Reaching the (in)visible men of Vientiane

A qualitative study of peer education programmes

among men who have sex with men

in Vientiane, Laos

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Tell me and I forget

Show me and I remember

Involve me and I understand

Ancient Chinese Proverb.

Abstract

Introduction and objectives. Men who have Sex with Men (MSM) have high risk of HIV due to unsafe sexual practices and poor knowledge about protection. Targeted prevention programmes are sparse because of limited understanding of male-to-male sex and sexuality. Peer Education Programmes (PEPs) have been implemented as health interventions to reach MSM in Laos to increase their knowledge on safe sexual behaviour and reduce their risk of HIV. The objective of this study is to explore how PEPs are applied among MSM in Vientiane, and how MSM perceive the programmes to influence their sexual behaviour.

Methodology. Fieldwork for this ethnographic study was conducted from November 2008 to February 2009 in Vientiane, Laos. Key informant interviews with experts in the field of PEPs and MSM were supplemented with personal observations and participatory observation of MSM and the implementation of PEPs. Ten in-depth interviews were conducted with peer educators (PEs) as well as ten interviews with receivers of the PEPs (peers). These data were supported by informal interviews.

Findings and conclusion. The study shows that PEPs have succeeded in reaching and teaching their target group about safe sexual behaviour using different outreach activities. The PEs find it challenging to perform outreach, discuss health issues with their peers and to behave as good role models. This has implications on the intervention's effect on peers.

Sexual practices, sexual identity and communities were found to play a role for the risk of HIV among MSM in Vientiane, and it is these factors that PEPs should be aiming at. The peers have negotiated a meaning concerning condom use and HIV, indicating that they are able to understand and learn from the way they have been taught, but they have not been able to personalise the messages given and relate them to other situations in their lives. Therefore, despite having learned new practices and gained more knowledge, most peers continue to engage in high risk sexual practices.

To improve PEPs in Vientiane, suitable candidates with strong communication skills should be recruited as PEs, and their training should include the topics that have been identified as putting the peers at risk of HIV. Also, the PEs should learn to take advantage of the fact that they share the same sexual practices and identities as their peers and therefore have a strong foundation for identifying the needs of the peers and what they need to learn in order to practice safe sexual behaviour.

Acknowledgements

Studying MSM in Vientiane has been a great experience, academically as well as personally. I have often found myself astounded by the fluidity of the Lao gender and sexual identity, as well as the fact that a group of men can appear and act so differently in a small community. It surprised me that *kathoeys*, the Lao transgender, appear so visible in society, while gay men seem to be trying their best to make themselves invisible - with regard to their sexual practices. Due to my limited personal knowledge on MSM and Peer Education Programmes (PEPs), I might have dwelled on things a researcher knowledgeable about the topic would not have done. This, however, has provided me with a large understanding of the phenomenon in the Lao study context. By staying in Laos and engaging with the MSM on a daily basis I have gained a vast amount of knowledge, which has given me the opportunity to conduct this thesis. Conducting this study has given me useful experiences within public health work in an international context.

I hope you will enjoy reading the thesis.

List of abbreviations

AIDS Acquired Immune Deficiency Syndrome

COP Communities of Practice

DIC Drop-In Centre

FSW Female Sex Worker

HIV Human Immunodeficiency Virus

IDU Injecting Drug User

MSM Men who have Sex with Men

NGO Non Governmental Organisation

PSI Population Service International

PE Peer Educator

PEP Peer Education Programme

PLHIV People living with HIV

STI Sexually Transmitted Infection

UNAIDS The United Nations Joint Programme on HIV/AIDS.

UNDP United Nations Development Programme

VCT Voluntary Counselling and testing

WHO World Health Organisation

List of tables, figures, and appendices

Figures.

Figure 1. Geography of Laos

Figure 2. The elements of social theory of learning

Figure 3. Framework of PEPs as social learning

Figure 4. Characteristics of sexual partners of MSM and the level of risk of HIV in the different groups

Figure 5. Chain of payment for sex in Vientiane

Tables.

Table 1. MSM sub-groups in Vientiane.

Table 2. Overview of key informants and stakeholders interviewed

Table 3. Fact sheet about PEs

Table 4. Fact sheet about peers

Table 5. Operationalisation of theoretical concepts

Table 6. Incentives provided to the PEs from each of the three organisations

Table 7. Personal narrative by Khek on discovering his sexual identity

Appendices.

Appendix 1. Country fact sheets for Laos

Appendix 2. Description of the three organisations implementing PEPs among MSM in Vientiane

Appendix 3. Interview guide for the NGOs

Appendix 4. Interview guide for peer educators

Appendix 5. Interview guide for peers

Appendix 6. Themes and categories included in the analysis

All pictures have been permitted to be used in the thesis.

CONTENTS

1 Introduction

1.1 Introduction to the topic

Men, sex and HIV. Put together, a triad that is both controversial and provocative. For more than a quarter of a century male-to-male sex has been a significant route of HIV transmission throughout the world. Despite three decades of evidence of their vulnerability, men who have sex with men (MSM) continue to be at the highest risk of HIV acquisition in the world and are approximately 19 times more likely to be infected with HIV than the background population in the Asia/Pacific region (Baral et al., 2007). MSM are continuously under-served, under-studied, and frequently ignored or denied by governments (Commision on AIDS in Asia, 2008;Saavedra et al., 2008;Baral et al., 2007;Choi et al., 2004;Colby, 2003).

MSM have an elevated risk of HIV infection and STIs[1] due to low levels of condom use, low perceived vulnerability of HIV infection, and low levels of knowledge (de Lind Van Wijngaarden et al., 2009;TREATasia, 2006). The fact that a substantial number of MSM are married or have relationships with women can lead to a high disease transmission (Caceres et al., 2008;Toole et al., 2006;Pisani et al., 2004;Colby, 2003) and play a significant role in bridging the epidemic to the general population (Choi et al., 2004;Girault et al., 2004). Preventing HIV among MSM will therefore not only contribute to combating HIV among this population group, but also within society as a whole (The Panos Institute, 1999).

Despite the high numbers of MSM at risk of HIV, targeted prevention programmes and health services for MSM are nearly non-existent as most countries in the Asian region do not include MSM in their ongoing HIV surveillance efforts (amfAR AIDS Research, 2008;Saavedra et al., 2008;Colby et al., 2004;Choi et al., 2004).

Designing health interventions for MSM is difficult partly because of the limited information and understanding of male-to-male sex and sexuality. Peer Education Programmes (PEPs) have been suggested as health interventions to reach young peers in an informal way (Colby et al., 2004). Only few studies have been conducted on how PEPs should target high risk groups and no clear-cut conclusions can be drawn from the existing interventions (Kim & Free, 2008). The dearth of documentation of peer-led interventions limits our knowledge about if, how and what works in low-income countries. This thesis sets out to fill that gap. Laos has a large population of MSM and three

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[1] STIs are a contributing factor of HIV acquisition and gonorrhea is often taken as a proxy measure for unprotected anal intercourse (Rees et al., 2003)

organisations have recently implemented PEPs in Vientiane, the capital of Laos, to reach the MSM population with the aim of increasing their knowledge on safe sexual behaviour and decreasing their risk of HIV. The present study is the first study on PEPs for MSM in Vientiane and the first to explore perceptions among MSM.

1.2   Motivation for conducting the study

My interest in HIV in Laos arose a few years ago when I first started working on HIV in Asia. The HIV epidemic in Laos is atypical. Contrary to other Asian countries where the HIV epidemic is driven by injecting drug users (IDUs) or female sex workers (FSW), Laos has few IDUs and FSW, and the epidemic is instead driven by MSM (Commision on AIDS in Asia, 2008). Laos has been an isolated country until the beginning of the present century and has not seen the kind of large scale migration that has caused internal dislocation in other parts of East Asia and which often carries HIV with it. Nevertheless, due to a fragile economy, Laos has begun to promote tourism and improved trade ties with its neighbours (Rigg, 2005). There is now a growing concern that, as Laos opens up to the outside world, its record as one of Asia's AIDS success stories could be at risk (WHO, 2008).

Prior experiences on MSM in the Asian region have been based on epidemiological studies and have not been able to provide answers to the questions behind the statistical data concerning behaviour among the MSM or how a health intervention is perceived. An inspiration and a curiosity emerged in me to experience how a country in such progress could implement a health intervention among a group of marginalised people with a sexual behaviour that put them at risk of HIV. I initiated contact to UNAIDS Country Office in Vientiane and was granted permission to stay with UNAIDS from November 2008 to February 2009 to conduct a study on PEPs among MSM in Vientiane. Working from the UNAIDS office provided me with access to their facilities and a network that was beneficial for the study. In addition, the UNAIDS network in Laos was at my disposal to engage in meetings concerning the PEPs and meet with a range of people interested in PEPs with whom I could exchange ideas. The desire to gain a larger understanding in this field combined with my educational background in public health science have influenced my approach to the field and choices made throughout the study.

The following study is based on the hypothesis that PEPs can teach MSM new skills in order to decrease their risk of contracting HIV. It is presumed that there are a range of factors that influence sexual behaviour among MSM and that these are not easily changed. It is, however, presumed that because the PEP is not a typical behaviour change intervention, that it uses people recruited from the target group and that it is implemented in an informal way, it will be able to reach the target group and teach them about safe sexual behaviours.

This thesis will present the stories of MSM in Vientiane to gain a deeper understanding on how a health intervention could potentially reach a marginalised group of society and how it is perceived by the target population.

1.3 Objective

The objective of the study is:

> To explore how Peer Education Programmes (PEPs) are applied among Men who have Sex with Men (MSM) in Vientiane, Laos and how MSM perceive the programmes to influence their sexual behaviour.

1.3.1 Specific objective

To attend to the objective, the following elements will be addressed

- Investigate the PEPs for MSM in the Vientiane context and how the programmes are developed to reach MSM in order to decrease their risk of HIV.
- Explore the groups of MSM and identify potential factors influencing their risk of acquiring HIV.
- Assess how the PEPs are perceived by peers, whether peers are capable of understanding what has been presented to them in the PEPs, and how it influences their sexual behaviour.
- Give recommendations on how PEPs can be altered to better promote safe sexual behaviour among MSM

1.4 Clarifications of concepts

MSM. Several attempts to classify sexual activity between two men have been made over time and definitions as 'men loving men', 'a person loving the same sex', and 'HOBITs' (HOmosexuals, BIsexuals, Transgender) have been proposed. Neither 'homosexual' nor 'gay' has been widely used or is appropriate in large parts of Asia, since they are culturally laden or stigmatising (Saavedra et al., 2008;Baral et al., 2007). The term MSM was therefore constructed in the 1990s as an attempt to define sexual behaviour and not sexual identity, and thus focusing on what kind of *behaviour* is risky rather than *who* is risky, and MSM is now the most widespread and commonly used definition for male-male sex (Baral *et al.*, 2007;UNAIDS, 2006). The term MSM tries to capture the wide diversity of orientations, sexual practices, cultures and contextual settings in which male-male sex occurs and includes gay men, non-gay men, bisexual men, and MSM identifying as heterosexuals (Saavedra *et al.*, 2008). MSM as a term is, however, not an all covering label for men having sex with other men

since a large proportion do not think of themselves as men (de Lind Van Wijngaarden, 2006). In spite of this, for standardisation and comparability across the literature, I have chosen to use the term MSM in this thesis. Furthermore, I have chosen to use the English term MSM despite a range of local terms for male-male sex. In the following, whenever referring to MSM, it will therefore refer to a sexual activity between two biological men, who to some extent have sexual preferences for men, regardless of their motivation to engage in same sex activity, and who dress either masculine or feminine.

Health interventions. This thesis has its point of departure in the use of PEPs as a health intervention. Health interventions are here defined as any action taken to help reduce a public health problem, help an affected population, change a particular setting, or change a risky behaviour, and are based on knowing the determinants that cause the diseases (Iversen, 2002). As this thesis relates to health interventions of HIV (sexually transferred), the risk factor is unprotected sex. In connection with prevention of HIV in this setting, and among this target group, the primary focus will be on consistent condom use.

'Reached' by the programme. In the description of the PEPs, the term 'reached' will be used to define a person who has been in contact with a PEP. Is it important to point out that to be reached by an intervention does not necessarily generate an increased level of knowledge or a change of behaviour.

It has not been the intention to investigate behaviour change among MSM with this study, but instead to focus on perceptions of influence on behaviour. Interview questions have therefore not been asked directly on behaviour change, and the study will only be able to determine if PEPs can lead to a perceived behaviour change, and not an actual behaviour changes.

1.5 Outline of chapters

The objectives stated above will be investigated in the pending chapters. To provide a reading guide for the thesis, the following presents an overview of the contents of each of the chapters below.

In *background* (chapter 2) I will give an introduction to Laos and the country's HIV epidemic followed by the study population consisting of different MSM subgroups and their risk of HIV. The chapter concludes with a presentation of the PEPs implemented in Vientiane.

In *methodology* (chapter 3) I present an overview of the field study. The methods applied are observations, participatory observations, and formal and informal interviews. Some of the considerations in relation to the field work are presented, followed by the procedures for the literature search and the data analysis.

Peer Education Programmes (chapter 4) describe the background for developing a PEP as well as the rationales and activities within a PEP.

Social theory of learning (chapter 5) will present the theoretical framework chosen for this thesis and arguments for the way in which it is operationalised to PEPs among MSM in Vientiane.

The *analysis* (chapter 6) is presented in three parts. First, I will give a description of the PEPs in Vientiane regarding the people involved, the activities included and the way the programmes are implemented among MSM. Next, the target group is analysed focusing on three elements; sexual practices, sexual identity and communities. Finally, a chapter on learning through the PEPs will discuss whether or not the messages conveyed to and the activities implemented among peers are perceived by the peers to influence their sexual behaviour.

In the *discussion* (chapter 7) I present possible interpretations and explanations of the PEPs among MSM and discuss implications and the applicability of the PEPs. In the remaining part of the chapter I will discuss the material and methodology applied in the study.

In *recommendations* (chapter 9) I suggest ways of improving the PEPs in Vientiane which could potentially to be used in others settings where PEPs are used to reach MSM.

Findings and discussions are summarised in the *conclusion* (chapter 10) followed by *future perspectives* (chapter 11) on health interventions and sexual health behaviour.

2 Background

The following chapter will present the study context and study population that comprise the background for this study, followed by a presentation of the PEPs implemented in Vientiane.

2.1 Study setting

Laos is a small land-locked country in Southeast Asia bordering Thailand, Myanmar, Cambodia, Vietnam and China with a population estimated to be 5.8 million (2008) (World Bank, 2009). It is rich in natural resources and has an ethnically varied population. Laos is one of the poorest countries in Southeast Asia with more 72% of the population living below the international poverty rate (<2 dollar/day) (WHO, 2008) while situated within one of the world's most economically dynamic regions (Rigg, 2005).

Figure 1. Geography of Laos

Following a communist take-over in the mid-1970s, the country is only just coming out of international isolation, with the economy beginning to open up since 2000, international donors offering support, and international tourism becoming a key player in the country's economic growth (Khan & Boyce, 2005). Laos is facing challenges regarding an increase in national and international migration, which was restricted until the mid-1990s by the government, increased recreational use of drugs, especially amphetamines among youths, and a high prevalence of STIs (Phimphachanh & Sayabounthavong, 2004). The capital and largest city, Vientiane, is a city with approximately 600,000 inhabitants. It is struggling to modernise in a global marketplace after 20 years of Soviet influence.

2.2 The HIV situation in Laos

The first case of HIV was officially reported in 1990 and infections began to rise in the mid-1990s. The present national HIV prevalence is below 1% (UNAIDS, 2008;Burnet Institute & CHAS, 2007;Phimphachanh & Sayabounthavong, 2004). The epidemic has spread throughout the country, affecting many, mostly young people (NAC, 2006). All governmental reported cases of HIV in Laos were until recently only attributed to heterosexual transmission with no reported cases through homosexual transmission or IDUs (PSI, 2004). The distribution of AIDS cases are primarily found in

two regions, the Vientiane municipality and Savannakhet (southern part of Laos) with the highest numbers reported along the Thai border (Phimphachanh & Sayabounthavong, 2004). Despite the comparatively low HIV prevalence rate, Laos remains highly vulnerable to the spread of HIV because of its geographical location. Increasing cross-border movement with neighbouring countries that have high HIV prevalence is an important risk factor (Sheridan et al., 2009). UNDP has indicated that there is a possibility that Laos becomes the hub of land transportation in Southeast Asia creating further potential for the spread of HIV (in Rigg, 2005).

In 2008, Laos was estimated to have around 50,000 MSM of whom 12,813 were living in Vientiane[2]. The HIV prevalence among this group is estimated at 5.6% (UNAIDS, 2008). 42.2% of the MSM reported ever having had symptoms of an STI[3] (Sheridan et al., 2009). Almost one in five (18.5%) of all young men (15-30 years old) in Laos report having had sex at least once with another man and more than one in ten had a recent encounter with another man (Burnet Institute & CHAS, 2007;Toole et al., 2006). These numbers are higher than that for the average Asian MSM (Caceres et al., 2006). Combined consistent condom use[4] with regular, non-regular or foreign partners at 14.4%, 24.1% and 50% respectively (Sheridan et al., 2009), places MSM in Vientiane at an especially high risk of transmission of HIV and STIs.

2.3 Study population

The Laotian government did not recognise the existence of MSM in Laos until the start of the present decade and before then prevention programming or surveillance did not include MSM as a target group (CHAS, 2006). In 2006, MSM were recognised at governmental level in Laos and written into the National Strategic and Action Plan on HIV/AIDS/STI 2006-2010. This plan stresses the need for research into MSM, and for prevention and care activities, including PEPs, to be expanded. A major aim is for 80% of MSM in selected locations to use condoms consistently by 2010[5] (NAC, 2006).

Due to the sensitive nature of this issue, there is a very scarce amount of official data on the MSM community in Laos and health interventions have been nearly non-existent (Longfield et al., 2008;PSI et al., 2006). Sex between men is not specifically prohibited under Lao government law, but social restrictions apply due to male-to-male sex going against traditional values (Khan & Boyce, 2005). The

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[2] This estimation is based on a calculation of 5% of the total male population aged 16-65 (in 2008=512,531). Of these 3,844 were targetable (personal communication with UNAIDS, November 2008).
[3] Genital or anal ulcer, discharge or warts
[4] During the past three months
[5] Nothing is mentioned in the strategy on percentage of consistent condom use among other MSM sub-groups than *kathoeys,* and no numbers could be found on the current percentage on condom use in these particular locations.

authorities and much of society generally classify such behaviour as a 'social evil', leaving MSM marginal to the religious beliefs and societal norms of modern Lao society (PSI et al., 2006). Further information about Laos can be found in appendix 1.

Sexuality among MSM is complex and diverse due to different sexualities, masculinities, and gender identification, where desire, poverty and peer pressure appear to be significant drivers of sexual encounters (Khan & Boyce, 2005). There are no specific words to differentiate between sexual orientation, sexual identity and gender in the Lao language. Instead, men are classified according to their sex and sexual role expression (Sheridan et al., 2009). MSM in Laos should not be thought of as a single, contained group of people but rather as a diverse population of men from across the social spectrum, with various ways of relating to and experiencing their sexuality (Boyce et al., 2004). For prevention programmes targeting MSM it is therefore imperative to be attentive to the fact that the sexual identity (who we say we are), sexual orientation (who we are sexually attracted to) and sexual behaviour (what we do sexually) can be quite different things (de Lind Van Wijngaarden, 2006).

2.3.1 Different MSM sub-groups in Vientiane

Five different types of MSM were identified in Vientiane: male-to-female transgender, called *kathoeys*, with long or short hair, masculine gays, feminine gays, and 'straight' men[6], called *pusais*[7]. The most visible MSM sub-group in Laos is *kathoeys*[8]. *Kathoeys* are defined as biological males who self-identify as female and may appear as either female, male or both, depending on the circumstances. *Kathoeys* are generally perceived as the most extroverted of the many MSM groups. They are often regarded as very humorous people and are by and large accepted in society (Sheridan et al., 2009). Two types of *kathoeys,* distinguished by long and short hair respectively, are identified.

Kathoeys longhair are defined as biological males who self-identify as effeminate. Appearances are female with female clothing, use of make-up, and most often intake of female hormones. Some but not nearly all have had transsexual surgery, but does not influence their appearance as women.

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[6] Straight does not mean heterosexual in the Western definition, but is a label used for a man who has sexual preferences for women, but occasionally has sex with men.
[7] Pusai is the Lao word for man or 'strong man' and a synonym for 'straight man'. Pusai will be used in the following for this group of men.
[8] *Kathoeys* and TG (transgender) are used interchangeably in Laos and by the interview persons, but for convenience in this thesis, only the local term *kathoey* will be used.

Picture 1. *Kathoey longhair.*   Picture 2. *Kathoey shorthair*.   Picture 3. Gays and *pusais*.

Kathoeys shorthair are defined as biological males who are masculine in appearance, but also self-identify as females. In addition to the *kathoeys*, MSM in Laos also include masculine and feminine gays. No clear differences could be found on these two groups, but the MSM identifying as such perceived a difference. They are less visible in society than *kathoeys*. They look like men and generally have sex with both males and females. The term *gay* is, however, just beginning to emerge in Laos as a term and mode of identification, but there are still broad variations in what this word is taken to mean[9] (Lyttleton, 2008).

The perhaps largest, but least recognised sub-group among MSM in Vientiane is *pusais.* They have masculine appearance, self-identify as heterosexual and primarily have sexual relations with women, but occasionally have sex with other men (Longfield et al*.*, 2008). *Kathoey* are usually visible in a range of settings, while gays and *pusais* may merge into the general male population and can be difficult to identify (Khan & Boyce, 2005).

The following table describes the different MSM sub-groups existing in Laos.

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[9] The term gay has been adopted into the Lao/Thai lexicon to refer to homosexual men. In Thailand it is thought that many gay men are also bisexual - a sexual orientation that includes both men and women, and this appears also to be the case in Laos. The term bisexual is, however, not used as a description of sexual identity among the informants.

Table 1. MSM sub-groups in Vientiane.

Group	Identify as	Appearance	Partners	Sexual practices
Kathoey (longhair)	Female	Female	Men	Perform oral sex, receive anal sex
Kathoey (shorthair)	Female	Male	Men	Perform oral sex, receive anal sex
Gay (feminine or masculine)	Male	Mainly male but sometimes effeminate	Mainly men but sometimes also women	May perform and/or receive anal and/or oral sex
'Straight' (*pusai*)	Male	Male	Men but sometimes also women	May perform and/or receive anal and/or oral sex

Source: PSI 2004 supplemented with information gathered from conversations with different MSM groups in Vientiane.

None of the described groups are defined by 100% certainty and the list should only be seen as guidelines for the majority of the sub-groups of MSM in Laos. The many sub-groups of MSM are also an indicator of the fluidity of male sexuality and moving from one sub-group to another is quite common and happens with relative ease (Lyttleton, 2008).

2.3.2   Sexual behaviour among MSM

Occasional sex between young men in their local village or with the *kathoeys* living there is common in Laos. Male-male sex is for young men in Vientiane for sexual experience, pleasure, experimentation or for money (Longfield et al., 2008). Because it is still socially unaccepted for women to have premarital sex, many boys have their first sexual experience with another man/*kathoey* (Burnet Institute & CHAS, 2007).

What places MSM high on a sexual risk scale, is that they have multiple sexual partners of both sexes, frequent sexual activity and unprotected receptive anal intercourse which pose a high risk for STIs and HIV transmission (amfAR AIDS Research, 2006;Vittinghoff et al., 1999). A study investigating MSM in Laos showed that a considerable number of MSM indicated that they had more than ten partners per month of whom roughly half were new partners (Lyttleton, 2008). Most of the MSM find pleasure in having more partners, and have boyfriends and casual partners synchronously without one category replacing the other (Lyttleton, 2008). The partner situation among MSM is casual, spontaneous and sometimes with multiple partners in the same encounter and plays a significant part in the extent to which condoms are (not) used. There is a constant search for new partners among the MSM in Laos. *Kathoeys* are often looking for appealing boys, gay men for short or long term lovers, and *pusais* are mostly looking for attention, sex and money (Lyttleton, 2008).

It is not socially accepted for two men to live together in a relationship in Laos, and most MSM somehow settle with what they can get; casual sex with no commitments (Longfield et al., 2008).

2.4 **Peer education programmes in Vientiane**

Around eight years ago it was discovered that many barber shops around Vientiane were owned by MSM, and many MSM went to these barber shops. It was noticed that MSM were associated with high risk sexual activities and that no health interventions were targeting this group. A PEP aiming at MSM was therefore initiated (personal communication with staff from PSI, November 2008). A PEP is a health intervention strategy used extensively to address the HIV epidemic among vulnerable groups (IPPF, 2004;Horizons, 1999). A further introduction to PEPs will follow in chapter 4.

In Vientiane, three different NGOs have implemented PEPs: Population Service International (PSI), Burnet Institute, and Laos Youth Health Action Plan (LYAP). The organisations focus on different groups of MSM; PSI on *kathoeys*, Burnet on *general men*[10] (bisexuals, gays and *pusais*), and LYAP on gays, bisexuals and *kathoeys*. Targeting different groups of MSM in different parts of the country makes the organisations' coverage comprehensive and gives limited overlap in their target groups.

The programmes were designed to include the following components: Voluntary counselling and testing (VCT), STI and HIV information, and condom distribution. All four components are important in decreasing HIV incidence. At the time of the field study, VCT was not established and is therefore not included in the present study. Despite small differences in the three PEPs, the organisations share the same objective of their PEPs that is to decrease the risk of HIV among the MSM sub-groups. This will be done through identifying and reaching MSM, and subsequently increase their knowledge on safe sexual practices.

See appendix 2 for a more profound description of the three organisations and their work with the PEPs in Vientiane.

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[10] *'General men'* is Burnet's definition of their target group and should not be confused with the population of heterosexual men in Vientiane. I will use Burnet's definition to refer to the group of bisexuals, gays and *pusais*, while using heterosexual when referring to the population of heterosexual men in Vientiane.

3   Methodology

This chapter describes the research methodology and data collection of the study. The study design and data collection will be presented first and followed by the explorative phase with specifications on the fieldwork. In the last part the literature search and data analysis will be explored.

3.1   Study design

This study uses an ethnographic research method to explore and understand subjects and their behaviours in their own context. This method is useful in trying to understand the "natives point of view" among a certain group of people unknown to the researcher, through fieldwork (Spradley, 1979). Also, the field of relations, which is of significance to the people involved in the study, can be studied using this method (Tjørnhøj-Thomsen & Whyte, 2007;Böcker Jakobsen, 2006;Spradley, 1979).

To understand and interpret the social context and the study population in general, time must be spent with the people who comprise the field of investigation (Böcker Jakobsen, 2006;Hastrup & Hervik, 1994). This was done by conducting fieldwork in Laos where the PEPs are implemented. As the field of MSM and PEPs in Vientiane was a personally unexplored area, and as it was my objective to explore the PEPs and investigate the perception of it, observations and interviews were chosen as primary data collection methods.

3.2   Data collection

Data collection for the study was undertaken in Vientiane, Laos from November 2008 to February 2009; a period of 14 weeks. Qualitative data was collected via formal and in-formal interviews, observations, participatory observations, and field notes. In addition, the data material includes policy papers and 'grey literature'. Data was compiled in handwritten notes, recordings and in pictures. All interviews, except one, were conducted using a Lao-English translator. Participatory observations were performed without translator since the outreach teams always included a PE who spoke English.

3.3   Initial exploratory phase

The initial exploratory phase allowed me to gain a broad understanding of the PEP and of the context within which the programmes are implemented before beginning the primary data collection. This was attained by meeting and interviewing key informants as well as stakeholders with a special interest in this area, and being introduced to the geographical areas in which the programmes were

implemented. This initial phase also included getting access to locally published literature or unpublished data. General involvement in the everyday life in Vientiane such as participating in meetings held about the PEPs also provided inspiration and information, which was beneficial for understanding the study context and population. The following box presents the key informants and stakeholders interviewed in the initial exploratory phase of the study.

Table 2. Overview of key informants and stakeholders interviewed

Interviews with key informant	
PSI	Robert Gray, Regional Representative Christina Broker, Health Technical Advisor Sihamano Bannavong, Programme Manager
Burnet Institute	Philippa Sacket, Project Management Advisor Phansamai Vilasack, Project Officer, Khankhan Southavilay, Senior Project Officer and Health Advisor
LYAP	Vieng Akhone Souriyo, Director of LYAP
Informal interviews with stakeholders	
UNAIDS	Dr. Michael Hahn, Country Coordinator Ms. Sari Karkkainen, Programme Officer Dr. Khamlay Manivong, Partnership and Social Mobilization Officer
UNESCO	Jan W de Lind van Wijngaarden, MA, Dipl.PH, Regional HIV/AIDS Advisor
Governmental representative	Dr. Pheng Phet Phetvixay, head of CHAS (Centre for HIV, AIDS and STIs)
Author of book about MSM in Laos	Chris Lyttleton, Department of Anthropology, Division of Society, Culture, Media and Philosophy. Macquarie University, Sydney

3.4 Exploratory Phase

The following will present the components of the exploratory phase of the study including observations, participatory observations, selection of participants, interviews, use of a translator and of a logbook, and considerations of the study.

3.4.1 Observations

Observations "*allow us to see the situation in which the behaviour takes place and thereby understand it better*" (Rifkin & Pridmore, 2001:45). Observations serve to explore contradictions between the way informants talk about their lives and the way they act, and are especially relevant in relation to relatively hidden behaviours such as male-to-male sex (Boyce et al., 2004).

As part of the initial phase of the study I spent a large amount of time observing different groups of MSM, both in the drop-in centre, in the streets, and in bars. Observations continued throughout the study period but were most intensive in the beginning of the study to get a clear understanding of the study context and implementation of

Picture 4. Observation in the drop-in centre. PEs interacting in the community room.

the PEP in general. The observations were deliberately

Picture 5. A PE performing at the local gay bar.

unstructured in order to explore the situation in its natural context. Some of the observed behaviour patterns might not be directly interpretable and others might be misinterpreted since the setting and the underlying cultural reasoning were new to me. It was therefore important to keep in mind that observations are *"subjective, because what we see (or do not see) is influenced by our own culture and experience"* (Rifkin & Pridmore, 2001:44). This guided me to keep thorough notes on every observation of what actually happened, without trying to interpret the situations.

3.4.2 Participatory observation

The rationale behind engaging in participatory observations is taking part in the life of the study participants and from that being able to understand and interpret the world from the perspective of the people (Tjørnhøj-Thomsen & Whyte, 2007;Hardon et al., 2001), and it enables us to *"investigate behaviour in a holistic way and gain an extensive description of the community and the action within it"* (Rifkin & Pridmore 2001:45). The PEPs implemented in Vientiane among MSM include many different elements that are best understood through participation. I participated in training seminars and outreach activities (the activities where PEs reach their peers and provide a range of services, such as distribution of information and condoms). In addition, I participated in a range of PEPs activities in beer shops in the evenings, in barber shops and beer shops during day time. First-hand experiences were provided about how PEPs were conducted by the different organisations, including how the PEs came into contact with peers and how the peers would participate in the activities and learn new practical skills, such as putting on a condom and taking it safely off again. Staff and participants in these activities were always most obliging and I always felt welcome in their company. The fact that I was often the only biological female present did not seem to matter; on the contrary,

many of the MSM wanted to participate in conversations, and were keen to share their own personal stories.

Picture 6-8. From left. Outreach at a beer shop where two PEs (in blue T-shirts) are discussing with three peers. Outreach to a barber shop. Training seminar for PEs.

3.4.3 Selection of informants

PE informants for this study were selected from the three organisations working with PEPs in Vientiane: Burnet, PSI and LYAP. The organisations helped initiate contact to a key PE from each organisation who was presumed to be knowledgeable about the research topic and therefore relevant to interview, or would have a network which would be useful for the study. The additional informants were chosen via the snowball method and after a purposeful sampling (Christensen et al., 2007;Boyce et al., 2004) portraying different sub-groups of MSM. The snowball technique is a method that yields a sample based on referrals made by people who share or know others who present the characteristics of research interest, in this case the PE from the three organisations and peers reached by the programme. This method has been widely used in qualitative studies of hidden populations (Boyce et al., 2004). The identification of such populations requires knowledge of insiders who can locate people willing to participate in the study, and this method appears to be particularly applicable when the focus of interest is an area of deviant or illegal behaviour, like MSM in Vientiane (Lopes et al., 1996).

The selected informants include *kathoeys longhair*, *kathoeys shorthair*, gays and *pusais*. Only men who had previously had sex with another man, were Lao citizens and living in Vientiane were selected. No specific age criterion was specified. Since most informants were students or only worked part time, it was relatively easy to find time for them to participate in the interviews. No third party had to be asked for permission to conduct the interviews which eased the process. A total of ten PEs and ten peers were interviewed. Information and characteristics about the participants are shown in the following fact sheet. The names of the interview persons are pseudonymous.

Table 3. Fact sheet about PEs.

Code	Organis ation	Age	Living Arrange -ments	Identity	Appearance	Hair style	Form of address
Kham	Burnet	20	Alone	*Pusai*	Masculine	Short	He
Chai	Burnet	22	Friend	*Pusai*	Masculine	Short	He
Done	PSI	25	Family	*Kathoey*	Feminine	Medium	He
Phet	PSI	24	Family	Gay	Masculine	Short	He
Noy	PSI	28	Family	*Kathoey*	Feminine	Long	She
Keo	PSI	26	Family	*Kathoey*	Feminine	Long	She
Seng	PSI	22	Family	Gay	Masculine	Short	He
Phan	PSI	26	Family	*Kathoey*	Feminine	Long	She
Boun	Burnet	23	Family	*Kathoey*	Feminine	Short	She by friends, he in the interview
Chan (1,2,3)	LYAP	26, 26, 27	Alone, alone, alone	*Kathoey*/ *Kathoey*/ gay (both feminine/m asculine depended on who he was with)	Feminine/ Masculine/ Masculine	Long/ Short/ Medium	She/she/he

Table 4. Fact sheet about peers.

Code	Age	Living arrange- ments	Identity	Appearance	Hair style	Form of address
Loun	20	Dormitory	*Pusai*	Masculine	Short	He
Phone	18	Family	*Pusai*	Masculine	Short	He
Touy	22	Dormitory	*Pusai*	Masculine	Short	He
Sack	28	Family	Masculine gay	Masculine	Short	He
Sit	19	Family	*Pusai*	Masculine	Short	He
Thong	21	Dormitory	*Pusai*	Masculine	Short	He
Vieng	24	Family	*Kathoey*	Masculine/ feminine	Semi Long	She
Xang	19	Family	*Pusai*	Masculine	Short	He
Khek	27	Family	Gay	Masculine	Short	He
Sone	24	Brother	Gay	Feminine	Short	He

3.4.4 Interview guides

The interview guide was developed based on the research questions, the documentation on the area and on observations/participatory observations carried out during the first weeks of the field study. Topics were debated with key informants to find relevant questions that could illustrate the objective. Interviews were conducted using semi-structured question guides with open-ended questions, which tend to give more objective and less leading questions (Hardon et al., 2001). See appendix 3-5 for the guides. The interview questions were not followed rigidly, but were used as a guide to important topics to be focused on. This ensured that important issues were covered, but

also allowed for a flexible response, particularly in relation to matters that were not anticipated in the question guidelines (Boyce et al., 2004;Kvale, 2004).
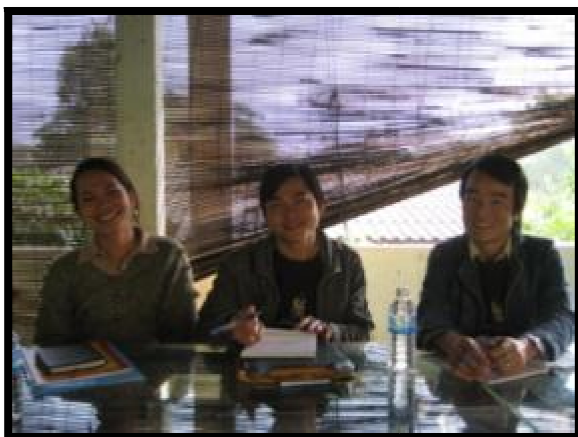
3.4.5 Interviews

Interviews are particularly useful for getting the story behind an experience (Kvale, 2004) and the interviews conducted in Vientiane were used to explore the PEs and the peers as well as their perceptions on a range of topics. Prior to each interview, the aim of the interview was explained to the informant and informed consent was obtained verbally. Permission to record interviews and take pictures was always asked in advance. Before the interviews, an opportunity to ask questions or clarify concerns was provided. Confidentiality was ensured by explaining that informants would be anonymous in the interview and that the interviews would not be shown to the organisations they were working for. Furthermore, it was explained to informants that they were not required to answer any questions that they did not want to and that they could withdraw from the study at any time, without explanation. Personal notes were taken during

Picture 9. Interview with a *pusai* in a small hut in Vientiane.

Picture 10. Interview with three PEs. From left: *Kathoey longhair*, *kathoey shorthair*, feminine gay (but sometimes masculine).

the interviews. After each interview a summary was written on how the interview went, the setting, follow up questions or changes to the interview guide. All interviews were taped and fully transcribed.

Most interviews took place in offices or meeting rooms provided by the organisations working with PEPs. These rooms were quiet, private rooms where it was possible to sit undisturbed. The places were familiar to the PEs and peers and were intended to provide a comfortable setting as this has been found to make informants more open for conversations (Christensen et al., 2007). I was attentive to the power relation between myself as a researcher and the informant, and sought to minimise it by letting the informants understand that I wanted to learn from them, not the other way

around (Christensen et al., 2007). Two interviews were conducted in public places by request of the informants. One interview took place in a small hut by the Mekong River where a quiet place without too many people was found. However, music from a nearby restaurant and people walking by made the interview challenging and resulted in a lack of confidentiality. The second interview took place in a café. The surroundings here also made the interview challenging due to the noise from other people and music playing in the background. It was, however, assessed that the interviews were not compromised in spite of these challenges and they were included in the study.

One of the interviews was conducted with three persons at the same time. The three informants only had a short time before they had to leave the city and it was therefore decided to carry out the interview with all three at once. The interview was conducted as three more or less individual interviews because of the use of a translator, but some of the benefits from conducting a focus group discussion were present. For instance, experiences or feelings are more likely to be revealed in the interaction within a group, (Hardon et al., 2001) and this may have been the case here, too. The interview was transcribed as one interview.

3.4.6 Translator

All interviews with PEs and peers (except one) were conducted by myself using a Lao translator and lasted between one and two hours. Interviews with key informants were conducted by me in English. The translator was overtly gay and was familiar with discussing sensitive issues like sexuality. Despite his relatively good language skills, translation bias was probably present. Before each interview the translator was presented with the interview guide so he could rehearse phrasings, suggest alternative wording or provide ideas to new questions. He was informed not to ask other questions than the ones he was presented to.

The translator had worked for a PEP for several years and was therefore familiar with some of the informants included in the study. This might have biased the interviews because he was too much involved in the research area and because the informants might know what they were expected to say (Hardon et al., 2001). On the other hand, the translator's affiliation with the informants may have facilitated a sense of trust and made it easier for the informants to share their stories regarding their sexuality and sexual practices, which for many is a very sensitive topic to discuss. Another translator, unknown to the MSM 'world' was employed at the beginning of the study, but he proved to feel too uncomfortable talking about sex, especially sex between men and did not know the terminology about male-to-male sex. It was decided that a translator familiar with the terminology, the context

for the interviews and the background of the informants should be employed regardless of the risk of information bias.

The same translator was also used for transcribing a proportion of the interviews. The translator was explained specifications and procedures on how to transcribe the interviews. During the interviews I could not immediately point out sections that were of no use to the thesis and the interviews were therefore fully transcribed to make sure that no valuable data would get lost. The transcripts are therefore a word by word transcription of what was said during the interviews. After the transcription, all interviews were scrutinised and cross-checked while listening to the recording in order to correct any errors or misinterpretations in the process of transcription. This was also in order to be attentive of the quality of the recordings and to sense if both questions and answers were clear enough or needed clarifications in the following interviews (Kvale, 2004). Since the interviews were conducted through a translator, it was not possible to cover all the linguistic nuances and meanings of the statements in the interviews (Hardon et al., 2001). Nevertheless, the translator often returned to clarify meanings of the things he had translated in the interviews that at the time of the interview were less clear.

3.4.7 Logbook

When making new observations or participating in activities, it can be challenging to keep track of all the information received. A logbook was therefore kept at all times to keep track of the information obtained (Tjørnhøj-Thomsen & Whyte, 2007;Rifkin & Pridmore, 2001). The logbook was used to organise daily information, keep track of thoughts, research process of the study, and to generate the narratives provided by the informants. During participatory observations, it was not possible to write field notes, but these were written as quickly as possible after returning from the field. The notes were later used for reflection and in the process of elaborating and analysing interview data. They were an important source for understanding and validating study findings.

3.4.8 Considerations in relation to the field study

Being a foreign female researcher studying a sensitive male phenomenon such as sexual practices among MSM requires a high degree of sensitivity. It is required of the informants that they share their most personal stories and reveal themselves to a stranger. Naturally, some do not find this comfortable and situations like these can cause embarrassing moments, both for the researcher and for the informant. All the interviews therefore started with attaining a relaxing atmosphere whereby informants could become acquainted with the topics for the discussion and the translator and

researcher present. Due to the nature of the topic, it was moreover not possible to participate or observe at all times of the day/night. Observations therefore focused more on the operational aspect of PEPs than on sexuality whereas sexuality was much debated in the interviews.

Being a Westerner, working in a developing country evidently poses additional challenges compared to working in a more familiar environment (Spradley, 1979). It was a challenge to decide whether or not to bring gifts to the participants for the interviews. In some cultures bringing gifts can become a problem, if gifts are expected in return. After counselling with Lao professionals it was decided that gifts should not be given during interviews. However, small snacks or drinks were provided during the interviews, and condoms were provided afterwards.

There is a risk that this thesis, which is only based on a field study of 14 weeks in Laos, presents misinterpretations regarding components of the Lao culture. It was attempted to minimise such misinterpretations by using a Lao translator and other local sources, such as staff at the UNAIDS office and other people working in the same area, who could describe the cultural norms and how a foreigner and a woman should behave during interviews and observations.

3.5 Literature search

Background literature on MSM, PEPs and prevention programs was identified through searches in library databases including Rex – the database of the Royal Library in Copenhagen, Medline/Pub Med and Science Direct. The library of the Institute of Public Health in Copenhagen was used in addition to material acquired through the education of Public Health Science. Primary search words used alone or in combination were:

- MSM or men who have sex with men
- Homosexual or bisexuals or transgender
- HIV or human immunodeficiency virus,
- AIDS or acquired immune deficiency syndrome,
- Behaviour, or sexual behaviour,
- Peer education, or peer education programme,
- Laos, Lao PDR or Asia.

Reference lists in selected articles were scrutinised for additional articles on the respective topics. The search was mainly concentrated on Asian countries. Only articles in English and Danish were included. In addition, unpublished articles and other 'grey' literature from the UNAIDS country office in Laos and from the NGOs involved became accessible due to my work on the topic and the personal presence in the country.

Websites of major donors in the country were searched for reports on Laos. This search covered the websites of: UNAIDS, The World Bank, WHO, UNESCO, UNICEF and Global Fund for AIDS, Malaria and Tuberculosis (GFATM).

The studies on MSM in Laos were recommended through key informants in Laos. Especially the study by Lyttleton has provided large inspiration as this is the only thorough quantitative study identified on MSM in Laos. Additional literature on MSM or PEP in Laos was very sparse. As the countries in the Mekong Region are similar in many ways, a number of studies identified around these countries have been used as sources to understand the context in the Mekong region. PEPs have to a great extent been used under UN and NGO auspices where it is believed that a PEP is an effective approach to induce behaviour changes (Maticka-Tyndale & Barnett, 2009). As such, most of the literature regarding PEPs stems from UN agencies or NGOs. Only a few reviews of evaluations of the effects of PEPs on behaviour in developing countries were found. The selected literature formed the development of the question guide and focused the attention on relevant concepts during observations.

3.6 Data analysis

The initial data analysis took place while I was living in Vientiane. As data collection progressed, the study focus was adjusted. The semi-structured question guides were altered during the data collection process to reflect on new categories of information that emerged. The initial analysis that took place in Vientiane was an on-going, reiterated progression where still new study categories appeared as data materialised. The categories from PEs covered at that time for example '*recruitment, training, outreach, knowledge on HIV/STI and protection, condom use and discrimination*, while categories from peers covered: *attitude to peer educations, friends and peer pressure, risk behaviour, health concerns, condom use and STI/HIV.*

Before leaving Vientiane, a de-briefing meeting was held with UNAIDS staff, which provided me with a possibility to explain the preliminary findings of the study and to triangulate findings with the staff, having experiences with the PEPs in Laos. Their feedback gave rise to new ideas and categories.

After returning to Denmark the data analysis was intensified. It was conducted following 'systematic text condensation' (Malterud, 2003). This is a method where the transcripts are looked through systematically to find relevant themes according to the objective. First, all interviews were read in their entirety to get an overall impression of the data and identify central themes in the interviews which make the foundation for the second step, de-contextualisation, which is an identification of

the meaningful units. When re-reading the material new categories emerged, which combined with the categories from the interview guides created a basis for the overall themes used. From this overall impression of the data, the theoretical framework for the analysis was chosen and themes in the theory were combined with the categories found in the empirical data material. Entities that had something in common were condensed and re-contextualised while making sure that the data still corresponded to the context it was taken from in the process of striving towards a higher level of abstraction and interpretation (Malterud, 2003). Throughout the analysis, the themes and categories were reflected upon and an open mind was kept to be able to find new categories.

The interviews were coded using the qualitative data analysis software package Nvivo version 8, 2009. The final themes emerging from this process and used as a framework for the analysis are: *The activities in PEPs, sexual practices, sexual identities, communities around MSM, learning new practices from PEs, and peers' perceptions of being reached by PEs.* The categories belonging to each theme can be found in appendix 6.

In the analysis (chapter 6) quotations, observations or lived experiences will be included. Quotations are the English translations provided by the interpreter which are in *italic*. In order to be true to the data, the quotations have remained as they appear in the transcripts, and have not been edited to correct English. [Brackets] are, however, used to clarify the intended meaning of a sentence. Irrelevant text is indicated by three full stops (…). Quotes from some informants will be used more than others. This is not an expression of their statements being more important or more interesting; it is simply a result of their phrasing being more suitable for quotation.

It is not the intention to assess the three organisations separately and make individual recommendations. On the contrary, focus is on how PEPs are being implemented for MSM in this particular setting. As more time was spent with PSI and Burnet, the analysis will mainly be based on statements from PEs working with PSI and Burnet, and peers being reached by these two organisations.

4 Peer Education Programmes

The following chapter will explore the foundation for PEPs, the definitions used and the rationale for implementing PEPs.

4.1 Background for the applicability of peer education programmes

Peers have at all times shared experiences and passed information on to their friends, especially on issues that are sensitive or cultural taboos. The information passed on has, however, not always been correct, reliable or helpful, and might include myths or misinformation (UNESCO, 2003;UNAIDS, 1999). The aim of a PEP is to use the existing information channels between peers and contribute to developing the knowledge, attitudes, beliefs and skills of the target audience concerning healthy behaviours (Kim & Free, 2008;Truong, 2008;UNESCO, 2003). PEPs have its strengths in the ability to modifying norms and stimulating the collective action among the target audience that can contribute to individual changes (Aggleton & Campbell, 2000;Horizons, 1999;Wren et al., 1997).

Over the last decades, peer-led interventions have become a popular method of providing health promotion to a range of areas and age groups (Backett-Milburn & Wilson, 2000) and more specifically to sexual health education for young people (Kim & Free, 2008). PEPs are now one of the most widely used strategies to address the HIV epidemic (Horizons, 1999).

The literature around PEPs has very little reference to theory and the practical applicability of peer education rests, therefore, on lay principles and assumptions (Turner & Shepherd, 1999).

4.2 Definitions used in peer education programmes

4.2.1 Peers

To really grasp the concept of PEP, it is necessary to define who a peer is. The English term 'peer' refers to *"one that is of equal standing with another"; "one belonging to the same societal group especially based on age, grade or status".* In modern times, the term has come to mean *"fellow, equal, like, co-equal or match"* according to the dictionary of synonyms (Oxford Thesaurus, 1997). The social group can in addition to age, grade or status refer to sexual orientation, occupation, socio-economic or health status (Youth Peer Education Network, 2005). The literature does, however, not define if peer is a close friend, a habitual associate or a stranger who happens to be in the same activity in the same setting (Shiner, 1999).

4.2.2 Peer educators

PEs have been described as *"people belonging to a group as an equal participating member, who have received special training and information so that this person may bring about or sustain positive behaviour change among group members"* (UNESCO, 2003). According to WHO, the ideal PE is "*respected, charismatic and literate, has good communication skills and an interest in self-enhancement*" (WHO, 2002).

4.2.3 Peer education

Peer education has many definitions (Adamchak, 2006;Horizons, 1999), but is primarily viewed as a method of delivery (Shiner, 1999). There is no single all-encompassing definition of peer education, but is has been described as *"a process whereby well-trained and motivated young people undertake informal or organised educational activities with their peers (those similar to themselves in age, background, or interests)" (Adamchak, 2006)*. More specifically focusing on sexually transmitted diseases as: *"people trained to assist others in their peer group to make decisions about STI/HIV/AIDS through activities undertaken in one-to-one or small group settings"* (Flanagan & Mahler, 1996)**.** PEP is thus about interpersonal teaching or information transferring among people who share similarities on certain background criteria (Shiner, 1999;Frankham, 1998).

4.3 Rationales for using peer education

PEP has been widely used the past years in health preventive interventions due to its many advantages (Youth Peer Education Network, 2005;UNESCO, 2003;Turner & Shepherd, 1999;Flanagan & Mahler, 1996). PEP is i.e. alluring for financial, intellectual and emotional reasons. It is considered to be cost-effective and empowering for those involved. The PEs involved have the potential to develop positive life skills such as leadership skills, higher self-esteem, more self-confidence etc. PEs can, in addition, gain from and utilise the already established means of communication by which young people share information and advices. Finally, when developing sexual and reproductive health programmes*,* PEPs are used on the premise that most young people are more comfortable receiving information from people they can identify with rather than adults or professionals (IPPF, 2004).

4.4 Activities in peer education programmes

PEPs vary considerably and every programme is individual in terms of the number of activities carried out, type of participants involved, nature of the contacts, setting, topics covered, costs

etc. There is no guideline as to which activities must be included in a programme so every programme includes the components they find suitable (de Lind Van Wijngaarden, 2006;IPPF, 2004;UNESCO, 2003;Horizons, 1999;Shiner, 1999;UNAIDS, 1999;Flanagan & Mahler, 1996). The main activity in PEPs is outreach. Outreach is activities performed by PEs towards a specific audience (Youth Peer Education Network, 2005). To perform outreach means to get in contact with someone. Outreach activities often takes on an educational component, but can also be merely informal conversations. The setting is almost always informal through everyday social contacts either in small groups or one-on-one contacts. The outreach activities conducted by PEs should be based on their own training while adjusted to the specific target group (Flanagan & Mahler, 1996).

4.5   Concluding remarks to peer education programmes

While peer education approaches have increased in both popularity and practice among sexual health promoters, it is still too early to determine the reasons for success or failure precisely, and there is no clear evidence of the effectiveness of PEP (Kim & Free, 2008). As a result, the ability to learn lessons from successful and unsuccessful programmes are limited (Campbell & MacPhail, 2002). There are no complete theoretical foundations for PEP, and it has been described as a *"method in search of a theory"* (Turner & Shepherd, 1999). It has also been argued that PEPs *"suffer from an inadequately specified theoretical base"* (Milburn, 1995). The dearth of theory reflected in existing research into PEPs underlines the importance of developing a theoretical foundation that can explain the reasons for the impact of PEPs. The following chapter will attempt to bridge this gap by presenting a theory that can be used to analyse PEPs for MSM.

5   Social theory of learning by Etienne Wenger

This chapter will introduce the theory applied in the study followed by an operationalisation of the theory according to the PEPs for MSM.

5.1   Arguments for the chosen theoretical approach

PEPs have been introduced in Laos with the aim of increasing knowledge about safe sexual behaviour among MSM and hence decreasing their risk of HIV. Previous studies among MSM in Laos with the aim of decreasing the risk of HIV have been conducted based on the KAP-models (Knowledge, Attitude, Practice) (PSI, 2004). The fundamental idea in the KAP-models is that individuals change behaviour if both their knowledge of the health risks *and* their attitudes towards the risk behaviour are modified. Knowledge and attitude are thus essential determinants of changes in health practices in the KAP-models (Brink Lund, 2004;Glanz et al*.*, 2002). It has nevertheless become clear that knowledge does not necessarily predict behaviour change (Ogden, 2004). The intention of PEPs is also to increase knowledge but doing so by including the social and environmental aspect that the KAP-models often have been criticised for not taking into account (Ogden, 2004). To analyse whether the PEPs is capable of achieving its aim, the focus will be on how knowledge is provided and received. This puts the centre of attention on the learning process rather than the actual behaviour change. The theory chosen for this study focuses especially on the social element of learning and how learning takes place through interactions in daily routines. This type of learning is of particular interest to informal educators and those working with groups of people such as PEPs and is therefore considered useful for exploring this topic.

The foundation for '*social theory of learning*' by Wenger is in accordance with PEPs where learning is one of the core features and the integration of an evolving group process in the social context is another. As PEPs are *educational* programmes, it is also found to be essential to explore how the messages are taught by the PE and learned by the peers. According to educational psychologist Jeanne E. Ormrod: *"How something is taught, studied and thought about definitely does make a difference in what people learn, how well they understand it, how long they remember it and how readily they apply it to new situations and problems"* (Omrod, 2004:4). Using a learning theory as foundation for PEPs might therefore illustrate how messages should be shaped to become meaningful for the receivers and potentially influence their behaviour.

The social theory of learning has not previously been found to be associated with either PEPs or MSM. The theory is very broad and has an extensive terminology. The content of the following chapters is my opinion on what is important for illustrating how PEPs can be analysed using social theory of learning.

5.2 Theoretical approach to social learning

Etienne Wenger builds his theory of social learning on the concept of 'situated learning', stating that learning depends on the social context we are positioned in[11]. With this approach, learning is viewed as our experiences of participation in daily life and as much a part of our lives as eating and sleeping. Wenger does not focus on how individuals learn, but presuppose that we are social beings and that knowledge arises continuously in the situations in which we participate (Wenger, 1998). With a key focus on participation and context dependency, Wenger's social theory of learning contrasts with the typical classroom learning where learning is seen as the transmission of theoretical knowledge from teacher to student. Wenger claims that this type of learning is abstract and out of context and does not necessarily provide knowledge (Wenger, 1998). He further states that learning is not an independent process that only takes place at one particular point, but instead is seen as an inevitable part of living, because when we live, we are constantly engaged in performing a number of activities (Wenger, 1998). Once we define these activities and engage with other people in the pursuit of them, we adjust our relations to each other according to the activities, and new practices can arise as a result of the collective learning. Learning, to Wenger, means more than something that takes place in people's heads, but takes place as an experience-based learning among individuals. In this sense learning is not theoretical, but practical (Lave & Wenger, 2003).

5.3 The elements of social theory of learning

The four ground pillars of social theory of learning are *social practice, community of practice (COP), identity* and *meaning* as depicted in figure 2. These four elements each contain their particular possibilities and restraints, but are closely inter-related. Each element influences and is influenced by each of the other elements. As such, they should be analysed in conjunction with each other to understand how they shape and are shaped by social learning.

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[11] Situated refers not to a specific physical setting but in the contextual sphere we are in (Lave & Wenger, 2003;Birk Christensen, 2003)

Figure 2. The elements of social theory of learning
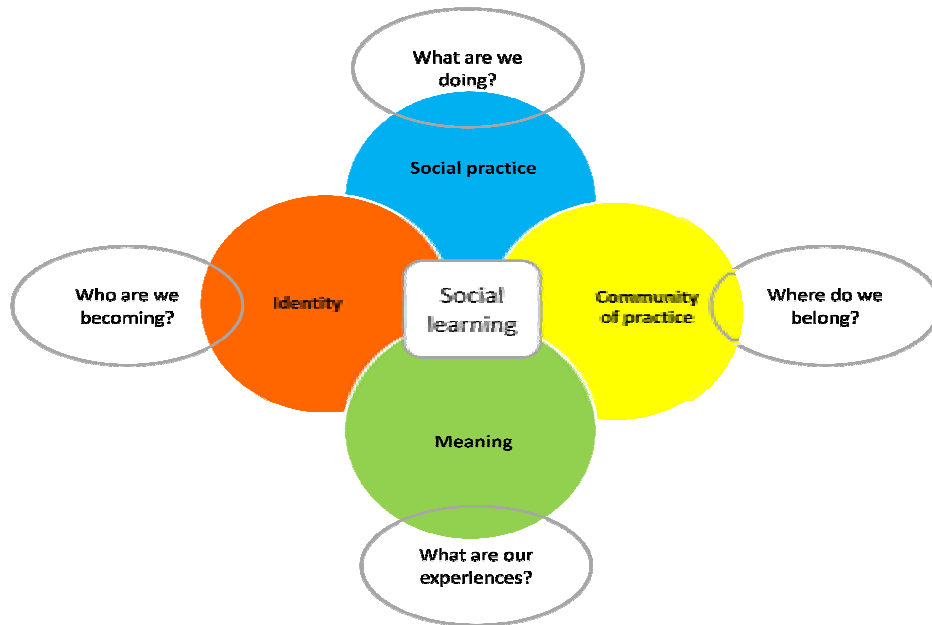
Source: Author's own inspired by Wenger 1998

5.3.1 Social practice – what we do

Social practices are the daily activities we are engaged in through interaction with other people. They are developed by people sharing similar interests or competences who interact, do things together, negotiate new meanings and learn from each other (Wenger 1998). Social practices are not instructed but something that happens through the situated context we are in with other people (Wenger, 1998). Social practice is thus not only influenced by the people around, but bound in a historical and social context as it becomes an ongoing social interactional process, and gives structure and meaning to what we do (Wenger 1998).

The practices people are involved in cannot be static. A constant development of repertoire, styles and discourses are requisites for learning new practices. This can happen by people telling or re-telling stories, and creating or breaking routines. The more active and engaged a person is in relation to a social practice, the greater the chance becomes of learning something significant, being able to remember it and use it in relevant contexts (Illiris, 2006;Wenger, 1998).

5.3.2 Communities of practice – where we belong

Communities of practice (COPs) are the situated, social arenas where practices take place and where learning can happen. A COP is a kind of community that is created over time, created by people with shared interests and competences (Wenger, 1998). Wenger define COPs as: "*groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly*" (Wenger, 2009). Learning in a COP is therefore about becoming part of a community and create new experiences through reciprocal interaction with the other community members.

COPs are everywhere and we are generally involved in a number of them, whether it is at work, school, home, or in our leisure time. Depending on our practices, and on the time and context, we move in and out of different COPs. Some COPs are formal with names, some are fluid and informal. In each COP a range of practices are in focus and meanings develop around these practices. The individual thus becomes a link between different practices, and through their membership in these communities develops an individual identity (Wenger, 1998). Whenever a practice in one of the COPs is changed, a new meaning will arise and the identity is altered. There is therefore a constant interaction between the elements of social theory of learning.

In a COP there is usually a fast spread of information, knowledge about the other members, and mutually defined identities (Wenger, 1998). This is not to say that all members must have the same identity, simply that the members are aware of the identities of one another. Moreover, what is characteristic in a COP is that members are completely aware of who belongs to the COP and who does not.

5.3.3 Identity – who we become

The third element of social learning is identity. Identity is not a primordial element of our personality, but is developed based on experiences in the COPs we belong to, which help us define who we are through interaction with others. Identity is not a constant state, but something that continuously needs to be shaped and re-negotiated throughout our lives (Wenger 1998). Identity is about how an individual who takes part in a social practice develops an identity in relation to the COP s/he belongs to. The individuals' interests change over time; they find new perspectives as they change their position in the social arena, meaning that the negotiation of identity is a constant process of changes (Buch, 2002).

Our identities are shaped through our practices and through community membership participation in a COP. But identities are also shaped by the practices and COPs we do not engage in. Our identity is

therefore constituted by what we are as much as what we are not (Wenger 1998). In the COPs, identity is connected with learning to speak, act and behave in ways that make sense in the community. The identity is also shaped by learning trajectories, such as defining ourselves depending on where we have been, where we are going and who we meet on our path, thus taking the cultural and social context into account. This trajectory is a field of influences which cannot be foreseen and is very individual (Wenger, 2003).

Learning gains its significance from the kind of person we become. All the learning we are involved in, the experiences and competences gained through others and what we do by ourselves plays a part in shaping our identity. So learning, whatever its form, or whomever it involves, changes who we are by changing our ability to participate, to belong to something and to negotiate meanings (Wenger 1998).

5.3.4   Meaning – what we experience

The final stage of the learning process is when the practices we have learned and engaged in become meaningful for the individual (Wenger, 1998). What is interesting is therefore to find the circumstances in which experiences provide meaning. Participants in a COP shape each other's experiences of meaning by their mutual engagement and participation (Wenger 1998), but learning does not take place until our experience of meaning interacts with our personal competences and practices (Wenger 1998). Therefore, practices we are forced into are not likely to produce learning as these are rarely in agreement with our experiences of meaning (Wenger, 1998).

Meaning does not just arise and meaning does not exist in itself, neither in us nor in the world, but in the dynamic relation of living in the world where meaning is produced and negotiated. Negotiation should be understood as a continuous interaction of gradual achievement and of give-and-take (Wenger 1998). Our negotiated meanings are dynamic, contextual and unique, and living involves a constant negotiation of meaning. Our ability to experience the world and our practices as meaningful is therefore decisive for how we learn, while learning concurrently becomes the construction of what gives meaning to us (Wenger 1998).

5.4   Summary of social theory of learning

All four elements presented are closely interlinked and should be understood in their dynamic interrelationship where each plays a role for the others. Learning will only gain significance if all elements are combined. Social theory of learning can be used to explain how learning takes place through situated social participation. Learning takes place in COPs where knowledge, practices and