A Conceptual Framework to Promote Condom Usage amongst Male Sex Workers in Thailand

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Abstract
Social Marketing campaigns have been useful to effectively address many problem behaviours like smoking, binge drinking, unprotected sex and healthy dietary practices. The main purpose of this research study is to propose a conceptual model so as to promote safe sex practices amongst male sex workers in Thailand. Based on the theoretical underpinnings of the Theory of planned behaviour (TPB) and the Stages of change theory, a new conceptual model is developed to inculcate condom usage amongst male sex workers in Thailand. A methodology is suggested to implement this conceptual model. Additionally, based on these theoretical underpinnings, implications to theory and practice have been discussed.

Keywords: Stages of change theory, Theory of planned behaviour, Thailand, Safe sex practices
Track: Social Marketing

INTRODUCTION
Social Marketing campaigns have been successful in addressing many problematic behaviours like smoking and unprotected sex (Hastings, 2007). Scholars in Social Marketing discipline argue that Social Marketing interventions and techniques need applications in wider contexts to change various behaviours (Donovan & Henley, 2003; Hastings, 2007). Hence based on social marketing techniques and theories, a conceptual model is proposed to promote a condom usage and safe sex practices amongst male sex workers in the popular tourist destinations of Thailand. Thailand is a newly industrialised country with a large tourism industry and popular tourist destinations such as Pattaya, Bangkok, Phuket and Chiang Mai. Tourism plays a significant part in Thai economy, constituting approximately 6.7% of Thailand's GDP in 2007 (Bangkok Post, 2012). The number of international tourists has increased from around 330,000 in 1967 (Ouyyanont, 2001) to over 22 million in 2012 (Bangkok Post, 2012). Thailand is also well known for sex tourism and hence it plays a major part of Thai tourism industry. As a result, HIV/AIDS has become the biggest health risk in Thailand especially amongst sex workers (ABC, 2013), where in 2011, 17.7% of male sex workers were reported to have been infected by HIV (UNGASS, 2012). It seems to be the highest HIV rate amongst male sex workers in the South East Asian region.

Development of a Conceptual Framework

The Theory of planned behaviour (TPB) developed by Ajzen and Fishbein (1980), Fishbein and Ajzen (1975) and Ajzen (1991) posits that individuals’ intention at a given point of time and a context would be a predictor of their behaviour. They considered attitudes towards behaviour, subjective norms and perceived behavioural control (PBC) as antecedents of behavioural intentions. Although this theory is useful to understand individuals’ intentions of overcoming problem behaviours like unprotected sex, this theory lacks clarity in designing intervention programs targeting at behavioural change. This is owing to the fact that this theory does not arrest the process of behavioural change such that how to drive behavioural change. Montano and Kasprzyk (2008) argue that the theory of planned behaviour needs to be
combined with another theory that considers the influence of knowledge on behavioural development. In this respect, scholars in Social Marketing field tend to apply the **Stages of change theory** to develop intervention programs. This theory was developed by Prochaska and DiClemente (1983) who argue that behaviour change is a process involving five stages, namely pre-contemplation, contemplation, preparation, action and maintenance. This theory seems to be useful to segment customers into stages, in this case male sex workers, and hence different intervention programs can be designed for those in each stage. From the underpinnings of both these theories, a framework is developed to effectively promote condom usage amongst male sex workers in Thailand.

A behaviour change needs to start from knowledge about the behaviour (Andreasen, 2006; Olson & Zanna, 1993). Hence those unaware about condom usage and its benefits would unlikely to be interested in adopting safe sex behaviours, thus they would be in **pre-contemplation stage**. Those becoming aware of availability, usage and benefits of condoms tend to form either positive attitudes or to adjust negative attitudes towards condom usage. Also, becoming aware and forming positive attitudes can contribute to a confidence of their abilities to adopt condom usage. Thus, clients experiencing changes like knowledge, attitudes and self-efficacy would likely to be in **contemplation stage** (Andreasen, 2002, 2006). Those who have already formed intentions, decisions and plans with regard to condom usage, such as when, where and with whom to use condoms, would likely to be in **preparation stage** (Chapman-Novakofski & Karduck, 2005; Hall & Rossi, 2008; Spencer, Adams, Malone, Roy, & Yost, 2006). In this respect, people converting their intentions into practice and those who have adopted condom usage within last 6 months may seem to be in **action stage** (Prochaska, Redding, & Evers, 2008). For example, those started using condoms recently would be at this stage, hence they need an assistance to overcome possible barriers associated with practicing this behaviour until the behaviour becomes their permanent practice. Clients using condoms continually for more than 6 months would be confident of overcoming barriers in practicing targeted behaviour, hence they may continue the behaviour. Thus, they would be in **maintenance stage** (Marshall & Biddle, 2001). Based on this discussion, a framework has been developed to effectively promote condom usage behaviour amongst the male sex workers (Figure 1 in Appendix). This model depicts stages and possible outcomes to be achieved at different stages of adopting condom usage.

**Proposed methodology to implement this intervention**

We intend to conduct this intervention amongst young male sex workers in Pattaya city, Thailand. One month prior to the program, information about this will be communicated via mass media and social media. Participants will be selected voluntarily. Measurement scales have not yet been developed in extant literature to cluster sex workers into these five stages. Hence semi-structured interviews would be conducted with each participant so as to decide which stage they would reside in. Based on their responses, they would be divided into the different stages. Next, appropriate interventions would be provided to them to make them move to the next stage of behavioural change. This means that if they are in pre-contemplation stage, they would be given awareness of condom usage and safe sex. For those in contemplation stage, confidence building measures and incentives would be given, hence they may develop plans and intentions to adopt condom usage. For those with the intentions, free condoms would be issued in order to convert their intentions into action. A continuous assistance and monitoring would be given to those at action stage so as to assist them continuing it. In one month’s time, the same participants would be invited for next phase of program, where the same methodology would be implemented and it would be assessed.
whether the participants have move to next stage of condom usage adaptation. Thus, it would be implemented for next six months.

**Implications to theory and directions for future research**

This research being first of its kind proposes a unique conceptual model by combining underpinnings of the theory of planned behaviour and the stages of change theory so as to promote condom usage to male sex workers. Hence this study extends applications of Social Marketing theories and interventions to vulnerable men in Thailand. Hence this conceptual model can be applied globally to promote condom usage amongst male sex workers. In addition to changes suggested in each stage of behavioural change, there might be some other changes that can possibly take place at each stage. Hence future researchers can incorporate these changes into this model. Also, future researchers can develop measures and a survey instrument to identify participants’ current stage of condom usage adaption. Such study can save time and costs involved in implementing this intervention. Additionally, the conceptual model proposed in this study can be applied to change other behaviours like smoking, binge driving and unhealthy dietary.

**Implications to practice**

Besides contributions to Social Marketing theories, this study would inform how policy makers and non-governmental organisations can promote condom usage and safe sex practices in leading tourist destinations of Thailand, where sex tourism is popular. Also, this model proposes a mechanism to segment male sex workers based on their condom usage practices, hence this model would be of use to social marketers operating in contexts similar to those of this study.

**References**


Appendix

Figure 1-Proposed Framework

- Be unaware of condom usage & safe-sex
- Be irresponsible to themselves & others

- Understand a need of having safe-sex & condom usage

- Purchase condoms
- Plan when, where and with whom to use condom

- Newly practicing condom usage
- Facing barriers in practicing it
- Need assistance

- Practicing it more than 6 months
- Reinforce it (education campaigns)