

AIDS RISK AMONG TOURISTS : A STUDY ON JAPANESE FEMALE TOURISTS IN THAILAND

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บทคัดย่อ

การศึกษาในเรื่องพฤติกรรมเสี่ยงต่อโรคเอดส์ในกลุ่มนักท่องเที่ยวสตรี พบว่าสตรีญี่ปุ่นเป็นกลุ่มที่มีพฤติกรรมเสี่ยงทางเพศสูงกว่าสตรีนักท่องเที่ยวสัญชาติอื่น การศึกษาคำเนื่งการที่เกาะภูเก็ต โดยใช้วิธีการสัมภาษณ์แบบกลุ่มและการสัมภาษณ์ระดับลึกกับกลุ่มเด็กหนุ่มชายหาด (Beachboys), มัคคุเทศก์, ผู้จัดการบริษัทท่องเที่ยวและนักท่องเที่ยว สตรีญี่ปุ่น การศึกษาพบว่า มีปัจจัยเสริมหลายประการที่ทำให้สถานการณ์ของนักท่องเที่ยวสตรีญี่ปุ่นเป็นปัญหา ปัจจัยดังกล่าวประกอบด้วย การประชาสัมพันธ์ส่งเสริมการท่องเที่ยวของภูเก็ต ที่ขาดการให้ข้อมูลของสภาพท้องถิ่น, สังคม วัฒนธรรม และพฤติกรรมของคนท้องถิ่นที่เพียงพอ ที่จะเป็ข้อมูลพื้นฐานให้นักท่องเที่ยวเตรียมทำความเข้าใจในสถานการณ์ใหม่ นอกจากนั้นยังมีลักษณะเฉพาะของสตรีสาวญี่ปุ่นที่เน้นบุคลิกที่หนุ่มสาว, สุภาพ, ทนสมัย และไม่แสดงความรู้สึกอย่างเปิดเผย ที่ทำให้กลุ่มนี้จึงดูเข้าถึงได้ง่าย สำหรับชายหนุ่มท้องถิ่น ปัจจัยอื่น ๆ ที่เกี่ยวข้องอีกก็มีเช่น การรณรงค์เรื่องป้องกันโรคเอดส์ และเพิ่มความปลอดภัยในส่วน of รัฐบาลก็มีน้อยมากในสถานที่ที่มีนักท่องเที่ยว นักวิจัยเสนอแนะให้มีการอบรมเตรียมตัวให้มีพฤติกรรมของสุขภาพที่เหมาะสมและปลอดภัย พร้อมให้ข้อมูลสำคัญที่เกี่ยวข้องแก่นักท่องเที่ยวสตรีทั้งก่อนเดินทาง ขณะเดินทางและหลังเดินทาง

Abstract

Sexual behavior relating to AIDS risks among women tourists in Phuket Island, Thailand was studied. The study included Focus Group discussions and indepth-interviews with key informants; local beachboys, tour guides, travel company managers and women tourists from Japan. Results indicated that there had been more women tourists on the island as Phuket had been particularly promoted for Free Individual Tourists; (FITs), especially women. The Japanese women tourists were found to be taking more sexual risks compared with other women tourist groups of other nationalities as more casual sex between Thai beachboys and Japanese tourists were reported. Frequency and place of sexual intercourse reported point to low condom use. Factors contributing to the problem included the promotion of Phuket that lacked knowledge and health concern measures for young inexperienced women tourists, the specific national traits of young Japanese women such as being gentle, polite, fashionable and submissive; making them approachable to young local men. The study also found lack of authority control for tourists safety and absence of AIDS awareness messages in tourist areas. Researchers recommended that tourists safety programs as well as service in providing relevant facts and life skills training were to be set up prior to, during and after taking the trip overseas for women tourists.

Introduction

World-wide travel is increasing yearly. As noted by one author "Travelling is a strong human urge and this makes them mobile. Human beings have with them their inborn nature to travel. Human history has involved people constantly moving from one place to another. Reasons have been various for people to make trips : they do them for commercial, political, social, religious and personal psychological ones. Travelling has become a major human expectation that involves the prospect of cross cultural, cross border communication and exploration of self and others" (Hendriks, 1991).

With travel comes the opening of the mind to new ideas, new cultures, and new ways of looking at life. On the negative side is the possible risk to health. Malaria, yellow fever, cholera and a host of other diseases have affected travelers ever since records were kept , and often influenced history as they affected invading outsiders.

This study deals with a new health risk, AIDS (Acquired Immune Deficiency Syndrome) that travel clearly has affected and will continue to do so. Both indigenous populations and tourists have been put at risk. This paper deals with a particular risk group, female tourists, in this case, Japanese tourists in Thailand.

World Travel

The World Tourism Organization (WTO) has predicted that international travelling business will become the world's biggest industry by the year 2,000 (WTO, 1990). International tourism receipts in 1990 were estimated as U\$230 billion, an increase of 9.9 percent over the preceding year, (and a gain of 98 percent since 1985). In 1992 the WTO estimated the number of international tourists at 600 million, an explosive increase from the 425.0 million tourists of 1990. Rising personal incomes, simpler and cheaper international travel and increased leisure-time have made long distance travel available to increasing number of people.

More people are travelling for recreational activities and business, and Asia and the Pacific are the fastest growing tourist destinations.

Table 1. World International Tourists Arrivals (1950-1990)

Year	Millions
1950	25.3
1960	69.3
1970	159.7
1980	284.8
1990	425.0
(1992)	(600.0)

Source : World Tourism Organization, 1991.

(It should also be noted that the number of trips for domestic tourism is estimated by the WTO to be nine times that of international tourist arrivals (World Tourist Organization, 1991).)

Table 2. International Tourists Arrivals by Region (1950-1990)

	Africa	Americas	East-Asia Pacific	Europe	M.East	South Asia
1950	0.5	7.4		16.8	-	-
1960	1.0	16.7	-	50.1	-	0.2
1970	2.8	36.6	-	112.0	-	0.9
1980	7.0	53.7	20.0	196.0	5.8	2.3
1990	14.0	84.0	46.5	271.3	6.0	3.3

Source : World Tourism Organization, 1991.

The Emerging "Free Individual Tourists" (FIT)

Not only there are more international travellers, but also there are younger people travelling. To plan a trip nowadays takes less preparation time, and money. Travelling is more convenient, personalized, flexible and exciting and within the reach of the younger and younger populations. Technical innovations, dismantling of travel controls, and creative marketing in tour business have brought more people from even further distances with recreational or business motives. The most recent and popular innovation of tourist schemes is called Free Individual Tourist (FIT). However it unveils new risks for tourists as the FIT scheme means putting travellers on their own with only the bare basics ; air plane tickets and hotel accommodation. FITs young or old, men or women, experienced or inexperienced are solely responsible for their actions and well-being for the entire trip.

Tourist Health Risks

Travelling has not only economic consequence, but also a number of social, cultural and, medical consequences including risk of acquisition of a number of infectious diseases, including AIDS. People engaging in international travel are from an epidemiological point of view, a "high risk" group for a number of diseases and health hazards. Travel per se has limited medical consequences; it is the behavior of the traveller during the trip and in the host country, which most determines the probability of a negative outcome.

A number of factors contribute to risk to health. These include environmental, physical, psychological and situational risks. Environmental factors include changes of climate, altitude, food and water quality, hygienic standards, and previously unknown health hazards. Physical factors in the new country include non-immunity against prevailing diseases, and psychological factors include a sense of greater vulnerability, reduction of inhibitions and increased risk-taking due to loneliness, boredom, sense of liberty, and the concept of "liminality"; a new term use for sense of being in the stage of "in-between", not being at any permanent location and place. Both situational and non-situational factors on

constitute the basis for tourists to be considered a new group facing special health risks (Hendriks, 1991).

People who go abroad often behave differently than at home. Travellers frequently report a sense of freedom; many feel released from the routine stress of life and work. The experience of being abroad may provoke a sense of "having escaped" and a craving for new and exotic adventures; it increases people's willingness to experiment and to take certain risks they would not normally take or be allowed to do in their home environment. The distinctly different lifestyle of the local population, the prevailing habits and customs, the unknown food and (excessive alcoholic) drinks, the new opening for adventures and etc. all encourage the individual traveller to adapt and take a new turn of his/her usual behaviour. In a way, travellers without knowing enough, can find themselves in "unaccounted for" circumstances on the trip.

For example, previous studies have found the relationship between travel and sexual behavior varies significantly depending on the geographical context, the existence of travel companion(s) and travel purpose. From several epidemiological, social and behavioral studies on travellers, certain groups of travellers have been identified as engaging in different patterns of risky sexual behavior. The groups include leisure travellers "on vacation", and sex tourists with sex as their primary intention (though very few travellers consider themselves as "sex tourists") Kleiber concluded from a German tourism study in 1990 that an estimated 70 percent of the German male tourists were in Thailand for sex. In addition, package travellers, and in experienced tourists without prior proper risk assessment can easily be vulnerable to sexual harassment and sexual encounters.

AIDS and Travellers

International mobility is a major cause of the AIDS pandemic reaching global proportions. The risk of HIV (Human Immune-Deficiency Virus) infection is particularly high among sex tourists and travellers who may take a sightseeing tour or a business trip as an opportunity for sexual activities with either commercial sex workers or local people. In many third world tourist destination countries

where conditions for rapid spread AIDS / HIV infection may be high, e.g. India, Thailand, the Philippines, and Kenya, tourists who do not take proper precautions may be at great risk for AIDS/HIV infection. Studies in some countries, e.g. Japan, and Australia, have found a relationship between AIDS and recent travel through countries with a high prevalence of HIV infection (Soda, K., 1995; Mulhall, B., 1993).

Thailand Tourism and Japanese Tourists

Since 1992, more than 5 million tourists have visited Thailand annually. The Tourism Authority of Thailand reported 6,166,496 tourists visited Thailand in 1994, an increase of 7 percent from the previous year. Notably, repeat tourists made up 46 percent of the total. About 56 percent came independently and 44 percent in package tour groups. Male tourists made up 64 percent of the overall tourists. Travel and holiday were the main purpose of visit among 88 percent. The rest were various groups of commercial travellers, professionals, production and service workers, and labourers. Tourists from other East Asian countries constituted almost 60 percent of the overall tourist group.

The first five largest groups of tourists for the past two years have been Malaysia, Japan, Taiwan, Korea and Germany. (See Table 3.) Considering ports of entry into Thailand, there were 793,462 Malaysian tourists who used Thailand's main southern ports (land, air and sea.). However, the length of stay for Malaysian tourists was only 3.5 days, the shortest length of stay for any tourist group, Japanese tourists, with a much greater length of stay and higher expenditure, are regarded as the most economically important group of tourists in Thailand at the present time.

Table 3 International Tourists Arrivals to Thailand by Nationality

Country of Nationality	Total 1994	%share	Total 1993	%share	%change
Grand Total	6,166,496	100	5,760,533	100	7.1
East Asia	3,535,063	57.33	3,273,377	56.82	8.0
Malaysia	907,245	14.7	831,951	14.4	+9.1
Japan	694,649	11.3	579,470	10.1	+19.9
Taiwan	434,540	7.1	510,572	8.9	-14.9
Korea	363,655	5.9	268,104	4.7	+35.6
Germany	355,477	5.8	320,254	5.6	+11.0

Source : Tourism Authority of Thailand, 1995

The Tourism Authority of Thailand in May 1995 reported growth in first quarter international tourists arrivals up by 15 percent over the same period last year. A total of 1,845,969 foreigners visited Thailand between January and March 31. East Asian visitors totalling 1,042, 206 were the largest group, followed by those from Europe (534,722), The Americas (116,626) South Asia (61,760), Oceania (58,020) the Middle East (21,435) and Africa (13,200). For the first quarter of 1995 Malaysians again accounted for the most visitors (282,264) followed by Japanese (201,341), Koreans (142,172), Germans (130,148) and Taiwanese (117,719). The report also suggested efforts to channel tourists to the country beach resort areas due to Bangkok's deteriorating image, "as a city of bad traffic", and that other destinations such as Pattaya and Phuket be promoted through the organization, resulting in more direct charter flights from several world countries bypassing Bangkok.

Table 4 International Tourist Arrivals to Thailand by Nationality at International Airports. (Jan-Dec 1994)

Country of Nationality	Total	%change
Japan	685,367	+19.60
Taiwan	431,737	-14.79
Korea	359,236	+35.63
Germany	341,402	+10.73
United Kingdom	310,762	+10.84

Source : Tourism Authority of Thailand, 1995.

The AIDS Epidemic in Thailand

In 1988 Thailand and many Asian countries, Oceania and North Africa were classified as epidemiologic Pattern III countries for AIDS. The Pattern III description signified low indigenous spread, with most cases being imported. However, in Thailand the progress of infection has been much more rapid than for many countries ; in the same year there was an explosion of HIV cases among IVDUs. Three years later, Thailand's estimated number of HIV cases swelled to reach 300,000 for its then 55 million population. The volume equaled the estimated rate of HIV infection in the US which was about 1 million for its then 250 million population (Weniger et al., 1991). The different pattern of Thailand's AIDS epidemic led to the creation of a new pattern, "Pattern IV".

The Thai HIV experience might be summarized as rapid spread first in IVDUs, then in female prostitutes, then into their male clients, then into the low risk groups of wives and girlfriends, then to newborn children.

First Wave	IVDUs (1988)
Second Wave	Female prostitutes (1989)
Third Wave	Non-IVDUs heterosexual men (1990)
Forth Wave	Wives and girlfriends (1991)
Fifth Wave	Newborn Children (late 1991)

The heterosexual epidemic predominates in Thailand. AIDS transmission through sexual contact is ten times more common than transmission through needle sharing (Weniger et al, 1991). Because of high sexual promiscuity with multiple women and prostitutes, infection rate among men, whether married or unmarried, is higher than among women.

Ministry of Public Health conducted a census of female prostitutes and found 86,00 women in this profession in 1990. (Other sources estimated higher numbers ranging from 200,000 to 500,000.) Direct or brothel-base prostitutes with a median HIV infection rate of 29 percent (1993) give services primarily to local men; indirect or non-brothel base prostitutes with a median HIV infection rate of 3 to 10 percent serve primarily foreigners, and tourists in bars, pubs, massage parlors, motels and other similar establishments. Brinkman (1991) calculated the risk of HIV infection in tourists by assuming 10 percent of the total number of tourists in Thailand had 10 sexual contacts with indirect prostitutes during their average length of stay, for a total of 5 million - 6 million sexual acts. Assuming a low rate of condom use, he concluded that a significant percentage of tourists could be infected each year.

The AIDS Epidemic in Japan

In the past 3 years 1988 to 1991, Japan has seen a rapid rise in HIV infection. In recent studies from Japan, there has been a significant association between HIV infection and international travel to certain areas in Africa and Asia. (Japan reported twelve million Japanese international travellers in 1993).

Japan had always considered itself very health conscious and the use of condoms had been very high for many years. In fact, prior to the increase in the use of condoms worldwide to prevent HIV infection in the past decade, Japan alone had accounted for over one quarter of the condom users in the world (Population Reports, 1982). This was primarily because the only two officially sanctioned forms of birth control in Japan had been condoms and abortion. It was also reported that 50 percent of married women of reproductive age in Japan relied on condom compared to 7 percent of those in the US and Canada. Given this history

of high condom use, Japanese health authorities were disturbed to see the rapid rise of HIV infection in Japan.

Table 5 Annual Reported Number of HIV/AIDS by Risk Factor in Japan(excluding hemophiliac cases)

(31 December 1994)

Risk Factor	1990	1991	1992	1993	1994
Heterosexual	34(8)	123(9)	253(21)	170(34)	194(46)
Contacts					
Males	16(7)	46(9)	89(20)	83(26)	105(39)
Females	18(1)	77(-)	164(1)	87(8)	89(7)
Homosexual	29(10)	38(17)	52(9)	58(14)	114(42)
Males					
Others/Unknown	34(13)	77(12)	188(21)	136(39)	127(49)
Mother-to-infant	3(1)	1(1)	1(0)	4(3)	4(2)
IVDUs	2(1)	3(-)	3(0)	2(1)	3(2)
Others	7(2)	5(1)	13(6)	9(4)	14(7)
Unknown	22(9)	68(10)	171(15)	121(31)	106(38)
Total	97(31)	238(38)	493(51)	364(87)	435(137)

() No. of AIDS cases as a secondary mention.

HIV infections other than AIDS cases have been reported since February 1, 1987.

Source : Soda, Kenji, AIDS/HIV Infection in Japan, 1995.

The recent increase in HIV infection in Japan has the following characteristics:

1. Heterosexual contact accounts for most HIV infections
2. A higher in HIV infection rate among females, especially in their twenties.

To date 1,441 HIV positive individuals have been identified. Out of this figure, 719 cases (49.9%) are heterosexuals and, 271 cases (18.8%) are male homosexuals.

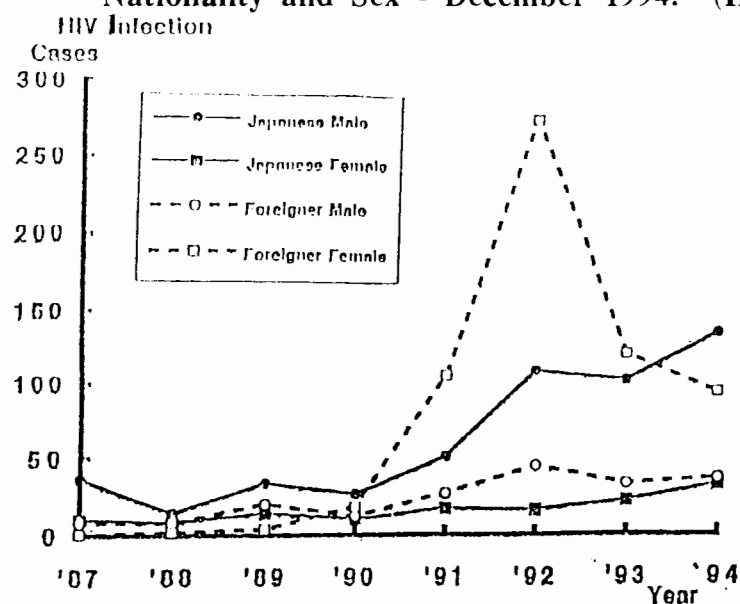
Table 6 shows that with HIV infections, the overall ratio of female to male is 1:0.93. The ratio for AIDS cases, however, is 8:1 with males being higher. This is probably because of much more travel among men in the early day of the worldwide epidemic and higher infections early on among gay men.

Table 6 Annual Incidence of AIDS/HIV in Japan by sex (as of 31 December 1994, Hemophiliacs are excluded)

Year	AIDS			HIV Infection		
	Male	Female	Total	Male	Female	Total
1985	6	0	6	-	-	-
1986	5	0	5	-	-	-
1987	9	5	14	44	11	55
1988	16	3	19	22	10	32
1989	15	1	16	53	18	71
1990	28	3	31	38	28	66
1991	38	0	38	78	122	200
1992	49	2	51	153	289	442
1993	73	14	87	135	142	277
1994	120	17	137	171	127	298
Total	359	45	404	694	747	1,441

Source : Soda, Kenji, AIDS/HIV Infection in Japan, 1995.

Figure 1 Annual Reported Number of HIV Infections in Japan by Nationality and Sex - December 1994. (Hemophiliacs)



Source : Ministry of Health and Welfare and Japaneses Foundation for AIDS Prevention, 1994

The cumulative numbers of HIV infections at the end of 1992 was estimated about 2,900 in Japanese and about 4,500 in foreigners, and the cumulative totals of HIV infections in 1997 was projected to be 23,200. The future trend of HIV infection in Japan, according to a Japanese AIDS researcher, may be largely influenced by epidemiological and socio-economical conditions of closely-related foreign countries. (Soda, K., 1995).

AIDS Risk Among Japanese Tourists in Thailand

To determine the risk factors for AIDS among Japanese tourists, studies have been carried out in Thailand since 1991 by the Institute for Population and Social Research, Mahidol University, Thailand with a grant from The Japanese Foundation for AIDS Prevention in Japan. The findings to be presented in this report were obtained from a study on Japanese female tourists in Phuket, an island province in Southern Thailand. The study was carried out between May 1993 to December 1993 with the primary objectives to study attitudes and sexual risk behavior among Japanese female tourists in Thailand.

The study consisted of in-depth interviews and Focus Group discussions with 12 Japanese female tourists on their second or third day on the island, 59 Phuket beachboys, 10 tour guides, and 5 Phuket travel agency managers. The interviews with the tourists in Japanese language were conducted by an experienced Japanese researcher trained in field research methodology.

Japanese Female Tourists

In Southern Thailand, Phuket Island and its nearby islands have become more and more popular among female tourists especially Japanese women tourists at least since 1991. Phuket, in fact, has been particularly promoted worldwide as a destination for female tourists. For the past three years Phuket received more Japanese female tourists than female tourists of any other nationality. Official figures of Japanese female tourists on the island were roughly between 30,000-40,000 over the past 3 years and since 1991 have outnumbered male Japanese tourists.

Table 7 Number of Japanese Tourists in Phuket by sex, 1990 to 1994.

	1990	1991	1992	1993	1994
Japan					
- Male	13,516	17,249	29,577	30,650	37,858
- Female	3,881	19,707	31,451	33,428	41,232
Japan (total)	27,397	36,956	61,028	64,078	79,090
All countries	232,736	342,247	414,479	442,483	517,492

Source : Division of Immigration Police, Phuket, 1995.

Research questions for the female tourists included awareness and perception of Phuket, tour arrangement, size of tourist group, activities on the island, perception of Thai people and local men, development of friendship, sexual approaches or seduction, places for sexual intercourse, use of condoms, concern for health and perception of physical danger and risks of HIV infection.

The profile of Japanese female tourists was a woman 20-28 years old, either working in a clerical position or service level job or a student, with an income of between 1-2 million yen per year. Tourists came from Japan's main cities such as Tokyo, Saitama, Nagoya, and Osaka. They came to Phuket as Free Individual Tourists (FIT) in small groups of 2-4 women; about 30 percent had previously been to Phuket.

One interesting point found in this study is that Japanese women constituted the largest group of FITs in Phuket. For the last few years the fast increase in number of Japanese female tourists have been observed in several other world tourist destinations. Women tourists of other nationalities seemed to prefer to either travel in large organized mainstream tour groups of men and women as for Chinese, Korean, Taiwanese, Singaporean tourists or as individual tourists

travelling on their own as family or as married couple or as small groups of young men and women as for most European and American tourists.

Thai Beachboys : Providers of Marine Sport Service

On several beaches, marine sport and related services are provided for vacationers on the beach. The sports available include diving, snorkeling, scooter riding jet-ski riding, parasailing, banana boat riding, and boat driving. All people engaging in the business are men usually called "beachboys".

In the study, fifty-nine beachboys out of around 500 beachboys on Phuket island were interviewed. This group of subjects included jet ski drivers, boat drivers, parasailing operators, diving masters, beach vendors and marine sport facilitators. About half of them were Phuket locals, with only a few were from nearby provinces such as Nakornsithamarat, Pan-nga, Chonburi, and Suratani. Nine men were under 20 years of age, forty-five were between 20-30, and five were over 30. The mean age of this group was 23.4.

The beachboys had at least 6 years of education, with ten having spent approximately 9 years in school. All had worked as beachboys for more than one year. Thirty-three were from rural towns and twenty six were from urban towns.

Table 8 Type of Work of Phuket Beachboys (N=59)

Work	Frequency
Jet-ski drivers	22
Boat drivers	8
Diving teachers	3
Parasailing operators	7
Marine sport facilitators	18
Vendors	1

Beachboy Perception of Their Sport Service Clients.

Most of the sport clients of beachboys were tourists who spent day time hours on various beaches both on the main Phuket (island) and on smaller surrounding islands. Marine sports made available for tourists included jetskiing, parasailing, scooter riding, boat riding, banana boat riding, diving and snorkeling. When asked, 74.6 percent of beachboys reported having Japanese women as the main contributors to their business in marine sport services.

Their Japanese clients were relatively young (18-27 years of age), students, secretaries, office and sale clerks, receptionists and factory workers. Some beachboys mentioned that some of their clients were also in the entertainment or even sexual service business, such as working in bars and nightclubs in Japan. Over sixty percent of beachboys believed that the majority of their Japanese female clients were single women looking for sexual adventure. When asked whether beachboys had ever questioned themselves that they could have been sexually exploiting their young clients, answers given by beachboys indicated that most of them believed that their Japanese clients were already sexually experienced and not virgin. When asked how they could come to know that the women had sexual experience, the boys answered that they had their way to know, by touching the women's limbs and if they were not firm they would assume that the women were not virgin which meant that they were aware of what was going on with the sexual relationship development. In other words, beachboys believed that both they and female tourists had equal part in developing intimate relationships in Thailand.

Japanese women were reported by beachboys as easiest to approach on the beach. Compared to other Asian female tourists such as Chinese, Korean, Malaysian or European female tourists such as French, Italian, German, and British, Japanese women were more attractive, more delicate, less threatening, and less intimidating to the men. They were physically more appealing as the boys found them more lovely, pleasant, polite, and fashionably dressed. The boys also found them rather conscious of how they looked and better prepared to keep themselves neat all the time on the beach. In response to beachboys' flattering remarks and teasing talks of compliments and sexual advances, Japanese women

who were usually without male companions, would become girlishly shy, smiling and never become openly annoyed, angry or hostile toward the beachboys' obvious moves.

Furthermore, financial gain was an obvious reason why the beachboys preferred to direct their attention exclusively to Japanese women tourists. Considering the rather costly fee to participate in the marine sports service provided by beachboys; e.g. 20-30 US dollar for a half an hour of jetski ride or a round of parasailing, the fee seemed affordable to only the tourists who had the means to pay. Japanese women tourists were the largest group of customers, while women tourists of other nationalities seemed to be more satisfied with other more simple and economical beach activities.

Language and Communication

Most beachboys had, at "functional" level foreign language skills especially English and Japanese. As beachboys saw Japanese as good business patrons and had more chance to communicate with them, they paid great attention to increasing their Japanese language skills very quickly. Speaking Japanese with a few English words seemed to work especially well with young Japanese women as it helped beachboys to achieve business communication whilst the Japanese women, according to beachboys, became more responsive, relaxed and turned to trust beachboys more quickly when Japanese words were used in their interaction.

For other groups of tourists who did not speak English well, there would be little direct interaction between beachboys and tourists. Such groups of tourists, mostly Korean, Chinese, Italian, Spanish had tour guides to assist them in all communication

Free Individual Tourist Package Compared with Other Tourist Groups

Phuket tourists can either come in tour groups or independently or as Free Individual Tourists (FIT). The latter had become increasingly popular among

young Japanese tourists for its low cost. FIT tourists were practically on their own during the time on the island as only their hotel, ticket, and airport-hotel transfer are included in the FIT package. Generally for first time travellers, Phuket surrounding islands tours were optional; if they were not keen on such tours, tourists had the choice of staying on Phuket island and spending their time on the main common beach or by the hotel swimming pool. Japanese tourists who were believed to be better prepared to pay more for special exclusive treatment in private package ended up spending most of their day time hours on secluded beaches of small islands where there were more beachboys, marine sport services, (and less authority control).

One striking difference between groups of tourists was the group composition. The relationships between group composition and tourists behavior have been illustrated by the study done in British coastal towns (Ford, Nicholas, 1991). A tourist travelling with an opposite sex partner or with family members were less likely to engage in a new sexual relationship while travelling. A tourist travelling in a larger tour group or in groups of men and women was also less likely to have chances to develop an intimate relationship with a new friend outside the group. In the Phuket study, the point on group composition was also considered to be an important contributing factor to the sexual risk behavior among tourists. While most other groups of Asian tourists were larger, usually more than 10 people, Japanese groups were small, usually 2-3 people. While small European tourists group consisted of men and women, Japanese groups were women only groups. While other tourists group mostly consisted of family members, Japanese groups consisted of friends.

Moreover, being small in group of women only and among friends could create a special combination that is perceived as vulnerable not only for outsiders to get near but also the insiders to reach out, of the sense of feeling "protected" by their own group or yearning for a fresh new stimulation through social interaction with outsiders.

Marine Sport Service Provided by Beachboys

Beaches were the main place where beachboys worked and met their clients. The boys realized that its necessary to initiate the interest in sport ideas by talking tourists into trying out the sports usually unavailable at tourists homeland. To sell sports was the major duty of beachboys, so a lot of beachboys offered other fringe services in the persuasion process such as helping in getting food, getting drinks, putting on sun screen lotion, being a playmate and making small pleasant conversation with lots of flattering remarks. The shyness, politeness and warmth among Japaneses women encouraged the beachboys to press on further.

Table 9 Water Sports Most Preferred by Female Tourists

	Frequency	Percent
Jetski	34	57.6
Parasailing	18	30.5
Swimming	2	3.4
Boat riding	2	3.4
Suntanning	2	3.4
Diving	<u>1</u>	<u>1.7</u>
Total	59	100.0

Ninety percent of beachboys reported that their jobs involved not only making clients feel at ease with them but also having chances for getting a fair amount of physical closeness with their clients. There were certainly a lot of chances and time that the boys could get close to their women clients, talking to sell the sport service, making certain that clients were comfortable, jetskiing, parasail riding, diving and being helping around the beach. This closeness was reported to create a sense of trust and romance among their women clients.

Table 10 Thai Perceptions of Physical Closeness in Various Activities

	Frequency	Percent
Jetski	44	74.6
Parasailing	6	10.2
Boat riding	3	5.1
Swimming	3	5.1
Motercycling	1	1.7
Diving	1	1.7
No answer	<u>1</u>	<u>1.7</u>
Total	59	100.0

The motorcycle was the most popular vehicle among young people as it was made convenient and inexpensive to rent in Phuket. Phuket is a very picturesque town with hills and coastal roads. With limited modes of public transportation, in Phuket, motorcycle turned to be the choice mode of transportation for both local people and tourists. Motorcycle renting businesses were common most without driving licence requirements. A female tourist riding along with a beachboy on a motorcycle at night, spending time together having dinner, drinking and dancing in clubs was a common sight in the town of Phuket.

Beachboy Sexual Involvement with Female Tourists

All beachboys found making advances with female tourists part of their work and adding fun to their works. Having tourists as friends meant more sale of marine sport services, commissions from shops, and restaurants, and thus resulted in both financial gain, excitement and increased status for beachboys. Therefore, it was an important part of their duty to develop a close bond between them and clients. They were always at the service of their clients, especially women. Generally as compared to men all interviewed respondents; (beachboys and tour guides) agreed on the notion that women tourists tend to be more willing to trust and develop a quick false sense of control of their situation while travelling. Interviewed Japanese women tourists felt the local Thai men to be warm, friendly

and kind, and as the result, they did not seem to doubt the men's sincerity and intentions. Only two Japanese female tourists interviewed did not find the local men to be trustworthy and interesting because of their language barrier and not being interested in the marine sports being offered by the men.

The study also employed a Japanese woman researcher to take role of a lone tourist on the beach. She found the aggressive romantic advances of beachboys toward her personally came surprisingly quickly and beyond anything normally imaginable for a young Japanese woman. The researcher expressed concern that many young inexperienced girls would be quite taken by surprise and unprepared for these incidents, wondering what would be an appropriate response.

All but nine beachboys had been sexually involved with tourists as lovers, without an exchange for money. Compared to all women tourists of other nationalities, beachboys reported that almost 70 percent of their tourist lovers were Japanese. The sexual initiation was made mutually by 35 percent, by beachboys 30 percent, and by tourists, 14 percent. When asked to estimate their own number of Japanese partners, most replied that it was less than their peers.

Table 11 Groups of Clients Having Sexual Involvement with Beachboy

Nationalities	Frequency	Percent
Japanese	41	69.5
Australian	4	6.8
French	2	3.4
Swedish	1	1.7
German	1	1.7
British	1	1.7
Not sexually involved	9	<u>15.3</u>
Total	59	100.0

Reasons perceived by beachboys that led Japanese female clients to have sexual relationships were personal attraction, being promiscuous, having sexual

desire, being in the right and romantic atmosphere, being forced by the situation, and wanting to experiment new experience.

Table 12 Reasons Perceived by Beachboys as Leading Japanese Female Tourists to Sexual Relationships.

Reasons	Frequency	Percent
Personal attraction	25	42.4
Being promiscuous	7	11.9
Having sexual desire	5	8.5
Being in the right atmosphere	1	1.7
Situationally forced	2	3.4
Wanting an excitement	10	16.9
Not sexual involved	<u>9</u>	<u>15.3</u>
Total	59	100.0

Table 13 Person Initiating Sexual Involvement

	Frequency	Percent
Female Tourists	8	13.6
Beachboys	18	30.5
Mutual initiation	21	35.6
Not sexually involved	9	15.3
Do not answer	<u>3</u>	<u>5.1</u>
Total	59	100.0

When asked how they know that tourists are interested in them, beachboys indicated that many gestures among women could be taken as "clues", such as smiling, gazing, and making oneself noticeable. Other small subtle gestures such as showing interest to get conversation going, showing of English language ability, making a "rendez-vous" in the evening and allowing touching and caressing were also mentioned.

Table 14 Tourists Gestures Perceived by Beachboys as Indicating Romantic Interest

	Frequency	Percent
Smiling, gazing	20	33.9
Making one noticeable	4	6.8
Showing of ability in English & Thai	20	33.9
Allow touching and caressing	5	8.5
Calling-on, making rendez-vous	3	5.1
Giving cigarette and sweets	2	3.4
Accepting a drink, and coming to visit	2	3.4
No answers	<u>3</u>	<u>5.1</u>
Total	59	100.0

Beachboys said that making friends with Japanese women tourists was relatively easy because not only were they single young women, but also they had a strong inclination toward being sweet, polite, friendly, and responsive to men. In short, they were less intimidating, both physically and psychologically than other nationalities. Furthermore, Japanese women came in small groups of 2 or 3 which made it a lot easier for the beachboys to get close, to propose the service for marine sports and proceed further with them. European women tourists, according to the beachboys, were different. They were perceived as discriminating, snobbish, and judgmental toward beachboys or cold and intimidating. In fact, most European tourists to Phuket were an older group of tourists, and very often married. Women tourists often came in large group of 5 or 6, often with men in their group. These women made it obvious to the service boys on the beach that they were not interested in making conversation with them. In addition, European women were not as interested in marine sports and would rather stay close to their own kind than to mix with local people.

Table 15 Nationality of Female Tourists Perceived by Beachboys to be Romantically Approachable.

Nationality	Frequency	Percent
Japanese	43	72.9
Singaporean	1	1.7
Australian	4	6.8
German	4	6.8
Italian	5	8.5
French	1	1.7
Taiwanese	<u>1</u>	<u>1.7</u>
Total	59	100.0

Frequency of Sexual Intercourse and Use of Condoms.

The answers on frequency and place of sexual intercourse with tourists given by beachboys implied that the use of condom at all time could be difficult to achieve. When asked whether condoms were used with women tourists, beachboys answers indicated that condoms were not used all the time. The number of acts of sexual intercourse per night seemed high, (Table 17) and their responses as reasons not to use condoms included, "not having enough condom", indicating a degree of casual unplanned sexual contact for both women and men. Furthermore, 6.8 percent of the beachboys did not use condoms at all; about 32 percent used condoms without being asked. Seventeen percent used condoms sometime without being asked and twenty percent did so at the request of the tourist. About seven percent reported that their sex partner requested them to use condoms everytime.

Places where beachboys had sexual intercourse with female tourists included hotels (not of the tourists), home of beachboys, beaches, tourists hotels, in the water and in the boat. The regular use of condoms in some of these places could be difficult unless planned well in advance. The way people dress on the

beach, wearing only a small amount of clothing provided little room for discreetly keeping condoms.

Table 16 Places for Sexual Intercourse

Places	Frequency	Percent
Hotel (not of the tourist)	39	66.1
Rented room/house of beachboys	3	5.1
Beaches	2	3.4
Tourist hotels	2	3.4
In the water	3	5.1
Not sexually involved	9	15.3
Do not answer	<u>1</u>	<u>1.7</u>
Total	59	100.0

Table 17 Frequency of Sexual Intercourse with a Single Tourist during the Tourist Visit

	Frequency	Percent
1	3	5.1
2	10	16.9
3	15	25.4
4	10	16.9
5	5	8.5
6-10	7	11.9
Not Sexually Involved	<u>9</u>	<u>15.3</u>
Total	59	100.0
Mean = 3.64		

Table 18 Condom Use Among Beachboys with Tourists

	Frequency	Percent
Never use	4	6.8
Tourists sometime requested	12	20.3
Use by themselves sometime	10	16.9
Tourist always requested	4	6.8
Always use by themselves	19	32.2
Not sexually involved	9	15.3
Do not answer	<u>1</u>	<u>1.7</u>
Total	59	100.0

The Existence of Authority Control

Generally, control of beachboys behavior toward tourists would be the responsibility of the Thai tourist Police but on the beach it was rather difficult to tell the difference between the selling of marine sport-service and creating a nuisance for tourists, according to an interviewed Tourist police officer. The sight of more police patrols on the beach was also said to make tourists feel uncomfortable. Tourist Police functioned better with cases of theft and accidents.

Beachboy Health Status

In the past, 20 percent of beachboys had had a sexually transmitted disease (STD). Although individual perceptions of what constitutes an STD may vary: it was reported that the highest STD rate was among 20-30 years age group of the STD clinic population with almost 80 percent of STD male patients was within the same age group, (Ministry of Public Health, Phuket Province, 1993). As of June 1994 there had been 31 cases of AIDS in Phuket. It was estimated that there may be up to 4,000-5,000 HIV infections among the Phuket population of around 360,000 people. There had been no estimates of the number of HIV infections among beachboys as this group was not yet being targeted and categorized as an at-

risk occupation group. There were also other AIDS risk factors which were related to living in Phuket such as the use of prostitutes, drug, alcohol, health care facilities and practice and lifestyle of beachboys as well as their limited exposure to AIDS education and media. All of these facts could not be overlooked while making evaluation of risk for AIDS among beachboys.

Health Concerns among Japanese Tourists

This study included questions on the health concerns of young Japanese tourists before engaging in sexual involvement with local men. Answers given by beachboys interviewed indicated that almost 40 percent of the young women never asked for health and HIV status of their Thai beachboy lovers. This could also indicate that there could be a certain degree of unplanned sexual intercourse among them.

Table 20 Question on Health Status Asked by Female Tourists

	Frequency	Percent
Ask questions on health	28	47.5
Never ask questions on health	22	37.3
Not sexually involved	9	<u>15.9</u>
Total	59	100.0

Discussion Points

Many of the findings in this study indicated that the threat of AIDS infection facing female tourists from Japan could be related to several significant factors, both personal, social, and environmental.

1. Tourists perception of Phuket

- 1.1 Interviews with female tourists and tour company managers found that there remained a false belief about Phuket that it was an independent island and not part of Thailand. While the perception among Japanese that Thailand and Bangkok were places with traffic, pollution, crime, and threat of AIDS infection, Phuket island was not.
- 1.2 Phuket had been being promoted as a quiet, beautiful sea-sun-sand international resort island still natural with simple and friendly local people. Not much on social and cultural settings related to tourists well-being had been discussed realistically.

2. Increasing Number of Young Female Tourists

- 2.1 There has been a rapid increase in number of young female tourists travelling alone for long distances with little preparation, anticipation and concern for their safety and health.
- 2.2 For most Thai men, women were still regarded as vulnerable, weaker, approachable and convincible as well as controllable in many foreign societies, but especially Japanese.
- 2.3 In spite of initial apprehensions upon entering an unfamiliar environment, Japanese female tourists are easily convinced to "let their guards down" in view of the convincing sincerity of approaches by Thai beachboys. Indeed, it is apparent that in some cases at least, their may be an innate desire to do so.
- 2.4 Certain age-bound traits could increase the risk factors for young women. These include attention seeking (clothing and grooming), willing to experience alcohol, smoking, seeking romance, and having an interest in sexual experiences.
- 2.5 Being inexperienced in many major life skills was another factor contributing to risk behavior among female tourists. Being inexperienced made one careless about many danger signals such as being alone with stranger in dark, remote places. It could also mean having a false sense of situational and communication control.
- 2.6 Young Japanese tourists who had no experience in saying "no", in speaking their mind, in turning down people, in making straight forward remarks, and in taking initiative in making a situation more comfortable, could find new people and new situations difficult to handle. Europeans and American women, who on the other hand might seemed freer in sexual attitudes, but when

approached by people they did not care for, would quickly take the role of person in control, clearly fixed the situation to be more comfortable to them and effectively removed what seemed as a disturbing agent.

- 2.7 New economic, cultural and sexual freedom for women without any forms of responsible limitations or precautions could put them at risk especially when being in unfamiliar surroundings and situations.

3. Promotion of FIT Package for Young Women Tourists

- 3.1 Tourist promotion of Phuket for all FITS could be another crucial factor. An ever-easy affordable FIT scheme had served as a "pull" factor for quite a number of young, fun-loving, inexperienced, and carefree female tourists. Making FIT package more convenient and inexpensive, without protective control measures for different tourist groups, could prove to be accident-prone, and not a very responsible strategy for all tourists.

4. Japanese Traditions for Women

- 4.1 The traditional customs of Japanese women require them to be well groomed, fashionable, submissive, polite, calm and pleasant, avoiding direct conflict and always appearing positive. This may make them vulnerable to more aggressive males who might not be aware of these cultural traits.
- 4.2 Japanese women, like most Asian women, were taught to be culturally and economically subordinate to men, had limited chances to learn negotiation power for safer sex, including condom use and mutual fidelity.
- 4.3 Certain social and personal behaviors of women, such as wearing bikini, drinking, smoking are considered acceptable by Japanese, but such practices could be misread by culturally and educationally naive young Thai men. In Thailand drinking and smoking are not widely acceptable as normal behaviors of "good" Thai women.

5. Inadequate Authority Control on Tourist Services and Well-Being

- 5.1 To date, Tourist Police is the only direct mechanism to control services and ensure well-being for tourists in Thailand. The role of Tourist Police is to receive complaints and provide assistance to tourists, usually upon tourist request. The tourist police are authorized there to issue warning to those who seemed "off the line" but are not fully authorized to make arrests. They have to refer the more serious cases or problems with tourists to the district police station. Cases involving tourists were also usually more difficult to handle due to the lack of language skills. Not being fully granted police authority made police intervention awkward and not effective. Many procedures that required the Tourist Police to intervene needed clarification. For example, tourists were protected from being harassed or bothered while on the beach but marine sport pushers or facilitators needed to be close to tourists to convince or explain the nature of the sport. Police found the behavior in the interaction unclear and became reluctant to intervene unless the tourists filed their own complaint. According to tourist police, such complaints had rarely been made.
- 5.2 The Phuket Tourist Police has a small supporting force that included patrol boats, vehicles and staff with limited foreign language skills. More efficient communication equipments and methods were most needed as the work usually included several difficult conditions, involving situational, societal, cultural and personal factors.
- 5.3 There has not been a health education or routine health screening procedure designed for beachboys whose health behavior and life-style could allow several chances for contacting and spreading infection.

6. Absence of Relevant Training for Female Tourists

- 6.1 There had not been direct nor indirect orientation programs for young female tourists upon departure from Japan especially those concerning self-help measures in various situations.
- 6.2 The training of life skills had become more and more necessary especially during the time of the AIDS pandemic. The training could include points to consider before allowing romantic involvement, condom use, methods of safe sex, communication skills, reading of danger signs in various personal interaction and situations while travelling.
- 6.3 It should be the responsibility of all governments to develop safety measures and message aimed at female travelers whose needs and behaviors were different from male travellers.

Conclusions and Recommendations.

Japanese female tourists in Phuket Thailand consciously and unconsciously are putting themselves at risk in sexual encounters for contacting HIV infection. The risks include allowing fast development of intimacy with beachboys and local men, and, having unprotected sex. They tend to allow several risk situations to occur. In many situations they might have limited control, such as arriving at a place totally unfamiliar with that place and local customs, going out alone with stranger at night, riding motorcycle with a stranger, not using condoms with a casual sex partner, not knowing where and how to report for help in a distress situation, etc. Some measures of training in life skills among female travellers, for example providing them with handbook for female tourists, may help to prevent some unfortunate incidents. Authorities in charge of tourism should take this matter seriously and develop measures or programs for safety for female travellers especially the young ones. Such intervention programs could be carried out both prior to, during, and after their trip overseas. Finally, thorough research in social, cultural and psychological aspects of female tourists and other population groups involved with tourism should be carried out in order to accurately identify tourists health barriers and reduce tourists' risk for HIV/AIDS infection.

Summary

Japanese female tourists tend to be consciously and unconsciously getting involved with several risks normally would not be taken by men or female tourists from other countries such as China, Singapore, Korea American and other European countries. The risks include allowing fast development of intimacy, with beachboys and local men, and, having unprotected sex. They tend to allow several situations to take place, situations that tourists may be at lost for having any control position, which is the point of concern. Some measures of training in life skills among female travellers and providing them with handbook for female tourists may help to prevent some unfortunate incidents. Authorities involved in tour arrangement should take the situation seriously and develop measures for safety for female travellers which can be carried out both prior, during and after their trip overseas.

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Appendix

BEACHBOY QUESTIONNAIRE

1. Age.....
2. Birthplace.....
3. Education.....
4. Siplings.....
5. Marital status Single.... Married....(no of children).....other
6. Living arrangement.....
7. Working experience.....
8. Reason for work switching.....
9. Age at start in this work.....
10. Years in this job.....
11. Salary/month.....
12. What kind of services you offer? (13 Price for each service)
13. What are the first three largest client groups?
 - 1..... 2..... 3.....
 - 13.1 Age of clients.....
 - 13.2 Occupation of clients.....
 - 13.3 Marital Status of clients.....
 - 13.4 How do your clients come.....

..... As FIT	..... In 2-3 person group
..... In larger group	..... With an agency
14. How do they come to you?
15. Do you have to persuade them to have interest in your service?
16. Do you have to do more persuasion?
17. Do you have chance to be close to clients?
18. Have you developed intimacy with clients?

19. Why do you think Japanese women become your lover?
20. Last year how many "such lovers" did you have?
(nationality 1..... 2..... 3.....)
21. When did you have sexual intercourse?
22. Average sexual intercourse per one client.
23. For each sexual act, you or your lover request to use condom?
24. When do you meet your lover?
25. Beach game that clients like?
26. Which game require most physical closeness?
27. How do you know that clients have interest for you?
28. If clients refuse your approach, what do you do next?
29. Who are the most easy to approach? (nationality)
1..... why.....
2..... why.....
3..... why.....
31. Your client/lover age?
32. Your client/lover occupation?
33. Your client/lover hometown?
34. Have your client/lover asked for your health status?
35. Do you always tell the truth to the question?
36. How do the client prevent pregnancy?
37. Have you asked your friend to help in giving you time alone with your client?
38. Do you usually know the mental status of your client?
39. Do you know whether your client/lover are virgin?
40. Have you had any complication from having relationship with clients?
41. Do you think that for some clients having sex with you is just an act of compliance?
42. Do you have wife/girlfriend?

43. When did you have first sexual intercourse?
44. Who did you have sex with for the first time?
45. Do you use condom with your wife/girlfriend?
46. How many people do you presently have sex with?
47. Who provide condom for you?
48. After the news of AIDS, have you changed your sexual behavior?
49. Are you or your sex partner involved in these habits?
 - Drinking beer
 - Drinking alcohol
 - Smoking
 - Tranquillizer
 - Solvant
 - Marijuana
 - Opium
 - Heroin
50. Have you been STD or AIDS checked?
51. Have you had STD?
 - How did you treat STD.....
52. How is your and your sex partner's health?
53. AIDS knowledge
 - 53.1 Are your afraid of getting AIDS?.....
 - 53.2 How do you learn about AIDS?.....
 - when.....
 - where.....
 - How often.....

54. How much do you know about AIDS?
 - 54.1 Symptoms
 - 54.2 Transmission
 - 54.3 Prevention
55. Your attitudes toward AIDS and AIDS victims
56. How do you feel toward yourself working in this job?
57. Have you thought of your future?
58. Do you risk for AIDS infection working and living the way you do?
59. What will be the first population group to have concern for AIDS?
60. What should be done by Thailand and Japan to prevent the spread of AIDS?
61. What do you plan for your future?

แนวคำถามกลุ่มผู้ให้บริการขาย

อาชีพ.....

ลักษณะทั่วไปของประชากรตัวอย่าง

1. คุณเป็นคนทีไหน ที่.....เมือง.....ชนบท
อายุ.....ปี
2. คุณจบการศึกษาสูงสุดชั้นใด.....
3. คุณมีพี่น้องกี่คน
พี่.....คน น้อง.....คน
4. คุณแต่งงานหรือยัง
[] แต่งแล้ว [] ยังไม่แต่ง [] หย่า
5. (ผู้แต่งงานแล้ว) มีบุตรกี่คน
[] มี.....คน [] ไม่มี
6. ขณะนี้พักอยู่กับใคร
[] ที่ทำงาน [] ที่อื่น
7. คุณทำงานอื่นมาก่อนหรือไม่
[] เคย [] ไม่เคย
อาชีพ.....
8. สาเหตุที่เปลี่ยนอาชีพมาเป็นอาชีพปัจจุบัน.....
.....
9. เริ่มทำงานนี้ตั้งแต่อายุ.....ปี ขณะนี้อายุ.....ปี
10. ทำงานที่แห่งนี้นาน.....ปี
11. รายได้ต่อเดือน.....ต่ออาทิตย์.....

12. คุณให้บริการอะไรบ้าง

1.....

2.....

3.....

13. การคิดค่าบริการ.....

14. ผู้มารับบริการเป็นชาติใดบ้าง

อันดับ 1 เชื้อชาติ.....

อันดับ 2 เชื้อชาติ.....

อันดับ 3 เชื้อชาติ.....

14.1 ผู้มารับบริการมีอายุประมาณ.....ปี

14.2 ส่วนใหญ่ผู้มารับบริการมีอาชีพ

☐ ผู้บริหารธุรกิจ/ระดับผู้จัดการขึ้นไป

☐ นักศึกษา

☐ พนักงานในโรงงาน

☐ ลูกจ้างบริษัท

☐ เติมนิน

☐ อื่น ๆ

14.3 สถานภาพสมรสของลูกค้า

☐ แต่งงาน

☐ ยังไม่แต่งงาน

14.4 ลูกค้าของคุณที่มารับบริการ ณ สถานที่นี้มาด้วยวิธีใด

☐ มาด้วยตนเอง

☐ มากับกลุ่มเพื่อน 2-4 คน

☐ มากับกลุ่มใหญ่ ๆ มากกว่า 4 คน

☐ มากับบริษัทท่องเที่ยว

☐ อื่น ๆ

15. ท่านได้แขกเหล่านี้มาจากแหล่งใด

☐ ส่งมาจากทัวร์

☐ ติดต่อเองจากแหล่งท่องเที่ยว

16. บริการของคุณแขกเรียกร้องหาหรือคุณต้องชักชวน

☐ เรียกร้องหา

☐ ชักชวน

17. การทำงานของคุณต้องใช้การชักชวนสนทนาเป็นพิเศษหรือไม่

☐ ต้องใช้

☐ ไม่ต้องใช้

18. การทำงานทำให้คุณสามารถสนทนากับแขกได้มากหรือไม่

☐ ใช่

☐ ไม่ใช่

19. คุณเคยสนิทสนมกับแขกจนถึงเป็นแฟนกันหรือไม่
 [] เคย ชาติใดมากที่สุด.....
 ชาติใดน้อยที่สุด.....
20. คุณคิดว่าทำไมนักท่องเที่ยวญี่ปุ่นหญิงจึงมาเป็นคู่รักของคุณ
1. ชอบตัวบุคคล2. นิสัย
3. มีความต้องการ4. อยู่ในบรรยากาศที่อำนวยการ
5. อยู่ในบรรยากาศที่จ่ายอม
21. ปีที่แล้วคุณมีแฟนจากการเริ่มเป็นแขกก็คน.....คน
 เป็นชาติใดมากที่สุด.....
22. คุณไปมีเพศสัมพันธ์กับแขกที่ใดบ้าง
 1.....
 2.....
 3.....
23. โดยเฉลี่ยมีเพศสัมพันธ์กับแขกคนละกี่ครั้ง
ครั้ง
24. ทุกครั้งที่มิเพศสัมพันธ์ คุณหรือแขกขอให้คุณใช้ถุงยางอนามัยหรือไม่
แขกขอให้ใช้ (บางครั้ง)ใช้เอง (บางครั้ง)
แขกขอให้ใช้ (ทุกครั้ง)ใช้เอง (ทุกครั้ง)
25. แขกที่คุณพบ พบที่ไหน
ชายหาดDiscotegueอื่น ๆ
26. เกมสัชายหาดที่แขกมักชอบเล่น
 1.....
 2.....
 3.....
27. เกมสัใดบ้างที่ทำให้ได้ใกล้ชิดกับแขกมากที่สุด
 1.....
 2.....
 3.....

28. คุณมีวิธีสังเกตว่าแขกจะชอบคุณได้อย่างไร (เป็นญี่ปุ่น)

- 1.....
- 2.....
- 3.....

29. ถ้าแขกปฏิเสธไมตรีของคุณ คุณทำอะไร

- 1.....
- 2.....
- 3.....

30. คุณคิดว่าแขกชาติใดคุณเข้าใจได้ง่ายที่สุด, ยากที่สุด
ง่ายที่สุด

- 1.....
 - 2.....
 - 3.....
- อย่างไรที่ว่าง่าย
- 1.....
 - 2.....
 - 3.....

ยากที่สุด

- 1.....
 - 2.....
 - 3.....
- อย่างไรที่ว่ายาก
- 1.....
 - 2.....
 - 3.....

31. แขกที่เคยเป็นแฟนของคุณอายุระหว่างกี่ปี.....

32. แขกที่เคยเป็นแฟนของคุณ ส่วนใหญ่อาชีพ.....

33. แขกที่เคยเป็นแฟนของคุณ ส่วนใหญ่มาจากเมืองอะไร.....

34. แขกเคยถามคุณถึงสุขภาพหรือความปลอดภัยจากโรคหรือไม่
.....เคยไม่เคย

35. คุณมักตอบตามความจริงหรือไม่
.....ตอบไม่ตอบ

36. คุณคิดว่า แขกที่มีเพศสัมพันธ์ของคุณป้องกันการท้องอย่างไร
.....รู้ไม่รู้

37. คุณเคยต้องชวนเพื่อนมา "ชิง" คู่เดินทางของแขกหรือไม่
.....เคยไม่เคย

38. คุณทราบหรือไม่ว่า แขกมีแฟนแล้วหรือยัง
.....ทราบไม่ทราบ

39. คุณทราบได้หรือไม่ว่าแขกอาจยังเป็นสาวพรหมจารีอยู่
ทราบ ด้วยวิธีการอย่างไร.....
ไม่ทราบ
40. คุณเคยมีปัญหาที่เป็นผลจากการมีเพศสัมพันธ์กับแขกหรือไม่
 1.....
 2.....
 3.....
41. คุณคิดว่าแขกที่มีเพศสัมพันธ์ด้วยนั้น มีลักษณะตกอยู่ในสภาพจำยอมบางหรือไม่
มี% เพราะ.....
ไม่มี
42. คุณมีคู่นอน/คูรัก/ภรรยาหรือไม่.....
 [] มี.....คน [] ไม่มี
 42.1 รู้จักกันมานานเท่าไร.....
 42.2 คูรักของคุณมีคู่นอนคนอื่นอีกหรือไม่.....
 42.3 เมื่อคุณแต่งงานแล้วจะหย่าร้างหรือไม่.....
43. คุณได้ร่วมเพศครั้งแรกเมื่ออายุเท่าไร
 [] เคยเมื่ออายุ.....ปี [] ยังไม่เคยร่วมเพศ
44. คนที่คุณได้ร่วมเพศด้วยเป็นครั้งแรกเขาเป็นอะไรกับคุณ
 [] คูรัก [] คู่หมั้น [] ภรรยา
 [] เพื่อน/คนรู้จัก [] ผู้ชายด้วยกัน [] คนอื่น ๆ (ระบุ).....
45. คนที่คุณได้มีเพศสัมพันธ์ด้วย เขาใช้ถุงยางอนามัยบ้างหรือไม่
 [] ใช้ทุกครั้ง [] ใช้บางครั้ง
 [] ไม่ใช้เลย [] ไม่เคยร่วมเพศกับเขา
46. ปัจจุบันคุณได้ร่วมเพศกับใครบ้าง.....
 46.1 ความบ่อยในการร่วมเพศ.....
47. คนที่คุณร่วมเพศด้วยเขาใช้ถุงยางหรือไม่ และใครเป็นคนจัดหาถุงยางอนามัย

48. ตั้งแต่โรคเอดส์เป็นที่หวาดกลัว คุณมีการเปลี่ยนแปลงพฤติกรรมมางเพศหรือไม่

49. คุณและคู่นอนของคุณเคยมีพฤติกรรมเสี่ยงเหล่านี้บ้างหรือเปล่า

บ่อย บางครั้ง นาน ๆ ครั้ง ไม่ดื่มเลย

ดื่มเบียร์
เหล้า
บุหรี่
ยากล่อมประสาท
สารระเหย
กัญชา
ฝิ่น (สูบ/ฉีด)
เฮโรอีน

50. คุณเคยตรวจสุขภาพร่างกาย (กรณีของ STD และ AIDS) หรือไม่

[] เคย [] ไม่เคย

51. คุณเคยเป็นกามโรคหรือไม่

[] เคย [] ไม่เคย

51.1 ถ้าตอบว่า เคยเป็นกามโรคให้ถามว่า เป็นเมื่อไร ตอนอายุเท่าไร ชนิดใด บ่อยไหม รักษาอย่างไร ที่ไหน

.....
.....

52. คุณคิดว่าสุขภาพคู่นอนของคุณเป็นอย่างไร เจ็บป่วยบ่อยไหม เป็นโรคอะไร และรักษาอย่างไร

.....
.....

53. ความรู้เกี่ยวกับโรคเอดส์

- คุณกลัวโรคเอดส์หรือไม่.....
 - คุณรับรู้เกี่ยวกับข่าวสารเรื่องโรคเอดส์ได้อย่างไร.....
 - เมื่อไร.....
 - ที่ไหน.....
 - คุณสามารถรับรู้ข่าวสารโรคเอดส์ได้บ่อยเพียงไร.....
-

54. คุณมีความรู้เกี่ยวกับเรื่องเหล่านี้มากน้อยเพียงใด

- อาการของโรคเอดส์.....
- ติดต่ออย่างไร.....
- ป้องกันได้อย่างไร.....

55. คุณรู้จักโรคเอดส์มากน้อยแค่ไหน
- คุณรู้จักผู้ป่วยโรคเอดส์หรือไม่ และมีจำนวนเท่าไร.....
 - คุณรู้สึกอย่างไรกับคนป่วยเป็นโรคเอดส์.....
 -
 - ถ้าหากคุณเป็นโรคเอดส์ตัวคุณรู้สึกอย่างไร.....
 -
 - และคุณจะทำอย่างไรกับตัวเอง.....
 -
56. คุณรู้สึกต่อตัวเองอย่างไรเมื่อทำอาชีพนี้.....
-
57. คุณคิดถึงอนาคตหรือเปล่าว่าจะทำอะไร.....
-
58. คุณคิดว่าพฤติกรรมของคุณขณะนี้เสี่ยงต่อการติดโรคเอดส์หรือไม่
-เสี่ยง
-ไม่เสี่ยง
59. ถ้าคุณต้องการป้องกันโรคนี้จากการแพร่กระจายในประเทศของเรา คุณคิดว่าจะทำอย่างไรกับกลุ่มคนกลุ่มใดก่อน
-
-
-
60. คุณคิดว่ารัฐบาลไทยและญี่ปุ่นควรมีนโยบายช่วยเหลือผู้เสี่ยงเช่นคุณและนักท่องเที่ยวยังไง
- | ไทย | ญี่ปุ่น |
|-------|---------|
| | |
| | |
| | |
| | |

FEMALE TOURIST QUESTIONNAIRE

1. Age.....
2. Town.....
3. Occupation & Income/year.....
4. Marital status.....
5. Purpose of the trip.....
6. Coming alone or in a group.....
how many.....
7. Group ticket or FTT.....
8. First time or repeaters.....time
9. Travelling experience.....time it the part 3 year.
10. Last time in Thailand.....month.....year.
11. How do you know about Phuket? (when)?
12. Why do you choose Phuket?
13. Plan for activities in Phuket

Day	Night
.....
.....
14. How much do you think you can trust local people as friend?
Certainly, because.....
Not so certain, because.....
15. Have you ever been flirted with by olcal boys or local men?
16. What will be the most effective solution for you to do in the situation?
 - 1.....
 - 2.....
 - 3.....

17. Do you think Japaness women can handle the situation?
18. Do you think Japaness tourists can develop a sexual relationship with local men?
No..... Yes.....%
19. Where do they start the relationship?
20. What makes the female tourists like local men?
21. Do you think it is safe to let this closeness occur?
22. Do you think female tourists know about AIDS?
23. Do you think female tourists are afraid of getting AIDS from local men?
24. Do you think they can talk the men into using condom?
25. Do you think the female tourists have the experience is using condom in Japan?
26. Is there any organization that give AIDS information to tourists prior to the trip?
1..... 2..... 3.....
27. What do you recommend for the countries to protect tourist from AIDS

Japan	Thailand
1.....	1.....
2.....	2.....
3.....	3.....
28. Do you think female tourists has chance to get AIDS while on the trip in Phuket?
29. What do you think as danger for female tourists?
30. Do you have a steady boyfriend in Japan?

แบบสอบถามสำหรับนักท่องเที่ยวสตรีญี่ปุ่น

1. อายุ.....ปี
2. มาจากเมืองอะไร
3. อาชีพ.....รายได้ต่อเดือนหรือปี
 () 2,000,000-4,000,000 Yen () 8,000,000-10,000,000 Yen
 () 5,000,000-7,000,000 Yen () มากกว่า 10,000,000 Yen
4. สถานภาพสมรส.....โสด.....แต่งงาน.....หม้าย หย่า แยกทาง
5. จุดประสงค์ของการมาภูเก็ต.....ท่องเที่ยว.....งาน.....อื่น ๆ
6. มาคนเดียวหรือกับผู้อื่น.....คนเดียว.....เพื่อนร่วมทาง.....คน
7. เป็นครั้งแรกในประเทศไทย (ภูเก็ต, พัทยา)
ใช่ไม่ใช่ จำนวนครั้งที่มา.....ครั้ง
8. เวลา 2 ปีที่ผ่านมาเดินทางไปต่างประเทศกี่ครั้ง.....ครั้ง
 ครั้งสุดท้ายเที่ยวมาเมืองไทย วัน.....เดือน.....ปี.....
9. คุณทราบเกี่ยวกับภูเก็ตได้อย่างไรและเมื่อไร.....
 เมื่อไร.....
10. คุณเลือกมาภูเก็ตเพราะ
1. เพื่อนแนะนำ2. บริษัททัวร์แนะนำ3. เห็นโฆษณา
4. เพื่อนชวน5. มีคนรู้จัก6. ทัวรราคาถูก
7. อื่น ๆ
11. คุณและเพื่อน ๆ คิดจะใช้เวลาที่ภูเก็ตทำอะไรบ้าง

กลางวัน	กลางคืน
1.....	1.....
2.....	2.....
3.....	3.....
12. คุณคิดว่าคนท้องถิ่นภูเก็ตมีความจริงใจพอที่จะเป็นเพื่อนกับคุณได้หรือไม่
 ได้เพราะ.....
 ไม่ได้เพราะ.....

13. คุณเคยถูกคนท้องถื่นเข้ามากลุ่มจับคุณ โดยที่คุณไม่เต็มใจหรือไม่
.....เคยไม่เคย
14. คุณคิดว่าคนที่เคยถูกรุมจับ เขาก็ปัญหาอย่างไร.....
.....
15. คุณคิดว่านักท้องเที่ยวญี่ปุ่นชอบให้มีผู้ชายท้องถื่นมาพูดคุยสนทนาค่ะหรือไม่
.....ชอบไม่ชอบ
16. คุณคิดว่านักท้องเที่ยวญี่ปุ่นหญิง จะสนทนามีเพศสัมพันธ์กับผู้ชายท้องถื่นได้หรือไม่
.....ไม่เป็นไปได้ ก็เปอร์เซ็นต์.....%
17. ผู้ชายท้องถื่นที่สนทนากับนักท้องเที่ยวญี่ปุ่นนั้นใช้โอกาสทำความรู้จักที่ไหน
1..... 2..... 3.....
18. เหตุใดนักท้องเที่ยวญี่ปุ่นหญิง จึงนิยมหรือให้ความไว้วางใจกับผู้ชายทั่วไปที่พบขณะมาเที่ยว
1.....
2.....
3.....
19. คุณคิดว่าการสนทนามาก ๆ กับผู้ชายที่ไม่รู้จักมาก่อนจะปลอดภัยหรือไม่
.....ปลอดภัย.....
.....ไม่ปลอดภัย.....
20. คุณคิดว่านักท้องเที่ยวญี่ปุ่นรู้จักโรคเอดส์มากหรือน้อยเพียงใด
.....รู้จักมากปานกลางไม่รู้
21. นักท้องเที่ยวญี่ปุ่นหญิงกลัวติดโรคเอดส์ หรือท้องจากการมีเพศสัมพันธ์กับคนท้องถื่นหรือไม่
.....กลัว เพราะ.....
.....ไม่กลัว เพราะ.....
22. คุณคิดว่านักท้องเที่ยวจะบอกคุณอนเกี่ยวกับการใช้ถุงยางได้หรือไม่
.....ได้ เพราะ.....
.....ไม่ได้ เพราะ.....
23. คุณคิดว่าส่วนใหญ่ นักท้องเที่ยวหญิงเคยใช้ถุงยางขณะอยู่ที่ญี่ปุ่นหรือไม่
.....ใช้มากกว่า เพราะ.....
.....ใช้น้อยกว่า เพราะ.....
.....เท่ากัน เพราะ.....

24. มีเหตุการณ์ที่ไม่ใช่ว่าอย่างหลายอย่าง แต่สำหรับคนญี่ปุ่นไม่ใช่ว่าเพราะอะไร

- 1.....
- 2.....
- 3.....

25. มีหน่วยงานใดที่ให้ข้อมูลแก่นักท่องเที่ยวเกี่ยวกับโรคเอดส์ก่อนมาเมืองไทยหรือไม่
.....มี ระบุหน่วยงาน

- 1.....วิธีอะไร.....
- 2.....วิธีอะไร.....
- 3.....วิธีอะไร.....

26. คุณจะแนะนำรัฐบาลญี่ปุ่นและไทยให้ทำการควบคุมการแพร่โรคเอดส์แก่กลุ่มนักท่องเที่ยว
อย่างไร

รัฐบาลญี่ปุ่น

- 1.....
- 2.....
- 3.....

รัฐบาลไทย

- 1.....
- 2.....
- 3.....

27. คุณมีคูรักหรือแฟนอยู่ที่ญี่ปุ่นหรือไม่
.....มี
.....ไม่มี

28. คุณคิดว่ามาเที่ยวแบบนี้เสี่ยงต่อเอดส์ไหม
.....เสี่ยง
.....ไม่เสี่ยง

แบบสอบถามกลุ่มมัคคุเทศก์
(Tour Guide Questionnaire)

1. อายุ.....ปี เพศ..... การศึกษา.....
สถานภาพสมรส.....

2. งานมัคคุเทศก์
- ทำงานอาชีพนี้มานานกี่ปี.....ปี
 - ทำสถานที่ไหนมาบ้าง.....
.....

3. งานปัจจุบัน (วิธีการได้ลูกค้าอาจเป็นไกด์ผี)
- ทำงานกับบริษัทนี้มานานเท่าไร.....
 - รายได้ (เป็นครั้ง, สัปดาห์, เดือน).....
 - ชั่วโมงการทำงาน (เช้า, เย็น, กลางคืน).....

4. ประสบการณ์ในการทำงาน (อยากรู้ว่าหนึ่งปี, 1 เดือนให้บริการนักท่องเที่ยวญี่ปุ่นกี่คน)

1. กลุ่มนักท่องเที่ยวที่รับต่อปี

	ชาย	หญิง
อเมริกัน	.....คน	.....คน
อิตาลี	.....คน	.....คน
ฝรั่งเศส	.....คน	.....คน
เยอรมัน	.....คน	.....คน
สิงคโปร์	.....คน	.....คน
ไต้หวัน	.....คน	.....คน
ญี่ปุ่น	.....คน	.....คน

2. ลักษณะเด่นของนักท่องเที่ยวชายชาติต่าง ๆ (เน้นญี่ปุ่น)

อเมริกัน.....
อิตาลี.....
ฝรั่งเศส.....
เยอรมัน.....
สิงคโปร์.....
ไต้หวัน.....
ญี่ปุ่น.....

3. ลักษณะเด่นทางบุคลิกของนักท่องเที่ยวต่างชาติต่าง ๆ
 - อเมริกัน.....
 - อิตาลี.....
 - ฝรั่งเศส.....
 - เยอรมัน.....
 - สิงคโปร์.....
 - ไต้หวัน.....
 - ญี่ปุ่น.....

5. พฤติกรรมนักท่องเที่ยว
 - 5.1 สถานที่ที่แขกชายชอบไปในภูเก็ต (บอกเป็นเปอร์เซ็นต์)

1.....%	2.....%	3.....%
4.....%	5.....%	6.....%

 - 5.2 สถานที่ที่แขกหญิงชอบไปในภูเก็ต (บอกเป็นเปอร์เซ็นต์)

1.....%	2.....%	3.....%
4.....%	5.....%	6.....%

6. ในอาชีพของคุณเคยมีความสนิทสนมอย่างมากกับแขกผู้หญิง (ผู้ชาย) ถึงขนาดเป็นคู่รักหรือไม่อย่างไร
(ถ้าไม่คิดว่าคนในอาชีพนี้จะสนิทสนมกับแขกได้มากหรือไม่อย่างไร)

.....

.....

.....

.....

7. เจลี่ยปีละกี่คน.....

8. ครั้งสุดท้ายที่มีคู่รักแบบแขกเมื่อไร.....

9. ขณะนี้คุณคิดว่าคุณมีคู่รักที่เป็นแขกที่จะกลับมาหาคุณอีกกี่คน.....คน

10. คุณมีความรู้สึกรับอย่างไรกับแขกญี่ปุ่น.....
 - ชาย.....
 - หญิง.....

11. แขกญี่ปุ่นของคุณมาทัวร์ระดับไหน (ราคา).....
 - ลักษณะของแขกญี่ปุ่น ชาย.....
 - ลักษณะของแขกญี่ปุ่น หญิง.....

(ต่อไปนี้เป็นขงญี่ปุ่นหญิง)

- ระยะเวลาที่อยู่.....วัน
- อายุ.....ปี
- การศึกษา.....
- มาจากเมืองไหน (เรียงจากมากที่สุด)
 - 1..... 2..... 3.....
 - 4..... 5..... 6.....
- ขนาดขอกลุ่มที่มา.....
- ส่วนใหญ่ลูกค้าจะมาเดือนไหน.....มาประมาณสัปดาห์ละกี่คน.....คน
- ลูกค้ากลับมาซ้ำอีกบ่อยไหม.....
- ลูกค้าญี่ปุ่นอุปนิสัยเป็นอย่างไร.....
 - 1..... 1.....
 - 2..... 2.....
 - 3..... 3.....

12. พฤติกรรมทางเพศ

- แยกผู้ชายมีเพศสัมพันธ์กับหญิงแบบไหน.....
- แยกผู้หญิงมีเพศสัมพันธ์กับใคร.....
- แยกของคุณจะมาเพื่อการมีเพศสัมพันธ์ที่เปอร์เซ็นต์
ชาย.....% หญิง.....%
- คุณคิดว่าแยกของคุณป้องกันโรคอย่างไร
.....เสี่ยงไม่เสี่ยง
ใครเสี่ยง.....แยก.....ผู้อื่น 1.....
2..... 3.....

13. แยกญี่ปุ่นหญิงใช้บริการอะไรบ้าง 1..... 2.....
3..... 4..... 5.....

14. ทำไมเขาจึงมีเพศสัมพันธ์กับคนนั้น
.....1. ชอบตัวบุคคล (รัก)2. นิสัย3. มีความต้องการ
.....4. อยู่ในบรรยากาศที่อำนวยการ5. อยู่ในบรรยากาศที่จืดชืด

15. ความรู้เรื่องโรคเอดส์

- คุณรู้เรื่องโรคเอดส์ไหม.....
- คุณคิดว่าแยกรู้จักป้องกันหรือเปล่า.....
- คุณบอกกับแยกที่มาเกี่ยวข้องกับวิธีป้องกันอย่างไรบ้าง 1.....
2..... 3.....
- คิดว่าลูกค้าใช้ถุงยางไหม.....
ใช้..... ไม่ใช้.....
- ใครเป็นคนใช้ถุงยาง..... ใช้ทุกครั้งหรือไม่.....

16. อยากถามเรื่องคาดประมาณในอนาคตว่าจะมีนักท่องเที่ยวญี่ปุ่นหญิงมากขึ้นหรือไม่

 - คิดว่ากลุ่มนี้เสี่ยงต่อโรคเอดส์หรือไม่..... เพราะ.....

 - ถ้าคิดว่าจะให้พวกนี้เสี่ยงต่อโรคเอดส์น้อยลงสำหรับรัฐบาลไทย ควรมีวิธีการอย่างไร

 - ถ้าคิดว่าจะให้พวกนี้เสี่ยงต่อโรคเอดส์น้อยลงสำหรับรัฐบาลญี่ปุ่น ควรมีวิธีการอย่างไร

17. คุณรู้จักคนที่ให้บริการนักท่องเที่ยวญี่ปุ่นไหม.....รู้จักไม่รู้จัก
 - คิดว่าบุคคลเหล่านี้มีการใช้ชีวิตที่เสี่ยงต่อการติดโรคหรือไม่.....

 - เคยทราบไม่ว่า ในกลุ่มคนพวกนี้เป็นเอดส์หรือเปล่า.....

 - คนพวกนี้มีพฤติกรรมเสี่ยงหรือเปล่า (ติดยาเสพติด, กามโรค).....

18. ผู้ชายไทยที่มีเพศสัมพันธ์กับนักท่องเที่ยวญี่ปุ่นหญิงว่าในภูเก็ตมีเท่าไร
 100 2000 3000 400 5000+
19. มีแนวโน้มว่าผู้ชายกลุ่มนี้จะเพิ่มขึ้นหรือลดลง
 เพิ่มขึ้น เพราะ.....
 ลดลง เพราะ.....
20. ถ้าคิดว่าจะมีการป้องกันการแพร่โรคเอดส์ ควรติดต่อกับกลุ่มใดจะได้ผลดีที่สุด
1. นักท่องเที่ยวชาย2. นักท่องเที่ยวหญิง
3. ไกด์4. Beach boys
5. บริษัทท่องเที่ยว6. บริษัทบริการกีฬาทางน้ำ
7. ตำรวจ8. อื่น ๆ.....

