Published in final edited form as:

J Assoc Nurses AIDS Care. 2016 ; 27(2): 153–165. doi:10.1016/j.jana.2015.11.003.

Examining the sociocultural context of HIV-related risk behaviors among kathoey (male-to-female transgender women) sex workers in Bangkok, Thailand

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Abstract

Kathoey (male-to-female transgender) sex workers (KSW) in Thailand are at high risk for sexually transmitted infections; however, few qualitative studies have been conducted to understand the sociocultural context of engaging in HIV risk behaviors. A total of 24 participants were purposively sampled in Bangkok based on KSW work venues and substance use. Results revealed the importance of participants' understanding of the self in relation to establishing economic independence through sex work, which could then be used to re-establish support from family, who often have not accepted a son's gender transition. Participants linked being kathoey to a belief in fate but did not view engagement in sex work in the same way. Different sex work

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Disclosures

The authors report no real or perceived vested interests that relate to this article that could be construed as a conflict of interest.

venues exposed KSW to different risky situations. HIV prevention programs for kathoey must address the importance of economic security and its relation to social support and gender transition within a cultural- and work-environment specific framework.

Keywords

fatalism; HIV; kathoey; sex work; transgender women

Thailand has been a site of international attention due to the country's HIV epidemic and its response to prevention efforts (Ford & Koetsawang, 1999; Park et al., 2010). The number of reported HIV cases in Thailand is particularly high when compared to other Asian countries (Dokubo et al., 2013; Park et al., 2010). A national campaign for HIV prevention has encouraged the general Thai population to increase condom usage and drastically lowered HIV prevalence in heterosexual populations (Park et al., 2010; Punpanich, Ungchusak, & Detels, 2004). However, HIV prevalence has not declined among men who have sex with men (MSM) in Thailand, but has remained stable, near 30% (Centers for Disease Control and Prevention, 2013; van Griensven et al., 2010). Cases classified as MSM most likely include kathoey (Thai male-to-female transgender women), as kathoey are not counted as a separate population. Additionally, kathoey who may not seek or have the opportunity to undergo sex reassignment surgery (vaginoplasty) may identify as MSM. All of these complexities lead to difficulties in researching and understanding the impact and current state of the HIV epidemic in kathoey.

It is important to denote the differences between the terms kathoey and transgender. The concept of transgender is a Western one that specifically draws upon a distinction between sex and gender, whereas the concept of kathoey traditionally is seen as part of a three-sex system consisting of male, female, and kathoey (Jackson, 2000; Kang, 2012). In Western terms, transgender women are assigned male at birth (sex) but identify as female (gender). In contrast, kathoey, as traditionally understood, are seen as different from men and women (Beyrer, 1998). The social contexts of these terms are distinct and tied to cultural differences related to language, practices, customs, and norms (Guadamuz et al., 2011; Jackson, 2000). However, many researchers have drawn attention to relatively recent changes to the way that Thai gender and sexual minorities understand themselves, mainly due to growing globalization (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleight, 2010; ten Brummelhuis, 1999). In particular, globalization may shape the ways in which kathoey are understood within broader public Thai culture. Winter (2006), for example, found that most study participants (of Thai transgender females) identified as women, with others identifying as "a second kind of woman" (p. 15), and still others continuing to identify as kathoey. Jackson (2000), on the other hand, identified a proliferation of sex/gender and identity categories within Thailand that consisted of a selective uptake of certain Western concepts such as gay, specifically writing about a gay identity without sexuality. It is also crucial to consider that kathoey have historically experienced social recognition within Thailand. Totman (2003), for example, linked kathoey to notions of karma and fate, suggesting, "everyone at some stage has been a kathoey" (p.70).

While acknowledging these complexities in transnational and cross-cultural comparison, in this paper we draw from research on the U.S. transgender population given the dearth of population health research with kathoey specifically. Despite cultural and identity differences, both kathoey and transgender women experience varying degrees of social stigma and marginalization, and thus have unique considerations for the purposes of HIV prevention and treatment. Many kathoey have limited access to education and employment opportunities outside of being beauticians, entertainers, and sex workers; challenges with employment have also been identified as a significant issue among U.S. transgender populations (Grant et al., 2011). We continue to refer to our participants as kathoey, however, as this is the term they most often used to describe themselves. This aligned with our method of symbolic interactionist grounded theory, which seeks to understand social situations through participants' own perspectives (Charmaz, 2006).

Disproportionately high HIV seroprevalence has been reported in transgender women in the United States (Clements-Nolle, Guzman, & Harris, 2008; Nemoto, Operario, Keatley, & Villegas, 2004; Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008). HIV infection has been correlated with sex work, substance use, exposure to transphobia, and lack of access to transgender-sensitive health care services (Nemoto, Operario, Keatley, Nguyen, & Sugano, 2005; Nemoto, Sausa, Operario, & Keatley, 2006; Sevelius, Reznick, Hart, & Schwarcz, 2009; Sugano, Nemoto, & Operario, 2006). The social marginalization of transgender sex workers seems to play an important role in HIV risk behaviors and, consequently, in the high HIV seroprevalence of the population. A meta-analysis reported a higher HIV prevalence for transgender women engaging in sex work (27.3%) than those not engaging in sex work (14.7%) (Operario, Soma, & Underhill, 2008). A recent meta-analysis reported that transgender women were 48.8 times as likely to be infected with HIV compared to all adults of reproductive age (Baral et al., 2013).

Transgender women face unique characteristics that shape risk factors (Chemnasiri et al., 2010; van Griensven, Na Ayutthaya, & Wilson, 2013). In particular, transgender women who engage in sex work face structural, interpersonal, and individual levels of vulnerability to HIV (Poteat et al., 2014). Transgender women frequently report engaging in receptive and insertive anal sex with non-transgender males, thus elevating HIV infection and transmission risks similar to MSM; however, their social lives, gender identification, and presentation as women or as feminine during sex work introduces further contextual complexities (Herbst et al., 2008; Melendez & Pinto, 2009). The combination of sexual practices, social experience, gender transition, stigma, and marginalization contributes to transgender women's unique risk factors for HIV (Baral et al., 2013; De Santis, 2009; van Griensven et al., 2013). Structural level factors that disproportionately impact transgender women also contribute to their HIV risk, including housing instability, poverty, and a lack of both transgender-sensitive health services and employment opportunities outside of sex work (De Santis, 2009; Poteat, German, & Kerrigan, 2013).

While kathoey in Thailand have unique cultural considerations with regard to identity, social positioning, roles, and acceptance compared to transgender women in the West, the majority of the Thai population practices Buddhism, which includes beliefs in karma and fatalism (Punpanich et al., 2004). These beliefs may relate to societal views toward sex work, in

which sex workers may be relatively accepted compared to other parts of the world. Many believe that current suffering experienced by sex workers is a consequence of performing “bad deeds” in previous lives; similarly, their performance of good deeds, such as sending money to their families and donating money to temples or monks could be rewarded in the next life (Klunklin & Greenwood, 2005; Peracca, Knodel, & Saengtienchai, 1998). Buddhist beliefs hold that individual behaviors and lifestyles may contribute to health and well-being and that experienced pain and suffering need to be examined within the individual (Ratanakul, 2004) and pain and suffering need to be accepted as they are, as opposed to fighting against or conquering them. Because of this, performing good deeds may reduce negative life experiences and personal suffering in future lives, not the current one. Totman’s (2003) ethnographic study noted that being or becoming kathoey was predetermined from birth, but engaging in sex work or being a sex worker was a consequence of misdeeds in the previous life. Job opportunities are limited for kathoey and, consequently, many kathoey engage in sex work to meet their economic needs. Engaging in sex work, therefore, is not judged by a moral standard, but is part of life as suffering or accepting suffering. Most of all, sending money to family is considered a good deed and a merit for future life. Our study links the importance of religion, culture, and societal views to the experiences of kathoey sex workers (KSW).

Because many kathoey engage in sex work, the occupation elevates their risk for HIV infection. HIV risk behaviors and high seroprevalence rates in kathoey have been reported: 12% in Bangkok, 18% in Chiang Mai, and 12% in Phuket (Wimonsate et al., 2006). Kathoey with a history of sex work in the previous 3 months had high HIV prevalence rates (17%). Furthermore, kathoey reported coerced sex more often than MSM (Guadamuz et al., 2011), and only 29% of kathoey participants in one study reported using a condom during their last anal sex encounter (Chemnasiri et al., 2006). In our most recent study, only half of KSW reported ever having been tested for HIV, and all but one participant reported not having seen a health care provider within the past 12 months (Nemoto et al., 2012). Additionally, one third of the participants reported having engaged in unprotected anal sex during the previous 6 months, and more than one third of the participants reported willingness to forgo condom use in exchange for extra money from customers. Almost all participants reported engaging in sex while under the influence of alcohol (Nemoto et al., 2012). While high HIV prevalence and risk behaviors have been identified in KSW, little research has sought to understand the sociocultural context of sex work in relation to HIV risk behaviors. Our study describes the sociocultural context of HIV risk behaviors by exploring characteristics of sex work practices, social support, and the role of karma.

Methods

Drawing from Carter and Little (2007), we distinguish between methodology and epistemology. The epistemological basis of our study is founded in symbolic interactionism as originally proposed by Blumer (1986). Symbolic interactionism holds that people act toward objects based on the meanings those objects have for them, and that meanings arise out of interactions. We particularly emphasize that this process involves the notion of the self in Thai cultural context, which centers on the importance of individual agency,

perspective, and understanding in actively creating meaning in relation to family and community.

Methodologically, we draw from grounded theory, which seeks to construct understandings of social phenomena through an open-ended process of coding and categorization through which themes emerge from the data (Strauss & Corbin, 1990). Because grounded theory as a method has taken on multiple forms throughout its existence (Walker & Myrick, 2006), we draw most from Charmaz's (2006) version that explicitly centers its symbolic interactionist roots.

Our study was conducted in three parts. First, trained kathoey interviewers (a) identified the location of commercial venues and areas where KSWs solicited customers and (b) collected information about those work environments using an environmental checklist. We described the environment by the following information: location/area, approximate numbers of KSW per business venue, solicitation methods, age groups, and types of customers (e.g., local/Thai and foreigner/tourist), and hours of operation. Also, street corners where KSW solicited customers were identified. Locations were categorized into two types of venues: street or bars/clubs (e.g., go-go bars and karaoke bars). Based on the mapping data, the trained Thai interviewers approached potential participants and screened them for eligibility: (a) age of 18 years or older, (b) self-identification as kathoey, (c) currently engaging in sex work in Bangkok, and (d) ability to communicate in Thai. After obtaining informed consent, the interviewers administered a short survey regarding drug use and demographics. We collected a total of 83 short surveys from September 2010 to May 2011. Participants were paid for the short survey and told that, if selected, the interviewer would contact them for in-depth qualitative interviews. Participants were told they would receive financial compensation for their time.

Based on purposive sampling, a total of 24 participants were recruited and interviewed by the interviewers using a structured questionnaire with open-ended questions. Four participants were recruited in each cell of a 2 (work venue: street or bars/cubs) by 3 (substance use in the past 6 months: no substance use, only used marijuana and/or alcohol, or used illicit drugs other than marijuana) table. The open-ended questions asked participants about their thoughts, views, and perspectives on current life in general, life as a sex worker, sexual behaviors with customers and private partners, substance use behaviors, beliefs toward religion and fatalism, and social support. All interviews were conducted in Thai, recorded, and transcribed. Transcriptions were translated into English by a professional translator and validated by bilingual Thai researchers. Each qualitative interview took approximately an hour, and participants received financial compensation after completing the interview. The institutional review boards of the Public Health Institute (California, United States) and Chulalongkorn University, Thailand, approved the study.

Data analysis followed the coding procedures described by grounded theory (Charmaz, 2006). Thus, we initially created codes line-by-line for each interview transcript, paying particular attention to references to individual agency, the self, or the participant's specific perspective. From these codes, similarities were drawn within and across each interview transcript to create larger code categories. Members of the research team then discussed

These codes and themes. Final themes were then discussed and validated by the kathoey interviewers. This served to provide another method to ensure the accuracy of the results (Bloor, 2001).

Demographics

Participants had a mean age of 25.3 years, ranging from 18 to 43 years of age. Participants reported having engaged in sex work for several months to 18 years and had sex with an average of 5.9 customers a week (range = 2 to 10 customers a week). Nearly all of the participants reported that they were brought into sex work via their friends. All participants reported a history of hormone use. Seven of the 12 recruited from bars and clubs reported not taking hormones within the past 6 months; all others reported recent hormone use. Based on the short survey, more than half of the participants reported having ever drunk alcohol (65%); a quarter had 3 or more drinks a day; 41% had ever used illicit drugs; 26% used yaba/methamphetamines, 13% used marijuana in the past 6 months, and none reported having injected drugs.

Results

The importance of the self emerged as a recurrent theme and is presented in three subsections. We highlight three distinct places in which the self was a prominent theme for participants to make sense of their contexts, surroundings, and experiences: (a) religion and belief systems, where the question of fate was addressed; (b) intimate social relationships, where participants received varying degrees of social support from their families and their romantic partners; and (c) the workplace, where sex work encounters took place with customers. Across these sites, participants constructed a coherent and consistent notion of individual agency that linked their own kathoey identities and actions with the contexts in which they found themselves, including their relationships to family members, friends, customers, and society at large.

From Fatalism to Individual Action

We sought to explore the importance of traditional Buddhist concepts—principally karma or fatalism—on participants' understandings of their sociocultural contexts. Some participants used an understanding of fate to contextualize their current social positions; however, most sought to move beyond reductionist and deterministic understandings of fate. For example, when asked whether sex work was a result of an occupational choice or a result of fate, one participant noted a nuanced balance between the two in discussing her lack of other options:

I think it's both. I think being born a kathoey is already my fate, and having to sell sex is another fate – two fates! However, I have to feed myself. What can a kathoey do? Wherever I go, I've always been looked down upon. (Bar/club, marijuana/ alcohol user, 35 years old)

Here the participant explicitly acknowledges that fate helps explain her overall position and the social marginalization she experiences. Her day-to-day decisions, however, are made out of a desire to improve her situation. This introduces the notion of agency to her sociocultural context while recognizing that her agency is limited by structure. In other words, the self

emerges due to many of the challenges and difficulties the participant has faced throughout her life.

Other participants claimed that their involvement in sex work was to be understood strictly as an occupation and not necessarily a product of fate. One participant in particular emphasized that her individual approach to sex work, including maintaining detachment from customers and personal discretion in spending the proceeds of her work, was to be understood as a product of her own agency. This notion of agency was then further extended beyond engagement in sex work to include day-to-day decision-making:

I think it is rather an occupation ... We don't get in touch with our customers after we have sex with them ... Moreover, the money I get supports my parents for their expenses. I don't spend it on gambling or on men. (Bar/club, hard drug user, 24 years old)

Consequently, the concept of fate seems to help participants to understand their gender identity and struggle for economic independence against transphobia in the society; however, participants tended not to conceive that they were influenced by fate for day-to-day decision making. Instead, the notion of the self emerged as a means of engaging with and navigating social hardship. This could include both individual responsibility, such as taking care of one's self financially, as well as individual discretion in navigating the process of sex work itself.

Family Relationships and Social Support

The central importance of the self also emerged in participants' discussions of social support in unique Thai cultural contexts; that is, the relationship with family members. Many participants reported negative childhood experiences from family members due to transitioning to kathoey; however, most expressed the desire to keep or reestablish supportive relationships with their families.

They haven't accepted me, especially my neighbor. My mother can accept me but my father still reserves his feeling [toward my gender transition]. My father has hit me because I'm like this ... when I have a problem, I'll call home and my father will chase me away. (Street, marijuana/alcohol user, 21 years old)

This was a common experience, particularly for participants working in street settings. Often the mothers were more supportive than the fathers, but even so, participants expressed the desire to build more meaningful relationships with their families and support family members as much as they could. Most participants did not receive financial support from their parents and, conversely, sent money to support their families in order to rebuild relationships with family.

In the beginning my father couldn't accept me, but he didn't hurt, kick, or punch me. He just didn't talk to me, and wouldn't take me to any place with him. As time passed when I'm more mature and I can take care of myself, I sent money to home. My father is now okay. (Bar/club, hard drug user, 33 years old)

I've never received [financial] support from my family, and I don't want to trouble my family. I'm proud that I earn my own living. It's only my mother who

encourages me to persevere because I choose my own way of life. (Bar/club, non-drug user, 19 years old)

After experiencing rejection and marginalization from family members, these participants identified one specific means of re-establishing relationships with their parents and subsequently re-building social support. Sending money home not only signaled independence and self-reliance, but also helped families with their own financial situations. These participants used the financial resources they gained from sex work to improve relationships with family members and gain greater acceptance.

The importance of family relationships was also noted in participants' discussions of their gender transitions. Participants reported exclusive use of their own financial resources for cross-gender hormone therapy and gender confirmation surgery. Even when families eventually expressed acceptance of a kathoey child, it generally did not extend to financial support and kathoey were still expected to finance their own medical interventions. This self-reliance reinforced the notion of the self as kathoey, but participants were still eager to establish the self in relation to family.

I support them [my family members] financially, such as paying for water and electric bills. I just bought my younger sister a mobile phone, a ring, and a necklace. You know, when I hadn't had breast surgery, I used to steal things; steal 500 Euro because I was trying to be female. Now I'm thoughtful and tell myself that whatever I want, I'll earn it myself. (Street, hard drug user, 19 years old)

Participants expressed the importance of the self by focusing on the positive things that sex work enabled them to do. By fulfilling economic need, sex work was understood as an occupation. Financial resources gained from sex work that were much better than those from unskilled jobs (e.g., non-professional service jobs) could thus be used at participants' desires or obligations to provide support to family members, which, in turn, might improve family relations. The positive change that KSW were able to bring about in their own lives required recognizing the importance of the self in relation to the family. Just as questions of fatalism brought out notions of the self to manage and counteract social hardship, here the self emerged as crucial for establishing social support with family, particularly through financial gains from sex work.

The Workplace and Risk Behaviors

In this section, we review how notions of the self arose within the context of the workplace and engaging in HIV risk behaviors, such as condom use and sexual activity while under the influence of alcohol. While these risk behaviors may be seen as the activities that warrant the greatest amount of attention for the purposes of HIV prevention, we highlight how notions of the self as it pertained to questions of fatalism, social support, and gender transition shaped how and why participants engaged in these risk behaviors. By understanding the construction of the self and its importance for participants seeking to manage social hardship, stigma, and economic marginalization, we highlight how KSW maintain a coherent sense of self that then can help elucidate risk behaviors, while also acknowledging the limitations of such an approach.

For sexual activity with customers, the majority of participants reported commonly using condoms. After additional probing, participants provided greater details as to the structural limitations of condom use where sex work solicitation took place. Some bar/club owners/managers, for example, stressed condom use with customers and randomly selected employees to undergo testing for HIV and other sexually transmitted infections (STIs). Some participants said HIV testing was not required at their premises, but they would go for HIV/STI testing because they were aware of their occupational risks.

Physical location as it related to power differences in negotiation between KSW and customers brought an additional structural aspect to condom use. Street KSW often engaged in sex work at hotels or customers' residences; bar/club sex workers, on the other hand, usually needed to report to managers, and customers had to pay a fee for taking KSW away from the bar/club. The importance of location where KSW solicited customers emerged as a central concern informing condom use. Many street participants had to rely on customers to provide condoms and had little power to turn down customers who refused to purchase a condom before going to a hotel: "Every time I go with my customers to a hotel. I'll ask if he has a condom; if he doesn't, he has to buy it" (Street, non-drug user, 21 years old).

Street KSW generally earned less than bar/club sex workers and had a lower socioeconomic standing. Customers may have sought out street KSW because their services were cheaper and more negotiable than those working at bars/clubs, where the price for commercial sex included fees collected by both the management and the sex worker was often predetermined. The power to negotiate condom use for street KSW was thus further limited. A street participant admitted: "Sometimes I don't use it [a condom] if I'm offered extra money" (Street, marijuana/alcohol user, 24 years old).

Bar/club KSW tended to refuse customers who would not use condoms. Unlike street KSW, these participants were better able to refuse customers because of their social standing, higher incomes, and "house rules" of enforced condom use: "I'll tell my customer first to use condoms before having sex. If he refuses, I'll have to refuse him, too" (Bar/club, marijuana/alcohol user, 18 years old).

Additionally, some bar/club participants mentioned exploring other options for sexual activities if customers refused to use condoms. These other options included masturbation and oral sex. No street participants mentioned exploring other options if customers refused to use condoms. Bar/club participants demonstrated the capacity to negotiate not just the terms of condom use, but also the terms of the sexual activity and the work to be performed: "My customers used to offer me extra money for not using a condom, but I refused. I just did masturbation for him" (Bar/club, marijuana/alcohol user, 35 years old).

This example of the self, in which individuals expressed an ability to explore other options when customers wished to forgo condoms, may also have manifested in other ways that worked against HIV prevention efforts. Instead of using individual negotiation in terms of exploration of other sexual activities, some participants used individual judgment when deciding whether or not to use condoms with customers: "I use condoms, but actually I don't use them every time ... sometimes they [customers] gave me more money but I have

to see that customer. Is he clean or does he have any wounds?” (Bar/club, hard drug user, 33 years old). “I’ll judge from their attire and their looks. If they’re clean, I won’t use condoms with that person. I’ll make my own decision” (Bar/club, non-drug user, 19 years old).

Thus, the self may manifest itself in multiple ways within the context of sex work, and this self may also conflict with structural conditions, such as physical location, rules, and expectations associated with certain types of venues, and negotiation power. For some participants, individual decisions to negotiate and explore other options may help navigate situations in which customers wish to forgo condoms; for others, individual decisions to use condoms based on physical looks and subjective judgment may indeed place KSW at higher risks for contracting HIV.

Bar/club participants also experienced unique considerations of alcohol use in relation to sex work. Because of the freelance nature of street participants’ solicitations and negotiations of the price and location of exchanging sex, alcohol use was not as finely integrated a part of the sex work. Alcohol was always present at bar/club venues and customers often offered drinks to the workers. KSW drank alcohol to gain a commission of drinks from the venues, as well as for entertaining customers for extra tips or gaining potential “regular” customers in the future: “I drink every day ... It’s normal that, working like this, customers ask me to drink. I’ll have to drink, otherwise, they will think I don’t have manners” (Bar/club, marijuana/alcohol user, 35 years old). One participant noted both how ingrained alcohol use was with bar/club-based sex solicitation, as well as how drinking affected her ability to use condoms:

I drink every day because I’ll get money – a drinking commission from having customers drink with me. I won’t be embarrassed to have sex after drinking. I can do whatever the customer tells me to ... I think drinking is part of my work and it’s very much necessary. (Bar/club, hard drug user, 33 years old)

Another bar/club participant echoed the influence of alcohol use and personal judgment regarding condom use with customers: “I admit that I don’t use condoms every time. For instance, I tend to forget when I’m drunk, or when I really like the customers” (Bar/club, hard drug user, 33 years old).

Thus, street and bar/club KSW faced unique social and contextual differences in their abilities to negotiate condom use and even sex acts with their customers. For bar/club participants, the same work environment that served to potentially enforce norms of condom use with customers also served to introduce them to the alcohol use that would elevate risks for HIV infection. On the other hand, freelance street KSW worked without the protection of co-workers or managers and had lower negotiating power vis-à-vis condom use with customers.

Discussion

The results of our analysis highlight the importance of the self for KSW in relation to sex work, religion and belief systems, and family members and social support. Specifically, the financial incentives earned through sex work served as a means to counteract stigma and

negative experiences by allowing KSW to develop of sense of economic independence and self-reliance, which in turn also helped to improve family relations and actualize gender transition. As a marginalized group, albeit with certain degrees of social recognition in relation to karma, kathoey still faced stigma and transphobia in Thai society that restricted their opportunities for economic independence and strained relationships with family members. Sex work increased the risk for HIV infection in kathoey, as was particularly evident when coupling high HIV prevalence in kathoey in Thailand with a lack of economic opportunities for this marginalized group (Wimonsate et al., 2006). We sought to provide a better understanding of the sociocultural contexts of KSW through participants' own perspectives in order to develop culturally sensitive and kathoey-specific HIV prevention and health promotion programs. The major findings of our study were:

- KSW tended to view their status as kathoey in relation to the notion of fate, but viewed sex work as a means to improve their social and economic circumstances;
- Financial incentives from sex work were used to re-establish social support from family members after experiences of childhood rejection, as well as to cover costs related to gender transition;
- KSW exhibited a range of individual negotiation for condom use, including both the exploration of other sex options and the use of personal discretion for assessing customers when forgoing condom use; and
- Structural factors, such as location of sex work solicitation, availability of condoms, norms and mores of condom use, availability and expectations of alcohol consumption, influenced KSW sexual risk behaviors.

It is important to note that our participants considered their transition to or being kathoey as a result of karma or fate, but they considered sex work to be an occupational choice, not a result of karma or fate. They did not explicitly state that sex work was sinful or that current suffering was due to bad deeds in previous lives; however, they thought money gained from sex work could be used to establish economic independence, as well as to support their families and thus gain needed social support. Moreover, they seemed to conform to the cultural norm that sending money home was their obligation in addition to being a good deed to help their families. Based on the Buddhist concept of karma, good deeds, such as donating money to temples or sending money to family, were meritorious actions that would be rewarded in the next life (Muecke, 1992). It was not clear whether the participants did these things to guarantee a better life in the next reincarnation; however, it was clear that money they gained from sex work enabled them to have economic independence and re-establish relationships with family members, particularly with their fathers. Sending money home was also common among Thai female sex workers; 87% of female sex worker participants reported sending money to family (Nemoto, Iwamoto, Perngparn, Areesantichai, & Sakata, 2010). Female sex workers might think that sending money to family was a family obligation and conform to a cultural norm of supporting each other with family members. However, many KSW left their homes because they were not accepted due to their gender identity (it is worth noting, however, that some of their mothers did express some support for the transition). It is important to situate this occurrence in an Asian cultural context of interdependency, which differs from the Western cultural context of

independence (Markus & Kitayama, 1991). KSW who experienced abuse from family members while transitioning might have sought to establish economic independence and a sense of self as kathoey by leaving home, but once they established economic independence through sex work they often reached out to family members for mutually supportive relationships by sending money home. HIV prevention and health promotion programs for KSW need to recognize and fully address economic independence through sex work and the management of financial resources to support families living in economically depressed rural areas. This aspect of economic pressure was a key factor for forgoing condom use. For example, our previous research indicated that 35% of KSW participants reported willingness to engage in unsafe sex when customers offered extra money (Nemoto et al., 2012).

Our previous study also found that street KSW earned less, with a higher number of customers than bar/club KSW, although there was no significant difference in substance use and unprotected sexual behaviors between bar/club and street KSW (Nemoto et al., 2012). The current study revealed that the work environment of bar/club KSW (where they were often required or expected to drink with customers and earn commissions from drinks) increased risk for HIV infection because alcohol use impaired judgment and, therefore, decreased condom use (Choi et al., 1999). Additionally, alcohol use can ease the stress experienced when having sex with customers. Street KSW were less likely to consume alcohol with customers, but they might also experience low power for safer sex negotiation than bar/club sex workers. Additionally, street KSW often asked customers to purchase condoms on the spot; if neither the worker nor the customer prepared in advance, this could lead to a sexual encounter where condoms were not used.

Thus, venue-specific HIV prevention strategies that take into account the unique context of different environments are needed. First, bar/club owners and managers can discourage their workers' alcohol use on the premises and reconsider policies that tie customer alcohol sales to worker commission. Alternatively, the commissions received for the purchase and/or consumption of drinks could be made comparable for soft and alcoholic beverages. Second, bar/club owners and managers must ensure the availability of free condoms for KSW and establish (or continue to encourage) a house rule that customers use condoms for all sexual contact with workers. Third, street workers must be provided with free condoms or easy access to free condoms, preferably at the establishments they frequent (such as hotels where encounters frequently take place). Finally, street KSW could develop support groups and formal social networks so that they can alert others of their whereabouts when they visit a customer's hotel or residence. This would help prevent violence and abuse from customers, and could also serve as a means to distribute sexual health information and to remind workers about condom use for every sexual encounter.

In addition to these venue-specific strategies for HIV prevention targeting KSW, a kathoey-specific health or community center is needed where KSW can receive free HIV/STI testing, as well as broader health care and participate in support groups to discuss issues of life and sex work, as well as health promotion. The center could offer job training for KSW because many of our participants expressed willingness to return to their home towns and open beauty salons or other types of businesses with savings earned through sex work in Bangkok (not reported in the results section). However, these efforts must acknowledge the

importance of establishing a sense of self, and the perceived benefits that sex work can bring through financial incentives, establishing family relations and subsequent development of social support, and funding procedures and practices related to gender transition. Programs that do not take these aspects into consideration are likely to remain ineffective because of a lack of understanding of the sociocultural context through which HIV risk behaviors take place. At the same time, most KSW are aware that sex work is not viable as a long term form of economic security; older sex workers are less competitive in soliciting customers than younger sex workers. Health promotion programs should take this opportunity to develop more sustainable forms of economic security through job training and other employment opportunities, and present it as a means of recognizing the importance of the self in counteracting negative experiences and re-establishing social support.

Conclusion

Despite varying degrees of social recognition, kathoey continue to experience stigma and discrimination via conflicts in the family during childhood. As a result, many kathoey move to Bangkok in hopes of establishing economic independence and financial security. However, job opportunities remain limited for kathoey, and many turn to sex work for survival. Sex work allows participants to regain a sense of independence and to re-establish relationships with family members by sending money home. Sex work and other risk behaviors in this population thus must be contextualized with multiple factors, including the widespread lack of job opportunities, societal and familial marginalization, the need for gender transition, work environment, availability of condoms, and understandings of the self that shape decision making. Public health initiatives that seek to address the impact of HIV in KSW must take these factors into account in developing individual, communal, and structural intervention programs. Individual and community-level efforts must also be coupled with system-level interventions to eliminate the stigma and discrimination that kathoey continue to experience. This could include policy changes that prohibit discrimination against kathoey in the workplace or help them secure higher education. Most of all, system-level intervention is needed to eliminate discrimination against kathoey and improve human rights for this marginalized group, and this is a key to improving health and well-being and reducing HIV incidence in kathoey. However, it will take time to mobilize political will and financial and personnel resources.

Our recommendations for HIV prevention for KSW are feasible. We emphasize consideration of the sociocultural context of economic independence and the self in developing health promotion programs, the development of venue-specific interventions as it pertains to condom availability and usage, alcohol consumption, and development of a kathoey-specific center to provide a safe space free of stigma and discrimination. We strongly recommend that these efforts be taken into account and implemented to reduce the severe and continuous impact of HIV on kathoey in Thailand.

Acknowledgements

This study was supported by the National Institute on Drug Abuse (NIDA; Principal Investigator: Tooru Nemoto; Grant No.: 1R21DA026324). The opinions and recommendations expressed in this paper are solely those of the authors and do not necessarily represent the views of NIDA.

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Key Considerations

- Kathoey establish a sense of self in relation to economic independence as a means of re-establishing family relationships and enabling gender transition.
- Many kathoey establish economic security through sex work. Fate is often seen in relation to being kathoey, but not necessarily to sex work.
- Structural factors, including location of sex solicitation, customs and norms surrounding condom usage, presence of alcohol and venue commission policies, and negotiation power also impact KSW risk behaviors.
- HIV prevention programs for KSW should enhance social support and facilitate economic security through increased access to job training and other employment opportunities to compensate for the general inability to continue in sex work for an extended period of time.