

## **AIDS knowledge, condom beliefs and sexual behaviour among male sex workers and male tourist clients in Bali, Indonesia\***



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### **Abstract**

The objective of this paper is to describe the AIDS knowledge and risk behaviours of male sex workers who serve predominantly male clients in Bali, Indonesia, to discuss implications for the spread of the disease, and to discuss appropriate interventions for these groups. Data are drawn from a qualitative study of the workers and clients consisting of interviews with many open-ended questions. The results of the study are viewed in terms of the AIDS Risk Reduction Model (ARRM). The data indicate that there is a very active community of male sex workers and male clients in Bali that is at risk of AIDS infection. Multiple sexual partners, unprotected anal intercourse, and frequent experience with STDs put both workers and clients at risk. Workers had limited knowledge of AIDS and STDs, although clients were mainly well informed. Both groups were characterized by frequent mobility. High levels of alcohol use by clients were reported before and during sexual encounters and may be a factor in increasing risky sexual behaviours. Interventions for these groups should include improving knowledge of workers, improving STD treatment for both clients and workers, skills training for sex workers, and increasing availability of good quality condoms and lubricants.

### **Introduction and background**

Transmission of HIV through sexual contact has been the most frequent means of the spread of the disease. Because of the link between multiple partners and increased risk of AIDS established in the homosexual population in the US, there is much concern about the role that commercial sex workers may play in the spread of HIV infection.

Although the literature on female commercial sex workers has become fairly large, there are not many published reports on male workers who serve male clients. They include studies conducted in the United States (Fowler 1989; Pleak and Meyer-Bahlberg 1990; Estep, Waldorf and Marotta 1991; Waldorf and Lauderback 1991), in Europe (Tirelli et al. 1988; van de Hoek et al. 1988; Robinson,

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Davies and Beveridge 1989; Morgan Thomas 1990) and in Thailand (Muangman et al. 1988; Sittitrai 1988, Sittitrai et al. 1989).\*

The two most comprehensive studies were conducted in the United States. In a study of fifty 14 to 27-year-old male prostitutes in New York City, Pleak and Meyer-Bahlberg (1990) found that male prostitutes had considerable knowledge about AIDS and this knowledge was related to their behaviour. They often avoided anal intercourse and frequently used condoms if they did engage in anal intercourse, particularly with clients. High rates of condom use (85%) were found for anal intercourse, although many encounters involved only other sexual activities. Workers were safest in sex with male customers, less safe with other male partners, and least safe with female partners.

Studies of male sex workers have also been conducted in San Francisco. Data from a first study (Estep et al. 1991) showed that among hustlers, men who recruit clients face to face (N=180), and call-men, more educated men who operate from a book of clients, masseurs, models, and escorts (N=180), general knowledge of AIDS, specific information regarding safe sex and AIDS, and number of customers serviced were significantly related to the level of safe or unsafe sexual behaviours (Estep et al. 1991). A larger study that focused on condom use has recently been completed. Five hundred and fifty callmen and hustlers were interviewed during 1991 (Waldorf and Lauderback 1991). Condom use was high for workers in this study: nearly three quarters of the workers had used condoms in the last week. Hustlers reported considerably less frequent condom use for anal intercourse than call-men and condom use was less frequent for both groups with intimates than with customers. Condoms were also much more likely to be used for anal sex than for oral sex.

The remaining studies most relevant to Indonesia come from Thailand. A study was conducted in 1988 of male sex workers in three areas of Thailand: Bangkok, Hat Yai, and Chiang Mai (Muangman et al. 1988). In these areas, workers meet clients through gay bars, bath houses, and public locations. Most workers were in their twenties and the mean incomes were low for the urban areas. Most workers had some formal schooling with the lowest levels in Hat Yai. The educational levels were higher than comparable samples of female sex workers. About two thirds of each urban group could identify behaviours that spread AIDS, although knowledge was lowest in Hat Yai. Unfortunately, less than half of each of the three groups thought that AIDS could be spread by an asymptomatic carrier. The number of partners per week was highest in Hat Yai (seven), with four per week in Bangkok and three in Chiang Mai. Less than 50 per cent engage in anal intercourse in Chiang Mai compared to 72 per cent of the Bangkok sample and 86 per cent of the Hat Yai sample. About 10 per cent of Bangkok workers reported that they never use condoms as against 30 per cent of Chiang Mai workers, and 82 per cent of Hat Yai workers. Intravenous drug use was negligible among male sex workers in this study.

A second study (Sittitrai 1988) consisting of three focus group discussions in male bars in Bangkok, found workers' knowledge to be accurate about sexual transmission, but found a number of misconceptions about casual transmission. The male workers in these groups also had higher educational levels than female workers in the same areas. One important finding from the discussions was that the workers often found themselves to be pressured by both customers and establishment

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owners to engage in unsafe sexual practices. Most male workers reported that they engaged in anal intercourse without protection. The low incidence of condom usage was a result of negative prior experiences with condoms including breakage, small size, customer refusal, or discomfort. Inappropriate lubricants including body lotion, oil, and saliva were also used.

A third study (Sittitrai et al. 1989) was conducted with 141 male bar workers from five bars in Bangkok. As with the other studies, these men had a large number of sexual contacts and more than half engaged in insertive and receptive anal sex without condoms. In the two-week period before the interview, all workers had sex with male clients, 23 per cent with female clients, 13 per cent with non-client males, and 50 per cent with non-client females. Thus, the sexual activities of these young men put them at risk for HIV infection and the potential for spread of the disease was high because they have sex with both male and female clients and non-clients.

### Study context

At the end of 1992, the currently documented number of AIDS cases and HIV-infected persons in Indonesia was remarkably low: 80 cases were documented. The Indonesian Ministry of Health has conducted serotesting with particular emphasis on high-risk groups including female commercial sex workers, transvestites and gay men and only a few HIV-positive individuals have been identified. Most of the individuals diagnosed with AIDS or who have tested positive were gay men, although a small number of prostitutes of both sexes have been identified as seropositive. However, given the estimated large numbers of sex workers in Indonesia and their suspected high rates of sexually transmitted diseases (STDs), there is a great potential for the spread of HIV infection.

Bali, one of 27 provinces of Indonesia, is an island with a population of nearly three million people. The recent 'explosion' in tourism with its attendant construction and service industries, coupled with outside investment in garment, craft and fisheries production has brought a level of economic development and opportunity that serves as a magnet to both the rural and urban poor of neighbouring provinces such as East Java (population 52 million). Thus, considerable circular migration to and from Bali occurs, consisting of both business people and tourists from Indonesia and beyond, as well as the poor searching for employment.

The commercial sex industry exists throughout Indonesia and can be found throughout the island of Bali. In Bali, however, it is concentrated in the provincial capital city of Denpasar and the nearby tourist centres of Kuta, Sanur and Nusa Dua. Both Sanur and Nusa Dua tend to cater to the more affluent tourists staying in relatively expensive hotels. Kuta is the largest tourist centre and it attracts a wide variety of tourists who stay in accommodation ranging from cheap 'homestays' to five-star hotels.

Commercial sex is illegal throughout Indonesia and the law is periodically enforced in Bali by means of token arrests and deportations of female sex workers to their homes in East Java. Male sex workers have generally not been subjected to such arrests. Although the number of female commercial sex workers in Bali is estimated to be over 1,000 the total number of male sex workers in Bali is estimated at one to two hundred.

A transvestite group known traditionally as *wadem*, but more recently as *waria*, are visible and officially recognized in Indonesian cities. The *waria* tend to work as entertainers, hairdressers and sex workers. However, apart from this group, homosexuality is generally not accepted in Indonesia and persons who reveal that they are homosexual are subjected to discrimination. They tend to be ridiculed in films and in the media, and in general only successful persons in the arts and entertainment industry are open about their sexual orientation.

The objective of this paper is to use data from a qualitative study to describe the AIDS knowledge and risk behaviours of male sex workers who serve predominantly male clients in Bali, Indonesia, to discuss implications for the spread of the disease, and to discuss appropriate interventions for these

groups. The results of the study will be viewed through the framework of the AIDS Risk Reduction Model (ARRM).

This study focuses on the population in Kuta which is estimated to include about 50 male prostitutes who serve both Indonesians and foreign clients. Several methods are used to meet customers: approaching potential customers in particular areas along the beach, soliciting partners on the street, going to residences, and meeting in bars, nightclubs and discotheques. Sexual relations may take place along the beach in the bushes or small shacks made from palm fronds, in the clients' hotel rooms, or in the rooms of cheap hotels rented specifically for the purpose. Liaisons are often brief, but many become extended with the client providing room and board, clothes, jewellery, presents, and travel rather than direct payment to the worker. In general, this commercial sex is not organized by outside parties and prostitutes do not have to share their proceeds with a pimp.

### **The AIDS Risk Reduction Model (ARRM)**

The ARRM is a three-stage model that characterizes people's efforts to change sexual behaviours related to HIV transmission (Catania, Kegeles and Coates 1990). The model aims to understand why people fail to advance over the change process, in order to gear intervention programs to a specific stage of the change process. The first stage of the model involves labelling behaviours as high risk for contracting HIV and implies knowledge of the disease and belief that the individual is at risk of the disease. The second stage is a decision-making stage: individuals must evaluate the costs and benefits of changing their behaviour and whether they are capable of carrying out that change (self-efficacy). The third stage is the enactment stage. This stage often includes information-seeking behaviour and requires communication skills with sexual partners. The model is used here to identify the stage of behaviour change of sex workers and clients in order to discuss appropriate interventions for both groups.

## **Methodology**

### **Subjects**

From May to July, 1991, a convenience sample of 20 male commercial sex workers (CSWs) and 19 of their tourist clients were recruited at places where CSWs work including beaches, street areas, bars, or discotheques. Friendship networks of CSWs were also used to recruit sex workers into the sample. Clients were recruited for the study either by meeting them at CSWs' work sites or at bars or discotheques where CSWs recruit clients.

### **Survey instruments**

The interview consisted mainly of open-ended questions and assessed: (1) knowledge of AIDS, sexually transmitted diseases, and condoms, (2) socioeconomic and demographic characteristics and migration history, (3) sexual experience, including experience as a sex worker and experience with intimates and other unpaid partners, (4) attitudes and beliefs about condoms, and (5) other health practices. This open-ended free-response format has been recommended to identify beliefs and social norms most likely to influence behaviour (Ajzen and Fishbein 1980) and to identify constructs most likely to influence behaviour (Higgins and King 1981; Bargh 1984). Responses were recorded on interview schedules in the presence of the respondents. Separate questionnaires with similar content were used for the workers and clients.

### **Interviewing procedure**

The interviewing staff consisted of two Balinese males and one American male. The Balinese interviewers were university graduates in anthropology who had spent time with the male sex-worker

community. They conducted all of the interviews with CSWs in the Indonesian language. The American interviewer was a gay male who had been living in the study area for two years. He conducted the tourist client interviews in English. Two tourist clients completed self-administered forms. Interviewer training included knowledge of AIDS and STDs, techniques for conducting and obtaining interviews, detailed study of the questionnaire, and supervised field practise in conducting interviews. Interviews were held at locations throughout the resort area including homes, beach areas, hotels, and restaurants. Locations were chosen to insure privacy during the interview. Respondents were willing to answer the sensitive questions in the interview and no significant problems were reported by the interviewers.

**Male sex workers**

**Demographic characteristics:**

The age of the male sex workers interviewed ranged between 18 and 30 years with a mean age of 22.7 years (Table 1). None had ever been married. All had attended school with the majority having attended at least some high school and an additional 20 per cent having at least some university or academy-level education. The workers were likely to come from middle-class economic backgrounds. A few had fathers who were farmers or small traders, but 60 per cent had fathers who were either civil servants or in business. About 30 per cent of the workers were not originally from Bali and most had arrived within the last two years. As in Thailand, both the level of education and parents' socioeconomic status were considerably higher than those of female sex workers in Bali (Wirawan, Ford and Fajans 1992).

The best measure of ethnicity in the study is religion. The ethnic Balinese are Hindu, and only one worker reported Hindu religion. Those of Muslim religion (70%) are mainly Javanese, while those who report Christian religion may be from many parts of Indonesia.

The workers were characterized by considerable mobility within Indonesia as well as outside the country. In the previous two years, half had resided in Jakarta, 30 per cent in Surabaya, the capital city of East Java, 20 per cent in West Java and 20 per cent in Central Java. In addition, individuals had also lived in Singapore, Malaysia, Switzerland, and the Netherlands. Most report visits to their home village for holidays (85%).

**Table 1**  
**Demographic and socioeconomic characteristics of male sex workers, Bali, Indonesia, 1991**  
**(N=20)**

<b>Age:</b>	Range	18-30	<b>Living arrangements:</b>	Alone	2
	Mean	22.7		Other sex worker	8
	18-21	6		Non-gay friends	7
	22-24	7		Gay friends	2
	25-30	7	Other	1	
<b>Religion:</b>	Islam	14	<b>First time in Bali:</b>	Before 1987	6
	Christian	5		1988-1989	6
	Hindu	1		1990-1991	7
<b>Ever married:</b>		0	<b>Residence last two years:</b>	Jakarta	10
<b>Education:</b>	Jr. high school	1		Surabaya	6
	High school	15			
	University/academy	4			

<b>Father's occupation:</b>		West Java	4
Farmer	3	Central Java	3
Trader	5	Batam	2
Civil servant/business	11	Malaysia	2
		Europe	2
		Only Bali	7

In Bali, 40 per cent reported living with other male sex workers, while 45 per cent reported living with other friends. Workers reported spending much of their free time with friends who were also CSWs. Nine respondents reported having other regular employment in addition to sex work. Of these, nearly half worked as hairdressers in beauty salons. Eighty-five per cent reported that they would like an alternative occupation such as work in the tourist business, modelling, or anything as long as it is a 'good' type of work.

#### **AIDS knowledge**

During the interview, workers were asked a series of open-ended questions about AIDS. All of the workers had heard about AIDS and the major sources of information were other gay men (85%), television (75%), newspapers and magazines (55%) and tourists (40%). When asked who can get AIDS, the most common responses were gay men (85%), prostitutes (60%) and gigolos, male sex workers serving female clients, (50%). Other answers were that one can get AIDS by having sexual intercourse with tourists and with frequent partners. Only 15 per cent specifically mentioned anal sex. Eighty per cent reported that it was possible to tell by looking if a person had AIDS, indicating that they do not recognize asymptomatic infection. Reports of symptoms of AIDS infections were often inaccurate. The majority of sex workers (55%) felt that they were at risk of getting AIDS. The most common reason given for risk was 'frequent sex with tourists' (73%). For those who did not consider themselves at risk, the most common reasons were that they use condoms (75%) or that their body was healthy (50%). Seventy-five per cent reported that they had done something to avoid getting AIDS, and the most frequent responses were that they use condoms (60%) and that they select 'clean' clients (40%).

#### **Sexually transmitted diseases**

Sex workers were asked a similar series of open-ended questions concerning their knowledge of and perceived risk of other sexually transmitted diseases (STDs). All respondents reported knowing of at least one STD with 90 per cent mentioning syphilis, 90 per cent AIDS, and only 35 per cent mentioning gonorrhoea. Most reported either other gay persons (80%) or newspapers and magazines (80%) as their sources of information concerning STDs while 35 per cent reported tourists and 25 per cent mentioned television as sources of information. Although most sex workers had heard of one or more STDs, their knowledge of the specific symptoms associated with these diseases and the mechanisms of transmission were often inaccurate.

Nearly all (95%) considered gay men to be at risk of getting an STD, while 70 per cent reported sex workers, 40 per cent gigolos; 30 per cent mentioned tourists, and 15 per cent reported clients of sex workers to be at risk of getting an STD. A wide variety of responses were mentioned when asked how those at risk can get an STD. Thirty per cent reported frequent sexual partners to place one at risk, 20 per cent mentioned not taking care of oneself, 15 per cent not selecting partners, and 15 per cent having sex with tourists. Anal intercourse (15%) or oral sex (15%) were also mentioned as placing one at risk of an STD. The majority of respondents (95%) considered themselves to be at risk of catching an STD, with 50 per cent reporting their having numerous or frequent partners as the reason, while 13 per cent reported having sex with tourists as placing them at risk. These sex workers considered both tourists

(95%) and other Indonesians (85%) as people likely to have STDs while 55 per cent specifically mentioned gay sex workers as people who suffer from STDs. A variety of alternative approaches to prevention of STD were reported. Forty-five per cent of the respondents stated that they had used a condom to prevent transmission while 35 per cent mentioned careful selection of partners, ten per cent took antibiotics after sex, ten per cent avoid anal sex and ten per cent reported trying to avoid tourist clients. One half of the respondents reported that they had ever had an STD. Of these 90 per cent reported having an STD two or more times. Sixty per cent reported self treatment with various drugs while 40 per cent had visited a doctor for treatment at least once. Informal conversations with workers revealed a reluctance among some to visit health-care providers because of the stigma of their homosexual activity.

#### **Condom beliefs and general condom use**

A series of open-ended questions were asked to elicit condom beliefs from workers. In response to questions about the 'good things' about condoms, the workers replied that they were safe and they prevent diseases (60%), they are clean (30%) and they prevent pregnancy (30%). 'Bad things' about condoms were that they decrease pleasure. They also said that men with frequent partners should use condoms (56%). Seventy per cent said that all or some of their gay friends like condoms and the main reason that they like them is to prevent illness. Ninety per cent thought that condoms prevent AIDS and all knew of sources for condoms in Bali.

Ninety-five per cent of the workers had used a condom in the last month with the main reason for use being to prevent illness. Seventy per cent keep them at their residence and sources for condoms include the *apotik* (drug store or chemist 43%), clients (29%), and gay friends (13%). Almost all workers had discussed condoms with clients and many claim to ask clients to use condoms. Twenty-four per cent reported that they ask all clients to use condoms, 24 per cent ask those who they do not know or who look suspicious, 35 per cent ask all foreign clients, and 18 per cent ask foreign clients that they do not know. Seventy-two per cent have had clients who refuse to use condoms.

#### **General sexual history**

Most of the workers first had sex with a man when they were in their teens: 35 per cent at age 14 or less, 40 per cent at age 15-16, and 25 per cent at 16 or more. Forty-five per cent of the workers were paid for their first sex with a man. Fifty-nine per cent have had sex with a woman. Respondents had worked for an average of 3.1 years with a range of two months to nine years. Thirty per cent of respondents had worked as CSWs only in Bali, 60 per cent had worked in Jakarta or Surabaya and ten per cent had worked in Batam or Malaysia. The workers generally return to their home village for holidays (85%), and some (35%) are usually sexually active on these visits. Many of those men interviewed identify themselves as gay, although some are primarily heterosexual in orientation.

Most workers work seven days each week and most have one client per day with a reported average of 5.9 clients each week. The median earnings per week was US\$75 and the range was from US\$23 to US\$125. Hotel or retail workers in the Kuta area would probably receive a salary averaging \$50 or less per week. In addition to cash, most workers also receive nonmonetary payments such as food or clothing. Workers report having clients who include Japanese men (100%), Caucasian men (85%), and Indonesian tourists (90%), as well as Indonesian businessmen (80%), university students (45%), civil servants (30%), and schoolboys (20%). Nearly all (95%) report being with clients both for a short time and all night but 72 per cent report that they are with most clients for a short time.

Table 2 shows the frequency of sexual acts requested by clients and the percentage of workers who agreed to perform each of these acts. Anal intercourse, both insertive and receptive, was the most common act requested and almost all workers would agree to perform these acts. Masturbation of the

client and the client masturbating the sex worker was the next most frequent practice and all workers would agree to this practice. Oral intercourse followed, with almost all workers agreeing to perform. Rimming, tongue to anus, the last practice asked about, was less common.

**Table 2**  
**Distribution of male sex workers according to frequency of clients' requests for various sexual acts, and number of sex workers agreeing to perform acts, Bali, Indonesia, 1991 (N=20)**

Sexual act	None	Sex workers by clients' requests			Nur agreeing
		Fewer than half	Half	More than half	
Client sucks sex worker's penis	0	8	7	5	19
Sex worker sucks client's penis	1	10	5	4	19
Client's penis in sex worker's anus	0	4	5	11	17
Sex worker's penis in client's anus	0	3	5	12	20
Client licks sex worker's anus	3	17	0	0	16
Sex worker licks client's anus	9	11	0	0	6
Sex worker masturbates client	0	3	7	10	20
Client masturbates sex worker	0	4	9	7	20

#### Sexual experience in the last week

Workers were asked detailed questions about their sexual experience in the last week. They had an average of 5.2 clients in the last week, with 4.1 of these new clients and 0.8 repeat clients. Two workers reported new female clients in the last week. Forty-three per cent of the workers had an intimate male non-paying partner and 32 per cent had a casual non-paying partner. Sixty per cent of workers had an Indonesian client from Bali, 60 per cent had an Indonesian client from outside Bali, and 90 per cent had a tourist client from outside Indonesia.

**Table 3**  
**Sex workers' experience with oral and anal intercourse in the last week, Bali, Indonesia, 1991 (N=20)**

Sexual act	Number of times with client			With other partner one or more times
	One or more times	Range	Median	
Partner inserts penis in sex worker's:				
anus with condom	16	0-5	1	6
anus without condom	14	0-6	2	7
mouth with condom	1	-	-	1
mouth without condom	13	0-7	2	7
Sex worker inserts penis in partner's:				
anus with condom	15	0-6	1	5
anus without condom	14	0-5	2	7
mouth with condom	0	-	-	1
mouth without condom	14	0-6	3	9

Table 3 shows the frequency of experience with oral and anal intercourse in the last week for sex workers. Most workers had experienced both insertive and receptive anal intercourse and many episodes took place without condoms. Oral intercourse was also a common practice and there was almost no condom use for oral intercourse.

**Male tourist clients of sex workers**

**Demographic characteristics**

Male sex workers report that their clients include both Indonesians and foreign clients. This study includes only foreign clients who may be either tourists or residents engaged in a variety of business activities. These clients reported permanent residence in a number of countries with 42 per cent residing in Europe, 21 per cent in Australia and others from the United States, Japan, and other countries (Table 4). Their age ranged from 23 to 53 with a mean age of 34.8 years. One-third of respondents had been previously married to a woman, but none was currently married. One third had a current male life partner. Respondents tended to be highly educated 70 per cent having attended college or university, and an additional 16 per cent having received a postgraduate degree. As a group they tended to be frequent travellers, with almost 80 per cent having previously visited Bali. For many respondents, these visits were longer than the average tourist stay with almost half having been in Bali seven or more weeks. This latter group consisted primarily of people engaged in business activities who made multiple visits. Most respondents were travelling alone. Many men had visited other countries in the region in the previous two years, including Thailand (58%) and other Asian countries. Their occupations included sales and business, designers and artists, teachers, and other professional and non-professional occupations.

**Table 4**  
**Demographic and socioeconomic characteristics of male tourist clients of male sex workers**

<b>Age:</b>	Range	23–53	<b>Travel status:</b>	
	Less than 30	4	Alone	16
	30–39	7	With friend	3
	40+	8	<b>Education:</b>	
<b>Permanent residence:</b>	Europe	10	High school	2
	Australia	4	College/university	13
	United States	3	Postgraduate	3
	Other	2	<b>Countries visited in last two years</b>	
<b>Number of visits to Bali:</b>	1 visit	4	Thailand	8
	2–3 visits	7	Singapore	9
	4+ visits	8	Australia	3
			Other Asia	3
<b>Length of time in Bali:</b>	0–2 weeks	4	Hong Kong	1
	3–4 weeks	3	<b>Relationship status:</b>	
	5–6 weeks	3	Have had a male life partner	17
	7+ weeks	6	Have a male life partner now	6
			Previously married to a woman	6

### **AIDS knowledge**

The clients were also asked a series of open-ended questions about AIDS. The most important sources of information for clients were gay media, friends and other media including newspaper and television. They reported that AIDS could be transmitted by blood (58%), needles (53%), sex (48%), anal sex (48%), and transfusions (37%). The majority of clients said that it was either unlikely or very unlikely (63%) that they would get AIDS. The modal reason for the low risk was careful or safe sex (45% of all clients). For those who thought that it was likely, 33 per cent gave 'risky sex' as the reason for their higher risk. Almost all of the clients (95%) reported taking actions to avoid getting AIDS and these included careful, safe sex (50%), use of condoms (50%), and having decreased the number of partners (39%).

### **Sexually transmitted diseases**

Clients were asked similar questions concerning their knowledge and perceived risks of contracting other STDs. Relatively high levels of knowledge of STDs were observed with 90 per cent of respondents mentioning syphilis and gonorrhoea, and an additional 80 per cent adding herpes genitalis.

Most frequently mentioned symptoms of STDs included dysuria (53%), discharge (47%), sores on the penis (37%) and swelling of the genitals (32%). Respondents thought it likely that male sex workers in Bali suffered from STDs with 53 per cent mentioning AIDS, 37 per cent gonorrhoea, 26 per cent herpes and 26 per cent reporting syphilis as likely illnesses of sex workers in Bali. One third stated that it was difficult to know if a sex worker had one of these diseases, while the remainder felt they could tell by looking for sores on the penis (42%), discharge (32%), or observing if the sex worker had pain on urination. Nearly half (44%) of the clients reported having ever had an STD themselves with 21 per cent reporting having seen a doctor for an STD in the last six months.

### **Condom beliefs and general condom use**

Clients were asked a shorter, slightly different set of questions about condom beliefs. They reported that people use condoms to prevent infection (80%), for AIDS prevention (26%), and to prevent pregnancy (74%). The only common reason that people like condoms was for AIDS prevention and people do not like them because they cause an interruption (53%), they decrease sensation (37%), they are a lot of trouble to use (32%), and they have an unpleasant smell or taste (26%). More than half of the men did not know of a source of condoms in Bali and 84 per cent said they had never obtained one there.

Clients were asked about their current condom use in general. Twenty-five per cent reported that they do not use condoms with any partners including CSWs, lovers and casual partners. Another 35 per cent reported that they always use condoms with lovers or intimate partners, 53 per cent always use condoms with casual partners, and 56 per cent always use condoms with CSWs. Sexual practices may differ for different types of partners.

Clients were also asked about their recent condom use. Twenty-five per cent used a condom at their last sexual encounter with a sex worker and 35 per cent at last sexual encounter with a partner who was not a sex worker. Nearly 85 per cent have asked a sex worker to use a condom and 44 per cent have been asked by a sex worker to use a condom. Forty-one per cent carry condoms with them. Eighty-one per cent use a lubricant with condoms and 19 per cent use lubricated condoms.

### **General sexual history**

Clients' age at first sexual relations with a man ranged from eight to 31 years with 21 per cent aged less than 14. Eighty-four per cent had had intercourse with a woman. Most had first paid for sex in their late 20s and early 30s. When asked what they enjoy when they are with sex workers, 25 per cent

said that they liked to talk with them, 81 per cent said they enjoyed the sexual activities, and 44 per cent said that they enjoyed their companionship. Clients had paid sex workers a mean of 6.9 times in the last month, with a range from one to 23. They had paid an average of 6.4 different sex workers, with a range from one to 23. Most reported that they were usually with a prostitute for a short time (68%) but 50 per cent reported at least one all-night encounter. Some clients also reported being with a prostitute for several days (19%) or long term (6%). The average payment was about US\$5 and 58 per cent of clients gave a non-monetary payment such as food or clothing.

#### **Sexual experience in the last week**

The clients reported paying a mean of 1.7 sex workers (range 1-4 partners) a mean 1.9 times (range 1-5 times) in the last week. Eighty per cent of their partners were Indonesian and 17 per cent were other tourists (including one female tourist). Table 5 summarizes the sexual practices reported in the last week by tourist clients. Masturbation was the most common practice, with oral intercourse the second most common. There was a smaller amount of anal intercourse reported both with and without condoms. Rimming (tongue to anus) was also reported with both sex workers and with other partners.

**Table 5**  
**Sexual acts experienced at least once in the last week by male tourist clients of male sex worker (N=19)**

<b>Sexual act</b>	<b>Number with sex worker</b>	<b>Number with other partner</b>
Masturbation	6	11
Penis in partner's mouth, no condom	8	13
Penis in partner's mouth, condom	1	1
Partner's penis in mouth, no condom	7	11
Partner's penis in mouth, condom	1	1
Penis in partner's anus, no condom	3	2
Penis in partner's anus, condom	2	5
Partner's penis in anus, no condom	0	3
Partner's penis in anus, condom	1	3
Tongue in partner's anus	3	7
Partner's tongue in anus	3	7
Fisting	0	0

It should be noted that CSWs report more recent experience with anal intercourse than clients report. These differences may be due to several factors. First, both are small samples that do not consist of matched partners. The clients who were interviewed comprised few or none of the interviewed sex workers' clients. Secondly, the clients may not proportionally represent all nationalities of tourist clients. Underrepresentation of nationalities for whom anal intercourse is a more common practice could cause a low estimate of its prevalence. Thirdly, Indonesian clients were not interviewed and experiences with Indonesians are included in the CSWs' reports. Underreporting by the clients could also have been a factor, although this is unlikely since they reported higher levels of anal sex with unpaid partners.

#### **Alcohol and drug use**

Heavy use of alcohol by clients was reported by both sex workers and by clients. Ninety per cent of the sex workers report that they have clients who are drunk and 85 per cent of these workers use

alcohol themselves before or during sexual encounters. Eighty-three per cent of the clients report that they become intoxicated in Bali. Forty-four per cent report giving alcohol or drugs to sex workers.

In contrast to this, use of other drugs may be much less common in Bali. Only 16 per cent of clients reported having used other drugs in Bali. None of the sex workers reported intravenous drug use themselves and only five per cent of clients reported ever using intravenous drugs. However, their past histories imply more risk of HIV infection: 48 per cent of clients have had sex with someone who was an intravenous drug user (24%) or probably was an intravenous drug user (24%).

## Summary and discussion

Several limitations of this study must be kept in mind. The data come from small, convenience samples and thus, generalizations to Bali and to other areas of Indonesia are limited. Only English-speaking tourist clients were interviewed, although sex workers report their clients to include local Indonesians and Indonesian tourists, and tourists from other Asian countries. Because of difficulty of recruitment, both prostitute and client data may undercount long-term relationships. Short-term visitors are probably underrepresented in the client sample and higher-priced sex workers may also be underrepresented. It should also be noted that the data are self reports on sensitive topics that are not easily verified.

The data indicate that there is a very active community of male sex workers and male clients in Bali that is at risk of transmission of AIDS infection. Male sex workers have limited knowledge of AIDS and STDs. Knowledge of transmission of these diseases is weak and they are unaware of asymptomatic transmission. Multiple sexual partners and frequent anal intercourse put the prostitutes at risk. Condom use is low and prostitutes possess ambivalent attitudes about their use; they frequently experience STDs and self-treatment with antibiotics is common as they report stigmatization by health-care providers. These men are characterized by considerable mobility and many are sexually active on frequent travel and home visits to other parts of Indonesia.

In terms of the ARRM model, many workers were at stage one, the labelling stage. The prostitutes had inaccurate information about AIDS and other STDs and proposed ineffective strategies such as choosing 'clean' partners for risk reduction. As discussed below, interventions with these men should begin with messages that focus on which behaviours lead to HIV and STD prevention to influence labelling of high-risk behaviours as problematic. As more sex workers progress to stages two and three of the ARRM model, the commitment and enactment stages, interventions should include skills development in condom negotiation and use. Interventions among sex workers could take advantage of social networks existing in the community. Education about these diseases and the development of skills to negotiate condom use and safer sexual practices could be organized through these networks.

The non-Indonesian tourist clients, in contrast, have considerable knowledge of AIDS and STDs. However, multiple sexual partners, including both sex workers and other tourists and ambivalent attitudes toward condom use, resulting in irregular use, put the clients and their sexual partners at risk of infection. Many were unaware of sources of condoms in Bali and condoms are not readily available at places where sexual encounters take place. High levels of alcohol use were reported before and during sexual encounters and may be a factor in increasing risky sexual behaviours. The clients have histories of STD infection and many report travel to countries with higher seroprevalence such as Thailand.

In terms of the ARRM model, the clients have in general moved beyond stage one, the labelling stage, into commitment and enactment stages. Obstacles to moving toward the enactment stages in this group may include negative beliefs about condoms as well as the unavailability of good-quality condoms in Bali. An additional obstacle may be that many of their Indonesian partners do not generally feel susceptible to HIV infection.

Health-care services that provide appropriate STD diagnosis and treatment without disapproval also need to be developed for workers in the area. Similarly, services for clients are also lacking. It should be noted that both groups have sufficient income to pay for services, so that once established, the services could become self supporting. In addition, increasing availability of good quality condoms and water-soluble based lubricants for both sex workers and clients should enhance disease prevention. These should be readily available at the sites where sex workers and clients meet, as well as in places of lodging for tourists and other places where sexual encounters take place.

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