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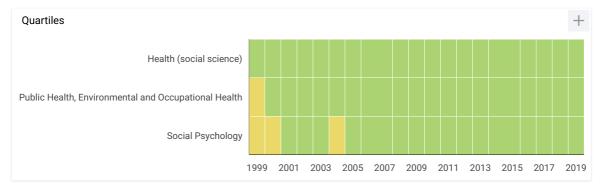
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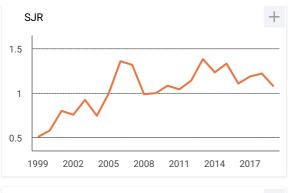
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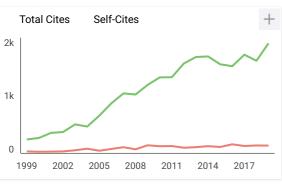
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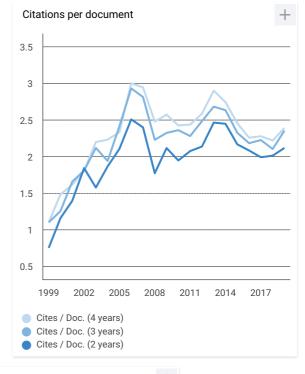
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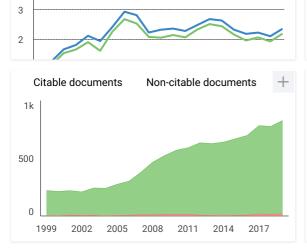




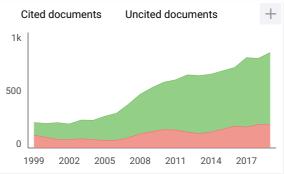


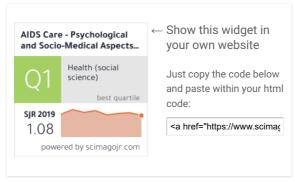


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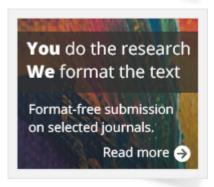
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High condom use but low HIV testing uptake reported by men who purchase sex in Bali, Indonesia

Luh Putu Lila Wulandari, John Kaldor & Pande Putu Januraga

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High condom use but low HIV testing uptake reported by men who purchase sex in Bali, Indonesia

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ABSTRACT

Men who purchase sex (MWPS) have long been considered as one of the population groups at risk of HIV transmission. However, while HIV-related interventions have been targeted towards this group, few studies have directly recruited MWPS to measure the impact of such interventions. This study aimed to fill the gap for Indonesia by identifying the level and predictors of condom use and HIV testing among MWPS, to inform prevention strategies. A cross-sectional study was conducted by surveying 200 MWPS in Bali, Indonesia in 2015. A structured questionnaire was administered to collect the data. Self-reported condom use on the occasion of last paid sex was very high (88.5%), while a history of HIV testing was low (8.1%). None of the variables identified in this study were associated with condom use at last paid sex. Men were more likely to report a history of HIV testing if they: perceived themselves to be at high risk of HIV, had a higher level of HIV-related knowledge, reported a history of genital ulcers or urethral discharge in the past 12 months, or were aware that confidential HIV testing was available. Implications and limitations of this study are discussed.

ARTICLE HISTORY

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KEYWORDS

HIV test; condom use; clients of sex workers; men who purchase sex; Indonesia

Introduction

Men who purchase sex (MWPS) have long been considered as one of the population groups at risk of HIV transmission based on their sexual contact with sex workers – a population recognised to have high rates of HIV in many countries (UNAIDS, 2015). Although some studies have reported a low HIV prevalence of 0–0.1% among MWPS, for example studies in Amsterdam (van Haastrecht et al., 1993) and Switzerland (Darling et al., 2012), high HIV prevalence among this group has also been reported often, for example in studies in Benin (Alary et al., 2003; Lowndes et al., 2000), Haiti (Couture et al., 2008), Cambodia (Hor et al., 2005), Vietnam (Nadol et al., 2017), China (Reilly et al., 2012) and India (Shaw et al., 2013), ranging from 5.7% to 26.5%.

It is estimated at present that 530,000–730,000 people in Indonesia are infected with HIV (UNAIDS, 2016b), concentrated mainly among people who inject drugs (PWIDs) (28.76%), transgenders (24.8%), direct female sex workers (FSWs) (5.3%), men who have sex with men (MSM) (25.8%), and prisoners (2.6%) (UNAIDS, 2016a). The Integrated Biological and Behavioural Surveillance (IBBS) carried out in Indonesia in 2007 and

2011 recorded an increase in the prevalence of highrisk men (considered a proxy of MWPS) with HIV, from 0.1% in 2007 to 0.7% in 2011 (Indonesian Ministry of Health, 2011).

Many interventions in Indonesia have been undertaken to reduce the risk of HIV among MWPS, including work-based education sessions (The HIV Cooperation Program for Indonesia, 2015), condom promotion in brothel areas, STI treatment and the expansion of HIV testing sites (Indonesian National AIDS Commission, 2010). However, even though selling or buying sex are not considered criminal acts in this setting, the stigma associated with purchasing sex makes it difficult to reach MWPS for research, including intervention evaluation. While a number of studies in Indonesia have recruited men from particular occupational groups as a proxy for MWPS (Indonesian Ministry of Health, 2011; Mustikawati et al., 2009), very few have directly recruited MWPS. In order to fill this gap, we conducted a cross-sectional survey among men attending brothels in Bali to identify the level and predictors of self-reported condom use at last sex with FSWs and had ever received HIV testing among MWPS in this setting.

Methods

This study was conducted where the commercial sex industry in Bali is concentrated: in brothel areas of Denpasar. At the time of the study, there were at least seven brothel areas, often called complexes, recognised by health officials as operating in Denpasar.

A cross-sectional survey was conducted among 200 MWPS in these brothels. For the purpose of this study, MWPS were defined as men who presented at one of the participating brothel sites. Inclusion criteria comprised being 18 years of age or older and self-reported sexual contact with at least one FSW in the past 12 months.

The survey was conducted from September to November 2015. Four field workers (all men from Bali), who were attending the brothels to carry out HIV prevention activities that targeted FSWs during this period, approached men visiting the brothels. The field workers presented at brothels every night from about 9pm to 1am. Face-toface interviews were conducted in Indonesian and took about an hour. Men were interviewed before any sexual contact took place at the brothel, or at a place convenient to them. All the men who were approached were offered a voucher with information about free HIV testing at an HIV testing clinic. In this setting, supported by government funding, HIV testing is offered for free. Vouchers were given to inform participants of the free testing, not for monetary values.

A structured questionnaire was adapted and modified from the IBBS used in 2011 (Indonesian Ministry of Health, 2011). It included questions on sociodemographic characteristics, sexual behaviours, HIV-related perception and knowledge, alcohol use, and history of STIs and HIV testing. Before the data collection began, the questionnaire was pilot tested, with revisions then made accordingly. Consent was gained from each participant before the interview.

Data analysis

Data was analysed using Stata 14 (Statacorp LP, Texas, USA), with an add-on package for Firth's logistic regression (Coveney, 2015). Duplicate observations were identified using a particular command in Stata 14 (StataCorp, 2015).

The outcome variables were: self-reported condom use at last sex with FSWs, and ever having received HIV testing. The measurement of the outcome variables was a binary response of "yes" and "no". To identify associations of condom use at last sex with a FSW and ever having received HIV testing, bivariate analysis using Firth's modified logistic regression was performed. This method is required due to the complete separation in some associated variables, whereby the outcome variable is completely identified with one category of an associated variable (Heinze & Schemper, 2002).

Independent variables included in the bivariate analysis were age, education level, marital status, perceived risk of HIV, perceived seriousness of HIV, knowledge of HIV transmission, awareness of confidential HIV testing, alcohol use in the past four weeks, the numbers of FSW partners in the past 12 months, the number of sexual contacts with FSWs in the past month, and a history of genital ulcers or discharge within the past 12 months. Knowledge of HIV transmission was defined as the ability to answer five out of five questions correctly about HIV transmission and prevention methods. The five questions on knowledge included: knowledge on preventing HIV transmission through being faithful; using a condom; knowledge that HIV cannot be transmitted through mosquito bites; knowledge that HIV cannot be transmitted through sharing food utensils, and knowledge that someone who looks healthy could actually be HIV positive. These questions were chosen based on the WHO/UNAIDS guidelines for collecting core indicator data on HIV knowledge for the purpose of global AIDS response progress reporting (World Health Organization and UNAIDS, 2015). Some variables such as a participant's age and the number of FSWs they had had sexual contact with in the past 12 months were combined to be dichotomous in order to allow a sufficient number of cases available in each category for analysis.

To control for confounders, multivariate analysis with Firth's modified logistic regression was also performed. Variables with p-value less than 0.1 in the bivariate analysis were included in the multivariate analysis. In addition regardless of the p-value of age or education in its association with condom use and HIV testing in the bivariate analysis, they were still included in the multivariate analysis because of evidence of an association between education and age with HIV testing (Martell, 2014). A p-value of less than 0.05 was considered significant in the multivariate analysis.

Ethics approval

Ethics approvals were gained from Udayana University, Bali and the Human Research Ethics Advisory Panel of the University of New South Wales, Australia.

Results

Of the 412 men who were approached, 200 agreed to participate, yielding a response rate of 48.5%. Questionnaires from those 200 participants, with nonduplicated observations, were included in the analysis. Only a few missing observations were noted (with an average of 3.7%), so these were considered a minor inconvenience (Altman & Bland, 2007) and were ignored (Rye, Glenn, & William, 2010).

Participant characteristics

Table 1 shows the sociodemographic, HIV knowledge and behavioural characteristics of the respondents.

Fewer than 20% of the participants were 24 years of age or younger. More than half had a highest education level of junior high school or below and were married at the time. Only 44% of the men perceived they were at risk of HIV, but more than 60% perceived that HIV was a serious disease. Less than half of the men were aware of confidential HIV testing, and more than 60% had used alcohol in the past four weeks. In the past 12 months, 34% of the men had had sex with five or more FSWs. Only 14% of the men reported to have ever had genital ulcers or discharge in the past 12 months.

Condom use at last paid sex

Table 1 shows that 177 participants (88.5%) reported condom use at their last sex worker contact, while Table 2 shows factors associated with reported condom use at last sex with FSWs.

The bivariate analysis (Table 2) revealed that men who perceived themselves at high risk of contracting HIV, perceived HIV as a very serious disease, had contact with a smaller number of FSWs in the past 12 months, had more sexual contact with FSWs in the past month, or had a previous history of genital symptoms in the past 12 months, were statistically significantly more likely to use a condom at their last FSW contact. Men who completed senior high school or above were marginally more likely to use a condom at their last paid sexual encounter with a FSW compared with those who only completed junior high school or below. However, in the multivariate analysis, none of these associations was statistically significant, at the 0.05 level.

HIV testing

Fifteen respondents (8.1%) reported having been tested for HIV previously (Table 1). Table 3 shows factors associated with reported HIV testing. In the bivariate analysis, it was found that men who perceived themselves to be at high risk of HIV infection, perceived

Table 1. Sociodemographic, perception on HIV, and behavioural characteristics of participants.

	Frequencies
Variables	(Percentages)
Age	
24 years old and below	36 (19.67%)
25–34 years old	70 (38.25%)
35 years old and above	77 (42.08%)
Highest level of education	
Primary or junior high school	101 (51.01%)
Senior high school or above	97 (48.99%)
Current marital status	
Not married	69 (34.50%)
Currently married	131 (65.50%)
Do you perceive yourself at risk of contracting HIV?	
High risk	81 (43.78%)
Probably at risk	74 (40%)
Not at all/not sure	30 (16.22%)
Do you perceive HIV as a serious disease?	
Not at all, not too sure, not too serious	71 (38.38%)
Very serious	114 (61.62%)
Knowledge about HIV transmission	
Responding correctly to the 5 HIV-related knowledge guestions	27 (14.67%)
Not responding correctly to the 5 HIV-related	157 (85.33%)
knowledge questions	(22.227.7
Aware that confidential HIV testing is available	
Yes	77 (42.08%)
No	106 (57.92%)
Alcohol use in the past 4 weeks	, ,
Yes	131 (65.50%)
No	69 (34.50%)
Number of female sex workers you had sex with in the	e past 12 months
1 or 2	79 (39.50%)
3 or 4	53 (26.50%)
5 or more women	68 (34%)
Condom use in the last sex with brothel-based sex wo	orkers
Yes	177 (88.50%)
No/can't remember	23 (11.50%)
Reported ever having genital ulcers or discharge in the	e last 12 months
Yes	28 (14%)
No	172 (86%)
Have you ever had an HIV test previously?	
Yes	15 (8.11%)
No	170 (91.89%)

HIV as a very serious disease, were able to respond correctly to the five HIV-related knowledge questions, were aware that confidential HIV testing was available, did not use alcohol in the past four weeks, had fewer FSWs visits in the past 12 months, had more sexual contact with FSWs in the past month, or had a history of genital symptoms in the past 12 months, were more likely to report having had an HIV test ever.

In the multivariate analysis, it was found that men were more likely to report HIV testing if they perceived themselves to be at high risk of contracting HIV (OR: 13.2 [95% CI: 2.16-81]), responded correctly to the five HIV-related knowledge questions (OR: 24.5 [95%CI: 5.05-118.96]), were aware that confidential HIV testing was available (OR: 54.5 [95%CI: 2.68–1100]), or reported genital ulcers or urethral discharge in the past 12 months (OR: 14.3 [95%CI: 2.2–91.7]). Despite the wide confidence interval, these associated factors were statistically significant.

Table 2. Bivariate and multivariate analysis of associated factors of reported condom use in the last sex with sex workers.

	the last	ondom in sex with orkers	Bivariate analysis			Multivariate analysis		
Variables	n	%	OR	95%CI	p values	OR	95%CI	p values
Age								
24 years old and below	31	86.1%	0.6	0.2-1.8	0.38	0.7	0.2-2.4	0.60
25 years old and above	133	90.5%	1					
Highest level of education								
Primary or junior high school	86	85.2%	1					
senior high school or above	90	92.8%	2.2	0.86-5.43	0.10	2.3	0.8-6.2	0.11
Current marital status								
Not married	60	87%	1					
Currently married	117	89.3%	1.2	0.5-3.1	0.59			
Do you perceive yourself at risk of contracting HIV?								
Probably at risk, not at all/not sure	88	84.6%	1					
high risk	76	93.9%	2.6	0.9-7.1	0.07	2.6	0.9-7.1	0.07
Do you perceive HIV as a serious disease?								
Not at all, not too sure, not too serious	59	83.1%	1					
Very serious	105	92.1%	2.3	0.9-5.7	0.07	1.06	0.3-3.8	0.92
Knowledge about HIV transmission								
Responding correctly to the 5 HIV related knowledge questions	27	100%	8.7	0.5-147.3	0.14			
Not responding correctly to the 5 HIV related knowledge guestions	157	86.6%	1					
Aware that confidential HIV testing is available								
Yes	68	88.3%	0.8	0.3-2.0	0.61			
No	96	90.6%	1					
Alcohol use in the past 4 weeks								
Yes	113	86.3%	0.5	0.2-1.4	0.20			
No	64	92.8%	1					
Number of female sex workers you had sex with in the last 12 months								
1 or 2	66	83.5%	1			1		
3 or more	111	91.7%	2.2	0.9-5.1	0.08	2.4	0.9-5.9	0.07
Number of sexual contacts with sex workers in the last month		2 /0		0.5	0.00		0.5 0.5	0.07
0–1	85	93.4%	1			1		
2 or more	92	84.4%	0.4	0.2-1.0	0.06	0.5	0.1-1.4	0.17
Reported ever having genital ulcers or discharge in the last 12 months		0,0	٠	0.20	0.00	0.5	• • • • • • • • • • • • • • • • • • • •	••••
Yes	22	78.6%	1					
No	155	90.1%	3.6	1.2-11.2	0.024	1.1	0.23-5.23	0.90
Have you ever had an HIV test previously?		20/0	5.5				2.23 3.23	0.20
Yes	15	100%	4.5	0.3-77.2	0.304			
No	70	87.7%	1	0.5 , , .2	0.50 1			

Discussion

This study found high levels of self-reported condom use at last FSW contact (88.5%), but low levels of reporting ever having received HIV testing (8.11%). The high condom use might be due to the fact that condoms were easily accessible in these brothels, either from the kiosks nearby or at reception. In fact, HIV interventions targeted at FSWs in brothel settings also provide condoms free of charge to the women, which they use in commercial sex transactions. No variables were associated with reported condom use at last sex with a FSW, indicating there might be other factors not identified in this study that could influence condom use in this setting, such as an emotional involvement in the relationship with the FSW (Milrod & Monto, 2016) or attitudes towards gender issues (Decker et al., 2010).

The high percentage of reported condom use at last sex with a FSW is consistent with findings from the national Indonesian IBBS (2011) i.e., 60.6% (Indonesian Ministry of Health, 2011). However, the current study contradicts findings from two studies conducted more

than two decades ago in this setting, i.e., a study by Fajans et al. that found only 8.5% of MWPS reported condom use during their most recent sex purchase (Fajans, Wirawan, & Ford, 1994), and Ford et al.'s study that found only 32% of condom use at the last paid sex (Ford, Nyoman Wirawan, & Muliawan, 2002). The result of the present study suggests the success of various HIV interventions in this setting, particularly condom promotion in brothel areas, in influencing condom use among MWPS, as has also been seen in India (Lipovsek et al., 2010).

The low level of HIV testing reported among participants was consistent with a finding from the Indonesian IBBS (2011), a national survey conducted among men from occupational groups designated as a proxy for MWPS, with the sample size ranging from 300 to 400 and selected with two-stage proportionate probability and time location sampling. That IBBS found a HIV testing rate of 7% among these men (Indonesian Ministry of Health, 2011). This finding has concerning implications, since studies in other countries have found higher rates of HIV testing among this group, ranging from 16% to

Table 3. Bivariate and multivariate analysis of associated factors of history of HIV testing.

	his	oorted a story of testing	Bivariate analysis			Multivariate analysis		
Variables	n	%	OR	95%CI	p values	OR	95%CI	p values
Age								
24 years old and below	1	3%	0.5	0.08-2.6	0.38	0.1	0.005-1.57	0.1
25 years and above	12	8.9%	1					
Highest level of education								
Primary or junior high school	5	5.7%	1					
senior high school or above	10	10.5%	1.9	0.6-5.5	0.26	1.1	0.11-11.7	0.9
Current marital status								
Not married	5	7.8%	1					
Currently married	10	8.3%	1.01	0.3-3.0	0.97			
Do you perceive yourself at risk of contracting HIV?								
Probably at risk, not at all/not sure	4	3.9%	1					
High risk	11	13.6%	3.6	1.2-11.3	0.03	13.2	2.16-81	0.005
Do you perceive HIV as a serious disease?								
Not at all, not too sure, not too serious	2	2.8%	1			1		
Very serious	13	11.4%	3.7	0.93-14.7	0.064	7.8	0.2-271.01	0.26
Knowledge about HIV transmission		, .	5.,	0.55	0.00	7.10	012 27 110 1	0.20
Responding correctly to the 5 HIV related knowledge questions	10	37.0%	16.6	5.3-52.2	< 0.001	24.5	5.05-118.96	< 0.001
Not responding correctly to the 5 HIV related knowledge questions	5	3.2%	1	3.5 32.2	10.00	1	3.03	10.001
Aware that confidential HIV testing is available	,	3.270	•			•		
Yes	15	19.5%	52.9	3.1-898.19	< 0.001	54.5	2.68-1108.09	0.009
No	0	0	1	3.1 030.13	(0.001	1	2.00 1100.05	0.007
Alcohol use in the past 4 weeks	Ŭ	Ū	•			•		
Yes	6	4.9%	0.3	0.1-0.9	0.03	0.8	0.1-5.1	0.8
No	9	14.3%	1	0.1 0.5	0.05	0.0	0.1 3.1	0.0
Number of female sex workers you had sex with in the last 12 months		1 1.5 70	•					
1 or 2	10	12.7%	1					
3 or more	5	4.7%	0.4	0.1-1.1	0.06	0.5	0.1-2.9	0.43
Number of sexual contacts with sex workers in the last month	,	T.7 /0	0.4	0.1-1.1	0.00	0.5	0.1-2.5	0.75
0–1	4	4.9%	1					
2 or more	11	10.6%	2.1	0.7-6.6	0.19			
Reported ever having genital ulcers or discharge in the last 12 months		10.070	۷.۱	0.7-0.0	0.17			
Yes	5	19.2%	3.64	1.2–11.2	0.02	14.3	2.2-91.7	0.005
No	10	6.3%	3.0 4 1	1.2-11.2	0.02	14.3	2.2-91.7	0.003
Condom use in the last sex with brothel-based sex workers	10	0.570	'			'	ı	
Yes	15	9.2%	4.5	0.3-77.2	0.30			
No/can't remember	0	9.2%	4.5 1	0.5-77.2	0.30			
NO/Carr C remember	U	U	I					

74% (Darling et al., 2012; Fleming et al., 2016; Lau & Tsui, 2003; Milrod & Monto, 2016; Niccolai et al., 2012; Rana et al., 2013).

The contrast between the low rate of HIV testing and high condom use might also signal the roles that confidentiality and convenience play in men's decision to adopt health prevention measures. While condoms can be readily accessed in this setting without men having to visit an STD clinic, this was not the case with HIV testing, which can now only be provided at Voluntary HIV Counselling and Testing (VCT) clinics, albeit free of charge. Numerous studies have reported the confidentiality concerns that contribute to a reluctance to visit VCT clinics. For example, a previous study of injecting drug users, conducted in this setting, found fear about the stigma of HIV was a main concern of respondents who avoided HIV testing at the clinic (Ford, Wirawan, Sumantera, Sawitri, & Stahre, 2004). A qualitative study in South Africa revealed the acceptability of an oral HIV test, particularly to male participants who selected "nobody saw me" and convenience as the

main reasons to accept HIV self-testing (Martínez Pérez et al., 2016), suggesting that an HIV self-testing option could be evaluated in this setting as another strategy that encourages men to be tested for HIV.

Men with a good knowledge of HIV, or who perceived themselves to be at high risk of HIV were more likely to have ever been tested. It is acknowledged that perceived risk and HIV knowledge may have been the result of having been tested for HIV. Being a cross-sectional study, it is unlikely to be able to identify whether the responses to these items were as a result of, or resulted in, testing experience. However, these findings suggest the need for education formats that address men's knowledge of HIV and the perceived risks in order to influence their willingness to be tested for HIV in future.

Men who reported a history of genital ulcers or discharge in the past 12 months were more likely to report a previous HIV test. This finding might suggest that men with an STI symptom who had sought treatment at a health facility, i.e a clinic-based STI test, were more likely to have an HIV test, which indicates the need for more

community-based testing. Such an approach could reach higher testing coverage than facility-based approaches (Suthar et al., 2013).

The association between HIV testing and awareness of the availability of confidential HIV testing echoes calls for strategies that assure MWPS of confidentiality in accessing tests. Campaigns to increase awareness of confidential HIV testing services might improve HIV testing rates. It might also highlights the potential of HIV self-testing strategy in ensuring privacy and confidentiality (Krause, Subklew-Sehume, Kenyon, & Colebunders, 2013), which would probably increase the uptake of HIV testing in the current setting. Due to possible issues around HIV self-testing (Wood, Ballenger, & Stekler, 2014), perhaps future studies in this setting should seek information on innovative venues for accessing HIV testing or self-testing before the latter is considered, and also seek information on clients' needs for counselling services and links to care strategies.

As in many areas of health behavioural research, the reliance on self-reporting in surveys of sexual behaviour raises difficulties in drawing validated conclusions from study findings (Fenton, Johnson, McManus, & Erens, 2001; Ross, 2010), particularly due to social desirability issues (DiFranceisco, McAuliffe, & Sikkema, 1998) and recall bias (Schick, Calabrese, & Herbenick, 2014). Second, the current study involves self-reporting on the "culturally immoral behaviour" of sexual contact with FSWs. Reluctance to admit to this type of behaviour due to stigma has been acknowledged in previous studies (Morison et al., 2001; Morris, 2004). This might have an impact on the responses and participation rates. Third, the use of a sampling technique to recruit participants, by approaching only MWPS who presented at brothels, might result in a questionable representativeness of MWPS in the population, particularly among MWPS who access non-brothel-based venues such as massage parlours, spas, karaoke bars, clubs and bars, and introduces unknown bias. However, due to the stigma attached to this behaviour, MWPS are a difficult group to reach (Carael, Slaymaker, Lyerla, & Sarkar, 2006); therefore, this sampling approach is a practical strategy (Magnani, Sabin, Saidel, & Heckathorn, 2005). Our response rate, of about 50%, reflects the practical benefits of approaching MWPS by this method.

The non-random technique used to recruit participants might also introduce issues of external validity a challenge often faced by studies targeting hard-toreach populations (Schick et al., 2014). However, a sampling frame is rarely available for this hidden population, and so a non-random sampling technique might be more useful (Crosby, Salazar, DiClemente, & Lang,

2010). Last but not least, the small sample of n = 15men who were ever HIV tested might be considered a limitation. Despite the choice of a statistical test that might match the data, there is still a wide confidence interval, which may indicate the low power of this study. Results of this outcome should thus be presented more as a pilot study rather than one that conclusions can be drawn from.

Conclusions

The current study is valuable in its attempt to shed light on the extent of condom use and HIV testing among MWPS. This study also begins to bridge a gap in the literature, with its dearth of important information on associated factors of HIV testing among MWPS in Indonesia. This study found very high levels of self-reported condom use at last sex with a FSW (88.5%), but low levels of reporting ever having received HIV testing (8.11%). It also noted an association between HIV testing and awareness of confidential HIV testing, findings that both suggest a need to improve awareness of the availability of confidential HIV testing or the introduction of HIV testing options that ensure convenience and confidentiality. HIV self-testing might offer a solution to this issue, and this may be considered by future studies that look at the acceptability of oral HIV self-testing in this setting.

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No potential conflict of interest was reported by the authors.

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