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Unmarried Thai Men During the AIDS Era**

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**Sex and the Single (Older) Guy:
Sexual Lives of Older Unmarried Thai Men During the AIDS Era**

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ABSTRACT

In Thailand and elsewhere, some older persons remain sexually active well into late middle and old age. Sexually active older Thai men without a regular sexual partner may be at risk for contracting HIV. Since many of these older men came of age during an era when unprotected commercial sexual relations was normative for unmarried men, if these older men should find themselves without a marital sexual partner - perhaps as a result of divorce, widowhood, or separation -- they may revert to these former practices, especially since older men have not been a target of intervention campaigns in Thailand. Also, unattached older men are outnumbered by unmarried women in age groups appropriate for sexual liaisons with them, and this imbalance may facilitate noncommercial sexual relationships for older men.

We explore these hypotheses using qualitative data from semi-structured, in-depth interviews of unmarried older Thai men, most of whom were in their 50's. These interviews were conducted in a central Thai provincial city during June 2001 and explored a wide range of topics. Here we focus on discussions regarding prevailing social norms regarding older male sexuality during the current era; the number, types, and key features of recent sexual relationships engaged in by these men and by men in their friendship groups; condom use; and the understandings these men have about the risks of contracting HIV and AIDS.

Opportunities exist for several of the men we interviewed to engage in a fairly wide range of sexual relationships. Some do, but others choose celibacy because of declining interest; a wish to avoid financial hardships thought to be inextricably linked with sexual relationships; a wish to avoid social sanctions; and/or desires to pursue interests thought to be more appropriate for their age group. Risks for acquiring and spreading HIV do not appear to be great but such risks cannot be ruled out given how little we know about the sexual behavior of unmarried men in this age group.

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PROJECT WEBSITE: <http://aidseld.psc.isr.umich.edu/>

INTRODUCTION

Most AIDS information, education, and communication efforts have been directed at adolescents and young adults, and rightly so. The set of behaviors most closely linked with HIV transmission in Thailand and in many other countries with medium-to-high levels of prevalence is unprotected heterosexual intercourse with multiple partners, especially commercial sex relations. These behaviors are most common among adolescents and young adults.

However, recent research from several countries on the sexual behavior of older persons indicates that many older persons remain sexually active well into late-middle and old age. While the level of sexual interest among men exceeds that of women at all older ages, it is also well-established that sexual activity and desire decline with age for both sexes, and that the prevalence of erectile dysfunction increases with age and affects substantial proportions of men by their 50s (Braehler and Unger 1994; Call, Sprecher and Schwartz 1995; Delbes and Gaymu 1997; Gott and Hinchliff 2003; Marsiglio and Donnelly 1991; Minichiello, Plummer and Seal 1996; Knodel and Chayovan 2001; Nicolosi *et al.*, 2003).

Little population-based survey information exists about other factors related to coital frequency, however, and we know even less about modes of sexual expression, types of sexual partners and relationships, or the density of typical sexual networks for this population. Nor do we know much about features of older persons' sexuality that are more amenable to qualitative investigation, e.g., prevailing norms and attitudes regarding older persons' participation in sexual relations (i.e., norms among older persons themselves and within the more general population); opportunities for and constraints against sexual relationships for older persons; and the defining features of sexual relationships that involve older persons.

Information is especially lacking for unmarried older men. Given the continued interest in sex for many of these men and the absence of a marital sexual relationship, this sub-population could possess great potential for the spread of HIV and other STDs, yet we know very little about the extent to which they engage in sexual relations, and if so, the kinds of partners chosen, the key features of such non-marital sexual relationships, or the extent to which their sexual activity puts them at risk of contracting HIV.¹ Non-marital sexual relationships among older men in Thailand are not limited to those who are unmarried. Older married men may seek non-marital sexual partners, especially if they are in a sexually inactive marriage but continue to experience sexual desire. However, men who are widowed, divorced, or separated,² may be more likely than married men to be involved in such relationships since prevailing norms against extramarital sex would not apply to them. Sexual relationships involving non-married older men might include patronage of sex workers and/or sex without condoms, since many of these older men came of age during an era when commercial sexual relations was normative behavior for unmarried men and condoms were either unknown, unavailable, or not a usual part of the commercial sex ritual (Knodel *et al.* 1996; VanLandingham 1997; Hanenberg and Rojanapithayakorn 1998). Ample opportunities for noncommercial sexual relationships likely also exist, especially since unmarried older men are outnumbered by unmarried women in age groups appropriate for such liaisons. This situation arises from a combination of age-sex differentials in mortality, nuptiality, and marriage dissolution, and typical sex-related age differences between sexual partners (i.e., with the man typically older than his

¹ Our focus on men rather than women is due to the fact that older men remain sexually interested and active longer than do older women (Knodel and Chayovan 2001), and to our perception that Thai men are more willing to discuss their sexual lives than are Thai women. Also, much research in Thailand and elsewhere shows a greater number of partners for men than for women, excluding the fairly small population of female sexworkers (Sittitai *et al.* 1994; van Griensven *et al.* 2001).

² There is less distinction between the marital statuses "separated" and "divorced" in the Thai context than in the American context. One reason for this is that it is common in Thailand never to register a marriage, thus making divorce superfluous and in fact impossible.

female partner).³ This combination of widespread sexual initiation with sex workers for this cohort of men when they were younger; continued sexual drive among some of these men now that they are older; an advantageous opportunity structure for non-commercial sexual liaisons for older men; a potential mixing of commercial and non-commercial partners in their sexual networks; and age differences between male and female sexual partners together have the potential to put both older unmarried men and their sexual partners at risk of contracting HIV.

Most older persons in Thailand are aware of the basic facts about the transmission and consequences of HIV, but are less well-informed than are young adults (Im-em et al. 2002). Older persons have absorbed some of the information disseminated to Thai society at large about the risks and consequences of HIV, but they have not as yet been a target of intervention campaigns in Thailand. The degree to which older persons warrant more attention from programs that seek to increase knowledge and change behavior related to AIDS can only be answered with research that expands our knowledge about sexual practices within this age group. This paper attempts to help fill this knowledge gap by using qualitative data to examine current social norms regarding older male sexuality; the extent and nature of recent sexual relationships engaged in by unmarried older men; and several matters directly related to the HIV/AIDS epidemic, including condom use and understandings about the risks of contracting the disease.

METHODS

Qualitative methods hold several advantages over survey methods for the investigation of the topics we focus on here. First, fairly lengthy warm-up and rapport-building are critical steps in developing a modicum of trust that must be established before many older persons would be willing to discuss in detail features of their personal lives, particularly on a sensitive issue. Second, the use of semi-structured in-depth interviews makes possible the capture and analysis of detailed and complicated responses, and the further probing and analysis of unanticipated responses that are typically lost in a more structured short-answer format. Finally, our approach allows for extensive use of idiom and anecdotes to highlight key features of meaning in these older persons' relationships.

Our informants are nine currently unmarried (or separated) men living in a provincial city and its nearby surroundings in central Thailand. They range in age from 52 to 64. Only one had never been married; the rest were either currently divorced, widowed, or separated. Our focus on this particular age range is motivated by a desire to capture older persons during the period when many will still retain an interest in sex, i.e., during the onset and early period of old age (Knodel and Chayovan 2001). As noted above, our focus on the unmarried stems from our hypothesis that individuals in this sub-population will face special circumstances related to being outside of a socially sanctioned sexual relationship (marriage) -- circumstances that are likely to have implications for their risks of contracting HIV. An urban/peri-urban context was chosen for our interviews because our previous research demonstrated quite clearly that the urban milieu afforded many more opportunities for non-marital sexual relationships for men (of both a commercial and non-commercial nature) than do rural areas (VanLandingham *et al.* 1998).

Interviews were conducted during the summer of 2001. Recruitment of informants was coordinated by a local colleague of one of our key collaborators on the overall project. We stressed that we were interested both in men who are sexually active and those who are not. Potential informants were told that we would be asking about their recent and early sexual relationships as part of a study that focuses on the lives of older men.

Since we relied upon several intermediaries to arrange the interviews, it was difficult to ascertain how many of the men they approached refused to participate. We do know that it is likely that men who were considered to be fairly open about their lives were more likely to be invited to participate (and to

³ For example, according to the 2000 Thai census, excluding monks, unmarried men ages 50-59 are outnumbered by unmarried women 40-49 by more than 3 to 1. If unmarried women 40-49 are considered instead, they outnumber unmarried men 50-59 by almost 4 to 1 (original calculations from the 1 percent sample from the 2000 Thai Census).

accept the invitation) than men who were perceived as more private or shy. Also, older men who are currently unmarried are quite likely to be distinct from married men in a number of ways, some of which are related to our topics of interest. For one thing, being unmarried during this age range is unusual in Thailand. According the 2000 Thai census, excluding monks, only 8 percent of men 50-59 are unmarried (about a third of whom were never married). Not surprisingly, our intermediaries had difficulty identifying eligible respondents and reported back to us that men who had been divorced, separated, or widowed in this age range had remarried quite quickly. It is possible that those who had not remarried, i.e., our principal study group, may be selective for having a lower sex drive, having difficulty maintaining long-term sexual relationships, preferring commercial sex partners more than noncommercial partners, etc.

Once an eligible informant agreed to be interviewed, he was brought by one of our intermediaries to meet with us in a private location, e.g., a park or at the interviewee's home if no one else was present. Interviews were conducted by one of our Thai interviewers and one of the authors (one of the authors was present for each interview). After some initial small talk, we explained again the purpose of the study, and reminded the informant that he should feel free to refuse to answer any question that he did not feel comfortable answering. Informants were given a small sum of money and a gift for their time. The interviews generally lasted from about a half-hour to an hour and a half

Interviews followed a set of semi-structured guidelines but interviewers were free to alter the order of topics to facilitate the conversation when it seemed appropriate to do so. The topics included in the guideline covered prevailing social norms regarding older male sexuality during the current era; social norms regarding younger male sexuality during the time these men were youths and young adults; the number, types, and key features of recent sexual relationships engaged in by these men and by men in their friendship groups; sexual histories, including condom use; and the understandings these men have about the risks of contracting HIV and AIDS.

The interviews were tape-recorded, fully transcribed, and word-processed in both the original Thai language and in English translation. The resulting English transcripts were then systematically coded and analyzed using a standard text analysis program (*The Ethnograph*). Our classification and evaluation of the data employed two coding strategies. The first scheme was predetermined by the guidelines and classified transcript segments by topics as they were brought up by the interviewer. The second scheme followed an analytic induction approach that classified segments by topics brought up by the informants and not anticipated in the guidelines (LeCompte and Preissle 1993). Our coding strategies and the software we used are designed to accommodate issues that cut across multiple topics. To facilitate the analysis process, we constructed results matrices to help organize the data and to allow for systematic comparisons of findings across cases (Miles and Huberman 1994; Knodel 1993). We illustrate particular points using verbatim quotations.

RESULTS

Masculinity, older age, and sexuality as components of an older man's identity

Both being male and being older were core features of the identity of the men we interviewed, and these two components were in some ways compatible but in other ways caused tension. Regarding masculinity, several of our informants stressed how closely being a man was linked with sexual desire; and that, as younger men, being men, they naturally participated in sexual liaisons with sex workers (eight out of our nine informants in fact did so), and in some cases, noncommercial partners. There was a strong sense conveyed that this is what men do.

I: Thirty years ago when you were young and single, do you think it was normal for men to have sex with women?

R: With prostitutes?

I: Yes, with prostitutes.

R: It depends on each person. We had sexual urges -- that's why we went to them.

I: That means you did.

R: Frankly, yes. It's normal for a guy to have that because we were in our teens. We had to go (#2; 60 year old former soldier)

R: It is normal. When I was a teenager, I went out a lot (#4; 52 year old man).

R: It was normal for young men. If they didn't know what the brothel was, they were so far behind the others. They had to know about sex (#9; 57 year old contractor).

- biological decline of sexual desire with age

But there was also tied in with this close link between being a man and being sexual a tempering of sexual desire with an increase in age, and with this, an increase in stature and responsibility. Linked with these underlying ideas of masculinity and sexuality are expectations that run concurrently about how a man is expected to behave as he becomes older. Part of this tempering of sexual desire is seen as a natural result of aging, i.e., a response to the biological decline in sexual desire and function with age.

R: They stopped doing that (going to the brothel) now. They are too old to go there (#2; 60 year old former soldier).

R: (My sexual desire) has declined as I've gotten older (#4, 117; 52 year old man).

But this perceived decline in sexual drive was by no means universal, but rather was perceived by nearly all of our informants to vary by social and economic status. Two informants reported a perception that older men who engage in physical labor will have less energy available to spend on sexual pursuits. Nearly all either stated explicitly or implied that having financial resources to attract women was at least as important as physical vigor in one's success in sexual life. Cheaper forms of commercial sex that were engaged in during an earlier period in many of these men's lives were now seen as problematic. This is because these inexpensive forms of commercial sex (mostly brothel based) were seen as very potentially risky for contracting HIV; and also because, it was felt by some that being seen in such a venue was viewed as unseemly for someone of their age.

One needed money to be able to afford the privacy a hotel room would provide, plus pay someone to bring a sex worker to them so that they would not risk losing face doing so themselves; more money to be able to engage in more-prestigious higher-end quasi-commercial sex, such as liaisons with singers at nightclubs; and more money still to be able to establish and maintain a household with a woman. While a few of the men report uncomplicated noncommercial sex liaisons, most felt that sexual relationships with women who were not sex workers implied a financial commitment that they were hesitant to take on.

R: For example, if they have to work really hard from dusk till dawn, they would be physically tired. So they would have sex less often (#1; 57 year old former policeman).

I: Compared to when you were a young man, has your sexual desire decreased?

R: It has.

I: Why is that?

R: If we want it, we have to pay for it. But with my (difficult) financial situation, I'd better not. But if I had a lot of money, I ... would have taken any girl at any cost. But I don't have that kind of money. So my desire decreases (#9; 57 year old contractor).

R: There are some old men around here who still have the urge even when they are 60 years old.

I: What do these men do when they have the urge but don't have money? Where would they go?

R: It's mostly the men who have money. They have money and so they can afford whatever they want (#2, 300; 60 year old former soldier).

R: Older men usually don't go to brothels... Mostly they stay in a hotel and a tricycle driver or hotel's boy would pick up a woman for them (#1, 2147; 57 year old former policeman).

R: Well, I still am able to do it. But I don't have any relationship with anyone. If I have sex with any woman, she would be enamored with me. She won't just come once in a while; she would want to move in and live with me (#6; 64 year old former general laborer).

- changing priorities of older men

In addition to this perceived biological decline in physical desire, an unwillingness to be seen in public at inexpensive commercial sex venues, and a disinclination to commit oneself to the financial obligations that are implied in a noncommercial sexual relationship, one final set of disincentives to remain sexually involved is related to changing expectations of men as they grow older, both by the men themselves and by important others. Men's expectations of themselves are of course connected with societal norms regarding what is appropriate for older men to do, but our informants discussed these two levels of influence in somewhat distinct ways.

Several of our informants made it clear that their own priorities clearly change as they pass from young adulthood to middle and older age. Emphases on sex and the production of children early in their marriages shift markedly during middle and older age to the financial stability of their families and companionship with their wives. Two of our informants stressed how the importance of companionship in a relationship (marriage or otherwise) takes priority over sexual gratification as men age. More common was an increasing emphasis on securing financial security during middle and older ages, both for themselves and for their families when they were married.

Upon approaching old age, one informant was quite explicit in turning his attention to more religious matters over the life's physical pleasures (especially sex); several discussed how they were becoming increasingly aware of death.⁴ And several of the men talked about dealing with their sexual desires by drinking, going to sleep, or simply subduing them.

I: Don't you feel lonely? You're still alive but there is nobody to take care of you...

R: No, I still have temple. I will go to the temple (#4; 52 year old man).

R: (When I have desire), I just drink until drunk and fall to sleep. When I wake up, no problem (#6, 1825; 64 year old former general laborer).

R: I use magic (to try to sublimate sexual desire) by trying to mumble that this is banana, banana ... it looks delicious at first with that nice beautiful skin but then it will wrinkle and it will no longer look delicious. Banana means myself. I am getting older, just like the banana. No one wants a ripened banana. Because I think this way, I know that the time for me is near. My death is near (#5, 93; 55 year old motorcycle taxi driver).

⁴ Sex and death are often juxtapositioned in such a way in Thai Buddhist thought.

- changing societal expectations of older male sexuality

Parallel to these changes in men's priorities run changing social expectations of them – first and foremost that men will become less focused on sex and more focused on the well-being of their families as the men age. But as men begin entering older age, these financial burdens are likely to have diminished for many men. Children are grown, and at least for the sub-population of interest here, wives are no longer in the picture and do not need to be supported. Even so, given these social expectations and these older men's often limited financial means, many of our informants are loath to expend scarce resources pursuing sexual relationships because of fears of future financial hardships for them, the women who they might take up with, and the children who would be left behind.

R: ... I once had a life like that and I didn't want to go through it again. I am afraid that a new girl would be a burden to me. I wouldn't have any money as I grow older. I am afraid that I would have children when I am old. I don't have money and what would these children do? They would suffer (#5, 186; 55 year old motorcycle taxi driver).

Fears related to loss of face if an older man's sexuality became salient to significant others appeared to be another significant disincentive for new relationships. A high level of sexual interest or even obsession, while tolerated among (in fact, expected of) young men, is not considered part of the accepted repertory of older male pursuits. Even new committed long-term relationships with noncommercial partners are avoided because it is feared by the men that they will be gossiped about and looked down upon, especially by one's children.

R: We think about living together as a couple. But we care about what her children will think, and mine. We are afraid that ... they would say something about it, "You are this old and you still do that thing?" Something like this (#8, 677).

Such fears of loss of face appear even more significant as disincentives for commercial sex participation. Fear of AIDS was due to not only its associated early mortality and severe morbidity, but also because infection would be taken as incontrovertible proof that the older man was not acting his age.

R: These days, if (an older man) goes to the brothel, they can't let anyone know.

I: Why?

R: Because if anyone knows that a 50 years old man go to that kind of place, it's not appropriate, not at his age (#9, 881; 57 year old contractor).

R: ... if you (an older man) have sex with a prostitute and you are infected by AIDS, your image to the family will be ruined. And the people would cut their ties with you. They will spread rumors... They would say we are an asshole. We just had sex and don't care for anything (#6, 429; 64 year old former general laborer).

Sexual activity among our informants and their peers

Some of our informants remained sexualactive and some did not; a range of experience was also apparent for members of their male peer groups. Among those choosing celibacy, several maintained that they were simply not interested; some spoke of fear of taking on new financial responsibilities that are seen to be inextricably linked with a noncommercial sexual partner; others explicitly feared contracting the HIV virus.

Among those who remain sexually active, there was generally an aversion to the brothel venues that they had patronized as younger men, for the reasons discussed above. There were exceptions, however. As is the case for younger men, a special event or reunion with friends, especially if alcohol was involved, was sometimes a stimulus to revert to old habits and perhaps relive old times.

R: ... my subordinates paid for it. I have a son who got married.

I: Did you use condom?

R: I didn't use anything.

I: Why not?

R: It happened very fast and I was drunk. I didn't think of it. I just did it. And that's it (#9, 361; 57 year old contractor).

Relations with noncommercial partners was much more commonly reported than with commercial partners, however. Widows are a frequently mentioned type of sexual partner. Perhaps women who have lost a husband through death carry no stigma of sexual impropriety or having had a failed marriage; and perhaps such women would be especially open to the possibilities for a new relationship for the increased financial security that may be associated with it. From one of our male informant's point of view, male widowers are more open to the possibilities of a new relationship than are divorcees, since their previous marriages were not failures but rather were ended by the death of their spouses.

R: For the man whose wife died, he would take on a new woman without thinking much. That's in general. But for the man who split with his wife, that's (a different) experience. Life is changed when one splits up with one's wife. I got fed up with it (#9, 992; 57 year old contractor).

But less consequential noncommercial relationships are also reported; three informants had had sexual relationships with co-workers or subordinates. All in all, most of the men in our sample had ample opportunities for new sexual liaisons should they be interested, of both a commercial nature and a noncommercial nature.

Sexual risk-taking among unmarried older men

Our interviews suggest a fair amount of sexual behavior in this population that could expose both unmarried older men and their sexual partners to HIV. Four of our nine informants have current or have had recent relationships with noncommercial partners, and two have concurrent noncommercial sex partners. Condom use with noncommercial partners is nonexistent, not surprising since condom use was not a component of these men's early sexual scripts. Most worrisome, for the two of our informants who mix commercial partners and noncommercial partners, one does not use condoms with either.

Knowledge about AIDS is widespread in this population, as expected, but some misinformation is apparent. Believing that one could tell by looking if a potential partner was infected was reported by one informant. Several others felt that choosing partners unlikely to have had numerous previous partners was a way to avoid AIDS. While reasonable, this strategy may afford a greater sense of safety than is the case, especially since many of these older men have female partners who are much younger, and who are in the prime ages of HIV infection in Thailand.

IMPLICATIONS AND CONCLUSIONS

Our small sample of older unmarried male informants suggests a number of possible health risks associated with the sexual behavior of this broader population, but our results should be considered only

suggestive. Our sample is small, and our recruitment procedures were neither random nor systematic. Population-based research should explore some of the themes we identify here, especially the extent of sexual activity, the numbers and types of partners sexually active older unmarried men have, and condom use. While interpreting our results, one should also keep in mind that unmarried older men are likely to differ from married men in important ways that are described above, and so results should not be generalized to the broader population of older married men.

Several of the older unmarried men we interviewed remain sexually interested as they enter old age, and it is clear that ample opportunities to act on this interest are available to them, in both the commercial sex arena and with noncommercial partners. Unattached men in this age group, especially if they have a modicum of financial security, are likely to attract unattached women who are interested in a stable relationship. Some men remain celibate, because they no longer have sexual interest; because they want to avoid additional financial responsibility; because they simply view the affordable channels (such as brothel sex) as not appropriate at this stage of life; because they wish to avoid being looked down upon by significant others; and/or because they want to focus on what are seen to be higher-level pursuits more appropriate for men at their station in life, for example, pursuits having a religious component.

The men we interviewed who do remain sexually active appear to be at minimal risk of acquiring HIV, since they engage primarily in noncommercial sexual relations with women who are typically too old to be at high risk of being infected with HIV. But other older men successfully pursue sexual relations with women in the age groups at much higher risk of HIV, and condom use is almost unheard of in any of these noncommercial sexual relationships. Most worrisome from an epidemiological viewpoint is the prospect that there may be substantial numbers of older men who engage in unprotected intercourse with both sex workers and with women who are not sex workers.

On the brighter side, much sexual decision-making among these men is informed by knowledge about AIDS. For the most part this information is accurate, but worrisome misperceptions are reported among our informants and may be widespread. Several men report having lost friends or colleagues to AIDS, and such experience may provide a good foundation for interventions that would target unmarried older men who remain sexually active. Such campaigns would do well to emphasize the risks of having sex with sex workers, the ability of condoms to prevent the transmission of HIV, and the risks of alcohol numbing an older man to the potential dangers of his sexual activities, especially during special and festive occasions.

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