from others in order to avoid losing face, reputation, and complaints from society, especially friends. Friend will say they are not able to have a good woman to keep their face and power in the group. One informant said:

“FSW always ask me to go (having sex) with them, but I never went with them. I know I do not have much sexual experience, so I do not go. I think it is at risk to get disease, and it also relevant with other reasons that it depends on each people. For other people (MSW), they go with them. When they finish work, they go with them. However, even they do it they go to the other guesthouse that is different with our work place.”(Mr. C 18 years old)

In the case of katoey and gay men, people have to be more careful because this group is still not accepted by society in general. If MSW have sex with these people, it will bring negative meaning for them. Although they decide to do, they have to protect themselves from the eyes of society. Because we live in society

like others, people receive the influence from society. As Mead stated:

We are not, in society psychology, building up of the social behavior of the social group in terms of the behavior of separate individuals composing it: rather, we are *starting out with a given social whole* of complex group activity, into which we analyze (as elements) the behavior of each of the separate individuals composing it...We attempt, that is, to explain the conduct of the social group, rather than to account for the organized conduct of the social group in terms of the conduct of the separate individuals belong to it. For the social psychology, *the whole (society) is prior to the part (the individual)*, not the part to the whole, and the part is explained in term of the whole, not the whole in terms of the part or parts. (Mead, 1934/1962: 7; Italics added. Cited in Ritzer, 1996: 332)

4.6.1.2 MSW and Risk HIV infection

The informants perceive that there is a risk of HIV infection, but behavior to increase the chance of prevention is not common. Most of the informants perceive that they are at risk of HIV infection. Because of drinking, it is not possible to use a condom. Combined with other reasons such as the relationship between MSW and partners; love can influence MSW to not use condoms, or the influence of friends leads MSW have sex without using condoms.

- **MSW and Risk from Drinking and Not Using Condom**

The meaning of young male people is strong man, brave, and the more they having sex the more they have power. All these meanings influence member of the group to follow group practice because if they do not follow, they are not accepted by the group. One informant said:

“Other people think the same like me that we are at risk to HIV infection because there are a lot of female clients at the workplace. If we go outside with them, we will risk to HIV infection because when we drink beer, most of male and female want to have sex without protection (do not use condom), and people who have sexual experience that they are in night society and have high sexual desire based on my observation” (Mr. S 19 years old)

- **MSW and Risk from Flirting New Girls and Not Use Condom**

The new girl is important for someone especially young males who are very sexual active. Even many people practice in sexual activity someone

does not follow his friends because individual reason. As one informant said:

“I do not go out with my friends for seeking to have sex like others. For friends, who far away from parents and stay in renting a room, they have a lot of girlfriends. They had met each girlfriend only 2 weeks to 2 months and separated each other, then met other new girlfriends. Sometimes when they see a new prostitute to work with us, they try to be acquainted with them and to volunteer to see off her at home many times and then have sex with her easily. For myself, I do not behave like that, so I would say that I am not risk person, but for others I think they are at risk to HIV infection.” (Mr. C 18 years old)

- **MSW and Risk from Beautiful Girls and Not Use Condom**

The meaning of beautiful girl is someone who interests other people. Informants mentioned that because of beautiful girl that can increase them risk to HIV. Why do people think or practice like that? This is one meaning of social behavior that influences people to accept, or peer pressure, especially for young people. Showing they are able to have more beautiful girl than others means acceptance from their friends.

“I think I am at risk to HIV infection. I know they are FSW. Sometimes because my heart loves her even she is FSW or it is over night time. I am at risk if they ask me to have sex with them. It does not mean that I will refuse because I am married man that I can not go. Therefore, this is risky to HIV because I fall in love her, she is beautiful, and I do not use condom.” (Mr. S 19 years old)

Although people perceived meaning of beautiful girl meaning is positive, someone perceived is negative—dangerous. One informant said, it is dangerous for beautiful girls because they have many sexual partners. He said:

“I have to use condom all the time even the girls are beautiful and I just meet her because the girls who are beautiful that are very dangerous. There are a lot of people like her.” (Mr. V 28 years old)

- **MSW and Risk from Sex for money**

MSW perceive the meaning of money as more important than their health. Even though MSW know about using condoms can prevent HIV and STI, they do not use condoms because they paid money for sex. People want to satisfy their sexual desire (good feeling—not use condom). However, there is the other reason. Condoms have their meaning in the context of their partners, relationship, and peer

pressure. These can influence people to change practices. One informant said:

“I think young people are at high risk HIV infection because they have high sexual desire to have sex that leads them to risk HIV infection. When they drink alcohol, they want to have sex and someone does not use condom. They said if they used condom, it would not have sex. They had sex with plastic—condom. These words I heard from my friend. If use condom, no have sex that is better. They think that they already paid a lot of money, they did not want to use condom—flesh to flesh that is better. That mean someone risk HIV infection because they did not know what happened with the girl before.”(Mr. D 19 years old)

• MSW and Risk from Cultural Meaning of Condoms

People perceive the meaning of condom in different ways. The example of eating fruit is meaning that shows how people compare condoms with fruit and why it happens, and of course some do not believe, but it is common in society. One informant said:

“People though, they did not use condom because they felt better and satisfied sexual desire. They known that even they were good feeling, but they might be infected disease in future. People compare with eating fruit. Suppose we ate with the outer cover (of fruit) and ate without outer cover that was difference. if compared with fruits like cucumber. First we peeled the skin that was soft and mild flavor—delicious flavor when we ate that cucumber (without skin/cover). If compare with having sex, it was good or better (feeling) something like that (without condom). In contrast when we ate with skin, it was hard, rough flavor—not delicious flavor (with skin/cover). If compared with having sex, it was not good—not smooth, hard (with condom/cover).¹ For myself, I also think like that, so I did not use condom in sometimes” (Mr. S 19 years old)

People interpret the meaning of condoms based on their social context. This is perception towards meaning of condoms and also is the example of people who interpret the meaning through their daily life.

4.6.1.3 Perceptions about Good Appearance and Strong Body are Not at Risk of HIV Infection

People perceive the seriousness of AIDS symptoms. People interpret the negative meaning of AIDS symptoms—people who are dangerous, cannot

¹ Cucumber/n [C,U] a long thin round vegetable with a dark green skin and a light green inside, usually eaten raw/ Longman dictionary

have sex. In contrast, someone who is normal or beautiful can have sex even if they do not use condoms. This is one of the meanings that influence people to think and react in society. In fact, either types of people might have HIV already or they are at risk of HIV infection. One informant said

“I will look at my partner, she is FSW, she has sexual experience before, or she is village woman. If she looks like a person who is free from the disease, or beautiful that I do not use condom. As my experience before I did not use condom, I think only having sex, and I had sex many time, but there was nothing happen with me, so I do not use condom.”(Mr. T 25 years old)

A strong body is perceived to be able to prevent disease. Some informants believe that a strong body can help to protect them from HIV infection. That is possible because the meaning is to show they are stronger than others in the group to be accepted by their friends. One informant said, some people perceived meaning of strong body that made them cannot get HIV infection even they did not use condom when they had sex. This is an individual perception towards protection. However, it seems to be a wrong perception. As one man said:

“I ever saw almost of construction workers. They think that they are strong and never get ill; then they do not use condom. They know they have sex with FSW, but they do not use condom because they perceive they are healthy. In fact, the disease is already inside the body; when their health is weak, it shows a sign suddenly.”(Mr. M 21 years old)

4.6.1.4 Perceptions of High Sexual Desire and Satisfaction

People perceive sexual desire and good sex as important for their sexual life. Almost all of the informants perceived a high sexual satisfaction is a common objective of people in society, especially for married people. This perception is possible because the informants work in the entertainment places where many people use the services, and there are several kinds of clients (beautiful, ugly, normal, gay, and katoey).

Regarding HIV prevention, if people have multiple partners, they contribute to the risk of HIV infection. However, people still have sex with many partners as found through some informant of this research. That is the influence from society and people behave following the society or because of working condition, or it is individual behavior. However, it is also risk behavior for HIV. As one man said:

“My wife she does not have sexual experience before. In general, if someone had sexual experience before that is fine. I never think that I will get wife who is very polite and do not have sexual experience. When I get married I think I want someone who has good sex that it has a good feeling and satisfy. In contrast, people who go outside and have sexual experience that it is better. As my girl friend, even she has sex with clients, I still have good sex (feeling) because she has experience and also she has sex positions.” (Mr. S 19 years old)

With regarding to sexuality, people already practice and compare their current partners with other partners. All these things influence people who are member of society to go a long with that symbol. People interpret the meaning from society and if we accept that meaning we behave in the same way as the society, and if we do not accept, we behave in a different way. Also it depends upon the individual person whether they want to joint with group or not. That is also one concept of the SI.

4.6.1.5 Perceptions of MSW Meaning is “Stain”

The meaning of MSW is low class people that it make some of MSW is more serious with this meaning and it becomes the stain for them. MSW, who perceive that they are low class people, they perceive that they have the stain, and they are stigmatized and discriminated by society—double stigma. As one informant said:

“The meanings of society look at us that affect to our feelings and characteristics, and these feelings became our Pom Doie—Stain. When we have “stain” it presses us to low level automatically. This thing is perceived by us even other people do not think or look at us/MSW in which way. We already know ourselves; We are low class; we have the stain.” (Mr. T 25 years old)

Although the meaning of MSW is negative, MSW are not bad people. The above information shows clearly how MSW interpret the meaning of MSW, and then they react to society through their daily activities, or they have interaction with society that is called symbolic interaction. However, this is individual ability of thinking, and it depends upon how people interpret the meanings that make them react based on that meaning to society.

4.6.2 Perceptions towards HIV and AIDS

4.6.2.1 Perceptions on HIV and AIDS Consequences

All of informants know the consequences if they are infected with HIV. There are several reasons that influence the informants to think about what

will happen with their lives. This is individual perception towards HIV and AIDS. One informant said, he could not live anymore if he got HIV, and it was death because of serious consequence of HIV and AIDS. This is one example of how people perceive HIV and AIDS in a negative way. He said:

“If I know I get HIV, I will kill myself. I do not spread HIV to others. That is true. If I still survive, I will be difficult to live. I will be shy to society/people. That’s why I thought in my life if I die I will die with being proud myself. I did not want to die from AIDS. I think every time, and because of this thing, I do not have sex with the girls, especially beautiful girl that is dangerous.”(Mr. V 28 years old)

The informants perceived about the consequences of HIV and AIDS the same as others. One informant said, a lot of problem will happen if someone gets HIV infection, especially in community and family. He said:

“I think there are a lot of consequences of HIV and AIDS to affect society and family. For society is general society, I did not want to talk. Family, parent is so upset and loses reputation because of the children. When parent go somewhere, people will say their child is HIV infected people. That is not good if society complain, blame like that. For HIV infected person who is key person in family. It is terrible for him, and how he works to earn money for family even he is still unhealthy. This thing happen because HIV and AIDS is was not accept from society. If people have HIV, they are difficult to hire for jobs. There is a lot of awareness to raise knowledge in society, but in reality they can not accept this people.”(Mr. T 25 years old)

All of above show how informants interpret the meanings of HIV and AIDS and how they react to society based on their perceptions. This is also called interaction between MSW and society through perceptions towards HIV and AIDS.

4.6.2.2 Perceptions of HIV transmission to Partner

HIV transmits to partners is a problem the husband does not use condoms consistently. Even they want to use condom, they cannot use because of trust. As the case of an informant shows, the informant interprets the meaning of love (his girl friend) and reacts (uses or not use condom). Also, he interprets the meaning of family (his wife), but he cannot practice (not use condom) because the meaning of love (girl friend) influences him to change his behavior. He chooses to react to family (with asking his wife) as following of quotation:

“I asked my girlfriend, When she had sex with client, she used condom or not. She said, almost of client use condom, and someone did not use condom. I asked again, why someone not use, how she believe that they did not had HIV. She said, No, It never happened. She also said, she would tell you if she had the disease because she loved me and my family too. If I got the HIV from her, I would transmit to my wife. She concerned about my wife and I too, so I thought she was a good person, and I believed her. If I recognized believable her, I did not use condom. If I recognized unbelievable, I used condom. That I mean, I still do not believe all; it was around 50 to 50 percent.”(Mr. S 19 years old)

As show by the above information, he knows well how to prevent transmission of HIV infection to his wife, but he has problems to use condoms with his wife.

• **Perceptions on Condom Meanings**

People perceive condom meaning is related to “Love and Honest”. The informant mentioned the meaning of condoms for his family because he is honest for his wife. Within society different people perceive the meaning of condoms in different way. However, the meaning of condom still has causes problems with the family society, especially for MSW who work at night time. It is terrible for them to carry condoms with them, and it becomes the barriers for prevention of STI and HIV. As one informant explained:

“For me, I still do not use condom consistently, but I try to change to use it. Sometimes if I have a condom in my pocket, it means I have sex with the other woman. Because my wife she finds a condom, she will think I have girlfriend. That is big problem for me. I used to ask her that if you did not want to have a child, I could use condom with you. Then she said that No! Because she never used condom before if she has to do family planning she will take a pill that is better than using condom. That is I assessed her, but if she did not agree to do, I could not carry condom anymore.”(Mr. S 19 years old)

This is the ways of people deal with their problem that it is from interpretation and reaction in symbolic perspective. However, from this example of informant, the couple is at risk to HIV infection if he does not use condom when he had sex because of some barriers of condom meaning in the family context.

4.6.2.3 Perceptions of HIV and AIDS Impacts

People perceive the impacts of HIV and AIDS are big problems if they happen to them. All of the informants said the impacts are very seriously for them if they get HIV. As one informant said:

“HIV and AIDS is dangerous for health, it affects to economic family. Family has to pay money for treatment, and family becomes poor because money has to use for treatment. Even people know AIDS cannot cure, but they want to treat because people were born only one life. They want to do as well as the can do. Some family pays a lot of money that they use for treatment without anything useful, but they can accept even it affects to family.” (Mr. S 19 years old)

In general, there is similar perception about the impact of HIV and AIDS among the informants. One informant said the impact is not only on family, but also society is affected by HIV and AIDS. He said:

“HIV and AIDS destroy both physical and mental health. If people have AIDS, it can not cure to be normal. For feeling, if I get HIV, people in society do not accept me. Nobody play with me. Some people might think that when they get AIDS, whenever in sooner or later, they should commit suicide. It is not important to survive because if they still alive, they are the obstacle for others. That is dangerous thinking if people think like this.” (Mr. T 25 years old)

The other common impact of HIV and AIDS is stigmatization and discrimination. People know that if they get HIV infection, they will be stigmatized and discriminated against by society. This is similar to the answer of most of the respondent who mentioned the seriousness of HIV and AIDS is stigma and discrimination. All these perceptions showed interaction between people and society.

4.6.2.4 Perceptions on Family Members Meanings

Family support is important to solve the problems of its member. Some people can tell their parents about their problems. That is one behavior children should do when they have a problem, and parents can give advice to their children and guide them in right way, or in the way the parents want them to be. This is one example of interaction within family society.

In terms of health, some people can talk and some cannot talk about their health problems with their parents. However, it is good if the parents can understand the problems, especially parents who are health practitioners. As one

informant said, he must talk with his parent when he got STI because his mother is a health practitioner. He said:

“When I had gonorrhoea, I looked for the treatment. At that time I just leaved from home. I did not know anything and I was young. I talked with my friend and parents to know about my problem. Parents said if I had disease, I had to meet the doctor. My mother is health village provider I needed to talk with her. She also said that there was a person who was died from AIDS in the hometown. When I lived at home, my parent used to talk about disease like HIV and AIDS. They reminded me to be careful for flirt the girl, and if I had the disease, I would meet the doctor for treatment as soon.” (Mr. S 19 years old)

In family society, the parents hope their children will be good children and good members of society and behave as the representative of the family in society, but when children behave in wrong ways such as gangster, flirting with women, and mixing with HIV infected people. The parents are very upset, lose hope, lose face, and the family cannot live with dignity. Therefore, people try to hide bad behavior from their family in order to maintain and show that they are good children and good people, so that they are accepted by their family. All these things are similar to what one informant said; he cannot talk about his HIV infection if he gets HIV. Because of keeping the meaning of a good child for the family, it is difficult to tell the truth with family. He said:

“For me, if I have HIV infection, I will lose my life already—I already die. I do not talk about this with my family, and my family cannot grow up and collapse. Family will look at me like person who is flirter, playboy, and they will say that I am a bad person, I don’t listen parents or others teach me, I am selfish who seek only have sex and happy.” (Mr. B 30 years old)

Emotional support from family is important for HIV infected people. Most of the informant perceived that all the people who have HIV infection they need the emotional support from their family. Even the financial support is difficult it still good if they receive emotional support from their family members. This information is the same as what one informant said. For him emotional support is important if he gets HIV infection, and it is not only him, but other who also need emotional support. As he said:

“It is not possible for money support, but for the emotion is possible.

Money support is difficult for my family because AIDS can not treat easily. If it happens we have to use a lot of money for treatment. Additional, my parent is poor; they are farmers it is terrible for money support. However, I think if I get HIV, they will take care as well as they can do.” (Mr. D 22 years old)

According to the above information, the informants perceived their meanings towards family based on family contexts. Some find it difficult to get for emotional support and for some is easy for money support for treatment. Therefore, it is different perceptions among informants to interpret meanings and react to society.

4.6.3 Perception towards VCT services

VCT services are well known in HIV testing. There are some people use the VCT services; while a lot of people still do not use the services. As perceptions of VCT services show a number of informants understand VCT services, but with several perceptions. There are five main perceptions of informants towards VCT services in these research findings.

- **VCT services is Prolonging Long Life**

VCT services are like other parts of the health care services. VCT services are perceived for maintaining health of people. Some informants perceived the use of VCT is to help people know how to maintain their health so as to prolong their life. As one man said; if people use VCT service, they will know about their HIV infection or health. Then people know how to take care their health to be strong and live longer with other people.

“I think VCT is good because at least it will tell us to know what is wrong in our body/health, if we use VCT and the result is positive it would help us to know the way how we can live longer and how we should take-care our health. A person who recognizes that he is at risk behavior and he volunteers to take HIV testing that means he is having change his behavior in a good way.” (Mr. C 18 years old)

- **VCT services is Blood Testing for HIV infection**

VCT services are for blood testing for HIV infection among people who have risk behavior through sexuality. Almost all of the informants said, people perceive to use VCT services for blood testing for HIV infection the same as prevention and reduction risk of behavior. This is the public health concept which

expects clients of VCT to use the services to prevent for HIV infection. One informant said, VCT is a good thing for people who have risk behavior to check whether they are HIV positive or not. He said:

“I think VCT is good thing because if we think that we are not safe or risk to HIV infection from having sex, we can go to take blood testing. However, it does not mean that whenever we want to test blood; and then going to hospital.” (Mr. V 28 years old)

- **VCT services is Consulting HIV infection**

VCT services are for counseling for HIV and AIDS. All of the informants perceive the use VCT services are related to counseling about HIV infection or related health situations. Some are happy with services. As one informant said

“I am happy with their counseling. The doctor introduce me should not think like this or that way. They suggest me know more about HIV and AIDS, and I understand my life, they talk and behave nicely with me that I am happy to talk with information” (Mr. K 24 years old)

Some can use the services easily, while other people have problems because of poverty. One informant said; it is good if counselor say the true thing. However, providers try to save the life of people with hiding the truth, but it can be negative for some case. As he said:

“The provider might say something is not truth like the words “No problem, you do not have any disease.” In fact he perceived himself he already got HIV, but provider said “No problem” that is because he did not have money for treatment, and provider thought that if provider said he got HIV, it would be terrible for him to earn money, and he would work hard to earn money and it is more serious for his family. However, the problem would follow and heavier when he was ill more serious than previous time. Then people raised a question; why it was not correct for testing, why it did not find HIV when he tested before. In contrast if provider said true thing in earlier, they could find out the better solution than this time.” (Mr. D 22 years old)

- **VCT services is Prevention of the Consequences of HIV and AIDS**

Most of the informants perceive the clients of VCT services as people who have sexual risk behavior leading to HIV infection and use VCT services to prevent the consequences following HIV infection. It is necessary to use VCT services to make sure that they can deal with all problems that will happen in the future. As one informant said:

“It is someone who perceives risk HIV infection that they should use HIV testing in order to prevent the consequence of HIV and AIDS that will happen in the future. That is not different from wearing helmets. Yes, if someone does not want to wear, that is matter. When he dies, it is only him dies, but it also affects to others. Because he dies what happens with family, it affects to family and society; for example, lose family member, others pay money for death. It is the chain that can not separate from each other.”(Mr. T 25 years old)

- **VCT services is for All People**

People perceive that VCT services are important for all people. However, one informant said; high risk groups such as his group ignored to support using the VCT services. This is something like discrimination for high risk group like MSW because of symbols practice of society. He said:

“As I see in blood donation, why the doctor do not test and take blood in this group, why they test the student, or they know that people in this society/MSW their blood is not safe—not free disease, so they do not take blood in this group. They take from student and government staff, but for the nightclub that they are not be close, or they already come, but I do not hear from others talk about this, so if it is possible, we want some project to work with us.”(Mr. T 25 years old)

Other informant also said, people use VCT services because people perceive VCT service is important for them, so it should happen voluntarily without controlling people to do it. As he said:

“I think it depends upon people who volunteer to use VCT services. People might think, they are afraid to be HIV positive, or they are not confident to open their HIV infection to society, so they do not test HIV. It is something like that, and the doctors should think like this too. However, as I saw in somewhere, doctor did not do as I said. I think, it is not right it they conducted like that.”(Mr. V 28 years old)

VCT services are for all people. People who use VCT should not only be those who have risk behavior, but anybody who wants to use the services for any reason, and it should happen from voluntarily. However, even people know that they have sex without using condom they do not take blood test. Because people are busy and do not have time, so they do not use service. Some cases get ill until and delay lasting it is more serious. Then they meet the doctor, and others are afraid of being HIV positive and that makes them not use VCT services. Therefore, it is important to know why some people use and some do not use VCT services. These matters are

discussed in section 4.7 which follows.

4.7 Social meanings and perceptions that influence the use of VCT services

With regard to working condition, MSW are looked down on, see as low class, have low education, or people who sell sex. In other words, MSW are stigmatized and that is not really different from HIV infected people. MSW have strategies to react against the way that society looks down on them. Some cannot accept, and some can accept the meaning through their interpretation, and then they react to society.

Most MSW perceive that they are at risk to HIV infection. What it will happen with them if they are MSW and have HIV infection because both of these groups also are stigmatized and discriminated by society. In order to solve HIV infection and depression when they want to know about HIV infection, they will use VCT services or may be not. Therefore, how they feel, how they will react to society when they perceive negative meaning of HIV and AIDS. The following sub sections consider why people use the VCT services.

4.7.1 “I use VCT services because VCT is important to survive”

In this research, accidentally there are three informants who used VCT services before they were informants for this research. The rest of the informants still have not used VCT services. VCT is perceived as the place for blood testing and HIV testing prevention. All of the reasons to use the services are similar for all of them. Although informants come from different social context, all informants do the same thing about HIV testing because of social meanings and perceptions.

Mr. S has taken HIV testing because he was advised to do so by family/society and he also interpreted that the meaning was true and he accepted the advice, so he started to react to society by deciding to use blood testing. He said:

“I already took blood testing. At that time I was not happy after I got STI when I had sex with FSW. I wanted to know I got HIV or not. Actually, I told my brother and parent. My brother supported me to take blood testing. He said I should have taken to test blood testing to

be confidence and my parent ever talked in family when we ate together. If I infected HIV, parent would be very concerned about me. If something happened, I should have met the doctor immediately and paid attention with it. However, parent told me whatever I should have tested blood and I agreed and accepted that. Then I decided to test blood.”(Mr. S 19 years old)

One other informant used VCT services because he followed his girlfriend’s request to take a blood test. As he said:

“It took HIV testing when I worked here. Ouy! My girlfriend did not belief in me that I infected HIV or not because she did not want to use condom, so she led me to test together at the CHAS. She said we should have taken HIV testing that is good for us. Then we went to test together. That meant she did not believe in me if she would ask me like that. However, I am confidential myself I do not have HIV infection, and I have to follow her because I already gave all my life to her, and we will have wedding ceremony as soon.”(Mr. V 28 years old)

From the reasons given by the above two informants, although everyone has their reasons to do something, people cannot refuse their social network, especially parents or clients/lovers. This is the meaning that influences people to behave based on their society. In other words, the behaviors happen because people interpret something, and then they react to their society. That is called interaction between people and society in the symbolic interactionism.

The last informant had already used VCT services because of serious STI symptoms that did not recover after he treated them for a long time. He said:

“The reason why I took HIV testing because the disease did not recover and I felt losing the emotion with this. Even I treat it in everywhere, it still did not recover. In general people usually take medicine or injection for 1 or 2 times that it already recover to be normal. In my case even I spent a lot of money for treatment during two or three years, it is still the same. What it is, or AIDS, so I took HIV testing at the CHAS, I wanted to know, I have HIV or not. Therefore, I went there with my wife.”(Mr. K 24 years old)

4.7.2 “If I get HIV infection or want to do blood test for checking HIV status I will go to VCT services”

There are three people who have considered using VCT services, if they think they have HIV. VCT is perceived as the place for blood testing and HIV prevention. All of the reasons to use services are similar for all of these informants.

“I can use VCT because I do not have any problem and difficult take blood testing. If I want to test, I can test immediately. However, If I do not healthy and some problem, I wants to take blood testing too in order to know that he get HIV or not, so taking blood testing is not problem for him I willingness to test blood.” (Mr. D 22 years old)

“I interested in blood testing as well, I used to ask a health worker from a project that working about women, she said that I can go to test blood when I am not sure whether I get infected or not and the test cost is free, she also asked me whether I have risk behavior or not, I replied no, she said that in case if I went to test blood, they would ask me such these questions as do you have sex activity? If I said yes, they would ask that you have a risk sexual behavior. If you had no risk, they would do the blood test for you.” (Mr. C 18 years old)

“According to my experience, I saw almost of young people do not want to use VCT service because they are afraid to be HIV positive, they can not accept such situation.” (Mr. B 30 years old)

From the above answers, all of them are willing to take blood test because they think that they are not at risk, they do not have risk behavior for HIV infection, so they can go to test HIV without any obstacles to prevent them. However, the other reason to consider concerning these men is that they are young, educated people, and have good knowledge about HIV and STI, and little sexual experience.

4.7.3 “I do not go because VCT is stigmatized as HIV services”

There are four people in the group of informants who do not use VCT services. The reason not to go to VCT even though they could be infected HIV is that they do not want to disclose their HIV status or MSW status. Some MSW will do self study and consult their family if they need to seek information.

“If I infect HIV, I will be very upset until I cannot control myself. I do not know how to do. I would like to say that I do not have any idea—no answer yet, I will use VCT services or not. I think I will study about it by myself; I do not open the secret. What it is how is the stage I have (Beginning, middle, last stage). Meaning of children that I do not want parent that concern about me, I am embarrass to go to hospital. It is big thing for me. Because I do care about society around me such as villager, friend, or if I go to hospital, I will go in which way I still do not know. I should tell parent, I go by myself, I go within secret way that I do not know.” (Mr. T 25 years old)

“I think I do not want to use blood testing. if I infect HIV infection, people will know I am HIV infected person when I go somewhere

people do not talk, play, and take care of me. People will be afraid of me because I had dangerous disease like AIDS. People will stigmatize and discriminate me because HIV and AIDS is unexpected of society and afraid to infect HIV from me, and when I flirts the girl if they know that I am HIV infected people, they do not want to have sex with me, so I do not want to use the service.” (Mr. B 30 years old)

“For myself, I do not use VCT services because I am afraid to be HIV-positive. I am so embarrassed with society. Even I want to test blood, but I am not brave to hospital. if I infect HIV, people will stigmatize, blame me like this like that If people know and nobody would not talk, or contact with me, what will happen with my family and how they will think about me if they know I am HIV positive, oh there have a lot thing will be happen.” (Mr. P 26 years old)

One other informant also expressed the reason why he does not use VCT services because he is trying to hide the serious symptom of AIDS if he has them as well as avoid showing a different appearance from other people in society. He said:

“If it happens with me, I will be ashamed because I look others why other people are good, they do not like me, I feel jealous other people in society, and when I have symptom, people will say why I am skinny and yellow skin that I am not similar with other people. If I go to hospital, I won't be shy the doctor. Because the doctor is person who takes care of me, they know about the disease that I am not embarrassed, but for the others in society (not doctor) I am so shy if I know I have HIV, or AIDS.”(Mr. P 26 years old)

This information clearly shows people try to hide their bad appearances as well as avoid stigma and discrimination, and blame from society. Therefore, in order to avoid these things, people have to hide or close everything to do with VCT services. As one informant said:

“The reasons why people don't use the service that may be have many reasons. First, it might be people don't know about free of charge of VCT, free medicine in Laos. Second, it might be unnecessary whether know or not about HIV infection. In the psychological thinking, some mostly have not the importance of their health it means that just playing, drinking in everyday that is. Third, it might be they don't accept the result if is positive because the result might make their life change and seriously. So they don't go to use that kind of service. Four, they might use the other kind of service like pharmacy when they got infection, they don't want to meet the doctor in the hospital they go to the pharmacy.” (Mr. C 18 years old)

The informants showed the complicated reasons why people do not use the VCT services. However, that is the way people interpret the meaning, and then they react to society. Regarding symbolic interactionism, or social behavior concept that is one concept of the SI. People perceived the meaning in different ways, and react to society as they refuse to use VCT services with many of individual reasons.

The main objective of this study is to understand how social meanings and perceptions towards male services workers contribute to their use of VCT services. To understand the use of VCT services that we have to understand other dimensions comprising as following title.

4.7.4 “I do not use VCT because I feel uncomfortable when receiving unfriendly service”

Some of MSW expressed that they do not go to VCT as they feel uncomfortable when they receive VCT service. They feel shy to show up to start with, but it seems that they receive unfriendly service from the professionals. One man said:

“In terms of the services, the doctor should improve the service; the doctor should provide good reception. Because people who doubt to have HIV infection, they are shy, they feel so small, they are not brave to face with society, so the doctor should give more suggestions. Almost of people who went to test blood at the hospital and they were asked with the questions with face of unfriendly and impolite word; for example, clients raise a question, Doctor! I would like to test the blood. Then the answer Oh! Test of what! so they did not want to do continuously and went back home. Also, it is only this point. Even I want to test I do not use and came back home. It was my experience, I went to there but the doctor did not give good advice. Then I stopped, and I came back home.” (Mr. M 21 years old)

The information above shows that the characteristics of both clients and providers affect the use of VCT services. Although client wanted to use the service, he could not use because of unfriendly services of provider. This is one barrier to prevent people not to use VCT services. In addition, because VCT services concerned with other factors, the facilitators and barriers to the use of VCT services were investigated as following sections.

4.8 Facilities and Barriers to the Use of VCT services

4.8.1 Facilities for the use of VCT services in Laos

Since VCT is important for health services, the Lao government expanded and establishment VCT services as one of several options (the number of sites and types of services). All these things facilitate the client to choose to use the service where they want to according to the letter “V” meaning Voluntary which in term means the freedom to select where to go. There are the facilities to encourage client to use VCT services as described below.

Laos is similar to other countries, so VCT services are a component of HIV and AIDS programs, and is implemented throughout the country. As the information in section 4.2 describes, there is still low use of VCT services even through the government and other organizations concerned provide and expand the services to other areas. As one key informant said:

“In terms of facilities, I think, Laos is same as other countries. First, there are increasing the number of VCT services center that it is easy for clients to access the services. For example, the drop-in centers. All these centers are famous place for the special groups like FSW and MSM because these centers have some activities to provide for their clients such as peer education activity, STI treatment, counseling and HIV testing, condom distribution, vocational training, internet service, library, and other outreach activities. All these activities encourage clients to use services in the centers that it is also the purpose to provide the services to their targets of the center. Second, Improving quality of VCT services keep on confidentiality and provide good counseling with client. In order to make sure that counselors can give effective counseling with clients, the central level (CHAS) improve the counseling skills for counselors by training. For training include needed subject like an ethical consideration relevant VCT services. This subject needs counselor to concern about the client’s confidentiality, and it makes the client trust the services/counselor and reduce being shy and scared. Third, using new blood test technique improve the quality of services. The blood test technique use the rapid test that is fast and save time for client because it takes only 30 minute to analyze and get result, people can wait to receive the result in same day that it is shorter than before (3 days for blood testing). Four, VCT services are free of charge for services that is good for some people who have low income/poor people. Also the client was not asked about name, or individual information, informal talking. These are facilities for people to utilize VCT services.” (Dr K)

The above is similar to what other informant said to encourage the use of VCT services. They suggest the VCT should improve the service such as telephone calling to make people's access to use services easy, especial for someone who was not ready to come by themselves. In order to make client use VCT services, it is necessary to expand, improve, and increase options at the facilities so people will use the VCT services in Laos. He said:

“In this center, we use hotline—telephone call for a few years. This is one option facilitate to access the VCT service, and it is easy for people who are not comfortable traveling. Therefore, there are many people consult with us through this hotline.” (Dr Y)

HIV and AIDS information plays an important role to promote the use of VCT services. The government and INGO conducted several HIV and AIDS activities throughout the whole country, and most of the informants knew that awareness activities are important for HIV and AIDS prevention and treatment, and they also perceived that the information on HIV and AIDS contributed to support people to use VCT services. As one informant said, the information on HIV and AIDS is important to remind for prevention and facilitate people know how to deal with their health problem as same as consulting with counselor through VCT services.

People know that HIV and AIDS is dangerous; however, it is good there are projects implement the activities to aware how to prevent HIV infection. Some people are happy with the information remind them about the dangerous of AIDS. People, who never know before, they already heard and know about this in now a day. All these things are useful for HIV prevention, and it makes some society more receive information and facilitate to use other services higher than before as taking blood test.” (Mr. P 26 years old)

This information is similar to that from other informants, they also perceived that awareness activities influenced people to understand about HIV and AIDS and encourage them to use the services in the hospital, but it was still difficult for some people to do this because it depended upon individual decisions to follow or not, so we would see some they went to hospital for blood test and some did not go; however, it was good we had facilities to support that was better before. He said:

“I know about HIV and AIDS awareness activities are conducting by many organizations such as the Youth Centre, radio online with HIV/AIDS awareness, brochure and I see the HIV and AIDS information on the newspaper. I think all this media have to support HIV and AIDS knowledge. Also in the festival that it provides information about HIV and AIDS. I think all these things can make people in society understand and have HIV and AIDS knowledge, and people know how to prevent to HIV infection, but I don't know whether they will practice or not because it depend on them to follow or not. However, there are facilities supports than before.”(Mr. C 18 years old)

Based on the above information, there are facilities that encouraged and facilitated access to and use of VCT services such as improving services and implementing awareness activities. People perceived that the information is useful to remind them about HIV prevention which they can apply to use in their daily life. However, many people do not believe, do not follow, and do not protect themselves from risk behavior. Then problems happen such as HIV infection, stigma, and death. These are some of consequences of HIV and AIDS related to social aspects.

In terms of the use of VCT services, people perceived it in different ways; some want to use and some do not want to use because of some barriers. As some of the answers from research' informants show in section 4.8.2.

4.8.2 Barriers to the use of VCT services

Generally, beside the facilitators to using VCT services there are also barriers that prevent people from using VCT services. The barriers come from both sides—providers and clients and contribute to factors that make people not want to use VCT services. Some of the reasons are discussed below.

Even though the VCT have expended, people still do not use these services because of a lack of information. There are people who have not received information regarding VCT services so that they do not understand and do not use VCT services. In addition, since the budget is limited, awareness activities may not reach the target population. Therefore, the populations do not receive information to gain knowledge about HIV and VCT services. This is one of barriers to prevent people to not use VCT service i.e. the lack of HIV and AIDS knowledge. As one counselor said;

“It is difficult for people who have OI and negotiate them to use VCT

services because these people do not know they are at risk to HIV infection. When counselor would be counseled them to use VCT, it is difficult to counsel. They also confuse why counselor urge them to use VCT because they understand they treat only normal disease in the hospital after they did not recover from treatment in somewhere, so counselor need to know when is suitable or they ready to talk, so it is difficult to make them understanding their situation.”(C. Sa)

Time for the provision of services is one barrier that contributes to people not using VCT services. The official time to use VCT is five days a week from 08:00 to 16:00 some people cannot use the service because they have two jobs, or activities that conflict with these times. An example of this is a person who has to study at the day time and works at night time (waiter in beer shop), so this person does not have spare time to use the service. As one informant said he worked 24 hours in the workplace that it was difficult for him to use VCT. Time is one barrier for VCT services, but also there are other barriers to prevent the use of VCT services. He said:

“For myself, it is difficult to use VCT services; for example, I am general employee like this and work all 24 hours per day in my workplace, and it is similar to people say that for the reception is not good in the hospital, so going to clinic is easier than hospital. That’s why there are many people do not want to go the hospital. It is too slow, to provide the service and it is difficult.”(Mr. M 21 years old)

The other barriers results from social factors that influence people to not use VCT services. It might be people are scared to disclose their HIV positive status in society, so they cannot talk about it in society. In addition, sexuality is not discussed openly in general society and that makes people hide their sexual behavior. When these are combined with drug use society looks more seriously (negative way) at that person. For example, a person in a high position in government office that has an STI will be shy to use the service in the hospital. As a result, social factors contribute to people not using services. This has to be urgently solved. One informant said, there was some barrier to prevent people from using VCT services such as people did not pay attention about health problems, and they could not accept the result of blood testing, and others reasons. He said:

“The reason people don’t use the service because some barriers to prevent them; for example, first, it might be unnecessary whether know or not about HIV infection. In the psychological thinking, some mostly have not the importance of their health it means that just

playing, drinking in everyday that is. Second, it might be they don't accept the result if is positive because the result might make their life change and seriously. So they don't go to use that kind of service. Third, they might use the other kind of service like pharmacy when they have some symptoms, so they don't want to meet the doctor in the hospital they go to the pharmacy.” (Mr. C 18 years)

However, almost all of the informants said that awareness activities are needed to provide information to make people understand and use the VCT services. Because the awareness activities did not work well, people did not understand what they should do when they were at risk of HIV infection. Then people did not use VCT services in the center, and also there other barriers such as personal reason and cultural beliefs of some people. However, all these things are barriers of VCT services, or it is called behavior change communication (BCC). As two informants said:

“I think, the awareness activities still not work well to change, or improve knowledge of people to use VCT service. The awareness activity does not reach to the target population, and they do not focus to main point of this thing (VCT). Every one hear about this but no action, they do not know what important of this thing. I saw awareness activity in my workplace that was not well. Because they did some activities such as condom distribution, quit and give the prize (T shirt) that I thought it is not reach to key point. VCT meaning is not important if they do not knowledge especially young people group. (Mr. T 25 years old)

The awareness activity is not really effectiveness. People can absorb a little of information, and someone said that the doctor just say something that is not true and nothing happen in our village, so we are not afraid about it. That is message in country side in my home town, and providing information is not clear enough because it is just like something such as general information. Additional, Lao people like to say that if people do not find by themselves, they do not believe. This is characteristic Lao people. If they find someone got AIDS, they are afraid especially people in country side—rural areas, and they will believe. This thing also is barriers to prevent not to use VCT services. (Mr. D 22 years old)

Social intervention was perceived by informants as important for HIV and AIDS prevention, especially the use of VCT services. Almost all informants responded that social support is important to contribute to MSW and others to use VCT services. As two informants mentioned government, who are responsible for general society

work, should support and implement some activities for supporting people to gain knowledge about HIV and AIDS as well as VCT services. Because in general HIV and AIDS activities are still receiving limited support from other sectors and make people not pay attention to VCT services. They said:

“Actually, HIV testing or VCT service is very important, but nobody pay attention with this work. I think there is not one percent (1%) of people who use this service. Because I never heard people discuss about this like question Oh! Do you test blood already? Do you check your health in this month? No, I do not hear. I think, we do this work we should check our health regularly around six or one year, but nothing happen, until we are ill and then we go to hospital. That means people do not pay attention with prevention, right? I think, this thing relate with the government who play the role of social support for society. It depends on the support from government support information to people in society. Since less of information, people do not perceive important of HIV and AIDS and VCT.”(Mr. T 25 years old)

“It seems that government does not support information regularly, and country does not publish the information about this like the bordering country. People are lack of information and they will think that this disease is not happen or the HIV and AIDS do not have in Laos, so they do not pay attention to test blood. That is because they do not receive information about HIV and AIDS.”(Mr. J 23 Years old)

The environment at the VCT center is one of the barriers that prevent people from using the VCT service because if people do not feel comfortable with the environment at the center, they do not go to use the services. One counselor said, even provider conducted awareness activities to provide information clients still consider using VCT services or not because there are others barriers to prevent people use the VCT services such as social factors, or the service system. He said:

“When we conduct outreach activities, people come to use VCT services that it is higher than when we did not conduct any activity. However, when people come to use the services, if the center make people are scare, are shy, are discriminated, or do not have privacy, people do not use services anymore. This is part of barriers to concern about VCT services. That’s why we now already provide what people want at our center. Even it is not comprehensive services it is new symbol to reach the VCT services goals.” (Dr Y)

The other barrier for the use of VCT service is living conditions. Living

condition is one factor contribute to use VCT services. One informant said, one barrier to prevent people to not use VCT services is the difficult daily life. Although people want to use the service, they cannot use because of lack of money, support, and information. As he said:

“The other barrier using VCT services is people who are difficult in daily life. People who stay in renting house and buy the rice for surviving in daily, people who are poor—do not have money, they do not go anywhere, so it is difficult for them do not know where is hospital/center providing the VCT service/HIV testing.”(Mr. P 26 years old)

The information from informants showed many reasons why people do not use the VCT services because of many barriers. However, that is the way people interpret the meaning, and then react to society. This is called social behavior concepts or symbolic interactionism.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This research aims to understand the use of VCT services among male service workers (MSW), focusing on the social contexts, social meanings, perceptions and their effect on the use of VCT services. The symbolic interaction perspective was used as a lens to understand the phenomenon. The qualitative research design used in-depth interviews with ten male service workers, key-informant interviews and focus group discussions. Informants in this study are ten male service workers employed as waiters, bell men and general workers in the hotel, nightclubs and beer bars. This chapter will draw conclusions from the findings, discuss some key points of the findings relate to theory and make recommendations.

5.1 Conclusions

With reference to the research findings, there are some important points to conclude as set out below.

There are several social contexts of informants who work as MSW. This study found that most of the informants in this study are young, poor, poorly educated, and migrants. They worked in a career that is stigmatized as low status and without the choice to bargain with clients and business owners. The meaning of service work is to serve the clients so they are satisfied. In addition, their daily lives involve alcohol and new girls that stimulate their sexual drive and heighten the risk of HIV and STI infection. This study found that though many informants know the consequences of HIV and STI, there are still some misunderstanding regarding HIV and AIDS. Some informants do not use condoms when they are drunk and their partners appearance looks healthy and beautiful. Some married men do not carry condoms with them while working because they are afraid to their wives will find out that they are not honest and have relationship with other women.

With regard to social meanings toward HIV and AIDS, VCT services, and MSW are negative, and these meanings contribute to lack of use of VCT services among MSW. The data from the research showed several meanings ascribed to MSW; low class people, poorly educated, country people, multiple sexual partners, and sell sex people. MSW interpreted these as characterizing them in negative ways. At the same time MSW also interpreted their meanings of being children, husbands and group members, and then they reacted to society by maintaining that working in entertainment places is to earn money to support their family which is good behavior for children and husbands. Furthermore, the negative meaning of HIV and AIDS include: dangerous disease, no treatment, death, stigma and discrimination, and these meanings were not different from negative meaning of VCT is breaking confidentiality. In other words, all these meanings, MSW perceived to protect themselves from HIV infection, consequences, and discrimination, so they refuse to contact with something that is negative to them because they avoid losing their face, looking down on, and they want to live with dignity. Therefore, it is difficult for MSW to use VCT services.

Although there are facilitating factors to encourage the use of VCT service such as an increasing number of VCT service centers, a networking referral system, and providing services free of charge (as section 4.2 described), some people still do not use the services because of barriers that prevent them to use VCT services. This research found that there are barriers that contribute to people reluctance to use VCT services: lack of information and support from the organizations concerned, unfriendly services of providers and limited opening times of services, social factors—stigma and discrimination from society (disclosure of being HIV positive), personal perceptions (cannot accept the results and do not pay attention to health problems), socio-economic factors, and cultural belief on sexuality (sexuality is not discussed openly in society). Regarding these barriers, MSW perceived these things that influence people to use VCT services which shows that MSW face difficulties to use VCT services even when they want to use them.

There are different perceptions towards VCT service among informants. The finding showed three informants already used VCT services and the rest of the informants still do not use them. Since people interpret and perceive in different ways, people react to society based on their interpretation and social context. However,

although three informants used VCT services, other informants still did not want to use them for their own reasons. Because of their social contexts, social meanings, and perceptions, they do not want to use VCT services in order to avoid negative consequences that will happen to them. This is individual interpretation and reaction to society through interaction in an SI perspective.

5.2 Discussions

This section will discuss the findings by applying a symbolic interactionism perspective under the following main points: social context of being MSW; social meanings of MSW; HIV and AIDS; and VCT services that affect the use of VCT services.

The findings show that there are a number of social contexts that contribute to the utilization of VCT services by male service workers. As finding showed MSW carried different social contexts; for example, some enjoyed their lives, some are poor, some are from rural areas, some are poorly educated, and some are young people. All these contexts contributed to MSW perceiving themselves as who they are, where they are from, how they react to society, and how they survive in the city. Male service workers face double stigma that affects their use of VCT services. Male services workers are considered to be inferior member of society as they are poorly educated, poor people, some of them are from the countryside, and some have multiple partners. Stigmata and discrimination against entertainment service work as well as behavior related stigma (multiple partners) is found to be the main point of barriers to use VCT.

Regarding to HIV and AIDS, MSW know that they are at risk to HIV infection, but they are some perceive they are not at risk. Similarly to MSW perceive that VCT services are important for them, but there are many people do not want to use such services, and they rarely pay attention to the use of condoms to prevent HIV and STI infections because of peer pressure, the meanings of condom, and misperception toward VCT services. Therefore, it is difficult for this group to use VCT services.

This study applied a symbolic interaction perspective to explore social

meaning toward MSW, AIDS and VCT that affect the use of VCT among MSW. The central theme of symbolic interactionism is that human life is lived in the symbolic domain. Symbols are culturally derived and social objects having shared meanings that are created and maintained through social interaction. It is clearly found that VCT services are symbolized as HIV testing and notorious for breaking confidentiality. This meaning may encourage some MSW to have blood test and some may fear to know the result because it may adversely effect their lives.

Such meaning is constructed from the society, and MSW interpreted the meaning and that influences their behavior. In other words, MSW have their own individual reasons to interpret meanings and react to society. This is the concept of the symbolic interaction perspective:

To Mead, the social whole precedes the individual mind both logically and temporally. A thinking, self-conscious individual is, as we will see later, logically impossible in Mead's story without a prior social group. The social group comes first, and it leads to the development of self-conscious mental states (Cited in Ritzer, 1996: 332).

Social meanings of male service workers influence the use of VCT services. All of the informants perceived the social meaning of MSW in a negative ways such as: low class people, low education, country people, multiple sexual partners, and sell sex people. However, there are many MSW who continue to work in entertainment place because they can accept these meanings. However, in order to protect them from being looked down on, losing face, and to live with dignity. MSW hide their actions from society, such as sexual behavior, sell sex for money, multiple sexual partners, and refusing the use VCT services. Because of the negative meanings concerning HIV and AIDS and VCT services, informants do not use the VCT services. MSW hold a negative perception towards HIV and AIDS, so they are afraid of stigmatization and discrimination from society if a positive result is reported after using the VCT services. Since society give negative meanings to MSW and added to the negative meanings of HIV and AIDS, MSW do not want to use VCT services in order to avoid double stigma.

In terms of sexuality, having sex is a common practice of people but it not talked about openly. The informants stated that they could have sex with FSW at their work place, but they have to hide their sexual behavior from other people to

avoid losing face and being blamed; for example, friends might say that they are not able to get (good women) to have sex with. Furthermore, if MSW have sex with katoey and gay men, MSW have to be more careful because in the view of society these groups are not accepted. If MSW have sex with this group, society will look at them seriously because they are already looked down on, stigmatized and discriminated against, and if, they have HIV infection, so the result is triple stigma. Therefore, they have to do everything to hide from the eyes of society which in reality means they isolate themselves from society. MSW are influenced by society which controls them because they live in society. The influence of society means MSW have to hide some things that society considers bad to protect themselves from stigma and protect their reputation. Therefore, people do not utilize VCT services in order to hide their HIV situation and avoid negative attitudes from society.

Based on the above information, the actions of MSW happen from the meanings; the meanings influence MSW to react based on their social contexts, even if it is individual behavior they have to follow this meaning. Because if they do not follow, they will face isolation, nobody accepts and respects them, and because they are group member in their society, they have to do and follow the meanings in their society. As the Mead stated:

We are not, in social psychology, building up the behavior of the social group in terms of the behavior of separate individuals composing it: rather, *we are starting out with a given social whole of complex group activity, into which we analyze (as elements) the behavior of each of the separate individuals composing it...* We attempt, that is, to explain the conduct of the social group, rather than to account for the organized conduct of the social group in terms of the conduct of the separate individuals belonging to it. For the social psychology, the whole (*society*) is prior to the part (*the individual*), not the part to the whole, and the part is explained in terms of the whole, not the whole in terms of the part or parts. (Mead, 1934/1962: 7; Italics added. Cited in Ritzer, 1996: 332)

The facilities and barriers contribute to the use of VCT services in Laos. While VCT services are improving and expanding to cover whole the country, there are relatively few people to use the services. There are several facilities of VCT services in Laos, especially in Vientiane City and provincial level that encourage people to use the services by implementing activities such as peer education activity,

improving counselor's skills and increasing access services. All these facilitate people to use the services. In other words, the client has the choice to use VCT services. However, other barriers still influence people to not use VCT services. Society still cannot accept HIV infection, so people have to hide this from the eyes of society, community, or family in order to prevent them from being looked down on them, facing stigma and discrimination against. Therefore, to make people use VCT services for the benefits of HIV prevention, the VCT services should consider the social context of Lao society with regard to HIV/AIDS epidemic, and the MSW context in reality. Because even VCT services were recommended and available in whole country, VCT services should be adapted with concern for the context such as culture, beliefs, health seeking behavior, and social context of the target group that will facilitate people to access and use VCT services.

With regard to the methodology, this is the first qualitative study on VCT use among MSW. The qualitative method is well designed to study sensitive topics and unreachable target groups. This study used qualitative methods to study the lives and social meaning among entertainment workers. It found that the qualitative approach can understand and explain sensitive issue of informants who participated in the research. In order to understand the phenomena with regards to the use of VCT services among MSW in which comprehensive multi-dimensions such as social contexts, social meanings and perceptions of this study; qualitative approach with using multiple research methods (in-depth interviews, focus group discussions, and observation) is very useful to understand deeply as same as understanding how social meanings and perceptions influence MSW to use VCT services in specific social context like working condition as entertainment places. In addition, HIV and AIDS and VCT are sensitive topics and concerned with sexuality, Therefore, without using a qualitative approach and sufficient time with all the informants, the study did not understand the reasonable use of VCT services within the specific social context of MSW.

5.3 Recommendations

Based on the research finding, these are some recommendations to

encourage the use VCT services. The impact of HIV and AIDS affects all social institutions and people in society. HIV and AIDS is not only a health problem, but a social problem. Therefore, to encourage MSW to use VCT services, all people and social institutions have to pay attention to support the use of VCT services, especially the organizations that work in entertainment areas. In other words, all the organizations from government and private sectors (entertainment) should participate in this activity in order to succeed in meeting the goals for a healthy society.

5.3.1 Promote the understanding of HIV and AIDS for all Men/MSW (Change to a new HIV and AIDS meanings)

The findings of this research found the negative meaning of HIV and AIDS remained in society. Many Lao people in general and MSW in particular understand that HIV and AIDS is a dangerous disease, and because HIV infection is a resulted of deviant behavior. They also see HIV and AIDS as fatal diseases. All these meanings are interpreted and depend on self interpretation. MSW have their interpretation about the meanings of HIV and AIDS to manage their everyday lives in order to prevent becoming infected with HIV. MSW may cite one or more of these meanings as strategies common to individual protection from HIV infection.

The several meanings of HIV and AIDS against HIV infected people and is not only the disease itself, but the emotional stress that people who have HIV infection have suffer from. To respond to this issue, the negative meaning of HIV and AIDS has to be changed to newer more positive meaning, and also support information about HIV and AIDS to promote correct perceptions about them. In order to implement and change this, it requires comprehensive HIV and AIDS projects to address focal points.

5.3.1.1 HIV and AIDS Education for MSW through Peer Education Activities.

The research findings show that group/friends influence MSW to behave based on their friend's activities. Therefore, HIV and AIDS education through peer educators who understand MSW and do not have a negative attitude towards them will be a good project to promote new meanings about HIV and AIDS and support the perception about HIV and AIDS in the correct ways. This would

encourage some people who want to use VCT service to use the services without being worried about society despising them or facing stigma and discrimination. Education should focus on changing the HIV and AIDS meaning, or stress the fact that HIV and AIDS meaning is related to opportunistic infections (OI) that can be treated with existing medicines, HIV can be prevented by using condoms, and medicine can be taken and lives can be prolonged with medication and a healthy lifestyle.

Peers should provide needed information about HIV and AIDS to their friend when they are interested about HIV and AIDS, or they consult them about their health and HIV infection. This is a good opportunity to provide the services, in other words, peers must not miss the opportunity provide information to someone who needs help. Therefore, one way to encourage MSW to use VCT services is through peer education activities.

5.3.1.2 Integration of Sexuality Health Education for MSW

The research findings show the informants had knowledge about HIV and AIDS, but informants still have unsafe sex because some do not use condoms when they found their partner seem to be beautiful and do not have any symptoms, or they did not perceive that they were involved in risk behavior, but some partners do have STI infections. Therefore, it is necessary to continue education about HIV and AIDS. Especially, information about HIV transmission from having sex with partners should be integrated into the curriculum of reproductive and sexual health education for all MSW. This would be a complete education project for MSW so they understand reproductive and sexual health matters that are important so they have good sexual health, safe sex, freedom to decide for sex, enjoy mutual sexual relationship, and well being. All these would be useful for MSW in the present and in their future lives.

The education should stress the fact that unprotected sex with either an ugly woman or a beautiful woman is the highest risk sexual activity and a condom should always be used. Also a focus on the concepts of good sexual health, and reproductive systems and functions are needed to maintain these concepts through their sexual behavior, and if they find they have a disease, they have to seek treatment in the correct way, or if they perceive they are at risk of HIV infection, they should go to receive counseling in the health care center or VCT center.

5.3.1.3 Provide HIV and AIDS, and VCT information through outreach activities in the workplace and community.

Outreach activities are important activities to educate and provide information to cover a lot of MSW. These activities should focus on addressing the problem of the lack of information about HIV and AIDS, and VCT services, and should be included with other activities such as sport (football) and special events on special days and festivals.

Furthermore, this activity should be combined with mobile teams that it would work to encourage MSW to use their VCT services. This makes it easy to use the services if compared with going to the VCT center, because MSW do not have to use their time which is full with work when they are not working as MSW or is rest time to restore their energy so they can work.

5.3.1.4 Provide HIV and AIDS, and VCT information through IEC materials

The role of IEC (Information, Education and Communication) is important for HIV and AIDS, and VCT services because IEC can provide several kinds of information, and it is also the incentive for MSW who participate with project that pulls them to pay attention to the project and use VCT services. IEC material should stress the facts about HIV and AIDS and give an introduction to the places where VCT services are available. However, IEC should be developed focusing on the interests of MSW in order to make them want to use the material.

5.3.2 Promotion, Participating and Public Services Accessibility of MSW

The participation of MSW is a key factor for the success of HIV and AIDS prevention and to develop service work for better life projects. According to the research findings almost all MSW suffer from being looked down on and were ignored when it concerns HIV and AIDS prevention projects. The consequences of these made them upset with their lives and they felt scared, low class, and lonely. Then they isolated themselves from society, they did not involve themselves with other activities in society. They ignore what is going on in society, especially HIV prevention. Even if they participate as members of society they are

seen as different from others. Actually, they should receive the same opportunities as other people. Also this is an opportunity to develop their skills through vocational training that it would develop the quality of service work and make their lives better. In order to achieve this goal, some activities should be carried out as recommended below.

5.3.2.1 Participatory Project Implementation with MSW

With regard to project implementation, the participatory approach is important to achieve the project goals. MSW should be involved with HIV and AIDS projects in the entertainment places as project working teams (PWT), or peers because they can support project by arrange them with their friends, organize activities, and provide information to them, and also they would be happy with the project when they participate in the project activity. Participation should focus on project planning, implementing activities, and monitoring and evaluation projects. Consequently, MSW will change their minds to understand society in a correct way and so they can improve their skills with project implementation or peer education activities that apply to their lives.

5.3.2.2 Vocational Training and Skills Development

Skills development is needed to provide better lives for MSW. The research found that MSW are people who have limited skills because they do not have a high level of education, so in terms of this, the vocational training, or improving the service work skills is important and useful for them. Also MSW can use their free time to join the activities. Then they will use these skills to improve themselves to higher levels than before. That means they can earn more money because of their knowledge and skills and lead to better lives in the future.

Regarding these activities, HIV and AIDS education can be done during activity implementation. That is one option to provide information to the target group, and it combines with other activities such as peer education, and outreach activities. Through the same projects; MSW perceptions about HIV and AIDS, and VCT services will change and so lead to them using the services and paying attention to HIV prevention.

5.3.3 Promotion understanding of Services Work for all men

One important encouragement for MSW to use VCT services is social support. Social support plays an important role to understand VCT services and their use. In order to achieve this it requires that the whole society understands HIV and AIDS, and the lives of MSW. Almost all the informants recommended that society or government sectors should support more information and activities with MSW to educate them about HIV prevention, or safety from infection. In terms of this, MSW are ready to coordinate and be involved with others organization and work with them.

The Government organizations, should improve the service system by providing many options. For example, first expand the times of the services of VCT, the official time is not enough for MSW Services should be opened even on holidays like Saturday and Sunday so that MSW can use the services whenever they want to use them. Second, establish VCT mobile teams to provide counseling to those who are interested to use the services but cannot go to the center. Third, creating or supporting outreach activities in the workplace and community to provide information and support people view's of HIV and AIDS, and VCT services. This activity should give more details about how to use condoms for HIV prevention, and the reason why/where they should use the VCT services because it is important to access correct information and treatment as early as possible. Four provide information through mass media so that all people will be receive information and so better understand about HIV and AIDS and lead them to use VCT when they want to know about their health. The advantage of this, the information would reach a large number of people.

For community society, maintaining and improving understanding about HIV and AIDS and the use of VCT services through village volunteers is an option. The most important should be to strengthen the support of the use VCT services by recognizing the emotional support from the family. As the research data showed family members are important to support their children to use the service when they face the possible outcome of risk behavior such as HIV infection. Therefore, HIV and AIDS education at the community level is important to reduce the negative meaning of HIV and AIDS, and reduce stigma and discrimination against HIV infected people in society.

5.3.4 Future research recommendations

To improve this research, a new research should identify more clearly criteria of informants such as separate, single or married men, residence of informants (identify who from Vientiane and province), and increase the number of key informant from the community.

More research is required regarding the quality of VCT services, experience of those who use VCT services, and how families can support the use of VCT services, health seeking behavior, the meaning of female entertainment workers, and sexuality of male service workers

BIBLIOGRAPHY

- ASEAN Lao PDR & Lao ASEAN task force on HIV and AIDS. (March 2006).
Review of the socioeconomic impact of HIV/AIDS and estimation of
HIV/AIDS resource requirements.
- Asia Pacific Council of AIDS Service Organizations. (June 2008). Asia Pacific civil
society and 2008 UNGASS on HIV and AIDS.
- Bryman, A., (2004). Social research methods. Oxford University press inc. New York.
- Burnet Institute. (2007). Survey of HIV infection and risk behavior among men who
have sex with men in Vientiane Capital, Laos.
- CARE. (2001). A Hard Road: The experience of mobile populations in accessing
HIV/AIDS care and support services within the Greater Mekong Subregion
countries of Cambodia, Laos, Vietnam, and Thailand.
- Center for HIV and AIDS, and STI. (2004). Second Generation Surveillance 2nd
Round on HIV, STI and Behavior.
- Center for HIV and AIDS, and STI. (2008). Annual HIV Surveillance 2008, Lao PDR
- Center for HIV and AIDS, and STI. (February 2008). Voluntary Counseling and HIV
testing Services Guideline, Lao PDR.
- Center for HIV and AIDS, and STI. & Burnet Institute. (2007). Survey of HIV
infection and risk behavior among men who have sex with men. Vientiane
Capital, Lao PDR.
- Creswell, J. W., (2007). Choosing Among Five Approaches. *Qualitative inquiry and
research design*. International Student Edition. 2th edition.
- Daftary, A., Padayatchi, N., & Padilla M. (April 2007). HIV testing and disclosure: a
qualitative analysis of TB patients in South Africa. *AIDS care*, 19 (4),
572-577.
- Denison, J. A., Mccauley, A. P., Dunnett-Dagg, W. A., Lungu, N., & Sweat, M. D.
(2008). The HIV testing experiences of adolescent in Ndola, Zambia: Do
families and friends matter? *AIDS Care*, 20(1), 101-105.

- Exner, T. M., Hoffman, S., Parikh, K., Leu, C., & Ehrhardt, A. A. (2002). HIV counseling and testing: Women's experience's and the perceived role of testing as a prevention strategy. *Perspective on sexual and reproductive health, 34(2)*, 76-83.
- Futterman, D. C., Peralta, L., Rudy, B. J., Wolfson, S., Guttmacher, S., Rogers, A. S. (2001). The adolescent medicine HIV/AIDS research network: The ACCESS (Adolescents Connected to Care, Evaluation, and Special Service) Project: Social marketing to promote HIV testing to adolescents, Methods and first year results from six city campaigns. *Journal of Adolescent Health, 29s*, 19-29.
- Fylkesnes, K., & Siziya, S. (2004). A randomized trial on acceptability of voluntary HIV counseling and testing. *Tropical Medicine and International Health, 9(5)*, 566-572.
- Ginwalla, S.K., Grant, A. D., Day, J. H., Dlova, T. W., Macintyre, S., Baggaley, R., & Churchyard, G. J. (2002). Use of UNAIDS tools to evaluate HIV voluntary counseling and testing services for mineworkers in South Africa. *AIDS Care, 14(5)*, 707-726.
- Glick, P. (2005). Scaling up HIV voluntary counseling and testing in Africa. *Evaluation Review, 29(4)*, 331-357.
- Greenwald, J. L., Hall, J., L. A. D. C, & Skolnik, P. R. (November 2006). Approaching the CDC's Guidelines on the HIV Testing of Inpatients Physician-Referral versus Non-referral-Based Testing, *AIDS Patient Care and STDs, 20 (5)*, 311-317.
- Haile, B. J., Chambers, J. W., & Garrison, J. L. (2007). Correlation of HIV knowledge and testing: results of a 2003 South African Survey. *Journal of Black Studies, 38(2)*, 194-207.
- Irungu, TK, Varkey, P., Cha, S., & Patterson JM. (2007). Original research: HIV voluntary counseling and testing in Nakuru, Kenya: findings from a community survey. *HIV Medicine, 9*, 111-117.
- Jones, P. (2003). Interpretive sociology: action theories. *Introducing Social Theory*, 102-105, Blackwell, USA.

- Kakoko, D. C., Astrom, A. N., Lugoe, W. L., & Lie, G. T. (2006). Predicting intended use of voluntary HIV counseling and testing services among Tanzanians teachers using the theory of planned behavior. *Social Science and Medicine*, 63, 991-999.
- Karanzer, K., McGrath, N., Saul, J., Cram A. C., Jahn, A., Malema, S., Malawa, D., Fine, P. E.M., Zaba, B., & Glynn, J. (2008). Individual, household and community factors associated with HIV test refusal in rural Malawi. *Tropical Medicine and International Health*, 13(11), 1341-1350.
- Kham, V. L. (2005). *The meanings, perceptions and social influences on the utilization of a voluntary HIV testing service during prenatal care among women in Halong city, Quangninh province, Vietnam*. Published Master's thesis, Mahidol University, Nakhon Pathom, Thailand
- Lao Women's Union & UNIFEM. (February 2009). A rapid assessment on spousal/partner transmission of AIDS and sero-discordant couple in Lao PDR.
- Lyttleton, C. (September 2005). Evaluation of HIV/AIDS Program. Norwegian Church Aid. Lao PDR.
- Mabunda, G. (2006). Voluntary HIV counseling and testing: Knowledge and Practice in rural South African village. *Journal of Transcultural Nursing*, 17(1), 23-29.
- MacPhail, C. L., Pettifor, A., Coates, T., & Rees, H. (2008). "You must do the test to know your Status": Attitudes to HIV voluntary counseling and testing for Adolescents among South Africa youth and parent. *Health Education and Behavior*, 35(1), 87-104.
- Matovu, J. K. B., & Makumbi, F. E. (2007). Expanding access to voluntary HIV counseling and testing in sub Saharan Africa: alternative approaches for improving uptake, 2001-2007. *Tropical Medicine and International Health*, 12(11), 1315-1322.
- Maundi, A. D., Amma, A., Rao, A., Shetty, S., & Shetty, A. K. (2008). Knowledge, Attitude, and Practices regarding HIV/AIDS in India: Cross sectional population- based study of knowledge, attitude, and practices regarding

- HIV/AIDS in Dakshina kannada district of karnataka, India. *Jint Assoc. Physicians and AIDS Care*, 7(1) 27-33.
- Mitra, D., Jacobsen, M. J., O’Cornor, A., Pottie, K., & Tugwell, P. (2006). Assessment of the decision support needs of women from HIV endemic countries regarding voluntary HIV testing in Canada. *Patient Education and Counseling*, 63, 292-300.
- National Committee for the Control of AIDS. (December 2001). *National HIV/AIDS/STD Policy, Lao PDR*.
- National Committee for the Control of AIDS. (February 2006). National Strategy and Action Plan on HIV/AIDS/STI 2006-2010 Lao PDR. February 2006.
- National Committee for the Control of AIDS. (2008). UNGASS Country Report. Reporting Period: January 2006 – December 2007.
- National Statistics Centre. *Population and Housing Census Year 2005*
- National Statistic Centre. (2007). *Results from the population and housing census 1/3/2005 Vientiane Capital Vientiane Capital*
- Neuman, W. L. (2006). Qualitative and quantitative approaches. *Social Research Methods*. University of Wisconsin at Whitewater. 6th edition
- Painter, T. M. (2001). Voluntary counseling and testing for couples: a high-leverage intervention for HIV/AIDS prevention in sub-Saharan Africa. *Social science and Medicine*, 53, 1397-1411.
- Paoli, M. M., Manongi, R., & Klepp, K. I. (May 2004). Factors influencing acceptability of voluntary counseling and HIV-testing among pregnant women in Northern Tanzania. *AIDS Care*, 16(4), 411-425.
- Phimphachanh, C., Sayabounthavong, K., Oula, R., Vongphachanh, P., Manivong, S., & Calica, C. L. (May 2006). HIV prevalence study among Migrant Workers at 8 provinces of Lao PDR.
- Phetsiriseng, I. (April 2007). Migration Mapping study: A review of trends, policy and programme initiatives.
- Population Service International. (October 2004). Sexual behaviour and HIV/AIDS risk among transgender men and their partners in the Lao PDR: A qualitative analysis.

- Population Service International. (November 2004). Knowledge, Attitudes and Practices Related to HIV/AIDS and STIs among Transgender and their Partners in the Lao PDR: Results of baseline survey.
- Population Service International. (December 2005). Tracking Result Continuously (TRaC) Survey: Female Sex Workers in the Lao PDR. Vientiane, Lao PDR
- Rasch, V., Yambesi, F., & Massawe, S. (2006). Post-abortion care and voluntary HIV counseling and testing: an example of integrating HIV prevention into reproductive health services. *Tropical Medicine and International Health, 11(5)*, 697-704.
- Ritzer, G. (1983). Symbolic interactionism. In *Sociological Theory* (pp. 298-325). New York: Alfred. A. Knopf, Inc.
- Ritzer, G. (1996). Symbolic interactionism. In *Sociological Theory* (pp. 327-372). United States: The McGraw-Hill Companies, Inc. 4th edition.
- Shin, S. R., Kang, H. K., & Moneyham, L. (2007). Characteristics of individuals Seeking Voluntary Counseling and Testing for HIV infection in South Korea. *Journal of the Association of Nurses in AIDS Care, 18(5)*, 27-33.
- Souksavanh, O. (2007) *The Socio-Cultural Construction of Young Male Sexuality in Relation to (Their Partners') Unwanted Pregnancy and Induced Abortion*. Published Master's thesis, Mahidol University, Nakhon Pathom, Thailand
- Straub, D.M., Pomputius, P., Boyer, B.C., Someillan, N. S., & Perrin, K. (2007). Adolescent health brief: HIV prevention education and testing among Youth: Is there a Correlation?. *Journal of Adolescent Health, 41*, 105-107.
- Taegtmeier, M., Kilonzo, N., Mung'ala, L., Morgan, G., & Theobald, S. (2006). Using gender analysis to build voluntary counseling and testing responses in Kenya. *Transaction of the Royal Society of Tropical Medicine and Hygiene, 100*, 305-311.
- Thior, I., Gabaitiri, L., Grimes, J., Shapiro, R., Lockman, S., Kim, S., Kabaabetswa, E., Garmey, E., Montano, M., Peter, T., Chang, S., Marlink, R., & Essex, M. (2007). Voluntary counseling and testing among post-partum women in Botswana. *Patient and Education Counseling, 65*, 296-302.
- Varga, C., & Brookes, H. (2008). Factors influencing teen mothers' enrollment and participation in prevention of mother to child HIV transmission services in

- Limpopo province, South Africa. *Qualitative Health Research*, 18(6), 786-802.
- Verga, C., & Brookes, H. (2008). Preventing Mother-to-Child HIV Transmission Among South African Adolescents. *Journal of Adolescent Research*, 23(2), 172-205.
- Vermeer, W., Bos A. E. R., Mbwambo, J., Kaaya, S., & Schaalma P. H. (2008). Social and cognitive variables predicting voluntary HIV counseling and testing among Tanzanian medical students. *Patient Education and Counseling*.
- UNAIDS (2004b). UNAIDS: HIV testing and counseling terminology.
- UNAIDS. (2008a). 2008 Report on the global AIDS epidemic: the global HIV challenge and Addressing social causes of HIV risk and vulnerability.
- UNAIDS and WHO. (2003). The need to know: accelerating access to testing.
- UNAIDS and WHO. (2004). '3 by 5' Progress Report, December. Geneva
- UNAIDS, & World Health Organization. (2008). *AIDS epidemic update: December 2008*. Geneva: WHO Library Cataloguing-in-Publication Data.
- UNAIDS. (2008b). Scaling up towards universal access. Lao PDR: UNAIDS Press
- UNAIDS and WHO (December 2009). AIDS Epidemic Update
- United Nations Common Country Assessment for Lao PDR, 2006: 4
- UNICEF. (2004). Qualitative study to determine the impact of HIV and AIDS on adult and children in Lao PDR.
- WHO/ UNAIDS/ UNICEF. (2004). Towards universal access: Scaling up Priority HIV/AIDS interventions in the Health sector.
- Yoddumnern-Attig, B., Kanungsukkasem, U., Thongkrajai, E., Pluemcharoen, S., & Suwanjandee, J. (2004). *HIV positive women in Thailand: Their voices and choices*. Published by Institute for Population and Social Research, Mahidol University, NakhonPathom, Thailand.

APPENDIX

Interviews Guideline including:

1. Guideline for in-depth interviews for informants
2. Guideline for focus group discussion
3. Guideline for key informant interviews
4. Guideline for observations
5. Guideline for documentary reviews

Introduction:

By starting with a warm greeting and thank you to participant that it is important to build up trust between informants and researcher, I will introduce about my about self such as who I am? Where I work? What I am doing? Then I will ask informant if he may have any question or want to say general issues with me and ask what name he wants to be called. I will spend times for a while asking some question from my guideline with general topic and move to sensitive topic. Sympathy and non-judgment listening skill is very important while interview. I will ask my informant what local term they use in such term to make sure that the interview and discussion will not be struggle with unclear words.

Communicational skills needs

I will apply communication skills from my previous work every time interview or discussion is conducted such as attention skill, encouraging, reflection of fact, reflection of feeling, verbal following, question asking, focus and tense, and summarizing and observation skills; eye contact, body language, etc. Furthermore, when asking or discussing I will avoid using paper of questions but I will try to understand and remember in mind about the questions.

I. Guideline for In-depth Interviews

A. General questions

Could they tell me some information about you such as:

- How about your lives? (Where you live? How long stay? Whom? Where you live before?)
- How about Education? (What your highest grade? You're studying?)
- How about your hobby? (What you do in free time? Where you go? Why/why not you go? Whom you go with?)
- How about you health? (What your health problems?)
- How about your works/ Jobs?
- What you do (work) recently & before? You share to family, friend, partners, and couple?
- You like it (work)? What you expect from job/study?
- Could you tell or share about work/study? Friends (works/study)?
- What your working condition? Income (enough)? How you deal with this problem?

B. Knowledge about HIV and AIDS

- What you know about HIV and AIDS?
- Difference? Transmission? Prevention? Diagnosis?

- Talking about HIV and AIDS with who? What? Why did you talk?
- C. Perception of HIV Infection**
 1. What about risky behavior of HIV infection?
 - Who is at risk of contacting HIV? Why? How about other men?
 2. What about HIV infection?
 - You concern about getting HIV? Risk? Contact with HIV? Why?
 - Severity of HIV and AIDS? Family? Bodies? Why?
 - AIDS patient? What's happened? How you feel?
 - Discuss with partners? What? How? If you contact HIV. How you perceive? Serious? Why?
- D. Perception of VCT service**
 - What about VCT service
 - What you think? Who should use? Why? What is meaning of use? What benefits (if use)?
 - If you HIV infection, you will receive support? What? Why? How? You & family will cope with your HIV status?
 - Intervention to prevent HIV transmission? Effectiveness?
- E. Perception of sexual practices**
 - Sexuality? How? How often? What types (consent, safe)? Protected sex? Why/ Why not?
 - First sex experience? How? Sexual relationship (client/partner)? How? Changed or not? Why?
 - Condom. You use? Use every time? With who? Why use? Not use, why?
 - If do not want to use or not condoms, Is it easy for you to do? Why easy? Why not easy?
- F. Perception barriers to utilize VCT**
 1. Using VCT services. What difficulties if you utilize the service? Why?
 2. If HIV testing is positive. What you think? Why?
 3. If he got HIV infection. What you do? How? Why?
 4. The community and people. What you think? If you use service
 5. The Counselor/ caregiver. What you think? If you use service
 6. People supporting. Who are affect you decide to use services?

II. Guideline for Focus Group Discussion

- a. General questions**
 - Age? Years living in Vientiane? Whom you stay with? Single? Married?
 - Year start to work? The kind of job now and before? Income?
- b. HIV and AIDS knowledge**
 - What you know HIV and AIDS? Difference? Transmission? Sign? Prevention?
 - Attitudes toward PLHIV. Community? General people? Friend? Working place?
- c. Meaning of HIV and AIDS**
 - What the meaning of dangerous disease? No treatment? Stigma and discrimination?
- d. Meaning of VCT services**

- What the meaning of uses the services? Who should use? Benefits of utilization the service?
- The barriers when using VCT services
- e. **Meaning of Male entertainment workers**
 - The meaning of high risk group (HIV infection)? Multi sexual partners? Low class people?

III. Guideline for Key Informant Interviews

- a. **General questions**
 - Name, Age, Sex, Marital status
- b. **Specific Information**
 1. Working condition
 - Professional? Position? How long working? What responsibility?
 - What facing during work? Facilities? Barriers?)
 2. The Males in this areas/community
 - What problems? Why? How?
 - What knowledge, perception of HIV and AIDS, VCT services among MEW?
 - What intervention? How? Why?
 3. VCT services
 - What kind of services? How? Service payment. Pay or not? How much?
 - HIV and AIDS information. Talk/provide during services?
 - What/How offer VCT to MEW?
 4. MEW's Perceptions
 - What reasons of MEW use VCT?
 - What/how feeling when you work/provide service to MEW?
 5. Social meanings
 - Concerning about MEW. What you think/feel? Works? Sexuality?
 - HIV and AIDS? What you think?
 - VCT services? What you think?
 6. How can services be improved in order to provide effective services for this group?

IV Guideline for Non-Participant Observation

- a. **Entertainment places**
 1. Places/ Location
 - Where? Environment? Clients (hierarchy? Practices? How?)
 - Services workers/ Practices
 - Practices? Dress? Interaction and communicate? (With friend and clients?)/ How?
 - Times, Labor patters in the shop? (How many)
 - Services/ Goods
 - What they sell (drinking, food, cigarette, etc)? How many kinds?
- b. **Community**
 1. Locations
 - Where? Environment? Existing?

- Practice? Interaction and communicate? Relationship (with neighbor? community?)
- Dressing?
- 2. Neighbors/ community
- What hierarchy? Practice?
- Festival/ ceremony? What purpose?

V. Guideline for Documentary Reviews

- 1 Report, Evaluation, and Materials related to VCT services (Local organization and NGOs)
- 2 Government documents that record about VCT services
- 3 Policy and Laws related to VCT services and MEW

BIOGRAPHY

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