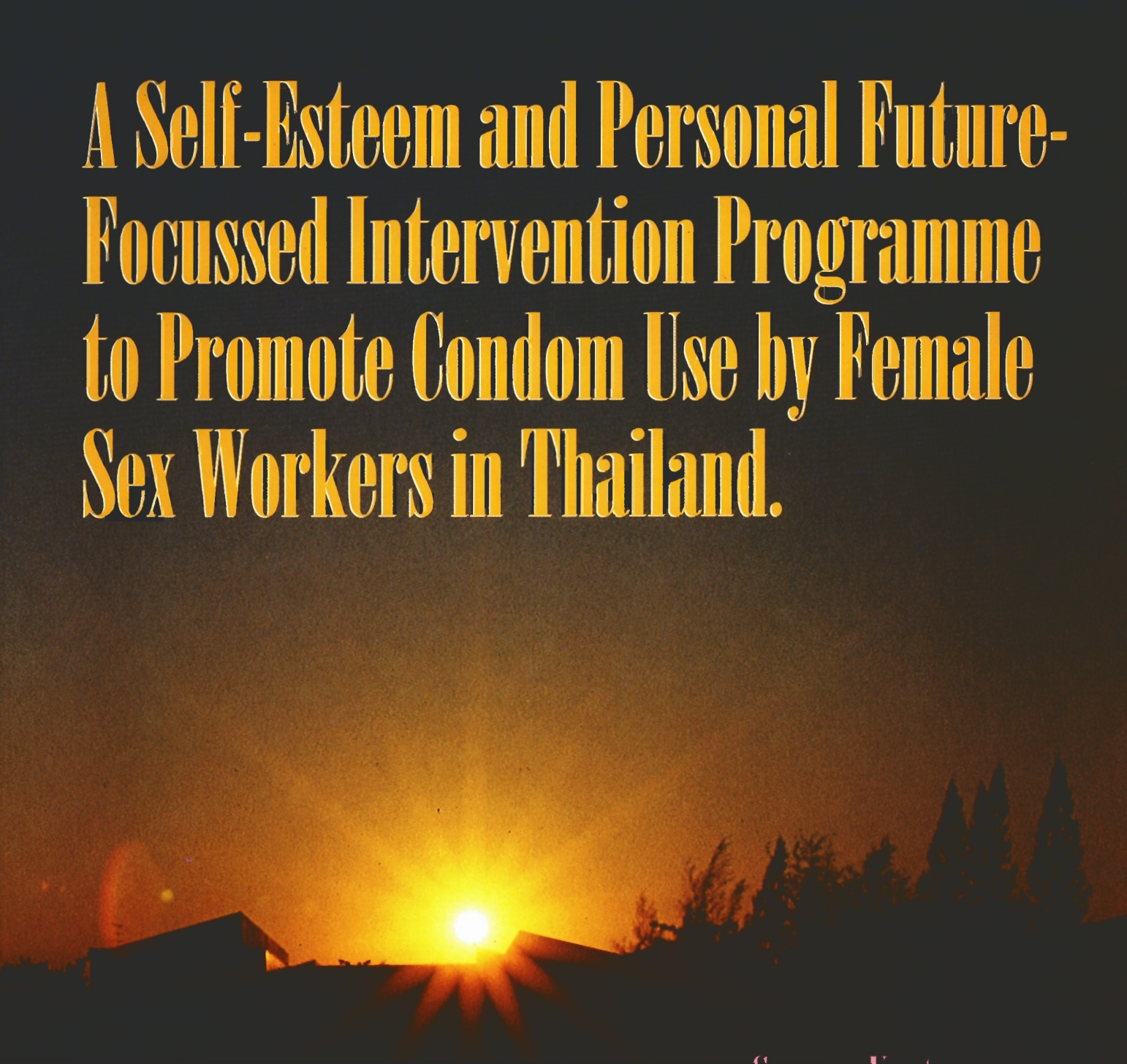
A Self-Esteem and Personal Future-Focussed Intervention Programme to Promote Condom Use by Female Sex Workers in Thailand.



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Photograph taken from the wall of my CSW room

1

From Beer (her nick-name) who is worth-less and means notthing to you

2

Always Your temporary wife

3

Bar selling heart

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A Self-Esteem and Personal Future-Focussed Intervention Programme to Promote Condom Use by Female Sex Workers in Thailand

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CHAPTER ONE

INTRODUCTION : CONTEXT AND OBJECTIVES

1.1 Structure of report

The report is structured in the following five chapters: Introductory Chapter One presents the rationale and objectives of the project. This is done by reference to both, a summary, general overview of the HIV/AIDS and commercial sexual situation in Thailand, and a re-cap of some of the key findings from the investigative, first phase of this programme and the ways in which these informed and shaped the development of the intervention. Chapter Two presents the development of the intervention, identifies its 'final' contents and format, and describes the research design which was used to evaluate it. Chapter Three describes the (qualitative, process and quantitative, outcome) evaluation of the intervention. As well as discussing the major findings from the analysis this chapter also highlights important factors which affected its implementation and evaluation. Findings are marshalled from both the main pilot intervention in Nakhon Pathom and Kanchanaburi and also (more briefly) from the subsequent, secondary implementation in Lampang. Chapter Four presents the main conclusions from the project, reflecting upon some of the broader socio-political aspects of HIV prevention in the sex industry in Thailand as well as the more specific operational research and programme implications. This final chapter also notes the plan for further dissemination of the intervention 'package' throughout Thailand. The Appendix includes a paper on the backgrounds and vulnerabilities of the Non-Thai sex workers in the study.

1.2 Ethos of the Project

It is perhaps important to stress from the outset that this project and its final report not only entails a blending of a range of elements of programme development and evaluation, but also benefits from the two principal investigators' many years of research on reproductive health, sexuality and HIV prevention in Thailand. This work has always been underlain by the core Buddhist values of compassion and toleration. As well as the contents of , and resources underlying a programme, consideration also has to be given to the attitudes (in this case to sex workers) of the implementing teams and the actual ways (for instance, ordering or counselling) in which projects are carried out.

As is discussed in more detail below, at the heart of this project is the recognition that CSWs sense of self-worth and personal future are critical elements influencing the consistency of

their HIV preventive, condom use. Such sense of self-worth arises within a broader social, as well as personal, context. The widespread stigmatization and vilification of sex workers obviously serves to undermine their personal sense of value and self-protection against HIV infection. Whilst the unpicking/removal of such social stigmatization in the wider society is clearly beyond the scope of this specific project, it is here emphasized as being highly important.

On a practical level the parallel and synergistic ongoing programme into HIV/AIDS counselling for health workers seeks to address attitudes to sex workers among these key HIV preventing personnel (Koetsawang, 1996). Indeed, such courses have greatly facilitated the implementation of this developing programme in the study areas of Nakhon Pathom, Kanchanaburi and Lampang. The fact that the implementing community health teams had already received the HIV/AIDS counselling training was of invaluable benefit in ensuring that they grasped the wider (e.g. non-judgmental) aspects of the intervention.

1.3 HIV and Sexual Culture Context in Thailand

The general context of this project is here outlined with reference to the phases and scale of the HIV/AIDS epidemic in Thailand, the underlying sexual culture and commercial sex industry, some historical continuities regarding prostitution and sexually transmitted disease (STD) control and the bearing of some wider socio-economic trends.

1.3.1 The HIV/AIDS Epidemic in Thailand

From the first diagnosis of AIDS cases in Thailand in 1984 to the present, it is customary to review the epidemic in terms of four/five waves, homosexual male, injecting drug use, commercial sex customers, wives of commercial sex customers and vertical (maternal to child) transmission (Ford and Koetsawang, 1991). The public's (and governmental) initial reaction was one of complacency in the mid-1980s, regarding AIDS in Thailand as a (small scale) homosexual problem largely confined to foreigners. There has also been the argument that at this early time both government and closely-aligned business interests 'played down' the nature of the (at that time) potential problem, so as not to harm the country's burgeoning tourist industry. However, facing stern internal pressure from the medical establishment and elements of the press, by 1987, the government released figures and information concerning the level of AIDS in Thailand. Although the numbers of cases reported has risen in line with increased serological testing, it does seem likely that in the mid-1980s there probably were

fairly few cases. This further accentuates the meteoric explosion of HIV cases in the late 1980s and early 1990s in Thailand.

The first major 'take-off' in the epidemic was identified among (primarily heroin) injecting drug users (IDUs). Between 1987 and 1989 surveys among IDUs indicated a rising HIV prevalence from 1% to 43% (Bamber, Hewison and Underwood, 1997),

However, the major concern in Thailand, based on a recognition of its scale, had always been with the vulnerability to HIV within, and via, the sex industry. Ironically much of the early serological testing, which revealed very few cases, was targeted at the tourism-oriented component of the industry. However, the major 'take-off' was identified within the indigenously-oriented component of the sex industry, initially especially in Northern Thailand. In these earlier days it was logical to assume that there had been transmission from IDUs to sex workers. However, subsequent virological analysis has suggested (according to HIV-1 sub-types) that there are at least two main HIV epidemics in Thailand, one sexually transmitted and the other by needle/syringe sharing in drug dependency (Ou et al, 1992).

Among the very substantial body of HIV epidemiological research undertaken in Thailand, the sentinel survey, surveys among military recruits and a plethora of other specific-group-focused studies have been especially valuable in establishing an understanding of the basic trends in the epidemic. The two main components (CSWs and their customers) of this third wave of the Thai HIV epidemic have been widely identified in numerous studies. Particularly high HIV prevalence have been noted among low-income CSWs, initially in the North but later throughout many parts of the country, and among young men in Northern Thailand.

As noted above some of the largest serological testing studies have been undertaken among the 'captive groups' of young men being invited for conscription into the Royal Thai Army. Indeed, these surveys have provided a useful assessment of HIV prevalence within this potentially susceptible sub-group. Findings from these studies have provided some grounds for the cautious optimism that the first signs of some stabilization in the Thai HIV epidemic are being seen. For instance, Kitisiripornchai et al, (1995) noted an increase in total prevalence to 4% of potential recruits up to 1993 then a decline to 2.7% in 1994.

With reference to the fourth wave to wives of customers, HIV seroprevalence among women attending ante-natal clinics in Bangkok increased from 1% to 2% from 1991 to 1994

(Chotpitayasunondh et al, 1995) and has since seen a small increase. This apparent small increase nationally primarily reflects the marked decrease in certain areas of high HIV prevalence especially in the North (Koetsawang and Auamkul, 1997). It should obviously be noted that these are 'stabilizations' at a high level if representative of the total population.

Assessment of the actual scale of the HIV epidemic in Thailand, as in many other countries, is fraught with the problems of inferring on the basis of reported cases of AIDS. As of August 31st 1997 there had been 67,904 reported cases of AIDS (Table 1), 18,088 of whom had died (Division of Epidemiology, 1997). Of these it is notable that some 82% are sex-related, the overwhelming majority being heterosexual. Furthermore, in terms of occupation over 70% of the total are derived from 'agriculture' or 'labourer' classifications (Division of Epidemiology, 1997). Linking with sentinel and other survey findings indicating the high levels of HIV prevalence among low-income sex workers, it seems most plausible that the majority of cases have been via this strata of the sex industry. Authoritative estimates have considered that there were between 660,000 and 825,000 cases of HIV infection by mid-1993 (Brown and Sittitrai, 1993).

However, as many have observed with respect to HIV/AIDS in Thailand, the primary research need is not to (endlessly?) document the pattern of the epidemic, but rather to develop some understanding of the shaping processes so as to develop policies and programmes to effectively reduce HIV transmission. It is to such factors as underlie sexual transmission of the virus that the next section turns.

1.3.2 The Sexual Culture and Commercial Sex Industry

Contrary to some perceptions from overseas the tourist-oriented component has always been a relatively small part of the commercial sex scene in Thailand. Historical documents have noted prostitution in the eighteenth century Ayuthaya period, for instance (Bamber, Hewison and Underwood, 1997) and it has long been associated with STDs. Major social factors relating to prostitution in Thailand have included the powerful traditional 'double standard' which permits pre-and extra-marital separation of the 'romantic' components of sexual pleasure, procreation and companionship within unions, wide economic inequalities between different social strata, polygamy, concubinage and the substantial in-migration during certain periods of foreign (primarily Chinese) men, among other factors (Ford and Koetsawang, 1991).

Table 1 Distribution of Reported AIDS cases in Thailand by Sex and Risk Behavior

(Data as of August 31, 1997)

Risk Behavior/Sex	Total	
1. Sex Related	**55,482**	**81.71**
- Homosexual Male	574	0.85
- Bisexual Male	299	0.44
- Heterosexual Male	44,590	65.67
- Heterosexual Female	9,673	14.25
- Unknown	346	0.51
2. IVDU	**3,991**	**5.88**
- Male	3,921	5.77
- Female	70	0.10
3. Blood Transmission	**46**	**0.07**
- Male	29	0.04
- Female	17	0.03
4. Vertical Transmission	**3,592**	**5.29**
- Male	1,911	2.81
- Female	1,681	2.48
5. Unidentified	**4,793**	**7.06**
- Male	4,137	6.09
- Female	656	0.97
Total	**67,904**	**100.00**
Death in country	**18,088**	**26.64**

Source: Division of Epidemiology

As with any other business the scale and nature of the sex industry has varied over time in response to changes in its social, legal and economic environment. Indeed, as this study will show the 1990s have again been a period of particular turbulence and organizational innovation in the Thai sex industry. The changes in the formats of sex work have been business responses to market demand as well as to legal restriction and prohibition.

Fundamental to the expressions of commercial sex in all countries are the competing goals of pecuniary profit and social approbation and the related needs for STD control. The heady

mixture of sexual pleasure, social transgression and disease have always ensured that both attitudes to prostitution and STDs have been imbued with moralistic overtones. Historically in Thailand as elsewhere strategies to control STDs with respect to prostitution have oscillated between pragmatic infection control approaches, and periodic attempts at prohibition of such work. In the past many such efforts appear to have been half-hearted and largely ineffective on both counts. This was probably not only due to limits in health technologies and resources, but also to the relatively low social and political priority accorded to the subject. The point is being made here that the current wide-ranging social debates concerning HIV/AIDS prevention and prostitution in Thailand, echo those which occurred in earlier eras. In major contrast to the past however, are the gravity of the health threat in this (new) AIDS era, and the level of mobilization of research and resources addressed to infection control.

In recent decades commercial sexual activity in Thailand has spanned a wide variety of different formats, ranging from high-income callgirls, massage parlours of varying income levels, low-income brothels, 'Go-go' bars, karaoke, traditional songbars, outdoor beer bars, cafe's, coffee shops and streetwalkers, to name some of the main ones. An important distinction, in the minds of both the sex workers and customers in Thailand, is that of so-called 'direct', and 'indirect', sex workers (some of whom may not regard themselves as sex workers at all, with implications for their perception of HIV risk). Within the mid-1990's there appears to have been both contraction in the scale of the sex industry (Hanenberg and Rojanapithayakorn, 1995) and a shift from direct (brothel-based) to in-direct formats. It seems likely that this reflects both municipality-enforced closures and changing market demand. These themes are further discussed below with reference to the implementation of this programmatic intervention.

The perhaps small decline in the frequenting of commercial sex establishments reflects two, sometimes interacting, but different, rationales on the part of (particularly young) men. Firstly, and most obviously, AIDS is popularly associated with prostitution in Thailand and many men have an aversion to taking such risk. This also partly fuels the search for in-direct sex workers who may be viewed as 'safer' by customers. Secondly, the sexual culture, especially of the youths exhibits tensions between traditional, and what may be described as more modern (or 'western'), sexual attitudes. The chief expression of this has been the increasing level of pre-marital, non-commercial sexual interaction on the part of young people (Ford and Kittisuksathit, 1996). The erosion of the 'double standard' has certainly not

proceeded to anything like the same level as is now found in Western countries such as the U.K. (Ford, Halliday and Little, 1997). Nevertheless, as in the West in earlier decades this trend is partly related to the social expectations and standards pertaining to young women's sexual comportment (Giddens, 1992). Critically with respect to HIV transmission, it appears that few young Thais believe that condom use is necessary with a non-commercial sexual partner. Given that many young men will have sexual relations with both sex workers and their girlfriends in an increasingly complex pattern of sexual networks (Havanon, Bennet and Knodel 1993), there are clear implications for widening HIV transmission.

A further contextual factor which may have influenced the commercial sex industry in Thailand is the recent decades of economic development. Initially the monetization of the rural economy probably served to highlight the attractions of sex work by making the rural poor increasingly conscious of their own relative poverty. Up until the economic crisis of 1997 recent decades have involved steady, almost continuous economic growth and expansion, as Thailand became the 'quiet achiever' of South East Asia. This development has expanded formal sector employment opportunities, and not with standing significant social inequality, has increased per capital incomes across the board. For instance, reflecting the 'femenization of labour' (Standing, 1989) there has been a substantial demand for young female workers in the factories of Bangkok and its environs. It remains to be seen, however, whether these opportunities can really compare in terms of economic returns to sex work. Nevertheless, it is clearly another factor, along with the perceived threat of AIDS, increasing levels of education, and some questioning of the institution of prostitution, which enters a young women's cost-benefit calculus when considering entry into sex work.

Thailand's economic progress in recent decades has been in stark contrast to the stagnation in neighbouring Myanmar. Also the SLORC regime for the non-Burman minorities who live adjacent to the Thai border (Asawaroengchai, 1995), may well have served as a push factor for the increasing numbers of non-Thai young women entering the Thai sex industry in recent years. The experience and HIV vulnerability of such women is discussed below in Chapter Five.

The form of any HIV/AIDS epidemic may be viewed as the outcome of the interaction of the general sexual cultural and social factors briefly outlined above, with the more proximate effects of health policy and HIV prevention programmes. The National AIDS Programme in Thailand has involved three main sets of activities; widespread information, education and

communication (IEC); the development of STD health care, including counselling to reduce risk behaviour, and condom promotion; and the development of a supportive environment to curb transmission and decrease socio-economic impact. Given that so many CSWs are now HIV-infected in Thailand and 80.6% of STD clients in 1997 reported having contracted the diseases from CSWs (Chitvarakorn, 1998) it is clear that the last two components, prevention of unsafe behaviour, and engendering of a supportive environment, need to be intertwined in any programme to be effective in the sex industry.

The unfolding of the National AIDS Programme may be summarized in terms of initial complacency in the mid-1980s, faltering steps to a more open and effective response in the late 1980s, culminating in the major galvanization with strong leadership and support from the highest levels during the brief period of the Anand Panyarachun administration in 1991/1992. By the mid-1990s Thailand had a large scale, multi-sectoral AIDS programme supported by substantial funding from both the Royal Thai government and international donors, and an especially active NGO sector.

With respect to the sex industry since 1991 the central component of policy has been the pragmatic '100% condom use in the sex industry' policy, spearheaded by the Ministry of Public Health. Even prior to this Thailand had registered spectacular declines in prevalence of STDs, as a consequence of improving treatment services and promoting condom use. Unfortunately, the substantial declines in STD prevalence were not sufficient to offset the explosion in HIV infection from the late 1980s. The apparent stabilization in incidence (albeit at a high level) which began in the mid-1990s presumably benefited from the prior reduction in STDs, but primarily reflected increasing levels of condom use in commercial sexual interaction. There is no doubting that there is a high awareness of the risks of HIV infection throughout Thailand, which has been associated with 'safer sexual' behaviour change. A key question today is how to build upon this success. A problem with the '100% condom use policy' is the varied way in which it is interpreted and implemented in different areas and the effects of enforced closures of sex establishments on complicating the context of effective intervention. The report returns to some of these foregoing general themes, in the light of this project's findings, in the final conclusion of this report.

1.4 Key Findings from Phase I of the Programme

The full detail of the phase I (undertaken between 1990-93) of this research programme is to be found in the report 'An Investigation into the Psycho-social Factors Influencing Condom Use Among Female Sex Workers in Thailand' (Koetsawang and Ford, 1993). Suffice it to

outline here some of the key findings as they lead directly into the objectives and design of this phase II intervention programme.

Phase I had three inter-related objectives;

i) to assess levels of condom use by female CSWs in Bangkok.

ii) to identify the psycho-social factors which influence the CSWs use and non-use of the condom.

iii) to produce recommendations for the development of an IEC intervention (phase II) to encourage CSWs to protect themselves against HIV and AIDS.

The phase I research design involved the combination of the following data collection research methods;

i) focus group discussions to derive qualitative information on CSWs broad perspectives on their work and the factors affecting condom use.

ii) a schedule-structured survey of 266 massage parlour CSWs and 87 low income brothel CSWs, which focused upon socio-demographic characteristics, knowledge and attitudes pertaining to HIV and AIDS, sexual practices, condom use, relationships with different types of clients and communicational aspects of condom use.

iii) serological testing for HIV (ELISA and Western BLOT), syphilis (VDRL) and Hepatitis B infection were undertaken in conjunction with the large survey under conditions of strict confidentiality.

Table 2 Condom Use, Attitudes to Consistent Condom Use and HIV Prevalence in the Massage Parlour and Brothel in Phase I (%)

Condom Use		Massage Parlour	Brothel
Non-use of condoms with any of last three customers		7	26
Non-use of condom ever within last week		29	53
Intention/Resolve to use condoms - scored from scale of 7 items	High	39	16
	Medium	47	27
	Low	14	59
"Sometimes I feel I have no choice except to have intercourse without a condom with a customer"	(agree)	43	63
HIV prevalence		1.6	42
	n	266	87

Comparative analysis revealed a much more grave HIV-related situation in the low income brothel than the high income massage parlour. For instance in terms of two of the key indicators, 53% of brothel CSWs had engaged in intercourse with a customer without a condom within the last week, compared to 29% of those in the massage parlour, and in terms of HIV status, 42% of the brothel CSWs were seropositive, compared to 1.6% of those in the massage parlour (Table 2).

Investigation into the reasons underlying non-use of condoms was undertaken in relation to a wide range of variables including, knowledge/awareness of, and perceived vulnerability to, HIV, attitudes to condom use, and particular detail concerning the interactional and negotiational relations with recent customers. These variable sets allowed the careful examination of a range of preventive theory (e.g. the health belief and AIDS risk-reduction models). Despite the fore-noted differences in levels of condom use and HIV prevalence, analysis of internal relationships between, e.g. condom use and other variables, revealed a high degree of convergence between the massage parlour and brothel findings.

In attempting to synthesize a substantial body of analysis it may be noted in summary that knowledge of, and perceived vulnerability to, HIV were not found to be predictive of condom use. The findings did uncover certain particular myths and misunderstandings, for instance, some CSWs believed that they were unlikely to be infected by a Thai customer, and that washing (douching) the vagina after intercourse would prevent HIV infection. However, levels of condom use were found to be related (positively) to a scale measuring intention/resolve to use condoms, and (negatively) to the item 'sometimes I feel I have no choice except to have intercourse without a condom with a customer' (Table 1). Detailed analysis of interaction with the last three customers revealed that in those instances where a customer did not wish to use a condom, very few CSWs actually persuaded him to use one. Furthermore, an even stronger predictor of condom use was perceived future marital/familial prospects (Table 3). This last finding highlighted the paramount importance of addressing personal future prospects on HIV prevention initiatives with sex workers.

Based upon the foregoing, and other more detailed, findings from the phase I investigation, it was recommended that a mutually-reinforcing, multi-faceted programme be developed to promote consistent condom use by CSWs in phase II of the programme. Key components identified at this stage, included;

1. Unequivocal support for 100% condom use policy by establishment owners and managers.
2. Explicit communication of the policy to customers.
3. Information on HIV transmission and prevention.

4. A series of video scenarios to enhance CSWs skills and intention in persuading co-operative customers to use condoms.

Table 3 Perceived Future Prospects and Consistency of Condom Use in the Massage Parlour and Brothel in Phase I (%)

	Consistency of Condom Use in Last Week		
	Total	**Always**	**Non-use, once or more**
Perceived chance "to be a good wife in a successful family in the future"			
Massage parlour CSWs (n = 266)			
Good/Fair	55	79	21
Little/Never	45	62	38
Brothel CSWs (n = 87)			
Good/Fair	38	66	34
Little/Never	62	35	65

The next section outlines the general and specific objectives and methodology of phase II.

1.5 Phase II Objectives

1.5.1 General Objective

The overall objective of the project is to reduce transmission of HIV/AIDS and other STDs among sex workers and their clients. The project aims at promoting and facilitating consistent condom use by sex workers firstly within sex establishments. The project's aim to develop a sustainable model to strengthen the nation-wide implementation of the Government's 100% condom use policy.

1.5.2 Specific Objectives

1) To develop and implement a sustainable and effective intervention to promote consistent condom use by sex workers within the commercial sex establishments selected.
2) To test the intervention model in other comparable commercial sex establishments and in a further district and evaluate its effectiveness and, if successful, to determine the conditions required to use it for HIV/STD prevention in sex establishments of other regions in Thailand.

3) To develop indicators and a method for a rapid assessment and monitoring of the levels of safer sex practice within the commercial sex services.
4) To disseminate findings to relevant government and non-government bodies/ personnel to support future HIV/STD prevention activities for this target group.

The expected results of the project are:

- To attain a least 95% consistency in condom use by sex workers.
- To provide a model package for condom promotion within sex establishments with practical guidelines for its implementation and sustainability.
- To reduce STD and HIV transmission.

1.5.3 Methodology

Development of this intervention model will include the following elements:

- Enlisting the full support for the 100% condom use policy by the managers/ proprietors of the sex establishments.
- Participation of sex workers in the design and implementation of the intervention.
- Development of an intervention model for HIV prevention and motivation of CSWs through community health personnel on behaviour and communication strategies and safer sex negotiating skills, based on video scenarios, printed material and appropriate education methods.
- Implementation and assessment of this intervention model in one high income massage parlour and at least three low income level brothels in Nakon Pathom.
- Developing a system of indicators to both assess the effectiveness of the intervention and allow ongoing monitoring of the levels of safer sex practices within commercial sex services.
- Pilot testing and adjustment of the model interventions in other comparable sex establishments.
- Evaluating the outcome in terms of consistent adoption of safer sex practices by CSWs and their clients, based on a pre-, and post-test intervention survey in the experimental sex establishments and a comparison between those establishments conducting the intervention and the corresponding control sex establishments.

The subsequent chapters discuss the ways in which these objectives were implemented, and in some cases modified, and in turn evaluated.

CHAPTER TWO

PROGRAMME DEVELOPMENT AND DESIGN

2.1 Introduction

Whilst the project proposal identified the specific range of components which, based upon the phase I findings, it was felt it should comprise the multi-faceted intervention, the major tasks of phase II were to develop and integrate the various components, to implement the 'package' and to evaluate its effect. This chapter firstly, describes the range of different specialists who were involved in the project and their main respective inputs. Secondly, the actual development of the intervention package is described. Thirdly, the operationalization of the formal research design is outlined.

2.2 Specialisms in the Project Team

Both the principal investigators have research backgrounds in reproductive health and HIV prevention, one from a more medical and public health background, and the other from a more psycho-social background. They were assisted by a team of research assistants with skills in population research, data collection and analysis and media/communication studies. Experienced sex workers served as consultants to ensure that the intervention was realistic in its depiction of the commercial sex environment and relevant in its exploration of the dilemmas facing sex workers. The sex workers made a major and vital contribution in helping the project team to focus upon those dimensions which were most meaningful and of interest to other sex workers in seeking to protect themselves against HIV infection.

Community health personal, whose task was to actually implement the intervention in local sex establishments provided inputs in terms of what was practically feasible in time and cost, in the light of existing workloads and their other responsibilities. The research team was also given invaluable feedback from a consultative committee comprised of other HIV/AIDS specialists, communication specialists and NGO personnel.

In particular the Director, Division of AIDS, Department of Communicable Diseases Control, the Ministry of Public Health has ensured that the evolving package is of relevance and use to the Ministry's wider HIV prevention strategy and programme (Phoolcharoen, 1995). The research team also worked closely with the video production company which recruited the actors and filmed the scenarios and drama.

2.3 Development of the Intervention Components

As noted in the introduction, a major element in the intervention was to draw together a range of components which it was hoped would be mutually-reinforcing in helping to attain the objective of fostering consistent condom use. An important part of the intervention development was not only to develop 'new' materials and strategies, but also to review existing, e.g. video and written, materials in Thailand, and to 'co-opt' and use those which were felt to be compatible with the project's objectives.

This report does not exhaustively describe all of the detailed and day-to-day activities undertaken in the programme development. Such description of the minutiae is inessential. Rather an attempt is made to note the main activities carried out and the key insights which the team derived from them.

2.3.1 Summary of Intervention

1. Liaison with management of sex establishments
   - explanation of objectives of the project and its practical requirements

2. First Session
   - preliminary social conversation about their work, interests etc.
   - showing the (first) video, 'With Warm Regards to Our Female Friends I'
   - follow-up discussion - which revolved around such key themes as;
     i) the future of the characters in the story
     ii) the lives and self-worth of CSWs in general
     iii) CSWs' rights to protect themselves
     iv) discussion of CSWs experience about negotiating with those customers who did not wish to use condoms
     v) discussion to compare the self-esteem and life experience of the CSWs in the story with the CSWs themselves
   - an audio - cassette I (containing popular music and conversation) given to each CSW

3. Second Session
   - follow-up discussion, approximately one month after showing the first video covering;

- their further thoughts about the drama and an audio - cassette I and their thinking about themselves and their future
- their experience in the past month concerning condom use with customers, how they may have handled problems
- further explored the themes of future prospects, self-esteem and the need to protect against HIV infection in sex work
- an audio - cassette II given to each CSW.

4. Third (and final) Session (one to two months after the second session)
   - showing the video 'With Warm Regards to our Female Friends I, II'
   - expanding the discussion e.g. to address the plight of those CSWs who may already be HIV infected
   - further discussion of the themes of self-protection, self-esteem and personal future, which have run throughout the intervention.

2.4 Liaison with Sex Establishment Management

The phase I findings indicated that many sex workers did not always use condoms because they felt they had no choice. This important finding highlighted the significance of the management context. Clearly the 100% condom use policy has to be an explicit 'house role' of sex establishments and management needs to give full support to their sex workers in their insistence upon condom use with all customers. Phase II set out to address those management-related matters in two ways; firstly by seeking to disseminate the phase I findings to managers and owners of sex establishments and secondly by discussing the objectives of the intervention with managers of the particular establishments involved.

In order to disseminate the phase I findings to sex establishment managers a seminar was arranged in Bangkok. The aim of this seminar was not only to inform the managers of the study findings and hopefully strengthen their commitment to the 100% condom use policy, but also to receive feedback from them concerning ways of carrying forward an effective HIV prevention programme. This first seminar unfortunately had to be postponed at short notice, due to the confusion and fears generated by a spate of police closures of sex establishments at that time. Indeed, this changing climate of enforced closures served as a major impediment to implementing the intervention on several occasions during the project's duration. It was essential that the managers recognised that all activities undertaken on behalf of the project were carried out in strictest confidentiality and had no links with police or other related

official agencies. There is still considerable confusion in Thailand about how precisely the anti-prostitution laws are being enforced, which in turn is related to the major shift towards so-called 'in-direct' sex work. Incidentally, the usual response on threats of police action is that the sex work would go 'underground' rather than cease entirely. Generally arrangements would be made for customers to make arrangements to meet with sex workers at other venues, usually cheap hotels. Obviously this extension in the line of activity makes it impossible to implement HIV prevention programmes and reduces the scope for sex establishment managements to support their workers to insist on condom use.

The response of the sex establishment managers and owners to the phase I findings was one of interest. They were already aware of the generally high level of HIV infection although few know the HIV status of individual CSWs in their establishment. Most claimed to encourage their workers to always use condoms. Perhaps the question is one of how strongly and explicitly such encouragement is provided in particular establishments. About thirty sex establishment managers and owners attended the luncheon meeting where the phase I findings were presented. All managers were keen to co-operate with the '100% condom use' policy and agreed with the minimum age limit of eighteen for CSWs. They pointed out, however, that a major problem with explicitly implementing the condom use policy was that police sometimes used signs promoting condom use as evidence for prosecution of an establishment for sex work.

It was obviously essential to make contact with sex establishment managers in order to conduct any intervention with, or survey, of their workers. The managers, once assured of confidentiality, were always very co-operative towards the programme objectives and activities. They informed their workers of the times of the health worker visits, arranged space for showing the videos and encouraged the workers to take part. It should be noted however, that apart from the purely commercial working arrangements, the managers have relatively limited 'control' over their sex workers. The atmosphere of many Thai sex establishments is rather informal, for instance, regarding times of arrival. As such managers could not ensure that all workers attended the different intervention sessions.

In promoting 100% condom use as a 'house-rule' it is also necessary to ensure that the policy is communicated to customers. This was discussed with the managers who readily agreed upon its importance. It was noted that virtually all establishments already had notices placed in the viewing/cashier areas regarding condom use, and small AIDS-related stickers had also

been placed within most of the rooms. Communication with customers about the need for consistent condom use can also be undertaken using wider mass media publicity, although this seems to have decreased in recent years.

2.5 Some Key Factors Affecting the Practical Conduct of the Intervention

No matter how well prepared a particular intervention package may be, much depends upon how it is actually carried out. Key factors which were found to greatly influence the success of the practical implementation of this intervention were found to be the attitude and training background of the health personnel and the setting in which it was conducted.

Firstly all health personnel reported that they found the video in particular to be useful in addressing HIV issues and condom use with CSWs. However the research team observed that in practice some (a small minority) of the health personnel did not conduct the sessions in an open and empathetic way. Some of the health personnel who had not had the benefit of prior training in counselling and focus group discussions had a tendency to be judgmental towards the CSWs and preferred to deliver formal lectures in a somewhat authoritarian way. Some CSWs had previous experience of such 'official' ordering in health education which may have engendered some negative feelings towards government officers and such education. It is proposed that implementing health personnel should be trained in counselling and leading non-judgmental group discussions. Also, occasionally the video playing instrument did not function because the intervention team was not familiar with it. Obviously the team should be fully familiar with the instruments before the day of the intervention.

Secondly, the actual physical setting can have a great effect upon how smoothly the intervention sessions may be undertaken. In most cases the intervention had to be conducted in the CSW working places. It was often noted that the sessions could be carried out more smoothly and effectively, in terms of generating discussion and adequately covering themes, in the massage parlour, rather than small brothel, setting. In the massage parlour the group discussion with video was conducted in the VIP room, equipped with video player, large table around which everybody sat, and comfortable chairs. In this setting the CSWs could concentrate well upon watching the video and the discussion. In the low cost sex establishments, however, there was usually no such suitable room for conducting the intervention. It often had to be carried out in places with external noise, people passing through, sometimes participating CSWs being called to a customer, and other such distractions, which served to diminish the CSWs' concentration upon the video and

discussion. Such settings also made it rather difficult for the health personnel to conduct the sessions smoothly. Although, as noted above, it is essential to gain the collaboration of the owner or manager of the sex establishment, sometimes even they cannot control the situation to maintain an atmosphere conducive to effectively carrying out the intervention. For instance although the manager may have arranged for the health personnel to meet the group of CSWs on a particular day, it was not always possible to ensure all would turn up. On the contrary on a few occasions some management staff seemed almost too keen on assisting the intervention, trying to help the health personnel by participating in the discussion and even ordering the CSWs to give answers to satisfy the intervention team. This was, of course, contrary to the open and 'sanuk' (amuse) approach sought by the implementation team, and sometimes generated an unsuitable, stressful atmosphere. Fortunately such occurrences were rare, but they indicate that the implementing health personnel need to be politely clear about the role and limits of the sex establishment management's involvement.

Sometimes CSWs' concentration was also restricted by their worry about missing customers during the intervention period, or because they were still very tired from working late the night before. It has to be stated that taking a little time-out from work occasionally to participate in HIV prevention activities is perhaps not asking too much.

Regarding the problem of the difficult setting for implementation in some low-cost brothels, one solution may be to conduct the intervention in the meeting room of the Provincial Health Promotion Centre. However this will be more costly if it is expensive to travel to the centre or if it is necessary to compensate CSWs for their time. It would seem reasonable that rather than compensating CSWs for such participation, once effective and well-managed programmes for HIV prevention have been set-up, it should be a requirement that CSWs take part in them for instance on an annual basis. The intervention can also be routinely given when the CSWs attend the VD clinic of the Health Centres.

2.6 Video Scenario Development

In the early pre-programme needs assessment phase of the project the research team was involved in an extended series of discussions with (local) sex workers to discuss their lives, HIV prevention concerns and dilemmas. Rather than interviews these took the form of open-ended, free-flowing explorations. Reflecting the international literature on HIV/AIDS prevention and health psychology, the research team initially imagined that the intervention should primarily revolve around the articulation and depiction of appropriate

communication skills to enable sex workers to 'negotiate' safer practices with all of their customers.

These notions related to the concepts of 'modelling' protective behaviours to facilitate learning, self-efficacy and the consistent translation of self-protective intentions into actual practice, as strongly articulated for instance in the work of Bandura (1986) among others. Indeed during this early phase of the intervention development extensive, ongoing discussions took place with a video production company, exploring, for instance, the optimal ways of depicting 'safer sex' practices.

However, the most invaluable benefit from the discussions with the sex workers was to enable the research to realize that the 'simple' depiction of 'safer' practices and development of communication skills for negotiation were not the most important issues. The experienced sex workers emphasized that they spend all their working lives interacting with, and communicating with, customers. They knew what they need to do to prevent HIV infection and they became skilled communicators. It was perhaps not the most appropriate role for University researchers and community health personnel to seek to 'educate' sex workers about communication with customers. Indeed, the widely articulated concept of 'negotiation' in the HIV prevention literature began to appear not entirely relevant. For sex workers in a society with a high HIV prevalence 'safer sex' is, or rather should be, a 'non-negotiable issue' (no condom - no sex).

These realisations gave rise to a major re-assessment of what should be the primary contents of the intervention. Indeed, returning to the Phase I findings it was evident that crucial factors linked to sex workers' consistency of condom use were firstly, perceived personal future, and secondly, strength of commitment to, and motivation for, consistent self-protection from HIV. These findings dovetailed with the messages the team was receiving from the sex workers, to lead to the conclusion that the primary aim of the intervention should be to address these personal self-worth, and in turn, motivational, issues. This process of change was so fundamental to the evolving nature of the project that now (two and a half years later) it is perhaps difficult for the principal investigators to think about these objectives in any other way. However, the shift is explicitly included in this report to illustrate firstly, the value of pre-programme needs assessment, secondly the need for flexibility in developing the precise format of an intervention, and thirdly the immense

benefit of researchers and programme designers working as closely as possible with those to whom the programme is addressed (in this case sex workers).

The team's task was thus partly re-defined as not so much the modelling of protective practices, as to find ways which could assist sex workers in thinking about themselves, finding value in themselves (NB. in a society in which they are shunned and vilified) and thence developing a motivational basis to always protect themselves against HIV infection.

It was decided that the best way of addressing these issues would be some form of drama scenarios. The scripts (Appendix III and IV) which were eventually developed were directly based upon the backgrounds, feelings, hopes, concerns and dilemmas expressed by the numerous sex workers met in the extended discussions. Indeed, the characters in the drama are generally composite creations from those discussions.

As noted above the Project Director has for many years run HIV counselling courses for health personnel. These courses involved very useful discussions using the person-centered, counselling approaches, with sex workers along with the course participants. All of these, often illuminating, discussions were videoed, which in turn has provided a valuable resource from which to derive the intervention drama characters. These videos were also most helpful in assisting the acters (who often initially held negative, sterotyped attitudes to CSWs) to gain a more realistic and sympathetic orientation to their roles and characters in the drama.

Prior to developing the videos an extensive review was made of existing HIV/AIDS videos in Thailand to see whether the project could simply co-opt something which had already been produced. Both video and pamphlet materials on HIV prevention for CSWs in Thailand were collected by the research team. Materials were received from such relevant organisations as the Office of the Prime Minister, Bangkok Metropolitan Administration, Ministry of Public Health, Planned Parenthood Association of Thailand (PPAT), AIDSCAP, the Thai Red Cross Society and the Institute of Population Studies, Chulalongkorn University. The team collected some 28 videos, 10 audio cassettes and numerous IEC pamphlets. These were viewed and their contents formally evaluated. This review indicated that none of the previous videos had approached the subject for CSWs in precisely the way intended by this project.

Video I - 'With Warm Regards to Our Female Friends I'

i) The primary objective of the video was to provide a series of narrative scenarios in the lives of sex workers to provide a basis for exploring the dilemmas they face with respect to their lives, sex work and HIV/AIDS. The narratives use flashbacks to give an indication of time and background and meetings between friends to allow penetrating discussion.

ii) The specific objective of the scenarios was to seek to increase consistent condom use by increasing sex workers' motivation to protect themselves by enhancing their self-esteem and encouraging a positive outlook or aspiration for their personal future. This involved the characters discussing their lives in ways which highlighted their self-worth.

iii) Efforts were made to depict the characters in ways which were both realistic and sympathetic, and to use warm and harmonious colour tones to enhance the 'positive feel' of the video

iv) Scenarios were approached in ways which encouraged discussion (for instance being, open-ended) and problem-solving. This pertained to both specific matters, such as means of persuading customers to use condoms, and more general lifepath problems, such as saving money to support themselves after leaving sex work.

v) The video scenarios also sought to impart information to correct common misunderstandings about means of HIV infection and prevention. This was done by having more experienced and knowledgeable CSWs in the scripts explaining the correct information to less experienced characters.

vi) All the fore-noted components were viewed as inter-relating to encourage consistent condom use. This intention was complemented by seeking to convey a sense of self-confidence among CSWs and the perspective that each individual has the right, power and ability to control their own situation.

Video II - 'With Warm Regards to our Female Friends II'

i) This continues from video I, to allow the CSWs to see the changes in the lives of the women in the drama. The drama does not however draw any definite conclusions about their lives, for instance as to whether they have been successful or not in their hopes. This is deliberate in order to promote scope for the imaginations of the audience and to place the concluding emphasis upon hopes for the future.

ii) The main objective continued to be to seek to persuade CSWs to use condoms for their own sake, not merely as a 'house' or policy rule. Especial emphasis was also placed, following experience of the video I discussions, upon the need for consistent

condom use with regular commercial and non-commercial steady partners. The aim is to further reinforce their awareness that non-use of condoms is primarily a risk to themselves, rather than to other people.

iii) A further and additional objective was to cover the use of drugs, especially amphetamine, which the qualitative work indicated was both fairly prevalent, and also a problem for some CSWs in terms of both stabilising their lives and in being able to save money.

iv) Perhaps most crucially, this second video sought to give attention to HIV-infected CSWs. The need for this arose directly from our initial intervention activities, which made the research team aware, firstly of just how many CSWs are already infected, and, more specifically, poignantly aware that the first video did not meet their emotional and practical needs. The main aim was to emphasise that they are still valuable, and that it is not merely a matter of whether their life is long or short, but the importance of the quality of their life.

v) This video also added as another target group those women working in the low cost traditional massage place. Their character and work were found to be different from both the CSWs in the brothel and the traditional masseuses in the high - cost massage parlours. The qualitative research indicated that both this group and their (fewer) customers do not consider themselves to be at 'high risk' for HIV infection. The new importance of this group reflects the trend towards some customers increasingly seeking the services of what may be called 'in-direct' sex workers.

vi) To place especial stress on attitude and confidence that every sex worker has the power and the right to protect themselves and take control of their own lives and business.

2.7 Evaluation Research Design

The intervention was evaluated using both qualitative (process), and quantitative (outcome) evaluation approaches. The qualitative (process) evaluation has entailed; observing the response of the different groups (managers, community health workers, CSWs) to the various aspects of the project. Members of the research team generally accompanied the health personnel during the intervention sessions to record and explore the ways it could be carried out. They also discussed with the health personnel their feelings about carrying out the sessions and possible ways of improving them in the future. Observing the discussions with the CSWs (e.g., following the video presentation) was perhaps the main source of

qualitative evaluation, assessing for instance the CSW's response, interest and feelings about the dramas.

The quantitative (outcome) was undertaken using a (standard) pre-test, post-test, quasi-experimental research design.

	Pre-test	Intervention	Post-test
Intervention Group (Matched)	X	X	X
Control Group	X	-	X

Time ⟶ 6 months

In the protocol it was stated that the intervention was to be evaluated within the two most common forms of Sex establishments in Thailand; the low-income brothel, and higher income massage parlour. However, given the increasing complexity engendered in the Thai sex industry by various efforts to close 'direct' brothels, the project had to adjust its sampling to the changing social realities. Essentially what has happened is that 'direct' brothels have been widely substituted by a variety of 'in-direct' sex establishments as a means of circumventing the law and police-enforced closures. Thus the low-income establishments for the study involved the following; low - cost traditional massage places (which do allow for sexual intercourse in a special room), 'restaurants' in which waitresses also serve as, sex workers, karoake lounges with sex workers, as well as a number of surviving brothels.

Given that (along with consistency of condom use) HIV seroconversion was to be used as one of the two main outcome indicators it was also important only to select establishments with an already low level of HIV sero prevalence. In the pilot field area of Nakhon Pathom, this proved especially difficult, as the community health service data indicated that many establishments had such high levels of HIV infection (80%-95%) that it would not be possible to demonstrate from them whether the intervention had been able to reduce HIV infection. Thus a basic criteria of a baseline of less than 50% HIV prevalence was set for inclusion of establishments within the study.

From the list of eligible establishments drawn up from community health service records, a number of places were matched by basic-socio-economic level and then randomly assigned to intervention or control status. The control low-income (primarily brothel) sex

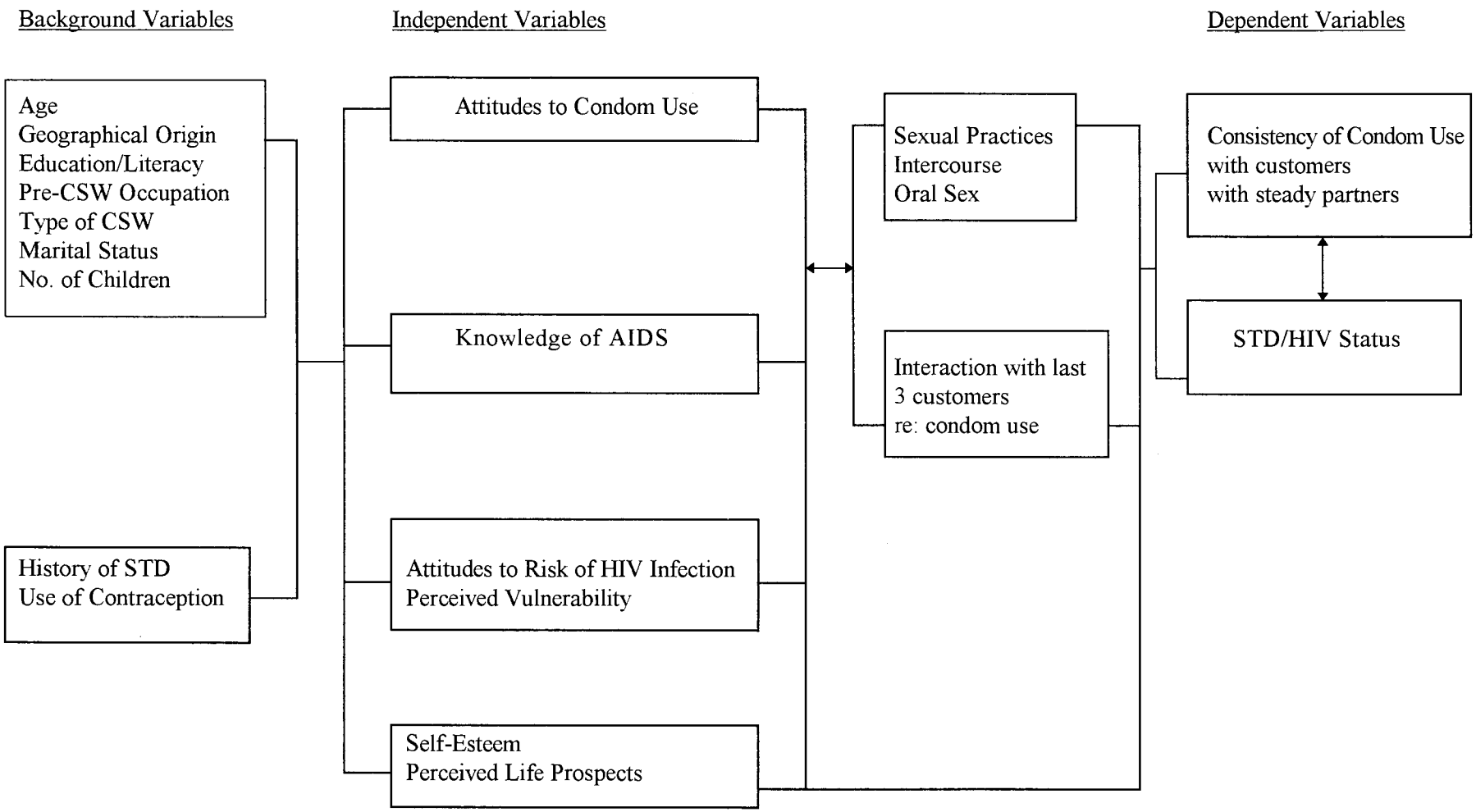
establishments were all drawn from the Nakhon Pathom area. However given that there was no other higher-income, massage parlour in Nakhon Pathom comparable to that used to test the intervention, it was necessary to recruit a similar establishment in Kanchanaburi to serve as the higher-income control. This establishment was well matched to the higher-income intervention massage parlour in terms of large size, level of tariff and condom use. Unfortunately in the six month period between the pre-and post-test the Kanchanaburi parlour was involved in a massive turn over of CSWs, resulting in too few follow-up cases in the post-test, in the event making it impossible to have a higher-income control. Given that condom use in the pre-test was already fairly high in both higher-income settings, although the less of higher-income control was undesirable, it was not debilitating for the study. From an HIV prevention point of view it was much more important that there were sufficient follow-up control and intervention cases in the more critical lower-income settings.

Prior to the implementation of the intervention a baseline (pre-test) interview survey was undertaken, timed as far as possible to coincide with community health routine testing for HIV and other sexually transmitted infections. Following the intervention a post-test interview survey was undertaken and linked to subsequent serological testing.

Following preliminary analysis of the intervention in the main pilot area (Nakhom Pathom) the study was then (following any necessary modifications) to be evaluated in a further, geographically distinct region. This was primarily to assess whether the intervention could also function in other areas of Thailand, as well as that within which it was initially developed.

For this further evaluation, the district of Lampang in the North of Thailand was selected on the ground of its being both sufficiently culturally distinct to Nakhom Pathom, and having HIV levels low enough to enable the measurement of differential change in intervention and control establishments.

Figure 1 Conceptual Framework Underlying the Pre-and Post-Test Survey



CHAPTER THREE

EVALUATION OF THE INTERVENTION

3.1 Introduction

The evaluation of the intervention is here presented in three main sections. The first section presents the qualitative evaluation of the response from the sex workers to the sessions and the videos in particular. Given that there was very substantial similarity in the range and nature of the response from CSWs in both the pilot (Nakhon Pathom) and secondary (Lampang) interventions, both sets of findings are merged in this section. The second section presents the quantitative, outcome evaluation (from pre-test, post-test comparison of interview and serological surveys) of the main pilot intervention. The third section presents the same quantitative outcome evaluation, for the secondary intervention at Lampang.

3.2 Qualitative Evaluation

Aside from the assessment of problems in implementing the intervention (discussed above in Chapter Two), qualitative evaluation was used to explore the response to the intervention sessions from the CSWs. In the pilot intervention this qualitative evaluation was undertaken by members of the research team, whilst in the second, (Lampang) intervention it involved the (implementing) community health personnel making reports on each of their sessions in sex establishments, and subsequently discussing these with members of the research team.

Specifically the qualitative evaluation involved observing and recording from the intervention sessions to assess such key attributes as;

- CSW group's degree of interest and participation in the sessions.
- degree and nature of stimulation arising from each of the videos.
- CSWs range of emotional responses to the videos and discussions.
- topics raised in discussions.

3.2.1. Interest and Participation

As noted in Chapter Two above, it was not always easy to recruit and assemble CSWs to attend the first intervention sessions. Some CSWs were initially reluctant to watch the video because they had seen other AIDS videos previously which condemned sex workers, depicted the horrors of AIDS illness and the stigma associated with being HIV-positive, but they later stated that this video was completely different. However, once they had actually viewed the

video they were generally enthusiastic participants. The major value of using drama scenarios is that they are able to convey and explore themes of direct relevance to the CSWs, but in a way which does not directly confront them personally as individuals. The use of a narrative seemed to capture the CSWs attention, by drawing their interest to the characters and the dilemmas they were facing. Thus after seeing the first video not uncommon responses included;

- others in the establishment who had not attended the first session, wished to do so, after hearing the comments afterwards of their colleagues who did attend.
- most of the CSWs participated in the discussions although the degree of involvement varied.
- this variation in participation reflected not only personality, age and experience, but in some cases HIV status.
- some CSWs (who the research team later learnt were HIV positive) were rather quiet and withdrawn from the post-video discussion. It is, of course, for that reason that the second video incorporated the dilemmas and concerns of HIV-positive sex workers.
- some sessions were more light-hearted than others, with some groups treating the video session as a party, but still seriously discussing the themes.
- the first video evidently made a fairly strong impression as the CSWs invariably remembered the characters and storyline when the second video was shown, even though the first had been shown up to five months previously.
- after watching the first video many CSWs wanted to know what happened next to the characters in the video

3.2.2 Emotional Responses

Most CSWs felt empathy for the characters and many commented that the narrative was very close to their own lives. Indeed, several asked if the video was presenting a 'true story' and whether the actors were (as they thought) real CSWs.

The videos elicited a very wide range of emotional responses. Although some CSWs spoke little in the discussions, it is fair to say that practically all felt emotionally drawn into the concerns, fears and dreams of the characters.

On the one hand, many felt sad, some CSWs even cried during and after the session. It was certainly not the intention of the research team to, in any way, upset CSWs, but this

necessarily reflects the gravity of the threat from HIV/AIDS which daily confronts them. Several of those who were tearful also expressed the view that they felt it was good to watch the video. Indeed one woman who was tearful and who the research team later learnt was HIV positive said she should have seen this video long before. On the other hand, most felt fairly positive and warm towards the characters depicted in the videos. Some stated that the videos conveyed a sense of hopefulness about their future. Others that they felt, almost, inspired to think more about their life and looking after themselves. Some CSWs expressed this in terms of feeling more value and love for themselves. The research team also found in one-to-one discussion with CSWs after showing the second video that women who knew that they were HIV-positive, expressed sentiments that even if they are infected they should try to do the best.

3.2.3 Major Topics of Discussion

Although no responses of two discussion groups on video were alike, similar themes recurred throughout the period of the conduct of the interventions. Most of these themes, of course, sprang directly from the contents of the videos. The examples of topics noted here just give some indication of the content of discussions. Although there was some discussion of the nature of HIV/AIDS, symptoms and risk, this was comparatively rare. With respect to HIV transmission several CSWs expressed concerns, firstly, that even using condoms consistently they could still become infected, and secondly, that some condoms tore during use and they wished the authorities could do something to ensure quality control.

Most groups involved discussion of commitment to consistently use condoms with customers. However, following the second video, discussion broadened to include the need to also use condoms with boyfriends. In some cases CSWs viewed a regular customer with whom they were in love as a boyfriend. The emotional involvement was a key factor militating against condom use. One HIV-positive CSW mentioned that she and her boyfriend had come to terms with her status and always used condoms, but sometimes she did not bother insisting on condoms with obstinate customers.

Much of the discussion concerned their involvement in sex work. Many felt that it was an undesirable occupation, but given their financial needs and the lack of sufficiently-paid alternative jobs, they believed that they had no choice but to engage in sex work at least for a temporary period of two or three years. Their financial needs were mentioned with reference to their family's poverty, their father's debt, and/or their need to provide for their children.

Many of the CSWs had children of their own and it was the video scenarios touching on the mother-daughter relationship that was associated with much emotion.

Many expressed the wish to eventually leave sex work and return to their home villages. A typical dream was to save enough money to be able to set up a mini-store in their home villages. Quite a few CSWs mentioned that the idea (in the video) of saving from their sex work to support themselves later was good, but very difficult to put into practice. They were simply unable to save because they sent most of their money back to their families. Some CSWs working in massage parlours also mentioned that they found it difficult to save, although they earned quite a lot of money, the more they earned the more they spent, in some ways to pamper themselves to compensate for their work. Some hoped one day to marry a 'good man', but feared that the pre-nuptial HIV testing (almost a new 'tradition' in some parts of the North) may reveal a positive result and simply lead to people condemning them.

3.2.4 Contrasting Effects of the First and Second Videos

Both videos stimulated wide-ranging and pertinent discussion. However, a comparison of the feedback from the first and second videos suggests that the first one elicited a more lively and spontaneous response from the CSW groups. It seems possible that there are two reasons for this. Firstly, the second video covered more topics than the first, and although it was longer in duration this may have made it more difficult to follow. The first video had a clear and elegantly simple narrative which may have contributed to the warmth and empathy with which CSWs responded to it. The greater complexity of the second video may have hampered the full digestion of its contents. This reflected a dilemma faced by the research team that it wished to cover a wide range of topics, but, obviously, had to deal with all of these within its budgetary limitations. The lesson to be learnt here is perhaps still to cover such a range of themes, but more elegantly in a longer series of videos. Secondly, the second video was more negative in the dialogue in which the characters discussed sex work. This was not unrealistic but it raises a dilemma concerning programme objectives upon which there are slight differences of opinion on the part of different members of the research team. The negative depiction of sex work may have been devised in part to encourage CSWs to further consider alternative occupational options. The approach however, detracts from the positive goals of enhancing CSWs sense of self-esteem in order to help cope with protecting themselves in their current situation. Reference is made to this just to allude to this dilemma which confronts those involved in HIV prevention in the sex industry in many places. Some sadness arising from watching the second video may have derived from the 'twist' in the story

in which some of the characters who appear to be clear in their minds with good self-esteem, are later seen to be HIV positive. Some CSWs, after watching the second videos expressed the view that they would seriously plan to change to other feasible and preferable occupations soon before becoming HIV positive.

3.2.5 Summary of Qualitative Evaluation

The qualitative evaluation suggests that the use of video to depict a dramatic narrative involving realistic characters and plot is an excellent means of ensuring sex worker's interest and participation in condom - promoting interventions. Characterization with which CSWs can empathize is a useful means of assisting such (often young) women to think about their lives, learn to feel more positive about themselves and develop the resolve to prevent HIV infection.

The format of this intervention involving video presentation, a non-judgmental atmosphere and free-flowing discussion provides an effective means to link community nurses with sex workers in HIV prevention work. This kind of approach which seems to have been able to strengthen sex workers' resolve to consistently use condoms. However, it falls to the quantitative outcome evaluation to see whether or not the intervention had any measurable effect on sex working behaviour.

3.3 General Profile of the Initial (Pre-test) Sample

The main outcome evaluation is necessarily only undertaken upon those respondents who appeared in both the pre-test and post-test surveys. Given the problems of loss to follow-up this evaluation sample comprised only 222 cases. Thus this section presents data analysis of the whole pre-test sample which contained 475 cases. This analysis was undertaken in order to i) briefly outline the basic socio-demographic characteristics of the sample, ii) to examine whether there are any identifiable differences between the main sample of CSWs and the 100 who reported engaging in 'massage only' in the past month, and iii) to investigate factors related to CSW's use and non-use of condoms with customers, and to compare these findings to those generated in phase I of the project.

3.3.1 General Background Characteristics

The general background characteristics of the pre-test sample are here briefly outlined in terms of age group, nationality and regional origins, education and literacy, previous occupation, marital status, parity and contraceptive use.

Table 4 Background Characteristics of the Initial Pre-Test Sample, Age Groups, Ethnicity and Birth Places (%)

Age Groups		Ethnicity		Birth Places	
16-19	6	Thai	75	Thailand	
20-24	45	Thai Yai (Shan)	14	North	51
25-29	26	Other Hill Tribes	8	North - East	19
30-34	15	Burmese	2	Bangkok and Central	15
35-39	5	Chinese	1	South	3
40-51	3			Outside Thailand	12

n=475

The basic socio-demographic characteristics confirm that this Nakhon Pathom sample is not atypical of CSWs in Thailand. The majority (71%) are in their twenties, with only 6% in the 16-19 age range, the largest regional group (51%) derive from Northern Thailand. There is discrepancy between the ethnic groups (25% foreigners) and birth place (12% outside Thailand). It might be because they were afraid to tell that they were from other country. (Table 4). However, one quarter are non-Thai with the majority of those falling within the diverse Hill Tribes population which straddle the border areas of Northern Thailand and Burma. It is these women from the Hill Tribes who make up a substantial proportion of the 30% who report having had no education (most of whom cannot read). The general sample has a low level of education with nearly half (47%) only having had schooling up to the primary level. The sample's overall low background economic status is further confirmed by their pre-sex work occupations, none (14%), rice farming (37%) and labouring (9%) (Table 5).

Table 5 Educational and Occupational Background of Initial Pre-test Sample (%)

Educational Level		Literacy		Previous Occupation	
None	30	Like reading	54	None	14
Up to Primary	47	Dislike reading	19	Farming	37
Up to Secondary	15	Cannot read	27	Seller	22
Up to Further Education	8			Services	18

n=475

In terms of their relationship status, only 8% are currently married, although a further 53% were previously married. Indeed, the breakdown of a marriage is not an uncommon precursor to a poor woman's involvement in sex work in Thailand, related to such aspects as the search

for an income to support children and the loss of self-esteem. However, nearly two thirds of the sample (64%) have no children. Excluding condom use, it is striking that 47% are not using any (other) method of contraception. Most of the remainder (38%) are taking oral contraception (Table 6). Having outlined the broad social characteristics of the sample, the following section explores differences between the CSWs and massage-only respondents.

Table 6 Relationship Status, Parity and Contraceptive Use of Initial Pre-Test Sample (%)

Relationship Status		**Parity**		**Contraceptive Use**	
Married	8	No children	64	Oral Contraceptive	38
Previously married, new partner	34	One child	22	Injectable	9
Previously married, no partner	19	Two or more children	14	Sterilization	6
Single with partner	14			None (excluding condom use)	47
Single, no partner	25				

n=475

3.3.2 A Comparison of the 'Sex Working' and 'Massage-Only' Respondents

The project is, of course, concerned only with promoting condom use by CSWs. However, the pre-test survey undertaken in the sex establishments identified 100 respondents who reported that although having customers they engaged in massage only, and did not engage intercourse with customers. The phase I survey included some workers in the massage parlour who were 'Boran' (traditional masseuses), although many of these indicated that they did occasionally engage in intercourse with customers. The increasing number of 'massage only' workers identified in the phase II survey could reflect under-reporting, but more likely is indicative of a real shift on the part of the increased demand of customers not wanting intercourse in such establishments. This also reflects the greater complexity in the nature of the Thai sex industry and the need for establishments not to appear to be directly involved in providing purely sexual services.

Although data on the massage-only respondents was not useful for evaluating the behavioural impact of the intervention, it has, by chance, provided an opportunity to examine whether, and, if so, in what ways, such workers differ from the majority providing sexual services. As far as the research team is aware, no prior systematic research has been undertaken into this in Thailand. The two groups (CSWs and massage-only workers) are here compared in terms

of background socio-demographic characteristics, knowledge of, and attitudes towards, HIV, and general self-esteem.

The major social background difference between the CSWs and massage-only group is that the latter are disproportionately (18%/50%) non-Thai. Indeed, 82% of the massage-only group grew up in either Northern Thailand (59%) or outside Thailand (23%). This non-Thai dimension also accounts for the massage-only group's lower level of education than the CSWs (no schooling, 50%/23% p= <0.0000) and inability to read (44%/23% p= <0.0005). Also, presumably reflecting their lack of sexual contact 63%, of the massage-only as opposed to 43% (p= <0.005) of the CSWs report not using any contraceptive method.

With respect to duration of working in the sex/massage business the massage-only group have been involved for a shorter period of time (27%/58% more than one year, p = < 0.0000). This may well reflect the recentness of their arrival in Central Thailand, and the possibility that some may later move from massage-only to sex work. The massage-only group also contains however 10 cases (10%) who report being HIV-positive. These individuals may previously have been involved in providing sexual services, but since sero-conversion may have decided to only provide massage.

The massage-only group were much more likely (58%/36%) to have a regular sexual partner than the CSWs. Although they were less likely than the CSWs to use a condom 'always/usually' with their partner (22%/33%) this was not a statistically significant difference. Not unexpectedly the massage-only group had a much lower sense of vulnerability to HIV infection than CSWs, with 64% as opposed to 39% feeling they had no chance of HIV infection within the next two years. Furthermore, the massage-only group had a lower level of knowledge about HIV infection, with 30% as opposed to only 18% of the CSWs, agreeing that "you cannot become infected with HIV if there are no signs of STD infection on the penis", (sig. <0.005).

General self-esteem, which was measured using a battery of 15 items, is discussed in more detail below (3.4.4). Suffice it to note here that the massage-only respondents had a slightly higher sense of overall self-esteem, although this was not quite significant at the <0.05 level (Table 7).

Table 7 'Self-Esteem' Scale for CSWs and Massage-Only Respondents of Initial Pre-Test Sample (%) : Nakhon Pathom

Self of Self-Esteem	CSWs (n=375)	Massage Only (n=100)
High	26	37
Medium	37	36
Low	37	27

p= 0.0500

Table 8 lists those 'self-esteem' items upon which the 'massage-only' group scored more highly than the CSWs. It is clear that the massage-only group have a greater sense of their self-worth, and have a stronger internal locus of control.

Table 8 Individual 'Self-Esteem'-related Items Upon which the Massage-Only Respondents Scored More Highly than the CSWs (%) : Nakhon Pathom

	'Self-Esteem'-related item (agree) and strongly agree unless stated)	CSW %	mean*	Massage-Only %	mean*	P
i	'I am a woman who is valuable'	79	2.0	86	1.8	<0.05
iii	'I have the chance to be a good wife in a successful family in the future'	56	2.4	69	2.6	<0.05
iv	'I think I am in control of my life' (strongly agree)	34	2.2	47	1.8	<0.05
vi	'I think everyone has forgotten about me'	21	2.3	7	2.0	<0.0005
vii	'I have a plan for my future' (strongly agree)	34	2.3	46	1.9	<0.05
ix	'Sometimes I feel upset when I think about my life'	70	2.3	58	2.6	<0.05
x	'I think everyone can respect me'	62	2.4	74	2.2	<0.05
xiv	'I find it easy to be friendly with others' (strongly agree)	37	2.0	50	1.9	<0.05

n= 475

*Mean: 'strongly agree' = 1, 'agree' = 2, 'not sure' = 3, 'disagree' = 4, 'strongly disagree' = 5

3.3.3 Factors Related to Consistent Condom Use in the Pre-test Sample

Condom use with customers is the key dependent variable of the project. It was measured using two indicators; firstly ever having engaged in intercourse with a customer without using a condom in the last month, and secondly, details of condom use interaction with last three customers. Of those who had engaged in intercourse with customers, 16% reported non-use of condoms on one or more occasions. Condom-related interaction with last three customers was assessed in terms of the following seven-point scale;

i) No vaginal intercourse
ii) Automatic use, customer brought own condom
iii) Automatic use but customer had not brought own condom
iv) Customer did not want to use condom but easily persuaded
v) Customer did not want to use condom, persuaded but with difficulty
vi) Failed to persuade customer, intercourse without condom
vii) Did not try to persuade customer to use condom.

In order to summarize this detailed variable from 369 CSWs, it was divided into the following four categories:

a) No intercourse with any of last three customers - 11%
b) Automatic condom use in each intercourse - 36%
c) Condom use each intercourse, but had to persuade one or more customers - 48%
d) Non-use of condom with at least one of the customers - 5%.

The most striking finding is that nearly half had to persuade one or more customers to use condoms, indicating that many of the customers did not apparently automatically comply with the '100% condom use policy', but that most CSWs were able to insist, at least with the last three customers. Given that only 5% reported intercourse without a condom with any of their last three customers, the wider variable condom use in last month is here used to assess factors related to condom use.

Table 9 Social Characteristics Negatively Related to Condom Use in Initial Pre-Test Sample (%) : Nakhon Pathom

	Inconsistent Use of Condoms in Last Month	P
Ethnicity		
Thai	14	ns=0.07
Non-Thai	23	
Birthplace		
Thailand	17	ns=0.05
Outside Thailand	32	
Residence within Thailand Only		
Urban	8	= <0.005
Rural	18	
Education		
No schooling	21	
Up to Primary	17	= <0.05
Up to Secondary	10	
Literacy		
Like reading	12	
Dislike reading	18	= <0.05
Cannot read	25	

n=369

As Table 9 indicates, lower levels of condom use are associated with non-Thai ethnicity, foreign origin, rural residence and low levels of education. All of these factors reinforce the especial vulnerability of the most marginalized groups of women as they move into working in the Thai sex industry. Those CSWs who had consistently used condoms with customers within the last month were found to score more positively than the non-users across a range of knowledge and attitudinal factors.

Table 10 HIV Awareness by Consistency of Condom Use in Initial Pre-Test Sample (%) : Nakhon Pathom

		Condom Use				
	'Disagree'	**Consistent Users**		**Inconsistent Users**		**P**
		%	mean*	%	mean*	
i)	'Cannot be HIV infected if no sign of STD infection on the penis'	50	2.4	32	2.1	<0.05
ii)	'Vaginal douche after intercourse, can prevent HIV infection	57	2.4	35	2.0	<0.005
iii)	'If I am going to be HIV infected it is in my fate, so there is nothing I can do about it'	57	2.3	38	2.1	<0.005
iv)	'Working in the sex industry it is not possible to completely avoid becoming infected with HIV'	58	2.4	31	1.9	<0.005
v)	'The high earnings from this job are well worth the risk of HIV infection'	83	2.8	67	2.5	<0.05
				n=369		

*Mean: 'strongly agree' = 1, 'agree' = 2, 'not sure' = 3, 'disagree' = 4, 'strongly disagree' = 5

Not unexpectedly consistent condom users were significantly less likely to report having had a sexually transmitted infection within the last six months (28%/43%). Based upon their practice of safer sexual practices consistent condom users had a much lower perceived vulnerability to HIV infection, with twice as many (42%/21%) as the non-users, feeling they have 'no chance' of HIV infection within the next two years. The condom users also had a significantly better level of knowledge about HIV than non-users, and were less fatalistic about their chances of becoming HIV-infected (Table 10).

Those CSWs consistently using condoms have a higher sense of self-esteem and a greater internal locus of control (Table 11). The other items in the scale (including future perceived marital prospects) not listed in Table 11, were not found to be statistically significantly related to condom use.

Table 11 Self-Esteem-Related Variables Statistically Significantly - Related to Consistency of Condom Use in Last Month in Initial Pre - Test Sample (%) : Nakhon Pathom

		Consistent Condom Users	% mean	Inconsistent Condom Use	% mean	P
	(Strongly agree)*					
i)	'I am a valuable woman	33	1.9	19	2.4	<0.005
ii)	'I am proud of myself that I can earn for my family'	45	1.8	22	2.5	<0.005
iv)	'I think I am in control of my life' (Agree)*	35	1.9	22	2.3	<0.05
v)	'I am enthusiastic to get more knowledge'	60	2.6	29	3.2	<0.005
vi)	'I feel that everybody has forgotten about me'	18	3.8	33	3.2	<0.0005
xi)	'I think I can negotiate with all customers to persuade them to use condoms'	55	1.5	36	2.0	<0.0000
xiv)	'I find it easy to be friendly with others'	79	1.9	62	2.2	<0.05

*% responding 'agree' or 'strongly agree' tabulated according to the point at which the divergence is greatest

n=369

The consistent condom users were also more likely (38%/24%) to have a regular sexual partner. As found in many studies, condom use with a steady partner was low both for those who consistently used condoms with customers and those who did not (Always/Usually 33%/29% p= n.s).

Those who engaged in consistent condom use with customers were also much more likely (48%/16% p= <0.0000) than those who did not, to have ever engaged in oral sex with a customer. This last finding indicates that consistency of condom use is here partially related to type of sex establishment, as oral sex primarily takes place within massage parlours rather than low-income brothels. The subsequent more detailed pre-test/post-test analysis of the evaluation of the intervention is undertaken separately for massage parlour and brothel and other CSWs. These foregoing findings provide some broad context from which to consider the dynamics underlying the outcome evaluation undertaken upon a necessarily smaller sample.

3.4 Quantitative (Outcome) Evaluation of the Main Pilot Intervention in Nakhon Pathom

3.4.1 Introduction

As described above the intervention was tested across a range of sex establishments within the vicinity of Nakhon Pathom and Kanchanaburi, using a pre-test, post-test, intervention and control, quasi-experimental research design. As expected from phase I the pre-test indicated that there were broad differences between the high-income (primarily massage parlour) and lower-income sex establishments, with the latter reporting lower levels of self-esteem and condom use. Thus the evaluation analysis has been undertaken for the two groups separately.

Unfortunately, in the six month period between the pre-test and post-test, there was an enormous turnover of CSWs in the control massage parlour leaving too few cases to enable intervention-control comparison. Thus for the massage parlour the analysis is only of these 80 intervention cases who were interviewed in both the pre-and post-test. However condom use was, as expected, already very high in the massage parlour pre-test. Fortunately in the more critical group (for HIV risk) of brothel CSWs there were sufficient numbers in both the intervention (62 cases) and control (68 cases) in both pre-and post-test, to allow a standard quasi-experimental analysis to be undertaken. Pre-and Post-test comparisons are presented for levels of knowledge about HIV transmission, perceived vulnerability to HIV infection, attitudes and resolve to use condoms, self-esteem and perceived future, condom use and HIV infection.

3.4.2 Knowledge about and Perceived Vulnerability to HIV Transmission

The two key areas of misunderstanding identified in both phase I and the pre-test, pertained to the erroneous beliefs that if there are no signs of STD on the penis HIV cannot be transmitted, and vaginal douching after intercourse prevents HIV infection. In both the high and lower-income intervention group correct knowledge improved, although there is still substantial uncertainty (Table 12) highlighting the need for continued educational efforts to address these 'myths'. By contrast such knowledge did not improve in the low-income CSWs control group, confirming that the intervention was primarily responsible for the positive changes.

A further key element in the intervention was to seek to reduce fatalistic attitudes to HIV infection to encourage CSWs to take more control of their self protection. Whilst the intervention seemed to reduce fatalism in the higher-income (massage parlour) group, this was not the case for the lower-income (mainly brothel-based) group. There were no statistically significant pre-test, post-test changes in such attitudes among the lower-income control group. Perhaps counter to the reduced fatalism finding was that in the post-test more of both of the intervention groups believed that sex work inevitably led to HIV infection, although the change was not statistically significant. Also more of the lower-income intervention group

(10%, 23%) agreed that the earnings of sex work were worth the risk of HIV infection, although again the pattern of difference was not statistically significant. (Table 12, 14, 16).

These findings may be further explored in relation to perceived vulnerability to HIV infection within the next two years (Table 13, 15, 17). Whilst there was no change for the control group , both intervention groups shared a greater sense of vulnerability to HIV infection. As expected, and as is realistic, the higher - income, (massage parlour) CSWs have a lower sense of HIV vulnerability (Table 13).

It thus appears that the intervention programme has made CSWs more conscious of the risks of HIV infection in sex work. The delicate task for such programmes is to somehow increase the awareness of risk, but at the same time to convey the message that if sex workers consistently follow 'safer practices' they will not be vulnerable to infection. However those of a more moralistic perspective would prefer to stress the risks so as to discourage women from engaging in sex work.

3.4.3 Changes in Attitudes to Condom Use with Customers

The Phase I findings indicated, predictably, that condom use was strongly related to underlying attitudes and resolve towards consistent use. A major objective of the intervention was to increase commitment to always use condoms. The Phase I study and the pre-intervention interviews indicated that generally CSWs were strongly inclined to condom use with customers but some were likely to forego condom use under certain conditions. Therefore the range of attitudinal items used in the pre-test and post-test included items to explore whether CSWs would consider not using condoms for instance, when; there is no sign of infection on the penis (i), when a customer cannot keep an erection when wearing a condom (ii), when a customer has a smart (clean well-dressed) appearance (iii), with a regular customer (vi), with a virgin adolescent (vii) and when a high tip is offered (viii). Two further items also explored basic resolve to always insist on condom use (v) and a belief in their ability (self-efficacy) to always persuade their customers to use condoms (iv). There were improvement of attitude in both intervention groups but not in the control groups.

Tables 18, 19 and 20, reveal a picture of fairly positive overall attitudes to condom use even in the pre-test across all three groups, (higher-income intervention , lower-income intervention and lower-income control). As the tables show (e.g. for items iv and v) the higher-income (mainly massage parlour) CSWs displayed both a higher commitment to always use condoms and a stronger sense of their self-efficacy to carry such intentions into practice.

Table 12 Higher - Income (Intervention) CSWs Knowledge of and Attitudes to, HIV Infection Pre - and Post - Test (%) : Nakhon Pathom

	Item	Pre-test		Post-test		P
		%	mean*	%	mean*	
i.	"Cannot be HIV infected if no signs of STD infection on the penis" (Agree/Not sure)	21/33	2.3	9/23	2.7	<.05
ii	"Vaginal douche after intercourse can prevent HIV infection" (Agree/Not sure)	16/21	2.5	6/9	2.8	<.05
iii	"If I am going to be HIV infected it is 'in my fate', so there is nothing I can do about it" (Agree)	34	2.2	19	2.5	<.05
iv	"Working in the sex industry is not possible to completely avoid becoming infected with HIV" (Agree)	19	2.5	34	2.2	n.s.
v	"The high earnings from this job are well worth the risk of HIV infection" (Agree)	10	2.7	11	2.7	n.s.

n = 80

*Mean: 'strongly agree' = 1, 'agree' = 2, 'not sure' = 3, 'disagree' = 4, 'strongly disagree' = 5

Table 13 Higher - Income (Intervention) CSWs Perceived Vulnerability to HIV Infection Within the Next Two years Pre - and Post - Test (%) : Nakhon Pathom

	Pre-test	Post-test	P
No chance	53	44	n.s.
Slight	16	15	
50/50 High	31	41	

n = 80

Table 14 Lower-Income (Intervention) CSWs Knowledge of and Attitudes to HIV Infection Pre -and Post - Test (%) : Nakhon Pathom

	Item	Pre-test		Post-test		P
		%	mean*	%	mean*	
i.	"Cannot be HIV infected if no signs of STD infection on the penis"(Agree/Not safe)	27/45	2.1	18/36	2.4	n.s.
ii	"Vagina douche after intercourse can prevent HIV infection" (Agree/Not see)	31/48	1.9	17/19	2.6	<.0005
iii	"If I am going to be HIV infected it is 'in my fate', so there is nothing I can do about it" (Agree)	27	2.1	39	2.1	n.s.
iv	"Working in the sex industry is not possible to completely avoid becoming infected with HIV" (Agree)	21	2.2	29	2.2	n.s.
v	"The high earnings from this job are well worth with the risk of HIV infection" (Agree)	10	2.6	2.4	23	n.s.

n = 62

* mean : 'strongly agree' = 1, 'agree' = 2, 'not sure' = 3, 'disagree' = 4, 'strongly disagree' = 5

Table 15 Lower-Income (Intervention) CSWs Perceived Vulnerability to HIV Infection within the Next Two Years Pre - and Post - Test (%) : Nakhon Pathom

	Pre-test	Post-test	P
No chance	32	27	n.s.
Slight	32	27	
50/50 High	36	45	

n = 62

Table 16 Lower-Income (Control) CSWs Knowledge of, and Attitudes to, HIV Infection Pre - and Post - Test (%) : Nakhon Pathom

	Items	Pre-test		Post-test		P
		%	mean*	%	mean*	
i.	"Cannot be HIV infected if no signs of STD infection on the penis"(Agree/Not sure)	26/47	2.3	25/32	2.4	n.s.
ii	"Vaginal douche after intercourse can prevent HIV infection" (Agree/Not sure)	22/38	2.4	37/25	2.3	n.s.
iii	"If I am going to be HIV infected with HIV it is 'in my fate', so there is nothing I can do about it" (Agree)	32	2.2	29	2.2	n.s.
iv	"Working in the sex industry is not possible to completely avoid becoming infected with HIV" (Agree)	18	2.4	28	2.3	n.s.
v	"The high earnings from this job are well worth the risk of HIV infection" (Agree)	18	2.6	18	2.5	n.s.

n = 68

* mean : 'strongly agree' = 1, 'agree' = 2, 'not sure' = 3, 'disagree' = 4, 'strongly disagree' = 5

Table 17 Lower-Income (Control) CSWs Perceived Vulnerability to HIV Infection within the Next Two Years Pre - and Post - Test (%) : Nakhon Pathom

	Pre-test	Post-test	P
No chance	46	49	n.s.
Slight	28	20	
50/50 High	26	31	

n = 68

However small numbers (more in both of the lower-income groups) of CSWs indicated in the pre-test that they may not insist on condom use under the range of specific conditions noted above. For instance 10% and 8% of the lower-income intervention and control CSWs respectively agreed in the pre-test that they may not insist or condom use if there is no sign of STD on the penis. More strikingly in the pre-test, 13% of the lower-income intervention, and 22% of the lower-income, control, groups agreed that they may agree to forego condom use with a regular customer. It is likely that if such numbers admit to possible non-use of condoms in such a survey the numbers doing so in practice, under pressure from customers, is likely to be higher in actuality.

Comparing the pre-and post-test patterns of attitudes and means for the intervention and control groups, it is clear that the intervention groups show a shift towards more HIV-related self-protective attitudes whilst the control group shows no such positive change. Although, given the relatively small sample sizes only a few of these changes are statistically significant at the Chi-square <0.05 Level. However the consistency in the overall pattern of differences in change between the intervention and control groups is again supportive of the view that the intervention has fostered more positive attitudes to condom use. Also the finding that the intervention groups' responses involve a shift from 'agree' to strongly agree' to a number of condom use attitudes is indicative that the intervention has enhanced the strength of their motivation to consistently use condoms.

Table 18 Higher-Income (Intervention) CSWs' Attitudes to condom Use, Pre and Post-Test (%) : Nakhon Pathom

		Pre-Test		Post-Test		P
		%	mean*	%	mean*	
i	'If the customer has no sign of STD infection I may sometimes agree to intercourse without a condom' (agree)	3	4.7	0	4.9	n.s.
ii	'If a customer cannot keep an erection when wearing a condom I will agree to intercourse without a condom ('none agree', therefore 'not sure')	3	4.7	3	4.8	n.s.
iii	'I am more likely to allow intercourse without a condom with a smart (clean, well-dressed) customer' (agree)	5	4.6	0	4.8	n.s.
iv	'I can persuade all of my customers to use condoms' (agree/strongly agree)	23/65	1.6	19/75	1.3	n.s.
v	'I would not under any circumstances agree to intercourse without condom with a customer' (agree/strongly agree)	23/69	1.5	6/76	1.8	<0.005
vi	'I would (sometimes) agree to sex without a condom with a regular customer' (agree)	9	4.4	1	4.9	0.06
vii	'I would agree to sex without a condom with an adolescent for his first intercourse' (agree)	2	4.7	0	4.9	<0.05
viii	'I would agree to intercourse without a condom for a high tip'('none agree', therefore 'not sure')	2	4.7	0	4.9	<0.05

n = 80

* mean; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

Table 19 Lower Income (Intervention) CSWs Attitudes to Condom Use, Pre and Post-Test (%) : Nakhon Pathom

		Pre-Test		Post-Test		P
		%	mean*	%	mean*	
i	'If the customer has no sign of STD infection I may sometimes agree to intercourse without a condom' (agree)	10	4.2	2	4.6	n.s.
ii	'If a customer cannot keep an erection when wearing a condom I will agree to intercourse without a condom (not sure / agree)	15/2	4.3	8/0	4.3	n.s.
iii	'I am more likely to allow intercourse without a condom with a smart (clean, well-dressed) customer' (agree)	4	4.6	0	4.8	<0.05
iv	'I can persuade all of my customers to use condoms' (agree/strongly agree)	44/35	1.6	54/31	1.3	n.s.
v	'I would not under any circumstances agree to intercourse without condom with a customer'(agree/strongly agree)	31/44	2.0	33/48	1.9	n.s.
vi	'I would (sometimes) agree to sex without a condom with a regular customer' (agree)	13	4.1	6	4.4	n.s.
vii	'I would agree to sex without a condom with an adolescent for his first intercourse' (agree)	4	4.3	2	4.7	0.05
viii	'I would agree to intercourse without a condom for a high tip' (not sure/agree)	8/6	4.3	0/2	4.7	0.08
	n = 48					

* mean ; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

Table 20 Lower Income (Control) CSWs Attitudes to Condom Use, Pre and Post-Test (%) : Nakhon Pathom

		Pre-Test		Post-Test		P
		%	mean*	%	mean*	
i	'If the customer has no sign of STD infection I may sometimes agree to intercourse without a condom' (agree)	8	4.4	17	4.0	n.s.
ii	'If a customer cannot keep an erection when wearing a condom I will agree to intercourse without a condom (not sure / agree)	11/8	4.3	14/22	3.6	n.s.
iii	'I am more likely to allow intercourse without a condom with a smart (clean, well-dressed) customer' (agree)	6	4.5	11	4.1	<0.05
iv	'I can persuade all of my customers to use condoms' (agree/strongly agree)	36/47	1.8	58/22	2.0	n.s.
v	'I would not under any circumstances agree to intercourse without condom with a customer'(agree/strongly agree)	31/50	2.0	39/28	1.9	<0.05
vi	'I would (sometimes) agree to sex without a condom with a regular customer' (agree)	22	4.1	19	3.8	<0.05
vii	'I would agree to sex without a condom with an adolescent for his first intercourse' (agree)	0	4.6	0	4.4	n.s.
viii	'I would agree to intercourse without a condom for a high tip' (not sure/agree)	6/0	4.6	0/0	4.3	<0.05
	n = 36					

* mean ; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

3.4.4 Self-Esteem and Perceived Personal Future

As noted in Chapter One the Phase I findings seemed to indicate that a positively perceived future was linked with consistent condom use. It was therefore decided to build this concept along with the related theme of self-esteem into the intervention. Furthermore it was decided to explore these themes in greater detail in the Phase II surveys. Thus in the pre- and post-test interviews a battery of 15 items were used to explore perceived future and self-esteem. These items were primarily derived from attitude scales previously tried and tested in Thailand, in some cases modified to relate to the specifics of CSWs, with one new item added concerning condom self-efficacy.

Items i, ii, vi, viii, ix, x, xii, xiii, xiv and xv pertained to standard indicators used to measure self-esteem. Items iii, iv, v and vii pertained to perceived future, locus of control and sense of planning. Item xi pertained to belief in ability to persuade customers to use condoms.

As noted above, items i, ii, iv, v, vi, xi and xiv were found in the pre-test to be strongly associated with consistency of condom use (Table 11)

The overall pattern of changes between pre-and post-test is fairly complicated and shall be, in the first instance, outlined with reference to a broad comparison of changes in the three groups (higher-income intervention, lower-income intervention and lower - income control) and secondly a discussion of the nature of the changes observed (Table 22, 24 and 26).

Changes within the three groups are primarily assessed by reference to shifts across the, customary, five-point, Likert-type scale from 'strongly agree', 'agree', 'neither agree nor disagree, disagree' and 'strongly disagree'. Tables 21, 23 and 25 list the % for 'agree' and 'strongly agree', whilst Table 27 presents an overall assessment for each item for each group. This overall assessment is primarily based upon the change in percents, but also partly refers to 'p' level of Chi-square statistical significance, although the latter is of limited usefulness for such relatively small sample sizes (ranging from 80 to 62). There is same ambiguity in seeking to assign a single assessment for items x, xi and xiv for the lower-income intervention group as although there is an overall increase in those agreeing with the items, there is also a decrease in there responding 'strongly agree'.

Table 21 Higher- Income (Intervention) CSWs' Self-Esteem Pre-and Post-Test (%) : Nakhon Pathom

	Agree/Strongly Agree	Pre-test		Post-test		P
		%	mean*	%	mean*	
i	I am a valuable woman	38/41	1.9	24/72	1.3	<.0005
ii	I am proud of myself that I can earn for my family	40/48	1.7	19/69	1.6	<.05
iii	I have a chance to be a good wife in a successful family in the future	29/20	2.8	21/36	2.6	0.5
iv	I think I am in control of my life	36/46	1.8	25/56	1.8	n.s.
v	I am enthusiastic to get more knowledge	34/29	2.4	30/54	1.8	<.05
vi	I feel that everybody has forgotten about me	9/6	4.0	1/1	4.7	<.0005
vii	I have a plan for my future	43/11	1.8	41/10	1.7	n.s.
viii	I feel happy eventhough I am a sex worker	43/11	2.8	41/10	3.0	n.s.
ix	Sometimes I feel upset about my life	32/28	2.6	25/29	2.6	n.s.
x	I think people can respect me	48/24	2.3	44/36	2.0	n.s.
xi	I think that I can negotiate with all customers to persuade them to use condoms	31/61	1.5	30/69	1.4	n.s.
xii	I think I am a good looking woman	50/13	2.4	45/25	2.2	n.s.
xiii	I feel bad to see anyone who has a better chance in their life	26/15	3.2	19/28	3.0	n.s.
xiv	I find it easy to be friendly with others	51/36	1.8	33/59	1.6	<.05
xv	I think I am a clever woman	59/18	2.1	38/41	1.9	<.005

n = 80

* mean ; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

Table 22 Higher-Income (Intervention) CSWs Overall Level of Self-Esteem, Pre- and Post-Test(%) : Nakhon Pathom

Level	Pre-test	Post-test
High	44	56
Medium	30	31
Low	26	13

p = 0.07

n = 80

Table 23 Lower- Income (Intervention) CSWs' Self-Esteem , Pre- and Post -Test (%) : Nakhon Pathom

	Agree/Strongly Agree	Pre-test		Post-test		P
		%	mean*	%	mean*	
i	I am a valuable woman	52/24	2.1	60/29	1.8	n.s.
ii	I am proud of myself that I can earn for my family	44/39	1.9	55/27	2.2	n.s.
iii	I have a chance to be a good wife in a successful family in the future	42/24	2.3	45/5	2.8	<0.05
iv	I feel in control of my life	50/11	2.5	58/16	2.2	n.s.
v	I am enthusiastic to get more knowledge	29/2	3.4	50/10	2.6	<0.005
vi	I feel that everyone has forgotten about me	15/7	3.6	10/2	4.1	<0.05
vii	I have a plan for my future	45/16	2.6	53/15	2.4	n.s.
viii	I feel happy eventhough I am a sex worker	27/8	3.2	36/2	3.3	n.s.
ix	Sometimes I feel upset about my life	53/19	2.3	45/21	2.5	n.s.
x	I think people can respect me	37/18	2.5	65/3	2.4	<0.005
xi	I think that I can negotiate with all customers to persuade them to use condoms	36/42	1.9	66/31	1.7	<0.005
xii	I think I am a good looking woman	39/15	2.5	41/7	2.9	<0.05
xiii	I feel bad to see anyone who has a good chance in their life	37/23	2.4	45/13	2.8	n.s.
xiv	I find it easy to be friendly to people	26/45	1.9	65/18	2.2	<0.0000
xv	I think I am a clever woman	37/8	2.6	52/19	2.2	<0.05

n = 62

* mean ; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

Table 24 Lower-Income (Intervention) CSWs Overall Level of Self-Esteem, Pre- and Post-Test (%) : Nakhon Pathom

Level	Pre-test	Post-test
High	15	10
Medium	27	45
Low	58	45

p = n.s.
n = 62

Table 25 Lower- Income (Control) CSWs' Self-Esteem Pre-and Post-Test (%) : Nakhon Pathom

	Agree/Strongly Agree	Pre-test		Post-test		P
		%	mean*	%	mean*	
i	I am a valuable woman	41/40	1.9	53/28	1.9	n.s.
ii	I am proud of myself that I can earn for my family	21/62	1.7	46/40	1.9	<0.05
iii	I have a chance to be a good wife in a successful family in the future	24/43	2.2	46/16	2.5	<0.005
iv	I feel in control of my life	27/50	1.9	52/22	2.2	<0.005
v	I am enthusiastic to get more knowledge	21/19	3.0	43/7	2.9	<0.005
vi	I feel that everyone has forgotten about me	9/7	4.1	10/0	4.4	<0.005
vii	I have a plan for my future	27/50	2.0	63/12	2.3	<0.0005
viii	I feel happy eventhough I am a sex worker	37/6	2.9	52/7	2.7	<0.05
ix	Sometimes I feel upset about my life	50/29	2.1	56/9	2.5	<0.05
x	I think people can respect me	40/28	2.2	59/10	2.3	<0.05
xi	I think that I can negotiate with all customers to persuade them to use condoms	37/44	1.8	49/38	1.8	n.s.
xii	I think I am a good looking woman	40/16	2.5	54/-	2.0	<0.0005
xiii	I feel bad to see anyone who has a better chance in their life	37/18	2.9	57/9	3.1	n.s.
xiv	I find it easy to be friendly to people	22/53	1.8	59/25	2.0	<0.0005
xv	I think I am a clever woman	34/28	2.2	58/9	2.4	<0.005

n = 68

* mean ; strongly agree = 1, 'agree' 2, 'not sure' 3, 'disagree' = 4, 'strongly disagree = 5

Table 26 Lower-Income (Control) CSWs Overall Level of Self-Esteem, Pre- and Post-Test (%) : Nakhon Pathom

Level	Pre-test	Post-test
High	34	28
Medium	31	32
Low	35	40

p = n.s.

n = 68

Table 27 Summary of Changes between Pre-and Post-Test Responses for Self-Esteem and Personal Future-Related Items in the Three Groups

	Higher-Income Intervention	Lower-Income Intervention	Lower-Income Control
Self-Esteem			
i Self-value	**	*	0
ii Pride in helping family	**	0	0
vi Sense of being forgotten	*	*	*
viii Feel happy	0	0	*
ix Reduced feeling upset	0	0	*
x Social respect	*	*	-
xii Attractive self-image	-	*	-
xiii Reduced resentment of others	-	*	0
xiv Sociable self-image	**	*	-
xv Intelligence self-image	**	**	-
Perceived Future			
iii Familial Future	*	-	-
iv Internal locus control	*	*	-
v Desire for learning	**	**	0
vii Future planning	0	0	-
Self-Efficacy to persuade			
Customers to use condoms xi	*	*	0
Totals No.			
Improvement	10	10	3
'No change'	3	4	5
'Worsening'	2	1	7

- = worsening, 0 = no change, * = moderate improvement, ** = strong improvement

NB. for items x, xi and xiv in the lower-income intervention group there is a substantial positive shift to 'agree' overall, but a decline in the minority reporting responding 'strongly agree'.

Table 27 is useful in providing an overall summary of changes between the three groups. It provides evidence that the intervention has made a positive contribution to CSWs' sense of self-esteem given that the two intervention groups show many more 'improvements' (10 for both higher-, and lower-income, groups) than the control group (3 improvements). Furthermore the intervention appears to have been more successful in improving CSW's score self-esteem in the higher-, than lower - income, setting. There are three main, probably inter-relating, lines of explanation for this. Firstly the higher- income CSWs scored more highly on self-esteem in the pre-test and thus there was a stronger basis upon which to build in the first place. Secondly the intervention may well have been more smoothly implemented in the better-equipped massage parlours than small brothels. Thirdly, and of greater concern for this evaluation, the video scenarios may have appeared to have had greater relevance to the higher-income CSWs, or the depiction of the two categories may inadvertently have reinforced the lower-income CSWs sense of their less advantageous situation.

With respect to the control group given, obviously, that no intervention was carried out, the pattern of 'changes' is interesting. With respect to the control group's three positive shifts. The first, the reduced sense of being forgotten, makes clear sense in that they have twice been interviewed within the six month period. The finding that more of the control group felt happier and less upset, by the post-test is difficult to explain although it may have just reflected the experience of being sympathetically interviewed. What is of greater concern is that there was no change in these items for the two intervention groups. It would appear that the need to help CSWs become more aware of the risks of HIV and their lifestyle predicament goes against, the project's objective of enhancing the 'feel-good' factor. Perhaps future interventions could seek to address this objective more strongly, or may be it is just too much to expect an intervention which necessarily addresses such life-threatening phenomenon as HIV/AIDS to be able to enhance participant sense of happiness.

The most positive effects of the intervention appear to be in enhancing the CSWs sense of self-worth and self-esteem. It is also clearly evident that involvement in the intervention activities appears not only to have improved their knowledge about HIV (as indicated above in section 3.4.2), but has also given rise in turn to a greater enthusiasm to learn more in general. This is an important component in behaviour change, and it is therefore important to maintain the momentum engendered by this intervention and to provide strategies to build upon it in the future.

On the negative side it appears that the intervention has not led to an increase in CSWs having a sense of a future plan for their lives. The implication here is that this objective should be tackled in the future in a clearer and more definite way by those implementing such intervention activities. Perhaps this aspect needs to be developed as part of a later stage of intervention activities, to build upon the overall improvement in general sense of self-worth,

which is the first step towards self-protection. Also of concern is the finding that for the lower-income intervention group there was a worsening in the sense of future familial/marital prospects which was found to be of significance for consistent condom use in Phase I. Again perhaps greater accent needs to be placed upon conveying positive images of brothel-based CSWs in such video scenarios.

What is however gratifying about the overall positive shifts in the intervention groups is that they occurred in both the higher-and lower-, income groups in all of the seven key items (i, ii, iv, v, vi, xi and xiv) which the pre-test analysis indicated were (most) positively associated with consistent condom use (Tables 11, 21, 23 and 25).

As noted above self-esteem and perceived personal future were examined using a battery of 15 items. In order to explore the scope for combining the items into a single scale, a reliability analysis was undertaken by placing the items in a matrix to assess their level of correlation. This matrix was carried out on responses from all 444 cases in the pre-test. The matrix revealed that all items were reasonably well correlated except item ix 'sometimes I feel upset when I think about my life', which was then excluded from the summated scale. The combined 14-item scale had a Cronbach's Alpha coefficient of reliability of 0.7177, and a Standardized Item Alpha or 0.7389 both of which are within customary limits. The summated scale sparred a potential range (14 x 5) of a minimum score of 14 and a maximum of 70. In practice the pre-test cases ranged from a minimum of 17 and a maximum of 51. This range was then divided relatively into three groups of 33%, each, comprising the three categories of low, medium and high overall levels of self-esteem.

As Tables 22, 24 and 26 show at the pre-test the higher-income intervention group had the highest levels of self-esteem, and the lower-income intervention group the lowest and the lower-income control group, was in-between the two. By the post-test the higher-income group recorded substantially higher scores, the lower-income group showed a movement from low to medium, and the lower-income control group recorded little change (even a slight decline) which again provides supporting evidence for the beneficial effect of the intervention.

3.4.5 Condom Use

Consistency of condom use was assessed using two main measures (ever engaged in intercourse without a condom with a customer within the last month, and customer response and condom use with last three customers), and two lesser measures (condom use in oral sex with customers, and condom use with regular non-commercial partner).

Condom use in last month was the most important evaluation indicator and dependent variable in the project. As Table 28 shows ever non-use of condoms with customers in last month declined for both of the intervention groups, but actually increased for the control group. For

the higher-income group consistent condom use was already high at 92% in the pre-test and increased to 97% by the post-test. The most striking shift and possibly the greatest vindication of the intervention was that for the lower-income intervention group consistent condom use increased from 66% in the pre-test to 86% in the post-test.

The evidence for increased consistent of condom use was also supported by the data on the CSWs' last three customers (Tables 29, 30 and 31). Non-use of condoms declined for both intervention groups (higher-income 2% to 0, lower-income 12% to 2%), but remained constant at 9% for the lower-income control group.

The video scenarios also briefly touched upon the risk of HIV infection from a regular, non-commercial partner. The massage parlour group reported more cases having a regular, non-commercial partner (60% in the pre-test), than the lower-income groups (around one third of cases in the pre-test). The intervention groups showed small declines in those reporting never/rarely using condoms with regular partners, whilst the control group reported an increase in non-use in such settings (Table 32). However the differences of these pre-test, post-test changes were not statistically significant. The key point is, as expected, condom use with regular, non-commercial partners is much lower than is the case for customers. This represents a further potential source of HIV infection. It is likely to be very difficult to increase condom use within CSW's personal relationships, partly because in contrast to the positive attribute of the condom as a physical barrier with customers, in relations with steady partners many feel that condom use implies a lack of trust and reduces the sense of intimacy in sexual contact.

With respect to condom use in oral sex with customers the first point to stress is that whilst oral sex was common (60%) in the massage parlour, it was less common in the lower-income (primarily brothel) settings, 4% in the lower-income intervention group, and 26% in the control group. Within the massage partner group only around half (48%) reported always using condoms in such encounters with customers.

3.4.6 HIV Status

The other major outcome evaluation indicator was HIV status. As noted in the above sampling section, sex establishments had to be selected so as to have sufficiently low HIV prevalence to be able to indicate change. The pre-test, post-test findings on HIV prevalence cannot really be used to fully assess the impact of the intervention. HIV status of cases was derived from the routine, six monthly testing undertaken by the local community health clinics. The overall pattern revealed no change at 22% for the control group, but small increases of two individual cases each in the two intervention groups between the pre-test and post-test. None of these changes were statistically significant. Furthermore the new cases could have been infected in the period before the intervention was implemented. Ideally

serological testing could have been undertaken again six months after the post-test. However not only would this be after the duration of the project, but it would also have faced a further 'wave' of loss to follow-up in this highly mobile group, further reducing the value of any such analysis.

Only very small numbers reported infections other than HIV, such as gonorrhea, candidiasis, leucorrhoea or urethritis. These cases showed a slightly lower decline for the intervention groups than control group. However these cases were only based upon self-report, lacking clinical examination, and besides the numbers involved were far too small for any statistical analysis or meaningful comparison.

Table 28 Higher-Income (Intervention) Lower Income (Intervention) and Lower-Income (Control) CSWs : Non-Use of Condom with Customer in Last Month Pre - and Post -test (%) : Nakhon Pathom

	Non-Use of Condom with Customer in Last Month		
	Pre-test	**Post-test**	**P**
Higher Income (Intervention)	8	3	n.s.
Lower Income (Intervention)	34	14	<0.05
Lower Income (Control)	17	26	n.s.

Table 29 Higher-Income (Intervention) CSWs : Condom Use with Last Three Customers, Pre -and Post - test (%) : Nakhon Pathom

Customer Response and Condom Use	**Pre-test**	**Post-test**
No intercourse with last three customers	12	24
Customers automatically used condoms	51	19
Customers did not want to use condom, but persuaded by CSW(At least some)	35	57
Customers refused to use condoms and subsequent intercourse unprotected	2	0
	n = 65n = 72	p = <0.005

Table 30 Lower-Income (Intervention) CSWs : Condom Use with Last Three Customers, Pre - and Post-test (%) : Nakhon Pathom

Customer Response and Condom Use	Pre-test	Post-test	
No intercourse with last three customers	9	16	
Customers automatically used condoms	17	44	
(At least some) Customers refused to use condoms but persuaded by CSW	62	37	
(At least some) Customers refused to use condoms, and subsequent intercourse unprotected	12	2	
	n = 47	n = 43	p = <0.05

Table 31 Lower-Income (Control) CSWs : Condom Use with Last Three Customers, Pre-and Post-Test (%) : Nakhon Pathom

Customer Response and Condom Use	Pre-test	Post-test	
No intercourse with last three customers	9	14	
Customers automatically used condoms	17	23	
(At least some) Customers did not want to use condoms, but persuaded by CSW	66	54	
(At least some) Customers refused to use condoms, and subsequent intercourse unprotected	9	9	
	n = 70	n = 70	p = n.s.

Table 32 Higher Income (Intervention), Lower-Income (Intervention) and Lower-Income (Control) Groups : Condom Use with Regular Partner, Pre-Test and Post-Test (%) : Nakhon Pathom

	Rarely/Never Used Condom with Regular Partner		
	Pre-Test	Post-Test	P
Higher Income (Intervention)	61	56	n.s.
Lower Income (Intervention)	65	39	n.s. (0.07)
Lower Income (Control)	72	81	n.s.

Table 33 HIV Status of Higher-Income (Intervention), Lower-Income (Intervention) and Lower-Income (Control) Groups, Pre-Test and Post-Test (%) : Nakhon Pathom

	HIV-Positive		
	Pre-Test	**Post-Test**	**P**
Higher-Income (Intervention)	14	18	n.s.
Lower-Income (Intervention)	28	30	n.s.
Lower-Income (Control)	22	22	n.s.

3.5 The Evaluation of the Secondary Intervention in Lampang, Northern Thailand

As noted in the introduction, the project design entailed a secondary testing of the intervention in a different area of Thailand to that in which it was developed and evaluated in the first place (Nakhon Pathom, Central Thailand). The problems encountered with respect to implementing the first intervention were magnified by the time of the secondary intervention. Originally it had, for instance, been envisaged, with thorough discussion with local health authorities, to implement the intervention in Korat and Phetchaburi, because of their significant HIV prevalence. However by the time the secondary intervention was to be undertaken the trends towards closure of establishments and the shift from 'direct' to 'in-direct' sex work establishments made it too difficult to identify adequate numbers of sex establishments in which to undertake a satisfactory quasi-experimental design.

After considerable searching Lampang was identified as still having an adequate explicit commercial sex business structure to enable the intervention to be tested. Also being part of Northern Thailand, Lampang provided the opportunity to test the intervention within a (slightly) different cultural context from that in which it had initially been developed.

Detailed and careful planning was made to make a second quasi-experimental testing of the programme, albeit on a smaller scale than the first one. However when it came to actually implementing the intervention and control design a number of problems somewhat reduced the full value of the quantitative, outcome evaluation findings.

Firstly the planning involved careful listing with local health personnel of sex establishments, and agreements with the proprietors to undertake the intervention and pre- and post-test surveys. The plan involved a balanced mix of higher and lower-income establishments for both intervention and control. However within the ensuing climate of closures and uncertainty, a

number of establishments felt that they had to withdraw from the study at very short notice, making it impossible to find comparable replacements for them. The nature of these late withdrawals was such that the intervention sample ended up with a disproportionate number of higher-income CSWs (56 higher, 14 lower) and the control sample with a disproportionate number of lower-income CSWs (19 higher, 67 lower). Of these pre-test respondents, seven and five cases had to be withdrawn from the intervention and control groups as they described themselves as massage-only, leaving totals of 65 intervention and 81 control cases. These total numbers were reasonable as totals, but as noted above they were far from the ideal, matched groups customarily required for quasi-experimental evaluation.

The customary loss to follow-up (31 intervention cases, 38 control cases, 47% of each pre-test sample) reduced the final numbers in for pre-test/post-test comparison to 34 and 43 intervention and control cases respectively. Thus the quantitative evaluation of the Lampang intervention must be acknowledged as being rather unsatisfactory for statistical analysis. Basically with such numbers, changes in the responses of just one or two individuals substantially affects the pattern of percentages.

However Table 34 notes some of the survey findings for the key variables of non-condom use in last month, HIV status and the self-esteem scale. As can be seen, against expectations, consistency of condom use decreased in the intervention group and increased in the control group. However it can also be seen that only one case had recorded non-use of condom in the pre-test intervention group, with only two more cases reporting so in the post-test. Also regarding HIV status the pattern over the six-month pre-test, post-test period was basically the same, except one more of the intervention group recorded HIV-positive. As noted with respect to the primary intervention evaluation, such seroconversion could have occurred before the intervention was undertaken. With respect to level of self-esteem, this was as, in the primary analysis, based upon the summation of 14 items, and then assigned to 'high', 'medium' and 'low' status according to the profile of the entire pre-test sample. The objective was to measure change between pre-and post-test. As Table 34 shows both groups report an improvement in levels of high self-esteem, although this is much higher (23%) for the intervention, than the control (10%) group. The magnitude of this change, although not statistically significant given the small sample, was perhaps the only serious measure of change in this secondary evaluation.

Table 34 Non-Use of Condoms, HIV Status and Self-Esteem Scale : Secondary Lampang Intervention, Pre-and Post-Test (%)

	Intervention		Control	
	Pre-test	**Post-test**	**Pre-test**	**Post-test**
Non-Use of Condom With				
Customer in Last Month	3 (1 case)	9 (3 cases)	15 (6 cases)	5 (2 cases)
HIV-positive	32 (11 case)	35 (12 cases)	52 (22 cases)	52 (22 cases)
Level of Self-Esteem				
High	19	42	23	33
Medium	67	50	47	53
Low	14	8	30	14

Although again hesitating from ascribing too much from such small samples it may also be noted there was some indication that, as in the primary larger survey, the intervention group became more fatalistic with regard to the prospects of HIV infection and felt (lightly) more vulnerable to HIV infection within the next two years. As noted above with the Nakhon Pathom intervention it was definitely not an objective of the programme to make CSWs feel more fatalistic about HIV infection. However this pre-test, post-test change seems to be linked to the fact that the intervention increases CSWs awareness and concern with the potential for HIV infection, and many are, of course, already infected.

Again, with respect to the quantitative evaluation of this second intervention, the inherent limitations of the data (non-matched samples, very high level of pre-test condom use reported in the intervention group, and relatively few cases for statistical analysis) demand caution in deriving any unequivocal conclusions.

However the main objective of the secondary intervention was not outcome, but process, evaluation. As noted in the qualitative evaluation section above, the experience of implementing the intervention was found to be virtually identical in Lampang as in Nakhon Pathom. The implementing community health personnel (who had earlier undergone HIV/AIDS counselling training) had no problems in carrying out the activities (showing videos, leading discussions etc.), except (as in the primary intervention) it was more difficult to undertake in some of the small brothels, than larger massage parlours. Also careful analysis of the intervention sessions reports revealed a very similar pattern of CSW responses

to the videos and discussions as was found in the first intervention. There were no problems encountered in the Northern CSWs following the Central/national Thai accent in the videos, except a minority of the non-Thai CSWs faced some language problems. Thus in conclusion the intervention appears to be perfectly relevant to areas other than Central Thailand, where it was initially developed, and although there were insufficient numbers of cases to undertake rigorous quantitative evaluation it was able to address CSW's underlying sense of self-esteem.

The final concluding chapter commences with a summary of the evaluation of the intervention.

CHAPTER FOUR

CONCLUSIONS

4.1 Introduction

This concluding chapter is structured firstly in terms of a summary of the main process and out-come evaluation findings, secondly some further discussion of core themes, and thirdly, some recommendations for further research.

As elaborated in greater detail in introductory Chapter One the project essentially sought to develop a multi-faceted intervention which would be capable of increasing CSWs' consistency of condom use. The intervention development was informed by the detailed qualitative and quantitative investigation undertaken in a massage parlour and low-income brothel in Bangkok in Phase I of the programme. The research team recognized that levels of condom use in the sex industry in Thailand have been increasing in recent years, and wished to develop an intervention which would help to, both, maintain and increase such HIV-preventive behavior. The main policy context of the intervention is the Royal Thai Government's "100% condom use in the sex industry" policy (Rojanapithayakorn and Hanenberg, 1996). Thus the intervention seeks to assist the effective attainment of 100% condom use, by going beyond only exhortation to implement various measures which can enhance the likelihood of consistent condom use.

This Phase II of the research programme was basically concerned with translating the research implications of Phase I into a robust intervention, and to implement and evaluate it. A major component of the intervention involved the use of a series of scenarios on video to convey and promote 'safer sexual' practices. The development of these scenarios necessitated further needs assessment and open discussions with sex workers to help determine appropriate themes and a realistic presentation. The development of the intervention involved a continual process of adaptation and refinement as the research team sought to transform general objectives into practical activities and coherent scripts. Within this process the most substantial refinement concerned the proposed contents of the video scripts. In Phase I it was envisaged that the video contents would primarily contain images for the modeling of CSWs' negotiation and communication to persuade customers to use condoms. This pertained to the notion of skills development and modeling of protective behaviors to foster self-efficacy,

which is a well-established practice in health education. The needs assessment of Phase II, however, indicated that most CSWs were already skillful in communicating with customers. The need was rather (linking with other Phase I findings) to find ways of enhancing CSWs motivation to protect themselves. This, it was decided in discussion with experienced CSWs, was better approached though some form of narrative dramatic scenarios, which could explore the dilemmas and hopes which confront and give meaning to the young women's lives. This refinement of focus is noted here in the conclusion because it formed the core of the distinctive approach of this particular intervention.

In the process of developing the intervention the project team derived immense benefit from drawing together a set of individuals with a wide range of different specialisms. This range of specialisms was further enhanced by the valuable contributions from the wide experience and qualities of the members of the project's consultative committee. Throughout the intervention development the research team was conscious of having to balance and bring together the research-based programmatic objectives with the expedients of the health service context and future resources availability to ensure sustainability of the 'final' intervention in the medium term. The following sections of this concluding summary concern the qualitative (process) and quantitative (outcome) evaluation of the intervention.

4.2 Evaluation of the Implementation of the Intervention

The implementation of the intervention in both Nakhon Pathom and Lampang has shown that there are no major obstacles to conducting this innovative HIV prevention package for CSWs by health personnel. However the process evaluation of the implementations has pin-pointed a number of key factors which have a significant effect upon its successful functioning. These factors are here summarized in terms of training and attitude of health personnel, involvement of sex establishment management, setting and non-Thai CSWs.

4.2.1 Health Personnel

Firstly, it has been stressed throughout that this package does not only involve the dissemination of HIV-related information, but also seeks to address self-protective behavior by focusing upon the ways CSWs think about their lives and futures. To address these less tangible dimensions the project has, of course, developed a series of narrative dramas and sequences of contemporary Thai music, which serve as a basis to stimulate discussion and thought, and in turn to enhance motivation on the part of CSWs to protect themselves from HIV infection. A major theme pervading the project's objectives is to improve self-esteem.

These objectives mean that the ways in which the implementing health personnel relate to the CSWs and conduct the intervention are of crucial importance. To successfully conduct the intervention health personnel, it is argued, need to address the CSWs in a non-judgmental and empathetic ways. To be able to do this many health workers need appropriate training as afforded by the HIV counseling training programme. Thus an important conclusion is that to effectively deal with HIV prevention work among CSWs, health personnel need to be trained in appropriate skills and ways of thinking.

4.2.3 Sex Establishment Management

The project has shown that most sex establishment owners and managers are committed to the "100% condom use" policy and pleased to co-operate to find ways to make it work. In general the owners and managers co-operated fully with the health personnel to arrange for the conduct of the intervention within their establishments. It was also found that many managers only have limited and rather informal control over their sex workers, and as such were often unable to ensure that all CSWs attended the sessions. In some instances the managers wished to be rather too closely involved, for instance participating in the group discussions, which was not conducive to open discussion on the part of the CSWs. The need for confidentiality and privacy at all stages of the project is emphasized. The problem of municipality-enforced closures of sex establishments, is of course, a major problem which owners and managers face in allowing HIV prevention activities to take place. This critical theme of the legal enforcement context is discussed further below. Suffice it to note here that to undertake high quality and effective HIV prevention activities it is essential to establish some basic stability and for the managers and owners to have a good relationship with the health personnel. Once this is established it is perfectly feasible to conduct potentially effective and innovative interventions.

4.2.4 Setting

In general it proved easier and more convenient for health personnel to implement the intervention in the relatively high-income massage parlours than the other, smaller establishment. The massage parlours were better equipped, for instance with video facilities, and were able to provide a room ensuring quiet and privacy. By contrast in the low-cost, smaller brothels it was often very difficult to find such a space. The crucial point here is that research findings show clearly that it is precisely within these low-cost settings that the problems of HIV infection resulting from lower levels of condom use are most acute.

Therefore it is in the low-cost brothel settings that good quality HIV intervention are most needed. It is not that health personnel do not want to do the HIV prevention work within such settings, but that in practice they find it more difficult to run the sessions smoothly. For these reasons it may be prudent to consider holding the intervention activities at local health centers for certain types of establishment.

4.2.5 Non-Thai CSWs

It was found that the intervention worked well with the majority of CSWs who are Thai. Although developed in Central Thailand (Nakhon Pathom) the dramas and language were perfectly intelligible to Thai CSWs in Northern Thailand (Lampang). However one group of CSWs did face difficulties in participation, some of the non-Thai workers who were not sufficiently conversant with the Thai language. The largest single group of non-Thai speakers were Thai Yai (Shan) who had escaped from Myanmar. Although the Shan speak a language linguistically linked to Northern Thai and Lao, it was still not possible to properly discuss the complex subjects being explored by the intervention sessions. These women often soon learn to speak Central Thai, but are particularly vulnerable when they first enter Thailand and start working in the sex industry. With the increasing number of non-Thai women working in the industry this is a critically important problem which really does need to be addressed. As noted in the Appendix I the non-Thai CSWs HIV-related problems are compounded by their illegal status in Thailand.

It is here proposed that the reality of this sex employment trend needs to be openly acknowledged and that HIV prevention and harm - reduction strategies need to be given explicit precedence over efforts to expel illegal immigrants. With respect to protection against HIV infection it is here suggested that the Thai health authorities enlist the assistance of those women from these groups who have arrived earlier and are fully bi-lingual to assist in initial HIV-related education with non-Thai sex workers as soon as possible after their arrival and commencement of sex work in Thailand.

Of all of the practical factors summarized in this section the main underlying, enabling factor is the need for a pragmatic acceptance of sex establishments and work throughout Thailand to make high quality and continuing HIV prevention efforts by the health authorities possible.

4.3 Summary of the Qualitative Evaluation of the CSWs Response to the Intervention

Qualitative evaluation was undertaken in Nakhon Pathom by the research team directly attending the intervention sessions and recording their observations in terms of the CSW groups' interest and participation, degree and nature of stimulation arising from each of the videos, range of emotional responses and topics raised in discussion. In the secondary Lampang intervention these reports were made by the implementing health personnel. It was notable that although no two discussion groups were exactly alike, there was generally a high level of similarity. Also there were no major discernible differences between the observation reports from the Nakhon Pathom or Lampang interventions.

Many CSWs had attended HIV/AIDS-related videos and lectures previously, and some had felt discouraged because of their depiction of the horrors of AIDS illness and formal commanding style of presentation. They positively commented that this programme was different and most were generally enthusiastic participants. The use of the realistic, but sympathetic, narratives seemed to capture the CSWs attention by drawing their interest to the characters and the dilemmas they were facing.

Variation in CSWs' degree of participation in the discussions reflected not only personality, age and experience, but also, in some instances, HIV status. Thus the second video explicitly addressed the emotional and personal factors facing those many CSWs who are already HIV-positive. The first video made a particularly strong impression on the audiences who wished to know more about the continuing experiences of the characters.

Most CSWs felt empathy for the characters and many commented that the narrative was very close to their own lives. Even though some CSWs felt saddened by some parts of the dramas, they also expressed the view that they felt it was good to watch the videos. Some stated that the videos gave them a sense of hopefulness about their future and encouraged them to take more care of themselves.

Both the first and second videos stimulated wide-ranging and pertinent discussion. However the first video seemed to elicit a more lively, spontaneous and positive response from the CSW groups. As discussed in greater detail in section 3.2.4 there are a number of reasons for this difference. The first video had a clearer and more elegant narrative, whilst the research team had included many more themes in the second. The second video was somewhat more

negative in its discussion of sex work. This reflects a tension within the research team. Firstly there are those who would prefer to discourage involvement in sex work or hasten women's departure from, what is in Thailand at least, a fairly short temporary form of employment. Secondly there are those who feel that given the overall climate of negativity and stigmatization towards sex workers in Thailand, the task is to avoid criticizing sex work, in order to help the CSWs feel more positive about themselves. The tension in underlying perspectives is fairly widespread with respect to sex work in many countries. It is also likely that the second video elicited a somewhat less cheerful response because it tackled 'head-on' the sadness, and dilemmas of a woman who is already HIV-positive. It approached this in a very positive way, indeed making this character hopeful and clear-minded. However, it is extremely difficult to approach this subject in any way which does not encourage sober reflection.

Overall the qualitative evaluation suggested that the use of video to depict a dramatic narrative involving realistic characters and plot is an excellent means of ensuring sex workers' interest and participation in condom promoting interventions. This format involving video presentation, a non-judgmental atmosphere and free-flowing discussion provides an effective means of linking health personnel with sex workers in HIV prevention work. The views expressed by the CSWs in the discussions seemed to indicate that the intervention encouraged them to think more about their lives and inturn strengthened their resolve to consistently use condoms. However it fell to the quantitative outcome evaluation to assess whether the intervention had any measurable impact.

4.4 Summary of Factors Related to Consistent Condom Use in the Pre-Test Sample

Given the loss to follow-up by the time of the post-testing, the necessary division of cases into higher-, and lower-, income and intervention and control groups, and the inclusion of cases reporting themselves as 'massage-only', although the initial pre-test survey involved a substantial sample (total 469), the numbers of cases used in the final, outcome evaluation, although adequate, are much smaller. Therefore it is useful to examine some of the key relationships pertaining to condom use in relation to the large, initial sample.

Firstly, as context, of these who engaged in intercourse with customers, 16% reported non-use of condoms on one or more occasions in the last month. This was, of course, much higher among the lower-, than higher- income CSWs. Furthermore, analysis of interaction with their last three customers showed that nearly half had to persuade one or more customers to use

condoms. The level of condom use in commercial sex in Thailand is known to have increased in recent years and is much higher than in most areas of the developing world. However the fact that so many customers need some (usually light) persuasion shows that many Thai men do not automatically comply with the 100% condom use policy.

Although not quite statistically significant at the <0.05 level because of the relatively small numbers of cases, it was found that those CSWs who were non-Thai and, more specifically, born outside Thailand were nearly twice as likely not to use condoms consistently. This highlights the especial vulnerability of the increasing numbers of non-Thai women in the sex industry and the pressing need for initiatives to protect them against HIV infection. This is particularly important in their early period of sex before they can speak Thai or know anything about HIV/AIDS.

Inconsistent condom use is also strongly related to a range of inter-linked background factors including rural origin, lack of education and illiteracy. Again in terms of intervention focus these findings highlight the especial need to reach the most marginalized in society.

As expected consistent condom use was positively related to not having had a sexually transmitted infection within the last six months, a corresponding lower perceived vulnerability to HIV infection and a higher level of knowledge about HIV. Those consistently using condoms also had a higher commitment and self-efficacy to such use, and had higher self-esteem and a greater internal locus of control, than non-users. These pre-test findings provided further support for the components elaborated in the intervention.

4.5 Summary of the Quantitative Outcome Evaluation of the Intervention

The intervention was tested using a quasi-experimental pre-test, post-test, intervention and matched control group design. The primary intervention was developed and tested in Nakhon Pathom and a secondary intervention undertaken in Lampang. The main purpose of the secondary intervention was to test whether the package developed in Central Thailand could be carried out by health personnel, and was intelligible to CSWs, in other areas of Thailand, in this instance Northern Thailand. In both of these implementation testing the package proved easily transferable. However with respect to quantitative outcome analysis the Lampang survey entailed insufficient numbers of cases due to loss to follow-up. Furthermore the analysis was further compromised by the difficult climate of establishment closures and

suppression leading to a number of places reluctantly withdrawing from the study at short notice, with the result that the intervention and control groups were not properly matched. Therefore this summary discussion draws only upon findings from the Nakhon Pathom surveys.

Although starting in the pre-test with a total sample of 475 CSWs, by the post-test, primarily due to the inevitable loss to follow-up in this mobile industry, and exclusion of 'massage-only' cases, the full quantitative analysis was undertaken on 80 higher-income (mainly massage parlour) intervention cases, 62 lower-income (mainly brothel) intervention cases, and 68 lower-income control cases. Due to enormous turnover of staff and subsequent loss to follow-up in the control massage parlour in Kanchanaburi it was not possible to include a control group for the higher-income stratum in the statistical analysis. It was perhaps fortuitous that there were sufficient intervention and control cases for the lower-income stratum, which was the most crucial for the fostering of HIV - preventive behavior change.

The outcome evaluation findings are here summarized firstly, in terms of the changes in the main dependent variables, HIV status and consistency of condom use, and secondly with respect to a series of key factors widely implicated as key constructs within models of 'safer sex' behavior change. Specifically changes are discussed pertaining to knowledge and perceived vulnerability which underlie the health belief model (Janz and Becker, 1984), attitudes to condom use relating to the importance of motivation and intention, and interaction with customers which relate to stages three and four of the AIDS risk-reduction model (ARRM) (Catania et al, 1989) regarding resolve and commitment to 'safer sex' and putting such intentions into practice in the face of possible obstacles, and self-esteem and perceived personal future which were primarily derived from the prior Phase I and needs assessment investigations of this programme.

4.5.1 Dependent Variable, Outcome Indicators HIV Status and Condom Use

With respect to pre-test ,post-test HIV status the findings (from the routine six-monthly testing by local health centers) revealed no change in the control group, but two more cases sero-converting to HIV in each of the intervention groups. Neither of these changes were statistically significant. Furthermore such infection could theoretically have taken place prior to the implementation of the intervention. Ideally HIV serological testing could have been undertaken again six months after the post-test. However not only would this be after the

duration of the project, but it would also have faced a further 'wave' of loss to follow-up in this highly mobile CSW population, further reducing the value of such analysis.

The other, and more analytically - important, dependent variable condom use was measured using two robust indicators; ever non-use of condoms with customers in last month, and condom use with last three customers. Both intervention groups recorded an increase in consistent condom use in last month. For the higher-income intervention group consistent condom use was already high at 92% in the pre-test, but increased to 97% by the post-test. The most striking shift, and possibly the greatest single vindication of the intervention, was that for the lower-income intervention group consistent condom use increased from 66% in the pre-test, to 86% in the post-test. For the lower-income control group however, consistent condom use in last month actually declined from a pre-test 83% to 74% in the post-test, although this change was not statistically significant. These shifts were also corroborated by the levels of condom use recorded for last three customers. The study also found low levels of condom use with regular, non-commercial sexual partners, highlighting the well-documented potential infection from such sources. This topic was addressed in the intervention, but although the intervention groups reported a slightly increased level of condom use within relationships, and the control group reported no such shift, these changes were not statistically significant.

4.5.2 HIV/AIDS Awareness and Attitudes to Condom Use

The health belief model holds that for effective self-protective behavioral change to take place, individuals must combine correct knowledge of specific behaviors giving rise to health risk (in this instance non-condom use and HIV infection) with a perception of themselves as being personally susceptible to such infection if they engage in such risky behaviors. The survey focused upon two misunderstandings; that if there is no sign of sexually transmitted infection on the penis HIV cannot be transmitted, and that douching after intercourse prevents HIV infection. On both of these counts the intervention groups registered improved knowledge, but the control group showed no change. There is still substantial uncertainty among CSWs about the above misunderstandings, highlighting the need for continued educational efforts. Regarding perceived vulnerability to HIV within the next two years both intervention groups registered a small increase, whilst again in the control group there was no change. Thus in terms of the health belief model constructs the intervention would appear to provide a basis from which greater 'safer sexual' behavior may be fostered.

The intervention also sought to reduce fatalistic thinking (about the likelihood of HIV infection) in order to encourage CSWs to have confidence in the protection afforded by consistent condom use. In this regard there was a statistically significant decline in fatalistic attitudes in the higher-income intervention groups but actually an increase (although not statistically significant) in the lower-income groups. The perceptions are however somewhat ambiguous as both intervention groups registered an increasing sense (although still on the part of an overall minority) who felt HIV infection to be inevitable in sex work. This would most likely included those who are already HIV-positive, but presumably more generally links to the greater awareness of the risk of HIV infection which the intervention engenders. For instance, the condom which is the most effective method in the HIV prevention, though rarely, can be ruptured during sexual intercourse. The delicate task for health promotion is to somehow increase the awareness of risk, but at the same time to convey the message that if sex workers consistently follow safer sexual' practices they will not be vulnerable to infection.

The Phase I study and the pre-programme needs assessment indicated that generally CSWs were strongly in favour of condom use with customers but some were prepared to forgo condom use under certain conditions. Such conditions included when there was no sign of infection on the penis, when a customer cannot maintain an erection wearing a condom, and with a regular (but commercial) partner.

The pre-test survey again revealed fairly positive attitudes to condom use, across all three (higher-income intervention, lower-income intervention and control) groups with the higher-income group reporting both a higher commitment to always using condoms and a stronger sense of their self-efficacy to carry such intentions into practice. The greatest likelihood of agreeing to intercourse with a customer without a condom was for the lower-income intervention and control groups, among whom 13% and 22% agreed in the pre-test with the statement.

The post-test survey revealed a clear shift towards more HIV-related self-protective attitudes on the part of both intervention groups whilst the control group registered no such charge.

Also the shift on the part of the intervention groups from 'agree' to 'strongly agree' to condom-positive statements is indicative that the intervention has enhanced their motivation to always protect themselves. The consistency in the overall pattern of differences in change

between the intervention and control groups is again supportive of the view that the intervention has fostered more positive attitudes to consistent condom use.

4.5.3 Self-Esteem and Perceived Personal Future

Following the Phase I findings one of the main objectives of the programme was to seek to enhance CSWs' sense of self-esteem and perceived personal future as a means of increasing their motivation to protect themselves against HIV infection and to look after themselves with a greater sense of hope.

Adding together the 15 - items of the self-esteem scale made it possible to provide an overall measure of change between the pre-test and post-test. This revealed that the two intervention groups reported many more improvements (10 for both groups) than the lower-income control group (3 improvements). There is some concern that the intervention was somewhat more effective in engendering positive changes of attitudes in the higher -, than lower-, income intervention group. Three lines of potential explanation may be mentioned to account for this. Firstly the higher - income CSWs had higher levels of self-esteem already in the pre-test and thus there was a stronger basis upon which to build. Secondly, as mentioned above, the intervention may well have been more smoothly implemented in the massage parlour, than small brothel, setting, thus enabling the discussions to deal more effectively with these complex issues. Thirdly, and of greater concern, is that the video scenarios may, by depicting CSWs in both settings and life situations, may inadvertently have reinforced the lower - income CSWs sense of their less advantageous situation. This needs to be tempered with the fact that there was, of course, substantial improvement in self - esteem attitudes among the lower - income intervention group.

The two aspects which the intervention did not appear to improve were general sense of happiness and having a plan for their future. With respect to the former, it is perhaps expecting too much for an intense intervention on a life - threatening and sobering phenomenon such as HIV/AIDS to be able to improve the 'feel-good' factor. Regarding planning for the future, efforts should be made to improve this component in further interventions, perhaps by some form of practical activities to help foster such planning in more definite ways.

It was gratifying that the overall positive shifts in the intervention groups occurred in all of the seven items which the pre-test analysis revealed were most strongly associated with consistent condom use. Also the intervention not only improved knowledge about HIV. but also strongly improved the CSWs' sense of their self-worth and desire to learn.

The detailed comparison of the pre - and post - test results show that the intervention is capable of both increasing consistency of condom use and improving cognition pertaining to a range of factors which in their inter-relation underlie such self - protective behaviors. This project has developed an approach and a practical package for working on HIV prevention with sex workers in Thailand. The task now is the disseminate the strategy more widely and to build upon or improve it in the future.

4.6 The General Context of HIV Prevention in the Sex Industry in Thailand

As noted in the introductory chapter debate about prostitution and its sexual health ramifications have long oscillated between prohibitory and harm-reduction (infection prevention and treatment) strategies. Despite the growing complexity of the HIV epidemic in Thailand its most substantial component is still through commercial sexual activity. Although this research team may contain a range of perspectives concerning effects to limit the sex industry, there is a strong, underlying consensus regarding the need for effective and pragmatic, harm - reduction strategies to address HIV transmission via commercial sex.

The process evaluation on the implementation of the intervention has highlighted the extreme difficulties of carrying out HIV prevention work in the Thai sex industry at the present time. The difficulties primarily arise from the lack of stability and turbulence in commercial sex work, partly related to the industry's inherent mobility, but more strongly related to the uncertainties and inconsistencies in municipality-enforced closures of sex establishments. In some places the laudable '100% condom use' policy is itself leading to closures which only push sex work 'underground', endangering the personal security of CSWs and making HIV prevention work impossible. This instability, even chaos, is threatening to undermine the real progress that Thailand has made in reducing STDs and stabilizing the level of HIV transmission. Thus in conclusion this programme highlights the need for the establishment of a greater measure of stability across the sex industry in Thailand.

Part of the difficulty in finding stability relates to the legal interpretation of anti-prostitution measures with the underlying ambiguity as to whether measures are 'prap' concerned with

elimination, or 'pram' concerned with regulation and a degree of discouragement. It is here proposed that the sex work be pragmatically accepted but according to the meeting of the following robust conditions;

1. Stringent enforcement of the lower limit of eighteen years of age for CSW.
2. The total elimination of any 'forced' involvement in sex work and the removal of the debt-bondage procurement strategy
3. A reasonable return of income to the CSWs from establishments. Sex service should be considered as one type of labour.
4. CSWs regular attendance for sexual health checks
5. Establishments and CSWs regular participation in HIV prevention education and other intervention activities
6. All 'new' CSWs should attend a special course in HIV and STDS education.

It is also noted that whilst HIV prevention among CSWs is already part of the work remit of certain groups of Health personnel it is not certain that all such personnel, actually have enough time to undertake such work on a regular basis. This project has sought to produce a package which can assist health personnel to make the '100% condom use' policy work. However the Ministry of Public Health perhaps needs to make greater efforts to ensure that community health personnel carry out such work. These developments are complemented by the ever-expanding programme of training in HIV/AIDS counselling. Also some form of national review and continuing monitoring by the Ministry of Public Health would help ensure that effective and high quality HIV prevention work is actually undertaken within the sex industry.

4.7 Suggested Directions for Further Research

The main directions for further research have been identified by the research team; video development and intervention refinement, the analysis of the politico-legal and institutional context of the sex industry; the especial problems and vulnerabilities of non-Thai workers in the sex industry, longer-term longitudinal follow-up study of HIV-positive and HIV-negative sex workers, and the effects of health personnel attitudes to sex work upon their ability to meet their HIV prevention commitments.

i) **Video Development**

This project has developed a video-based package which has been shown to increase the consistency of condom use by sex workers. The next immediate phase is to disseminate this package, through the Ministry of Public Health to the Provincial Health Offices of Thailand. Although there is a fully detailed manual to accompany the package it will also be necessary to provide some short training to orient health workers in its implementation. Though the video and audio-tape package has been shown to encourage CSWs to think about their lives, value themselves more and hence promote more consistent condom use, it is not necessarily anticipated that a single (one-shot) implementation of the programme will be sufficient to maintain this positive direction towards 'safer' sexual practices in the medium team. It seems fairly plausible that reinforcement of HIV-protective resolve and commitment may be beneficially undertaken by annual implementation. Such activities fall within the ongoing remit of community and STD health personnel's HIV prevention work. However, health personnel may become faded in such work if forced to use the same video on too many occasions. More importantly for a given group of CSWs repetition of the same video year-after-year is likely to lose its stimulative impact. Also, as was noted above in the qualitative evaluation, there were some indicators that too many themes were included in the second video. The video will also need to be modified to take account of changes in the Thai HIV/AIDS epidemic, sex industry and problems faced by sex workers. For all these reasons it is recommended that further (annual) development (and modest evaluation) of the video programme be undertaken.

At the same time as feedback is received from implementing health personnel in different provinces, further refinement of the overall package may be possible.

ii) **Analysis of the Politico-Legal and Institutional Context of the Sex Industry**

One of the major conclusions of this project is that the politico-legal context in which HIV prevention programmes for sex workers operate, has a critical effect on the effectiveness of their implementation. The current situation of regulation of the sex industry in Thailand is one of immense confusion, with a highly varied pattern of both examples of good and bad relationships between municipal authorities, health personnel and commercial sex establishments in different areas of the country. In recent years Thailand has witnessed signs of stabilization in the HIV epidemic, probably largely reflecting substantial increases in condom use in commercial sex.

Much work still needs to be done, but such HIV prevention activities demand a stable legal environment in which to operate. For instance, condom use is being promoted by the health personnel but condom is considered by the police as an evidence of illegal sexual services. It is quite possible that the widespread pattern of police-enforced closures and arrests and the shift towards 'in-direct' commercial sex outlets, may destroy the trust needed for sex establishments to co-operate with health personnel, and by pushing sex work underground, both undermine the security of sex workers and make quality HIV interventions impossible to implement.

For all the fore-noted reasons it is recommended that further systematic research be undertaken into the following aspects of the sex industry context;

- analysis of the ways in which the '100% condom use' policy is actually (and differentially) implemented in different areas of Thailand.
- review of the legal measures in existence, the socio-political factors shaping the debate, and examination of the HIV prevention and control implications of the proposed reforms.

Such a study could gainfully involve both content analysis of the relevant legal documents and newspaper reporting, detailed recording of the experience of specific sex establishments, and interviewing of a wide range of key informants.

iii) **The Problems Faced by Foreign Sex Workers**

The project has highlighted the particular vulnerabilities to HIV of the fast-growing numbers of non-Thais working in the Thai sex industry. This was a theme which emerged after the formulation of the project proposal and warrants further systematic research of two main types. Firstly, there is an urgent need for the development and evaluation of strategies and programmes which can overcome the linguistic and other obstacles which these young women face in accessing quality HIV prevention assistance. Secondly, there is a need for broader social research into the background to these women's entry into the sex industry in Thailand, and the options faced by these (generally) illegal in-migrants. Such research also needs to address the legal and human rights issues which extend beyond the borders of Thailand.

iv) **Longitudinal Study of Sex Workers' Life Paths**

The lost to follow-up between the pre- and post-testing of the intervention highlighted the substantial mobility and even turbulence in the lives of many women working in the Thai sex industry. From working in close contact with some CSWs over a period of months, members of the research team began to gain some insight into these women's complex lifepaths and changing occupations (in, out, and of then back again, into sex work). Within this process women of HIV-positive status may well face particular problems. It is thus recommended that a longer-term (for instance three-year) study be carried out to follow the occupational, social and HIV-related experience of a panel of HIV-positive and HIV-negative sex workers. Such a study should be able to generate further insights into ways of helping such women prevent HIV infection.

v) **Health Personnel Attitudes to Sex Work and AIDS**

In terms of the widespread implementation of interactive HIV prevention programmes, community health personnel have a pivotal and essential role in Thailand. For instance, some CSWs mentioned in the intervention discussions that they avoided attending some clinics for STD diagnosis because of the way they were treated by individual doctors and nurses. Others had been discouraged from participating in HIV education for similar reasons. There is no adequate information to assess the prevalence of such problems. Research into this issue could feed into programmes designed to enhance the effectiveness of health personnel in HIV prevention work.

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Importation of Women From Neighbouring Countries into Sex Establishments in Thailand

By

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Importation of Woman from Neighboring Countries into Sex Establishments in Thailand

by
Pornsuk Koetsawang

This paper was written from many in-depth interviews with foreign sex workers, Thai sex workers, sex business owners and *Khon Cheer Khack* [1] from the sex establishments and medical provincial nurses in the border provinces and in provinces and in provinces nearby Bangkok. Many interesting details written in this paper gathered from the fieldwork on another research project *'A Self-Esteen and Personal Future-Focussed Intervention Programme to Promote Condom Use by Female Sex Workers in Thailand'* which researchers visited sex establishments and arranged intervention activities with the sex workers regularly. For 9 months of the field work, close relationship and trust between the girls, the owners, *Khon Cheer Khack* and the researchers have been developed, and fortunately, stories normally kept as secret have been brought out.

Trafficking of young girls and women in Thailand has grown rapidly in the past 3 years. Economic and political situation in neighboring countries forces thousands of girls to leave their homes for new hope. The Quadrangle Economic Co-operation scheme of China, Thailand, Laos and Burma (Myanmar) makes ways for that. Those people from behind the close doors are now dreaming to dig the gold in Thailand, not knowing what awaits them.

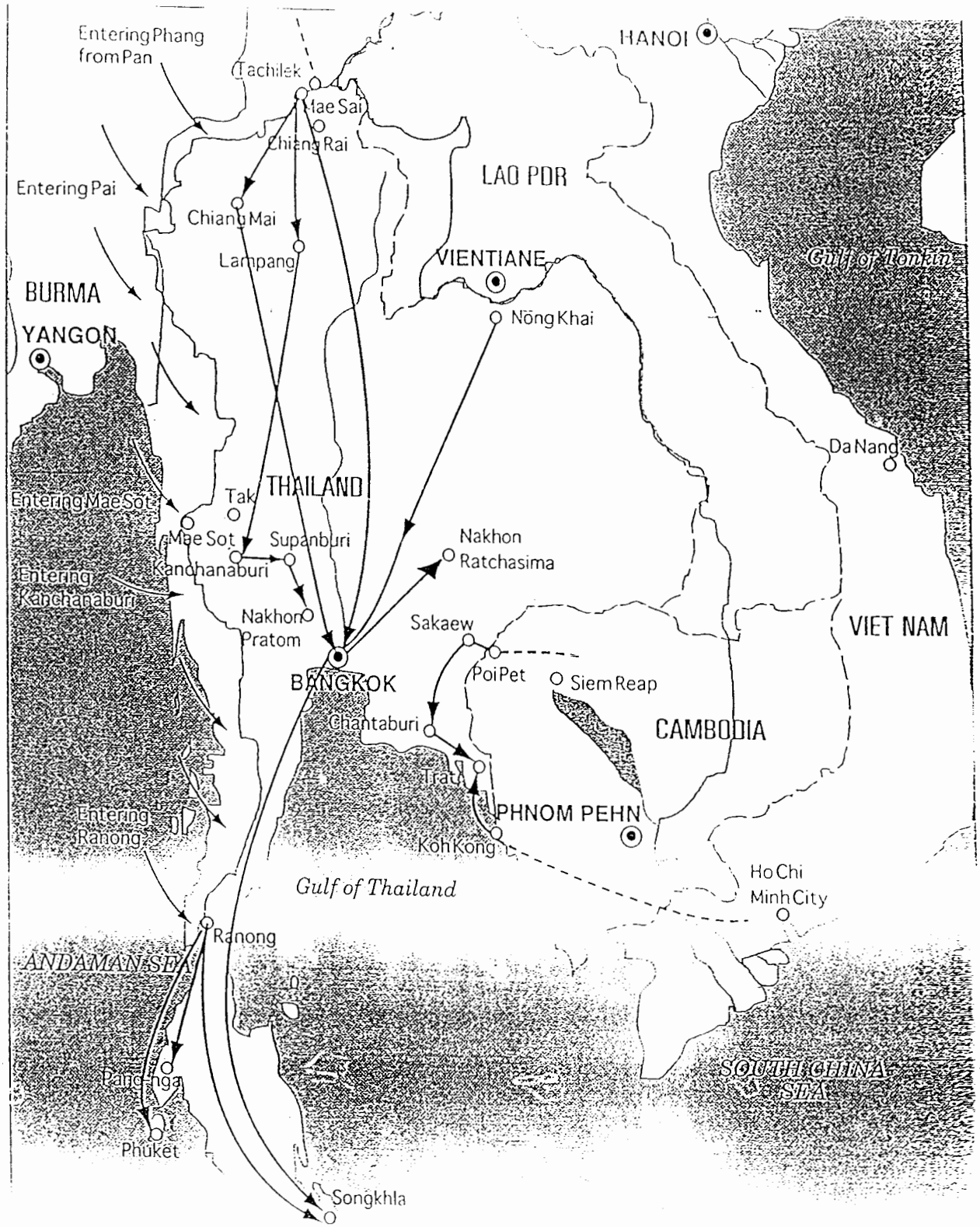
The owner of a brothel where 16 out of 17 girls are from Burma

It more difficult to find young Thai girls. They prefer to be in a massage parlour and earn 50,000 Bhts a month. The Shans and Tai Lues are young and beautiful. Many are still virgin. The most important thing is that they wouldn't cheat on me. They'd never run away after borrowing my money. Thai girls often do that trick. These foreigners are really obedient and more innocent.

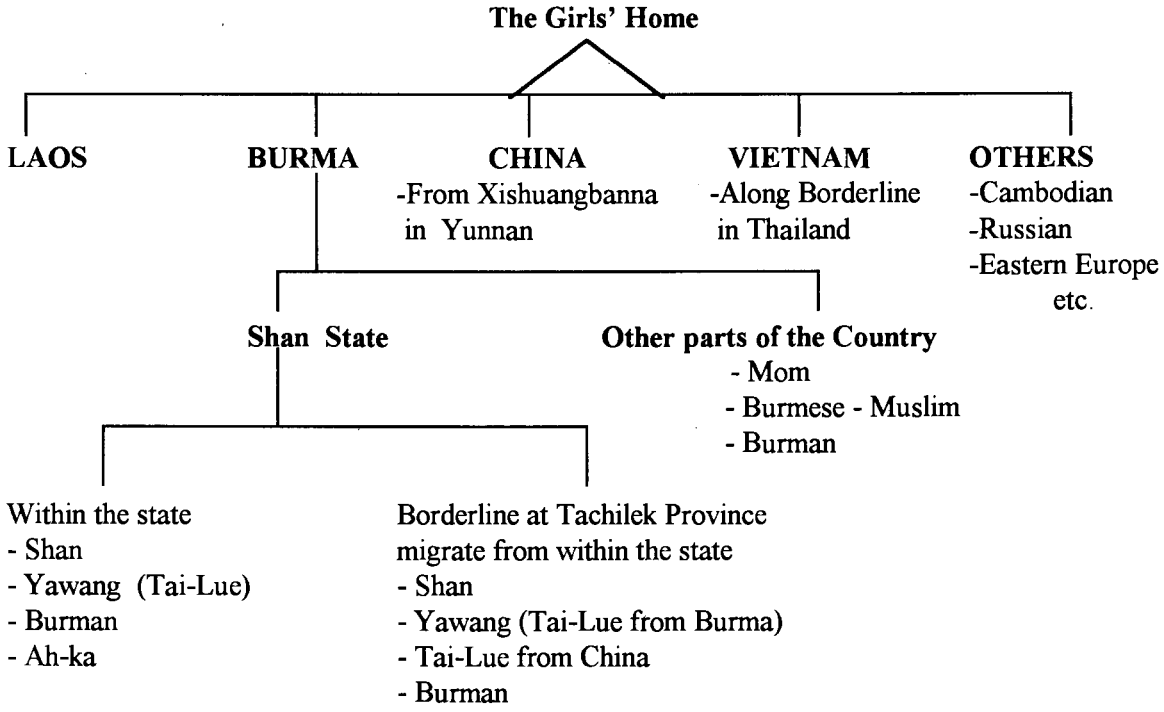
1. 'My Home Town'

The biggest group is from Kengtung area, Shan State, Burma. They are Shan (Tai-Yai) and Yawang (Tai-Lue) - the minority groups in Burma whose root is that of Thai people's. Also there are many Ah-ka girls from villages outside Kengtung city. Another big group is Thai-Lue from Xishubanna, china who mostly don't speak Chinese. It should be noted that people who live in the Quadrangle zone including Laos are from the same group of Tai origin. And many are relatives

[1] **Khon Cheer Khack** : a Thai word literally means a person who works for a sex establishment whose responsibility is to persuade a customer to buy their girls. Khon Cheer Khack will find out what 'type' of a girl, a customer wants, promote one up, and present.



Map A : Trafficking Routes

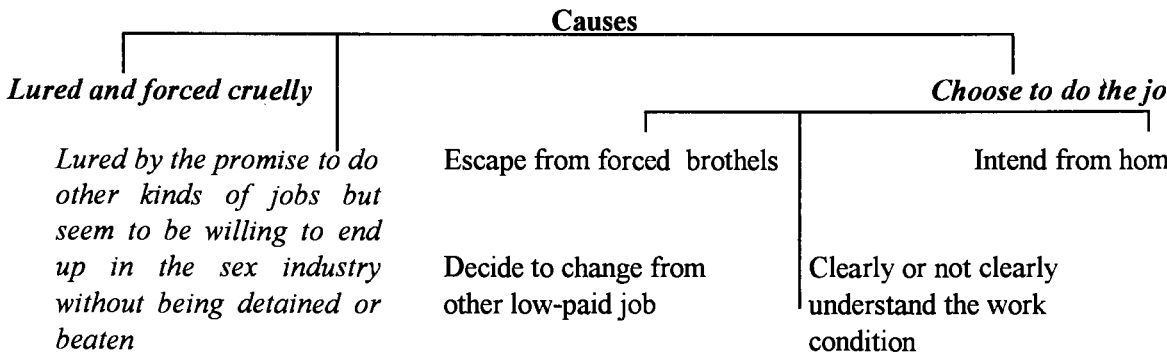


Very few Burmans come from far inside the country to Thailand with intention to be a sex worker. Mostly, they moved to stay and work along Thachilek-Mae Sai boarder. They gradually became part of socio-economic boom, saw a better way to earn a living and considered the profession worth-trying. Thachilek is now a province full of new houses of migrated people from inside Burma and China. Also more and more of these come across the border to settle down in Thailand. However, they are still foreigners without Thai ID card.

Other Groups from Burma come from places which are not too far from the border. There are many gateways along the Thailand western borderline. However, they tend to stay near the border. As trafficking business is not popular there, girls tend to prefer the idea of staying not too far from home.

Apart from this, there are Laotians who cross the borderline at Nongkai. Some of them stay there, and some are lured into prostitution in Thailand. Vietnamese also come across Cambodia to work at places not too far from Thailand-Cambodia border.

2. 'Why do I have to be Here?'



There was once a big scandal that Burmese women were detained and forced into prostitution around the fishery area in the South of Thailand. Since 1993, this cruel business has been interrupted by the Thai government's policy to clean up brothels. However, the girls who once were forced prostitutes, have not had much choices to begin new lives. The dilemma ends where many of them proceed the work. The difference occurring is that they are not forced and they make money!

Meena's Story
Burmese Indian from Marid, age 24,
a pregnant sex worker in the Southern province

I was 18 years old and was prevailed to go to Kawtaung and earn 1,000 Baht salary from a restaurant there. I came by ship and they took me to a brothel here. The owner bought me for 5,000 Baht and made me pay back twice the price. They beat me for 5 days till I said yes. I tried to escape once but did not succeed and I was beaten for that.. After 1 year passed, I could escape when the police raided on the place. A regular customer who was a Burmese seaman helped me out and married me. We have 2 kids and then he was arrested 3 months ago by the Burmese sea officers. I heard that he was sentenced 12 years in jail. I do not know what to do with these two children and the other one in my womb. I need money to go back home. Then I began to work as sex worker again.

There are still pieces of news about Laotian girls being forced to work. It is possible that this business still exists in Thailand. It may not be a big one and it is not in a form of huge brothels opening patently like before. The form of lured prostitution has changed into another way and it works. Women who come so far from home are apparently in bad financial situation. They don't want to go back home with empty hands. Most girls are trapped by the debts of traveling cost and the money they've borrowed to send back home.

Conditions of the work undertaken prior to sex work make it easier for the girls to try the sex profession. In places such as traditional massage houses or some restaurants allow a girl to work only as a masseuse or a waitress with very small income. Usually at first, many do intend not to take the sex work, but became part of a small society where the majority do so. Witnessing friends earning a lot of money, the girls gradually integrate into that small society and sex business. This is the only way to pay back the debts. Very few girls try to run away from that. They are too afraid of strangers and police. Also the work condition might not give them too much pressure.

Pin's Story
Tai-Lue from Xishubanna, China, age 27 a masseuse in a province near Bangkok

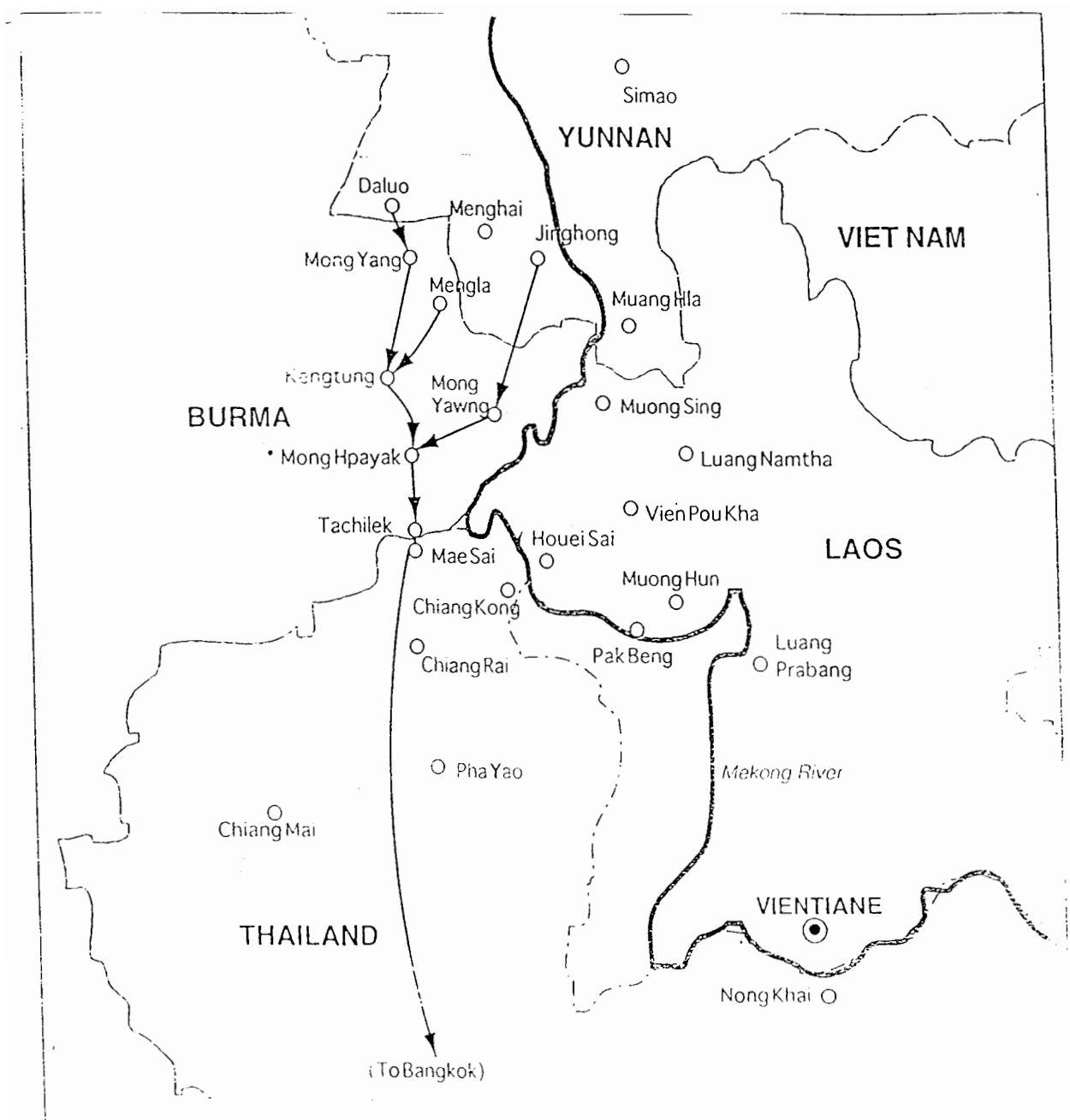
When I arrived here, they told me that the traveling cost from my home to Mae Sai was 5,000 Baht, and from Mae Sai to here was another 5,000 Baht. ! I was shocked because I never knew how expensive it would be. I've never known anything about the massage before. Shan girls told me that this wasn't a prostitute way. We can make our own decisions to go with a man or not. I have to pay 1,000 Baht for the training cost before starting the job. It's fine here but I could earn so little. After all, I had to pay for room and board, food and clothes. I saw other girls went out with their boyfriends or only with men they trust. So I tried the same way and my debt was over. I'd like to be here for a while because I came so far and already lost my self in the job. I should take something back for my mother and the children.

Most girls from China do not come straight from their homes intending to be sex workers. The possible reason is that the talk about sex work in Thailand may have not been widely spread as much as it does in Kengtung so the idea to go abroad 'to sell the body' is still not very popular besides, Tai-Lue in China does not seem to have so much pressure as those from Burma.

3. 'How I Wish to leave my Home?'

The political problem in Burma remains as difficult as it has been. The Economic Development does not profit the poor people. Civil was between the junta government and the ethnic arm forces. This difficult status has not yet ended. Human rights abuses is the prominent topic the migrated people often talk about.

Sang, a 19 years-old sex worker from Mong Yawang
Burma's police and soldiers don't love the people. They force us to work without pay. If they want anything, rice, chicken, pigs, we must find those for them. If they want a girl, it would be difficult to resist. Now I send all the the money back home for my brother's education. If he doesn't go to the Burmese school, they might take him away to be a soldier in the borderline and be killed
Kam, a 32 years-old Shan masseuse, mother of 3 children
If we can make 200 bins of rice, one hundred goes to the soldiers, and then the taxes, and...so on then, at last, we get only 75 bins!. Sometimes, the officials call on us to build road, or repair government offices, or prepare a party for tourists. They never pay us but beat us instead. You'd never have an idea how suffering we are !. But who wants to go so far away from the one we love? Who want to risk their lives in the place we don't know? May be we would be arrested, may be we die here without seeing our family's faces. It's no fun at all to sell the body and virginity. Just imagine how hard it is for us !



MAP B : Main Trafficking Route From Burma and Southern China

Paew, 20 years-old masseuse, moved in Mai Sai since 3
Thailand is like a paradise for them. here we have many amazing things they've never seen before. Some people said it's so easy to find a job and money. Only those who come to Thailand can build a new house for their parents. It's the only way. If those in the village have a new house and a better living, wouldn't you want to do so? We can do anything for our parents. And it's not wrong to be grateful.

Women may not be forced to be prostitutes by the people in sex industries. But they are forced, anyway, by the economic and political situation and most of all, they are forced by the social injustice.

4. 'How do I get Here?'

As in map A and B, there are many routes to enter Thailand. Forced prostitution business in southern Thailand used to traffic girls from inside Burma to Victoria Point (Kawtaung) and then across the Andaman sea to Ranong province. The most popular route which can lead migrants far into Thailand is Keng Tung-Mae-Sai famous road.

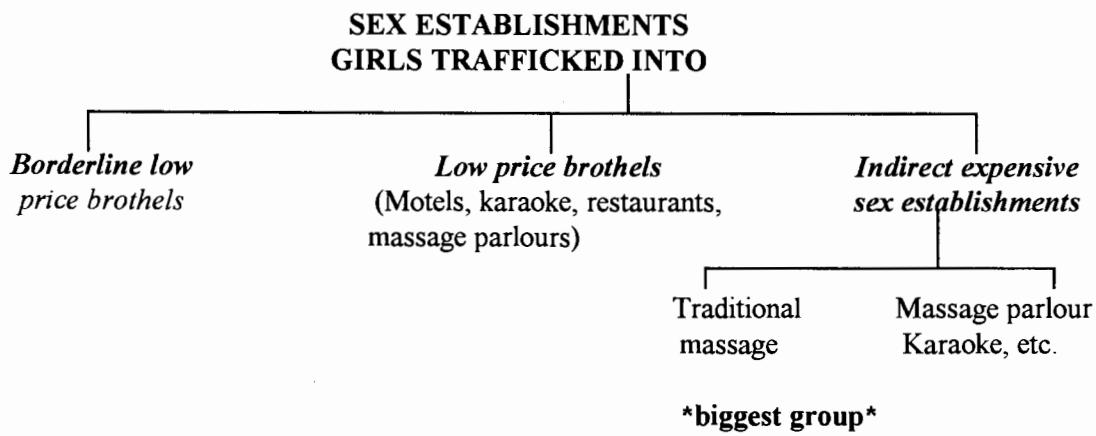
There are many trafficking agents in Mae-Sai. An individual agent can be a salesman working for procurer network. The cost to Chiengmai is 2,000 Baht and to the middle part of Thailand or to Bangkok an its environs is around 3,500 - 4,000 Baht. To travel back from workplace to Mae Sai is the same price. There agents include services on sending money home. Due to complications in setting up one's own bank account, the girls deposit their income into their agent's bank account and pay 10% surcharge of the total amount sending to their families.

Nid, a 18 years-old Shan masseuse, born in Mae Sai
When they arrive in Thachilek or Mae Sai, they should go to relatives those they've been refereed to. if you know no one, you might be cheated by bad agents. If you stay around here for a long time like me, you may know if one would take you to a good place or not, and would charge , much more than others or not. it's safe to to travel with agents because they often make a policeman sit in the car with us.
A 27 years-old *Khon Cheer Khack* in a traditional massage house
They come to ask us to buy the girls like they are selling goods. If they've got 6 girls, they would go to a sex establishment and try to sell 2-3 out. Then they may come to us, and try to sell another 2 or 3. The girl's to be sold along the way. At last the one who's not beautiful, the price has to be reduced. One girl can't choose where she'd like to stay. It depends on luck. These traders frequently come to a big place like here. We don't have to call them.

The owner of a brothel-restaurant located near Bangkok
(He has been in this business for 17 years)

I've got 2 agents to call and order the girls I need. An agent charges 4,000 Baht per head whether it be a Thai girl or a foreigner. But if the girl is a foreigner, she has to pay another 4,000 on her own for her traveling cost. Transporting car leaves on an appointed date for agents. Ordered girls are transported by the car while the agents would travel on their own to meet up at the destination to clear the bill with business owners. The girls I ordered usually borrow my money to pay for the traveling cost. I would advance the 4,000 Baht per head. If the girls end up staying with me for more than a year, I wouldn't take the 4,000 back. If one stays less, she would have to return the money to me....As far as I know, the car would stop in Bangkok. It might not be a big problem for those who want to go to the south. No immigration checking a route anymore ! I don't think it'd cost too much to go to Had-Yai, or else. Business owners and the girls wouldn't accept it.

5. 'My Workplace'



Some girls crossed the border just to find any jobs. Sometimes there is no big agent around the borderline area to traffic them into Thailand. These girls therefore ended up in borderline brothels. This kind of brothels are generally not clean and the girls don't look so healthy. Customers pay around 200 Baht for half an hour and a girl may receive 40-50% of it.

Trafficking agents take girls into Thailand to brothels and other kinds of sex establishment. According to information gathering, the girls' most preferred sex establishment probably is traditional massage house where they can earn from only being "masseuse" They would get 35-40 Baht from 70-80 Baht a customer pays per one hour. If including sex, a girl can charge 1,000 - 1,500 more, switches from a massage room to a VIP room or the private room or chooses to go out and pays the extras. Usually, the owner may get 200-300 Baht out off 1,000 for the room rented.

A masseuse does not have to have sex with every customer. She can choose the one she trusts. Usually a masseuse offers sex service in a private room not more than twice a day or sometimes never for a few days. Some girls in some places would choose to be like a rented wife. This means, having only one man supporting her. This makes the girls feel better about the job. Some are committed to a " boyfriend " and do not consider their job as sex workers. However, a customer usually does not stay with one girl for too long. And that is how a girl would realise her position.

There are very few cheap brothels in the middle part of Thailand which have foreign women at their service. The reason is that the owner cannot afford the cost of the agents and the Thai officials. One must be powerful and is " somebody" to keep foreign women at their service.

6. How so Unfortunate !

Mee-Eyre, 19 years-old Ah-Ka sex worker from Keng Tung

I've been working for 10 months and should've made at least 100,000 Baht from 1,000 customers. We can ask for our own money once a week. But may receive only 200 - 500 for shopping. When I wanted to go back home, they said I was still in debt. Then the police raided the brothel and took me to jail. The owner took me out and charge me more for that. Then I knew I could never go back home with my money. I ran away with 2 friends and called an agent from Mai Sai to take us to any place we can earn our own income..

Kaew, a 18 years-old Shan sex worker from Thachilek

It was a long trip from Mae Sai. Mama let me spend the night at a small house. Then the next day a man came to pick me up. At first I thought it was to go to a restaurant to work. But he took me to a hotel and raped me. He took away my virginity. Mama gave me only 4,500 for that and asked 3,500 back for the travelling cost she'd paid for me. After that I served another 4 men. I asked each customer how much he'd paid. It's 4,500, 1,000, 1,000 and 700 which I never received. Then the third Mama sold me here. I didn't know how much I cost. This present owner gave me clothes and this golden necklace and said I owe him 20,000 Baht.

The 2 examples are simple stories of the unfortunate girls who are cheated by those in the sex business. Women trafficked into Thailand must realise how at risk they are from stepping into the country since things depend on their luck. Some are even unlucky enough to be arrested on the road or in the market when shopping. And though the owner has already paid for the officials, the place could be raided anyway by some other groups. Some owners may pay the monthly officials costs and take responsibility when the girls are arrested. But for many establishments girl's income is taken 500 Baht a month to pay for the police, and pay the fine by herself if she is caught.

The worst thing women may face is HIV infection. Most of the foreign sex workers have never heard about AIDS or condom before entering Thailand. Language barrier also makes it more difficult to understand such complicated disease. So the girls may be informed only that if she sleeps with a man without condom and gets AIDS, she will die. Women in traditional massage house might take more risk in a way since she would trust a " trustworthy " customer and does not

consider condom necessary. Some even do not care or understand much about contraception.

Therefore, it may not be too strange to find a young girl who came to sell her virginity, and only after 3 months of work, had gone through an abortion, and already got HIV !

7. Welcome to Thailand !

Migrated sex workers are the victims of the situation. If the neighboring countries cannot solve the problems of their own, more and more women would try to find a way to paradise. The sad thing is, Thailand is in fact not a paradise. It is just a country with its own economic, political and social problems. And there are also Satans here too.

However, though we are not able to stop what is going on, we can be with the truth and try to make things better. Although Thailand cannot stop its whole sex industry, strong strives to end forced prostitution must be taken seriously. We cannot stop one not to buy and sell sex, but we can take care of the girls who come so far away from home much better than this. If they are to realize that this is not a paradise, they should feel that, at least, this is a place better than hell.

Interview Schedule for Commercial sex workers in Project *"Promotion of Consistent Condom Use Within Commercial Sex Establishments in Thailand"*

I. Background

1. What is your name? .....
2. How old are you? .....
3. Where is your current workplace? .....
4. What kind of your workplace?
   - ☐ Massage parlour ☐ Brothel ☐ Traditional massage
   - ☐ Restaurant ☐ Karaoke ☐ Others (specify)
5. What is your race?
   - ☐ Thai ☐ Chinese ☐ Burmese ☐ Others
6. What is your current marital status?
   - ☐ Married
   - ☐ Divorced/Separated (has not sexual partner)
   - ☐ Widowed (has not sexual partner)
   - ☐ Single (has sexual partner)
   - ☐ Single (has not sexual partner)
   - ☐ Divorced, Separated, Widowed (has sexual partner)
7. Where is your birthplace? (Please specify sub-district, district and province)

   .....
8. Did you live mostly in town or country? ☐ town ☐ country
9. What level of your education?
   - ☐ Never attended school
   - ☐ Primary
   - ☐ Secondary
   - ☐ High School/Vocational
   - ☐ College/University
10. Do you like reading (Magazine, Cartoon, Newspaper etc.)
    - ☐ like ☐ dislike ☐ can not read
11. What kind of work did you have before changing to CSW?

    .....
12. Do you have any living children? ☐ Yes, How many? ..... ☐ No

12.1 Who brings up your children?

☐ yourself

☐ other persons

13. At present, are you using any method to avoid becoming pregnant?

☐ Yes, Please specify ..... ☐ No

II. Health

1. Are you HIV infected or have you got an STD at this monment?

☐ Yes, Please specify .....

☐ No

2. Have you ever had an STD in the last 6 months?

☐ Yes

☐ No

2.1 If yes (Please specify) .....

3. What is your blood test result within the last month? .....

4. Do you have any health problem in the genital area?

☐ Yes

☐ No

III. Attitudes and Practices of Condom Use

1. Have you ever had sexual intercourse without a condom with a customer in the last 1 month?

☐ Yes (ever)

☐ No (never)

1.1 What was the reason that you had intercourse without a condom?

.....

2. Have you ever had oral sex with a customer?

☐ Yes (ever)

☐ No (never)

2.1 If yes, how often did you use condoms in oral sex?

☐ Always ☐ Usually

☐ Rarely ☐ Never

3. Do you have a regular sexual partner (including husband not a customer)?

☐ Yes

☐ No

3.1 If yes, how often do you use condoms in intercourse with him?

☐ Always ☐ Usually

☐ Rarely ☐ Never

4. How likely do you think it is that you will become infected by HIV within the next two years?

☐ No chance ☐ 50/50 evens chance

☐ Slight chance ☐ High chance

5. Next a few more detailed questions concerning your sexual practices with your last three customers. For each one could you please indicate their sexual acts and condom use.

	3	2	1
5.1 No Vaginal intercourse	☐	☐	☐
5.2 Automatic-brought own condoms	☐	☐	☐
5.3 Automatic-did not bring own condoms	☐	☐	☐
5.4 Did not want to use condom but easily persuaded	☐	☐	☐
5.5 Did not want to use condom but persuaded with difficulty	☐	☐	☐
5.6 Totally refused to use condom	☐	☐	☐
5.7 Did not want to use condom and was not persuaded to use one	☐	☐	☐

6. Next some questions concerning your attitudes to condom use and the situations when you may not use a condom with a customer. For each one could you please indicate your attitudes form 5 levels - Strongly agree, Agree, Not sure, Disagree and Strong disagree. Please feel to say your feelings.

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
6.1 If a customer is 'clean' (no sign of STD infection), I may sometime agree to have intercourse without a condom.					
6.2 If a customer cannot keep an erection when wearing a condom, I will agree to have intercourse without a condom.					
6.3 I am more likely to allow having intercourse without a condom with a customer of smart rather than untidy, appearance					

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
6.4 I think that I can persuade all of my customers to use condom.					
6.5 I would not, under any circumstances, agree to have intercourse without a condom with a customer.					
6.6 I am more likely to allow having intercourse without a condom with a regular customer.					
6.7 If a customer is young and has never had sexual intercourse before, I am likely allow him to have intercourse without a condom.					
6.8 If a customer gives me a high tip, I am more likely allow him to have intercourse without condom.					

IV. Knowledge and Attitudes on AIDS

1. Next some questions concerning your knowledge and attitudes on AIDS. For each one please say whether you agree or disagree with them, if you are not sure whether you agree or disagree, please say so.

Statement	Agree	Not sure	Disagree
1.1 You cannot become infected from HIV if there are no signs of STD infection on the penis.			
1.2 If I wash my vagina after intercourse, I will not become infected with HIV			
1.3 If I am going to become infected with HIV, 'it is in my fate' so there is nothing I can do about it.			
1.4 Working in the sex industry, it is not possible to avoid becoming HIV infected			
1.5 The high earnings from this job are well worth the risk of HIV infection.			

V. Self-esteem

Next a few more detailed questions concerning your self-esteem. Please indicate your feeling about yourself, you can choose the best one from five that are strongly agree, agree, not sure, disagree and strongly disagree.

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1.1 I am a woman who is valuable.					
1.2 I am proud of myself that I can earn for my family.					
1.3 I still have a chance to be a good wife in a successful family in the future.					
1.4 I think I am in control of my life.					
1.5 I am enthusiastic to get more knowledge.					

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1.6 I think that everybody has for gotten about me.					
1.7 I have a plan for my future.					
1.8 I feel happy even though I am a sex worker.					
1.9 Sometimes I feel upset when I think about my life.					
1.10 I think that everybody can respect me.					
1.11 I think that I can bargain with all customers to persuade them to use condoms.					
1.12 I think that I am a good looking woman.					
1.13 I feel bad to see anyone who has a good chance in her life.					
1.14 I find it easy to be friendly with people					
1.15 I think that I am a clever woman.					

Source : Rogers Rubin's questionnaire for self-esteem which was translated by Pantip Pekanan, Ph.D. and Tawin Noisuwan. Faculty of Education, Chulalongkorn University.

VI. Additional Items

1. How long have you worked in this sex establishment?
   (in month) .....
2. How long have you been working in the sex industry?
   (in month) .....
3. Do you drink alcohol? ☐ Yes ☐ No
4. Do you smoke? ☐ Yes ☐ No
5. Do you take other drugs or similar substances? (Specify) .....

With Warm Regards
To our Female Friends I

A VIDEO PRODUCTION	
LENGTH	12-15 minutes
Target group audiences	commercial sex workers; in massage parlour and brothels. Aged : 18-35 Years of education : 0-14
Aim	1. To persuade the CSWs to have self-esteem, Since when they]re able to love themselves, have hope and dreams for the future, they should have a firm determination to protect themselves from any infections, especially AIDS. 2. To confirm the information and the correct understanding about AIDS. 3. To persuade the CSWs to have a firm determination to consistently use condoms in every time they have sexual intercourse, both in working hours and in relationships. 4. To interpolate and propose the way (such as negotiating, refuse) to solve the problems when the customers refuse to use condoms. 5. To build the attitude and self-confidence for the CSWs that everyone should have their own power, the rights, and the abilities control any situation.

APPROACHING

1. The video should be produced as a drama, soft tone, showing the natural lives and characters of the CSWs so that the audiences could have a participating feeling and emotion.

2. There are two leading roles; a masseuse and a sex worker in a brothel, to show the difference and indifference of the two kind workers, and to cover each kind of our target group.

3. The supporting roles are built as different characters, to show the different attitudes. All the characters come from the real of sex living individuals.

4. The ideas and information in the story are set to come out from the mouths of the Caws, to make sure that the audiences would not feel that they are being instructed by others. But they only listen to the opinion of their friends, who have empathy and sympathy for one another.

5. This video would not emphasize on the method of persuading the customers to use condoms. Since the audiences may have an objection that, "This is not like what I faced" Thus we will propose, not a fixed way, only an idea, for them. Because the most important thing is to enchant on the CSWs' confidence and determination to be able to protect themselves.

6. Emphasizing on "the hope for a better life", but never command or make the audiences feel pressured to quit the job.

CHARACTERS

1. ***Malee*** (22-23 years old), hasn't been married. She came in this business because of financial problems and sense of obligation towards parents. (which is very popular in the Northern Thailand) Malee has been in Had-Yai before, and this means she has had spent some long time in this profession. She is not an attractive girl, but looks pretty, thoughtful, but sometimes shows lack of self-confidence.

2. ***Lada*** (a masseuse, nearly 30 years old) She comes from the same village as Malee. Lada has been married, and is now divorced.

3. ***Rung*** (a masseuse, same age as Lada or older) She nearly looks old now, Rung is talkative, witty, and wise. She presents herself as a very happy woman, without any sorrow.

4. ***Nong*** (a masseuse, 22-23 years old) wild and attractive. She's still satisfied with the confort and luxury of her life that she never thinks about her future.

5. ***Nok*** (a CSW in Malee's house, 23-24 years old) She's still young but wise. Very talkative and witty, Nok looks cheerful as if she never thinks about anything serious.

6. ***Nang*** (a CSW in Malee's house, older than Nok) She's quiet, looks pressured, and obviously unhappy. Nang has a child as a big burden such that she has to do the job.

7. ***Yaow*** (a teenager under 20 years old) She lacks of experience. Yaow was once a problem teenager. She may look fine out side, but in fact, she's so lonely. The girl doesn't have any aim or stable basis in her life, so she never intentionally protects or takes care of herself

With Warm Regards
To our Female Friends I
SCRIPT

OUTDOOR
SCENE 14
DAY

At the bus stop, in front of the suburban department store. *Malee* is sitting at the bus stop.
COSTUME ***Malee :*** very simple shirt and trousers, not very expensive, not too fashionable, or have a sexy look. No face make-up, or just very light.
Lada : good-looking dress like and office girl's, not very flashy. Careful face make-up and hair-do.

	PICTURE	SOUND
-	**L.S. PAN (*Malee's* P.O.V)** Luxurious city's lives (such as expensive cars, people in the street in high price fashionable clothes with jewelry etc.)	music
-	C.U. ***Maee's*** watching. Her eyes show loneliness and emptiness.	music
-	**L.S. PAN (P.O.V)** Young couples walk happily pass by	music
-	**C.U.** (wider) Malee is watching	music
-	**L.S/M.S (P.O.V)** A father, mother, and their child are having activities as a happy family. (Such as having a meal together, playing, chatting,. etc.)	music
-	M.S. Malee's sitting at the bus stop with a shopping bag in her hand.	music
-	L.S. (P.O.V.) people at the bus stop. The camera's slowly moved into catch ***Lada*** who's just come out from the department store. There're also a few shopping bags in her hands. (The title fades in)	music
-	C.U. ***Lada's*** face (Malee's P.O.V.)	music

Malee hurriedly comes to greet Lada as soon as she can recognize her old friends.
Malee: Hey!...Isn't this my sister Lada?
Lada: (gladly and surprisingly) Oh!...Malee.. What in the world brings you to show up here?
Malee: (fading a smile) Well...I just come...*same* as you.

music
FADE OUT

INDOOR
SCENE 2

In a small restaurant, not very crowed. ***Malee*** and ***Lada*** are chatting. Glass of beer and savories are on the table.

music

Malee: It's just an ordinary house. And Ma is nice. She lets us have our own room. So we can bring the customers to our own place...don't have to share. and no problems about money. Ma can be trusted.

Lada: (smiles and sighs) Well... And so I find you as one in this business too. But...Won't you be just like a corpse with so much parading in a night? And not a very good price, maybe?

Malee: Umm...Usually there're not too many customers. And for me, it's O.K. To be a masseuse like you is beyond my thought. As I am not so pretty...and then have to please the guys in an endless way like that..

Lada: And what about the condoms?

Malee: (seems not to want to talk about this) : Ma lets everyone wear...

Lada: That's good. In some places, the owners want to please the customers too much. If there's a stupid one who refuses condom, we can never have a problem with him. They never care about the risk we face. Anyway, at my place, they understand. And there's a rule that everybody must wear condoms, so that they can claim that this place doesn't have AIDS.

Malee: Well, just the same. Only mine earn less money. But if we spend carefully, it's enough to send home.

Lada: Umm... Yaeh... For me, there's a lot of expenses...for clothes and whatever... but it's enough for raising my daughter (smiles). You know, she is now in the first grade. And there are lot of spending...tuition, and then uniforms, and then kid's candies... (complains but deep inside she's so happy and proud).

Malee: And what about your husband?

Lada: Oh!...just...forget him. I can stand on my own.

music
FADE OUT

OUTDOOR
SCENE 1B At the bus stop.
DAY ***Lada*** has already called a taxi.

Lada: See you.

Malee: I'll call you. maybe next time we should visit home together. Malee shuts the car's door and watches her friend leaves.

music
FADE OUT

INDOOR
SCENE 3 In the dressing room of the massage parlour. Four or five masseuses, including ***Lada*** are dressing up. (combing hair, making up faces...etc.)

music

Rung walks in.. She opens her handbag and puts a pack of condoms in..
Rung (staring at her own face in the mirror) : Almost coming true....

Lada: (combing hair) Nearly finish the beauty course?

Rung: Yeah!....Now I'm working my ass off to earn the last part of fund. You can now prepare a farewell party for me...for sure.

Nong: Are you sure...that the beauty salon like this's gonna work out?

Lada: (laughs a little) Hey....Won't you let her dream?

Rung: Oh! sorry, my dear. It's not only a dream. I did it. I've already done it. The salon decorating's almost finished by now. I've worked so hard before I'm too old to be wanted. Now I sell in every way...face everything with a smile.

Lada: (drawing her lips, looking at the mirror and then simply smiles) be careful !

Nong: Oh!...Working like this you have to take risks. We've carefully checked they're clean and O.K. We didn't take everyone without choosing.
Lada's going to argue, but ***Rung*** launches out.

Rung: (interrupts) No..no....not like that. Service is service. But without condom I don't take it. You know, AIDS can't be identified by the outside look. Doctors always tell us.

Lada: (adds) : Yes, it doesn't need to have even just a slightest abnormal sign.

Rung: Ah..ha....I won't have a chance to spend the money from my business if I get AIDS. C.U. Lada's face. She's watching herself in the mirror with thoughtful eyes.

music
FADE OUT

OUTDOOR
SCENE 4
DAY

At the yard near the kitchen, being used for having dinner. It's late afternoon before the house opens.
There're four or five girls dressing casually (such as shorts, sarong, T-Shirt...etc.) Some've already made up their faces, some still haven't. Some are preparing the meal, some are just sitting still. ***Malee*** is pounding a chilly paste.
C.U. ***Nok*** (cut from scene 3) The camera slowly moves out to show the whole scene.

Nok: (cheerful and talkative) No..never...I've told them. Nowadays, without condoms, nobody takes you. My life's worth much more than that small money.

Nang: (cooking, speaks softly) But mine may be not. To die fast is even better..., so that'd be the end of my sin.

Yaow: But for you, there's still a kid to bring up..
C.U. ***Nang,*** deeply moved but pretending not to be.

Yaow: (continue) For me...I'm absolutely alone. I'm so offensive that my parents resolutely cut me off. What it dim then? Only hope for some luck that there'll be someone who really loved me and takes me out.

Malee: I never hope for that. Who'll care for someone like us!

Nok: Don't give it a damn, do you? Anyway, there's the chance of a fluke! But if there's no one, we can still stand on our own.

Malee: That's right. For now I earn for my family by myself.

Nok: So what? See? if something happens to you, what're they gonna do? And why do you want to die too soon? (turn to ask **Nang**).

Nang: (carrying a plate to the table) It's just a saying...
In fact, you know, someone like me can never be sick even to catch a cold. It'll waste time for working. For there's my kid, you know..so today or the next, I can never die.
C.U. ***Malee.***

Malee: And you will never fail, will you?

music
FADE OUT

INDOOR
SCENE 5
NIGHT

At the middle-class apartment. Lada has just come back from her work, opens the door in and turns on the light. Her room's decorating shows the good financial status of a masseuse.

PICTURE	**SOUND**
Lada sits at the table. She looks Exhausted and weary in mind	Man (in lada's thought) "Why? We can now consider each other as regular partners. What are you afraid of? I trust you...and don't you trust me, Lada?
Lada sighs with stress. She then opens the shopping bag which her purchases of that afternoon. Seeing the gifts for her daughter (such as a pretty school bag, clothes, pencil case...etc.), she looks relieved and gentle	A seven years-old girl (in the thought) "When will Mom come to live with me and granny?"
Lada looks at the gifts abstractly.	The man (in the thought) "I know you're an expert and can give me a lot of fun. That's why I often come to you. But don't you understand how I wish to try it naturally?"
Lada drops away her thought, puts the gifts in the bag and carefully keeps it in a safe place. Then she sees the photo (in the frame) of her seven years old daughter which is on the table	The daughter (in the thought) "Mom, I need a new school bag....a red one. The old one is torned out and says we should buy a new one"
Lada smiles a little when thinking about her child's wheedling	
Lada (change into serious mood) changes her clothes and wipes her make up.	The man (in the thought) "Have I tipped you too little, Lada?
Lada pauses a little. But when thinking of her daughter's words, she continues.	The daughter (in the thought) "Mom...I told granny it's no good that you are a hotel maid because you can't be at home. I wish you to earn enough money quickly and come back home. (music fade out)
Lada combs her hair . She smiles with confidence and stability, and then says to her shadow in the mirror.	*Lada:* I can serve you as much as the tips worths. But, you know, I still have my own rules.

ZOOM IN—C.U. **music**

INDOOR At **Malee's** working house, which is now closed.
SCENE 6 there's only a dim light left in the court where the girls would sit
NIGHT waiting in row for the customers to choose. ***Malee*** sets alone, folding her arms around her legs. ***Yaow*** walks in. She looks desperate, gloomy, and, of course, very lonely.
(The conversation in this scene should be very soft.)

Yaow: I can't sleep. (takes a beer can to open)

Malee: (speaks softly as she herself feels dismal too.)
You have never thought about saving money, have you?

Yaow: (sits close to *Malee*, sighs)
Yes, I have. But I didn't. I can't.
(shrugs her shoulders and laughs a little) I'm bored. It's boring.
No where to go. No. home...no duty or burden..

Malee: You..yourselves that's a big burden. What're you gonna do?

Yaow: And what about you? What're you gonna do?

Malee: (Thinking, very lonely)
I'm not sure. Maybe, if the house's finished, I'll go back to stay.

Nok: (stands behind without the first two girls' awareness. She isn't cheerful or talkative as in the afternoon).
And you will go back to be hired as a farm-labour...and then come back here because you'll get starved. Why don't you save some as a fund to do something? We've been so tired. And aren't you gonna look for something for yourselves?...

Malee: Yeah..your're right. But how much can we earn? For today I absolutely determined that, no matter what, everyone should wear condoms. So...? I've lost two customers. Drunk like that..., they never listen. Shit!

Nok: So? Just forget it. He doesn't use with us, so he never uses it wherever. Then he surely gets infected. (talks softly) We have talked nicely, offered everything....and he still isn't satisfied...then....

Yaow: (interrupts)
He may accept, but just can't do it...

Nok: So what? If you've talked to him nicely...please him sweetly, serve him with every trick you can, and if he still can't do it, then it can't be helped. Have we tried enough?...If we really have, it should workout. But if we have really tried,...really determined, but fail, then, there's nothing to do It's our lives, Yaow. If we get infected, who's gonna help us? I know...that sometime you surrender just because being satisfied with someone's sweet words. But in fact, even the one who'd stay permanently as your boyfriend, you should not

Yaow: But...it's not very often...

Malee: That's not the point....You use it 20 times and miss only once, and get AIDS, then it's the same as you never use it as well. When I was in Had-yai, doctors often come to teach us... Anyway,...(sighs) I'm so bored, so fed up with this condom things too. If the house's finished, then I can die. No kids to worry about.

Yaow: I'll die and be an angel..for all my whole life I only make the people as happy as climbing up to heaven. (dreamy voice) The three girls laugh softly for one another, being amused but some how, bitter.

Nok: Oh!....Yaow. If you get AIDS and die, before that you certainly spread it for many others. So you'll then lose the chance to be a angel. (sighs) Anyway, if you die so young like this, don't you feel sorry? You've just lived for 10-20 years, and then you have to die just because of this.
They are in silences, sink down in their own thought.

music
FADE OUT

OUTDOOR
SCENE 7
DAY

In the green park. A bright sunny day with the wind softly blowing. Birds are singing. ***Malee*** and ***Lada*** are sitting talking on the pond side.

music

CUSTUME
Malee: T-shirt or casual shirt and jeans, white tone.
Lada: In woman' slacks, also white tone. A light make-up.

Malee: My friend said...she would never die before making the dreams come true.
Lada: For me, It's not exactly a dream. It's like....something....we have to grasp it as a stake. And I hold on to my daughter. I can bear it, can be tired. But not only being patient today, I have to think about tomorrow too. My child grows up everyday...I don't want her to know... I don't want her to be mocked by her friends that her mom is a masseuse. She would be embarrassed. (cut-alternate with **L.S. SHORT** of the different lives of people, the children, the youth, the old..etc.)
Lada: But no matter how hard it's to bear, we have to take care of ourselves, otherwise it's useless despite all we've done.
Malee: Right..if you have done this much, and don't have a chance to stay with your daughter, it's ....(pauses for a while) And about the condom, if you're so sweet in every way and the guy still refuses or can't make it...
Lada: (immediately)
I won't take him. If we agree to just one guy, then we would certainly have to accept another, and then another...And, what about you?
Malee: (thinks for a while)
Well, I accept sometimes I haven't used them. But I now intend that it must not happen again. I've had a blood test and it's negative. So I am firmly determined.
As if they were sisters, Lada holds Malee's shoulders warmly. The camera's gradually moved out to be a wider L.S. music; warm tone.
Lada: When'll you go back to stay at home permanently?
Malee: Maybe next year. (pauses) You know..I would feel regret if I really had to die, like my friend's said...I come to think...If I've died, I would never know...how..tomorrow will be maybe it's worse...anyway, maybe there's something better. They stand up and walk away from the place, holding each other's shoulders....
Lada: Yeah...tomorrow, and the next day, and the following...
Malee: (her voice gradually fade out as the shot is wider, music fade in)
Well, may be I'm gonna be an adorable housewife, or a shop owner or...
Lada: There'll be a prince charming.
They laugh, and walk away together, warmly, happily, and filled with dreams.
Far away till the edge of our eyes.

Credit

With Warm Regards
To Our Female Friends

SCRIPT

Blue sky with white cloud
title For us, Women
PART 2

Fade out the blue sky

Fade out

OUTDOOR
SCENE 1A
DAY

PICTURE	SOUND
Fade in ; the verdant rice field. A white bird flies (Nok's thought) Dissolve	Nok's Hmm. the melody of the song "Wish to Go Home"

INDOOR
SCENE 2A
DAY

PICTURE	SOUND
The silhouette picture of Nook sitting doing her knitting alone beside the window, the room is quite dark.. There is a sunlight shining through the window. Nok looks very lonely	Everything is quiet. There is only the sound of Nok. Nok Humming the song.
C.U. Nok's face, her thoughtful eyes watching her work.	

Fade to

INDOOR
SCENE 1B
DAY

PICTURE	SOUND
Fade in : the verdant rice field. The wind is blowing (Malee's thought)	The sound of the wind. wind blows.
caption: one year later	
	Malee's mother "Lee, Don't forget to send us some money like before

INDOOR
SCENE 3
DAY

The massage room in the traditional massage house. There are line of beds, each bed has red curtain hanging around. No customers are in the room.

C.U. Malee. She is having a nap.
Ying awakens her.

Ying: Hey, Let's have lunch.

Malee wakes up. She shakes her head to wake herself from sleepiness. She stares at her front and sighs before going.

MUSIC
-CUT-

OUTDOOR
SCENE 4
DAY

At the noodle cart shelter near the massage house. There are 4-5 tables. Malee and Ying are having noodles. Other masseuses are at other tables behind.

MUSIC

Malee seems to be weary. She stirs her meal without eating.

Ying: (smiles) Not so long a time but now you get bored?
Malee: I don't know....May be I'm not used to this.
Ying: But, isn't it better than where you've been?
Malee: Yeah, better that I don't have to burn out my body. But....I don't know...to sleep with guys...it's just the same. And there're stupid customers just the same.
Ying: Now you're here. It's no good to sleep with many customers. The regular one would be unsatisfied. For me, I used to have some regular customers, but now...only one. He hates the idea that I go sleeping around with others. So, if he can take care of me well and...enough, it's O.K.

Malee: I may not be able to find someone like that. Besides, I wish to earn a lot fast to leave this job soon. But, there's a room rental, meals..., and whatever. Though my house if finished. Mom still asks to pay the installment for my brother's motorcycles again.

Ying: Hey, you know....May be sometimes we have to play a hard role.
Our money isn't easily afforded...

-MUSIC-

How hard it is for us? I've given my everything for my family till they're doing well. From now on, we have to keep some of our own. Now we can still work. But who knows how long we can be in this career. Oh!...how I wait to be back home ! I'm dying to be a market vendor in Mae-Sai...

Malee: But...won't you wish to go back to Burma?

Ying: I wish to...but....it's very tough there. Well, I still don't know (sighs) I'm vexed.

-CUT-

INDOOR
SCENE 5A
DAY

In the brothel.
At the lobby.
Nok is reading Malee's letter.
Yaow is having her lunch, listening.

-MUSIC-

Nok: (reading happily) So I come back to save some more fund, Lada advised me to try as a traditional masseuse, saying that it won't be as hard as a bathing one. But I still don't know how long I can be here. Sometimes I feel so lonely. The work is so different. Most of the masseuses are Shan, and they still stay among their own. Only Ying who shares the same room with me that we can have a good talk.

Nok stops and smiles then turns to Yaow...

Hey..this for you.

Yaow: (read gladly) How are you, Yaow? You don't have as big burden as I. Save as much as you can to have a fund of your own. Consider this right now. And don't save a lot just to spend it all, and then come back again to this job... To quit and then begin again like this is so boring...you know?

-MUSIC-
-CUT-

INDOOR
SCENE 6A
DAY

In Rung's beauty salon, near the massage parlour.
Rung is doing the hair dry for one masseuse, almost finished.

Nam sits beside, her hair is still wet.

Nam: Oh! When will I can be as rich as you?

Rung: Huh! Ask yourself where's all your money gone?

Nam: But I have to raise my child.

Rung: So? For your child's one part, and for the night wandering, and the drinks, and the guys...

Nam: Oh! We have to buy some happiness...

Rung: And you're gonna buy this happiness till getting old like me?

Nam: Isn't it on time?

Everybody laughs. this masseuse pays.

Masseuse: Who can be as great as you. To find a rope to hold on like this is fine enough for me.

Another masseuse walks pass behind to wash her hair.

Rung: Oh! These kind of chic don't know how to stand on their own.
They thought men's gonna pay them forever.

Nam: Nothing to do with me. I'm the one to pay. Though knowing no one really love me, I'm willing to be dumb.
Rung turns to see Malee.

Rung: Hey...

Malee: Lada's letter and gift.

Rung: Thank! Look! Isn't this beautiful? You know...this Lada...is doing well now.
She opens the cloth shop. Well, how is the business?

Malee: Fine. She's got a good location in town.

Malee turns to go.

Rung: Well, come have your hair done sometimes. It's not too expensive.

Malee: But only the bathing masseuse comes here. I dare not...and I...really don't have much money.

Nam: Heh!.... These two types of masseuses never get to be friends though living so near, only different kind of service.

Rung: I don't know much about the different. I only know about the similarity that they both take high risk on AIDS, very similar.

Malee looks at Nam with a shy smile.

-MUSIC-
-CUT-

INDOOR
SCENE 5C
DAY

At the brothel.
Nok is reading Malee's letter. yaow lays her head on Nok's lap.

-MUSIC-

Nok: Yes, though we think that the bathing masseuse takes high risk in every special services. They could think that we may not always use condoms because we have to please our customers in every way also. In fact, our lives may be different somehow...but it is similar in a way. That is, to work with men....tired and...risky..all risky.

Yaow: Now Lee is masseuse, so I wonder if she uses condoms.

Nok: Why do you have to be suspicious? Suspect yourself! Saying is easy. Telling the doctor that we every time use condoms, and when get any infection then say that the condom's been torn out! some likes to say "I" never care about it" "I'm fine" but you may see numbers of used condoms in her basket, which equal to the number of their customers.

Yaow: Oh! Nok..Now I'm really so afraid. Who refuses condom, I refuse him. anyway, I still dare not go to ask about the blood test result. I'm afraid...if it comes out.. and...then...I'd be a loser.

Nok: It's O.K.. depends on you. If you already every time use condoms.

Yaow: But if I've already got AIDS..

Nok: You also have to use it, anyway. If you don't, you'll get more virus. And not for so long you'll get sick.

C.U. Yaow get up. She looks more serious.

Nok: I'm glad you don't take this risk. But the "Horse" (amphetamine) May I ask..just quit. You'll lose money, body, and soul. And if you take more and more of it..then you get high and forget about this condom things.

Yaow: Oh! You used to take it also...How many guys in one night if not for the horse, I really can't work.

Nok: But do I take that drugs now? And so? I'm still fine. At first it's good, as you see..never be sleepy and then no sleep! But if we are aroused to be too active all the time, our body can't stand it, And then we're gonna to be like corpses, or get crazy. You don't get AIDS but being like a corpse...What's the different, anyway?

C.U. yaow.

-MUSIC-

Nok: Do I speak too much?...Oh!....Yaow. We two are the only old friends here. I care about you. So just care about yourself, Yaow.

-CUT-

INDOOR
SCENE 6B
NIGHT

At Rung's salon.
The salon's closed...Rung counts and puts the money in the envelope.
Nam walks in..

-MUSIC-

Rung: You don't work?

Nam: I asked the guy to buy my time. (She looks upset, opens her purse to find cigarettes, but gets only the empty pack) (sighs)...I need some grass...

Rung: Heh!...Great!.....Grass? No..I've quit it for ages.

Nam: Well..that's O.K. Anyway, it can't help much, after all, everything just the same.
Rung's assistant comes to say good-bye and goes.

Nam: You don't go anywhere?

Rung: No...You know I've quit playing cards.

Nam: (nods wearily and looks around) I'm so jealous of you..

Rung: Oh!.....girl...It's not as smooth as you think. You know how much I have to spend for all these? Even for today, it's not so fine.

Nam: Why? I saw many customers.

Rung: The fund can't be easily returned, especially when I also lost time and money with gambling. Anyway, having passed the most difficult things, I'm sure I'll never be a loser.

Nam: Will a person like me can be like you? (sighs, Rung watches her silently) Damn! I 'm so damn bored, so disgusted those bloody stupid customers. They think they can gain everything by their money. And always say no to condoms...all guys are alike. I've also paid with my heart and soul. Then what..? There're only studs.

Rung: Oh! There must be some good guys..only a little bit hard to find.

C.U. Nam

Rung: Anyway, just don't give them all of yours. A boyfriend from this kind of place, you can guess!...who knows whom he has passed? so, better use condoms! Safety first !

C.U. Nam (thinking)

For me, I've already closed my love story chapter. Only my son here in my mind. I need him beside, but still being afraid he would know my past... Well, don't you have a child also?

Nam: I've never seen my daughter for 3 years. Just send her the money, that's all. My mom can brought her up better than me. I miss her, you know, but I dare not show my face! When she's big, will she know her mom is a chic..a masseuse? (laughs sadly)

Rung: But that's the truth. If I were you, I'll try to quit this job as soon as I can, and go back to stay with the child when she is still young.

Nam: I hope so...If I don't get AIDS and die before that.

Rung: But if you want to protect yourselves, it's not too hard, is it?

C.U. Nam

INDOOR
SCENE 7 Malee and Ying's rented room. A cheap one.
NIGHT Ying combs her hair in front of the small mirror. Malee lies beside.

Ying: I've kept an eye on him for some time. He'd call only my number, never massage with others. If I'm busy, he'd wait...Why do you ask about this? (turns to look at Malee)

Malee: Do you love him?

Ying: Don't ask about this? Why think too much? He has his wife and kids. And some day I'll have to go home.

Malee: May I ask...Aren't you afraid of...afraid that he may get...

Ying: (worrying but tries to refuse) But I didn't sleep around, Lee...I didn't take much risk. (stops for a while then speaks out her own fear) In fact...I'm also worry..about AIDS. But I don't want to think about it. he told me to trust each other, so it's difficult to say anything. I don't know what to say.

Malee: I think...maybe now he really has only you. But how can we know his past, who and where he's passed? I have a friend who told me that, though how beautiful our dream is, if we're too weak and did mistakes..got AIDS. It's so...

Ying: (sighs) I wish to go home soon. I'm sick of this things. Risk and risk...(puts the tape cassette in the player)

Malee: Me too. but even if I stay, I'm sure to protect myself. In fact I haven't though like this for so long. I'm just a beginner, for everything.

Ying: (pushes the button, the music plays) And also begin to work for yourself, right?

Malee smile. The song "Wish to go home?" Fade up.

-CUT-

INDOOR
SCENE 5C
NIGHT

At the brothel.
C.U. Yaow's painting of the rice field. It looks pretty but not so beautiful like an artist's. Yaow and Nok sit leaning against each other. Nok is watching the picture quietly.

-MUSIC-

Nok: Your home..really...looks like mine (smiles)

Yaow: Well...just take it.

Nok thinks quietly for a while.

Nok: Have you already saved a big sum, Yaow?

Yaow seems to be absent-minded.

Nok: Yaow...

Yaow: Do you really plan to let me stay with you?

Nok: What?...Yes, sure...But you have to have your own fund to do the business with me. I can't support you forever. You have to help yourself also.

Yaow: (slightly takes the painting back and watches it) Are you sure tomorrow will be better?

Nok: No..no..(turns to Yaow) but I believe that it's not gonna be worse than what's passed. And I believe...that tomorrow is up to us.

Yaow: I'm scared....

Nok: What? (stares Yaow's face and clearly understands) You're afraid of having been infected. It's in your mind all the time, right? Oh!...Yaow (smiles) If you've already got it, we can't change the past anyway, just do the best you can today..

Yaow: You don't understand....You're matures. You're strong. You've always take good care of yourself. (emotionally)

Nok: You think I'm never scared?....(emotionally but tries to be in control)...

-MUSIC-

I'm more than scared...more than you.. But I don't know why I should fall in that fear all the time. You know? I'm so scared...so afraid that one day I'll get sick here and can never go back home...never have a chance to stay in the house I've spent for...never see my sister graduated...never see my niece playing around...

Yaow: (dismayed) why...? you....?

Nok: (laughs) sadly) 3 years already...that I've known. But how many lives I have to take care, including mine. (staring at Yaow) so?...Are you afraid of me ?

Yaow: No..sister..never...(says firmly though still being stunned) But you seem to...you caution me..

Nok: You wonder why I always teach you? why?...Don't people can begin again anytime? I believe there's no late...only...the faster the better, we can't change the past...but we can build our future. (signs) It's not so easy. To work like this...not wearing condom for one time the virus can be spreads...

Yaow: But...

Nok: I don't want anybody to get AIDS anymore...anyone..the customers, their kids, their wives, or women like us, or you....I want it to end in me...

Yaow: (confused) And your dream...you still...?

Nok: Yes, I'm doing it...People can begin anytime. And someone like me won't die so easy. And to die fast or not doesn't make any different just make today the best!. This life is mine.

Yaow: I've read...that if one's still able to dream, he's still not able to die.

Nok: Now you also have a dream, Huh? (smiles softly)

Yaow nods.

Nok: This life is yours, we take good care of it. We don't harm ourselves...don't kill ourselves with drugs or taking any risk or whatever...That's all...I believe.

Yaow: I also try to think....how to do the best for today and wait to see tomorrow.

Nok: (takes the picture back) this is really mine?

PICTURE	SOUND
C.U. Yaow's painting	Yaow : Your home...that's it. Our homes are just the same Both laugh

INDOOR
SCENE 2B The brothel
DAY

PICTURE	SOUND
Nok is sitting doing her Knitting alone beside the window. The room is quite dark. There's a sunlight shining through the window. Nok looks peaceful and happy.	Nok sings "The sun is going down. And then my heart flies to my so far away home. I've left a long time.
C.U. Nok's face. A peaceful smile in her eyes.	Till now, How are you...my beloved HOME?

OUTDOOR
SCENE 1C The brothel
DAY

PICTURE	SOUND
The verdant rice field.	Quiet.

To my Feminine Friends I

Audio media	50 minutes long
Target group	prostitutes at whorehouses or masseuse at massage parlors 18-35 years old, 0-14 years of education

Objective

1. To urge prostitutes to convince their customers to actively use condoms. It is found that once a customer refuses to do, the prostitute fails to urge him enough to do so.

2. To propose prostitutes ways to negotiate customers to wear condoms.

3. To urge prostitutes to think of possibility to make customers wear condoms.

4. To nurture an idea to make prostitutes think bout the value of themselves so that they are serious to make customers wear condoms.

5. To convince prostitutes that they can control the situation and dare enough to refuse customers who fail to wear condoms.

How to propose

1. Via the radio program aimed specifically for prostitutes. The moderator will female, with an easy air in her voice so that listeners feel she can be their understanding and trustworthy friends.

2. Issues to converse in the program will come from letters from listeners. A working team will go out to interview opinions from those in the same professions along the entertainment places. Songs will also be played according to the requests.

3. The tome of the program will be natural and informal. A variety of ideas will be proposed within the program not only to make listeners feel that have each other for so long ; but also to urge them to consider about the proposed ideas but do not feel that they are taught.

Characteristics of the moderator and the participants

1. The female moderator. She will be informal and lively so not to lend an air of seriousness in the program.. She will make the participants and the listeners feel she is their friend, their younger or older sister.

2. ***"Rung"*** comes from a character of a masseuse in a video. she is aged but brilliant, talkative and witty.

3. ***"Nang"*** comes from a fictitious character in a video. She is always sad and suffering. She always seems anguish and does not talk much.

4. ***"Mam"***, a clever prostitute at the whorehouse, in late 20' s, self-confident, dare to do things.

5. ***"Nong",*** an early 20's prostitute who is affected with a disease. She is not aggressive and calm like those who have thought thoroughly after having been through various kinds of ups and downs.

6. ***"Toi",*** a prostitute with bad mouth but a kind heart. Like Rung, she is talkative and witty.

7. ***"Noo",*** she is still young, lively and does not think much of anything. Like a girl who is still short of worldly experience, she talks like a teenage girl.

Have you ever been tired, stars? by Masha

Kersarin: Have you ever been tired...stars? It is sure that we are all tired some time or another, especially those who work like you do, I do not need to ask you. But it is all right. You can relax with me in this program ***to my Feminine Friends with Kesarin,*** which would also like to hear about you stories out there. But before we start talking today, let's listen to the song which has been requested. Here is it, ***a Life full of Debts by Suer.***

A Life full of Debts by Thanapol Intarit

With background song

Kersarin: Because we were not born with a golden spoon, that's why we have to work hard like this. This is a song that Nuch requested earlier, together with her letter which she wrote it this way. (start to read with emotional voice). "My life is meant to pay for debt like what the song says. I have to work. The only thing I can do is think about my family. I am also very much afraid of AIDS. I know that condoms should be worm. But it is easier said than done. I am curious how others do. Do their customers wear condoms every time as they claim?" Well, that is what Nuch said. I will chose another song for you before we come back and listen to comment our team had been out to ask from you.

I want to Go Home by Suer

Kersarin: And that is ***I want to Go Home by Suer*** once again.
Everyone may have a dream once to go back home as the song says. I do believe that everybody is far away from home right now, away from those you love. But for their sake, for those who are waiting for us, we must continue fighting. Before this song, we had Nuch's problem. Now let's listen to what others think about this issue.

Voice taped earlier in an interview

Rung: Call me Sister Rung (laughing). I feel old already. Well, I am not sure what Nuch does. But for me, I am a masseuse. Increasing customers agree to wear condoms because they too fear of AIDS. I am afraid of them, they are afraid of me, which is good. But there are also others who are so difficult ((high voice). I agree that it is easier said than done. But if you are serious about doing so, it can still be done.

Kersarin: I think everyone is serious of wanting customers to wear condoms. But there are many problems; for example, customers do not want to...

Rung: We have to think why they do not want to. See, men are always stupid by asking us not to wear condoms when they come to us. Then, it is up to us, whether we insist enough that they must wear them. Do not let them play their game because when they say something real nice, we always smelt down and let them do what they want...O.K... We must convince them, not the other way around.

Kersarin: So you are not melting down.

Rung: Yes. I can confirm that for the past two years, I have every of my customer wear the condom. Well, I can no longer give in to anybody at all. I have worked for so long. I know if I give in, it is me who will cry later on. This is my working's principle. I am the most important. Whatever I do, I have to remain healthy.

Kersarin: Yeah, she is Sister Rung. And before I bid good bye to our pretty sister, I would like all our friends to listen to the song she has requested. She would like you all to carefully listen to this song which can well tell us how she can resist her customers' demand.

Widow by Saowalak Leelabutra

Voiced taped from earlier interview

Nang: I am also a widow. I am now 25 years old and have a daughter.

Kersarin: What do you think about some people who are soft-hearted and allow the customer without condom on? Just now, the sister who requested this song said she has never accepted any customer without condom on.

Nang: I will never been soft-hearted with the customers even if I like my customers very much. But when I accept this type of customers (not wearing condom) I do it for reason.

Kersarin: What are some of those reasons?

Nang: Sometimes, I get fed up with some customers who get on my nerve. It happens when I try to convince them but the customer won't listen. Then, I will take the risk. Well...I will carefully look if that person is clean enough. I acknowledge that I choose this job because I want money. If I am very strict and deny customers without condoms, I will be unable to earn any money. But when a doctor comes for a visit, I always tell them I only sleep with customers who wear condoms. If not, the doctor will blame me.

Kersarin: You mean that some of you do not wear condoms for customers when they have sex.

Nang: I think so.

Kersarin: Seriously, do you believe about AIDS and are you scared of it?

Nang: I don't know...It is an unsolved problem. I don't want to think about it. If you know how to succeed in convincing them to wear condoms, then please tell me.

Kersarin: Wait and see if I can find someone that got an idea. While waiting, I will open another song for all friends.

Nang: (soft voice) thanks a lot.

Do you Think Too Much by Suer

Kersarin: That is a song for everyone. Do not think so much, friends. Our lives are so short. And this is another request from Mam, who says the song should be listened by our stubborn customers. She will be the next one who will talk about this topic.

Compromise by Wasan Chotikul

Voice taped in earlier interview

Mam: ***Yes... Compromise***. It is not that we just push them to wear condom but we must learn some trick to convince them. Just like the previous sister said: We have to convince them not that they convince us.

Kersarin: That means we have to talk to them nicely.

Mam: Not only just kind words. But also others. well, if we want them to wear condoms, we have to talk in the right way. maybe, with sweet words like if you wear condom, then both of us will be safe. Or I want you to use condom because I really like you. It depends how we talk. If a customer said it not fun to use condoms, then we have to offer him. may be convince him to try firm with condom, and if it is not good, we will talk again. Everybody should have several tactics.

Kersarin: Don't you want to disclose some of those tactics? (both laughed)

Mam: It is not that I don't want to tell. But it is really different, case by case because we all have different ways. But to be simple, we must make the customer feel good first before we ask them to use condom. When we wear it, we should be careful that we do it smoothly without interrupting the emotion. It depends how we can convince them and try to make it fun. If we really do it good, then they will impressed because wearing a condom make them last longer when making love.

Kersarin: Enjoy it more, you mean?

Mam: Of course, I think it really depends on us. I mean how we wear the condom for them. If we do it in a rough way, I will annoy them. If you really doing good, not only us but also the customer will be satisfy because they don't have to worry that they will get any disease.

Kersarin: What will you do if all of your advice do not work for some customers who have never taken good care of themselves and refuse to try new thing?

Mam: Ahh..if the person is that stupid, then we just don't accept them. Seriously, I mean if we really please them, and they don't respond to our request, then we just say no to them.

Broken by Masha

Voice taped in earlier interview

Nong: If you can think like this, it is good.
Kersarin: How about you, Nong? Are you able to do so?

Nong: Can or cannot. I still have to work like this. (laugh)

Kersarin: What do you mean by saying so?

Nong: I mean I use it every time. And I think it is very risky even not wearing if just once. It is not worth taking any risk because we may get AIDS.

Kersarin: I think everybody realizes this fact, but in your opinion, what can they do?

Nong: I think if we talk nicely and convince them and if it doesn't work, then we should just say no, I mean not accept them as the customer. Previously, I might allow some regular customers who deny to wear condoms but now, I only say no to those who don't wear condoms. I just tell them to go other places. I understand that it is very hard to talk or convince the customer. It is really annoying to talk about AIDS and some customers blame us just because we do not trust them.

Kersarin: What make you to be unyielding?

Nong: ..(stop a while) It is because I already got HIV (both quiet). That's why I said if you don't wear condom just once, then you take risk. Those who think only one time won't make them contact AIDS are totally wrong.

Kersarin: Umm...we are also worried about all our friends.

Nong: Yes..because if we are infected, nothing can change. But now, I don't think too much. I just work because my family still relies solely on me. And my doctor said if I don't get more other diseases, then I will be O.K. That's why I use condom every time. I don't want to get more diseases. And in the other way, I feel sorry for the customer and don't want them to get AIDS from me. The pity is not so much for the customer but I am worried about their families, I mean their wives, girlfriends. If they get disease from them..

Kersarin: I have a lot to say to all of you. But I think we will talk later sometime in the future. I think you all will be impress with Nong's strength and I would like to play this song for everybody who faces the same situation like Nong.

Nenus by Sornram.

Kersarin: Yes..just like the song. We should support each other and try to help each other to have a brighter future. And this is another song I would like you to listen. ***It is The Test of Life by Masha.***

Test of Life by Masha.

Voiced taped in earlier interview

Toi: Listening to Nong's tape, I think she is brave.

Kersarin: If I were in her place, it would e very hard to me to convince myself.

Noo: I could not be able to think like Nong.

Toi: Umm.. it is just a life. Every life has good and bad sides. We have to accept the truth, Noo. What we can do right now is how we can do to protect ourselves from AIDS.

Noo: Our duty is to make them happy. But if we cannot make them happy, who are going to come to us?

Toi: They are absolutely happy if they can guarantee that there won't be any disease coming from us.

Noo: Some are terrible. We have talked and talked and then when he said yes, and we were going to use condom, their things become soft. I am so bored when facing this situation (all three women laughed).

Toi: You have to practice the way to wear condom for the customers. If you just wear it like that, the customer will run away. If you wear it with your mouth, then they will love it. Some of them did not even know we already wear the condom, they only knew when we took it off (laughing)

Kersarin: I think Toi's trick is useful but some may be unable to copy her tactic.

Toi: I won't be possessive. Anybody can copy mine. But for person that cannot use her mouth, she has to find and come up with her tactic.

Nang: I believe and I am afraid of it. If I catch AIDS, then my children will have hard time.

Kersarin: Then, we cannot let ourselves become AIDS victims. But we will be satisfied that we are safe.

Noo: But one thing I get fed up is that it is very long time for a person to wear condom. Sometimes, it takes so long and it hurts me.

Kersarin: Then, I can say KY jelly is the best.

Toi: Yes, because if we use other kinds of oil, it will make the condom leak and cannot protect us from AIDS. Noo knows a lot but she often forgets it. Be careful! (all of them laughed)

Kersarin: But I would like to ask you the last comment that if there is no way to convince your customers, what are you going to do?

Noo: Bye bye.

Toi: Then we go our way.

Noo: If you really don't love me, then you can dump me.

Toi : Not that if we don't earn his money, we will die. On the other side of the coin, if we earn this kind of money, we may die.

Kersarin: Yes..those ideas are from two friends. Before we are leaving. I would like to play this top-hit song for you. You should try to sing and think about it.
Oh Oh Na Kloew (So Scared)

Oh Oh Na Kloew By Ta Ta Young.

To My Feminine Friends II

Audio media:	60 minutes long
Target Group:	prostitutes at the whorehouse and massage parlor 18-35 years old, 0-14 years of education

Objectives:

1. To convince prostitutes of the value of their lives. To urge them to love themselves and think of the future. To plant a hope for tomorrow because only the morale can make the life improving. To convince them that they must take care of themselves to be safe from diseases especially AIDS.

2. To emphasize the information and correct understanding on AIDS.

3. To encourage them to wear the condom every time they have an intercourse.

4. To make them be confident that they have the rights and ability to take matter in their own hands by urging them to think of their future.

How to present:

1. Via a radio program targeting prostitute in particular. The moderator will be male, with matured personality, understanding, polite and trustworthy.

2. The program participants will be four prostitutes who are willing to share their lives with others. All four are the members of the program who meet each other for the first time on air. But everybody has the same feeling and care each other. Songs will be played according to their requests.

3. The tone of the program will be warm and understanding. The program will offer ideas of the four of them so that listeners can listen and think about it and won't feel that they are taught. But the program won't be so lively as the first program.

Characteristics of the moderator and participants.

1. The male moderator will be polite and ready to understand everyone. He must be mature enough that everybody in the program can count on him.

2. "Yao" comes from a character in a video. She is a problem child and in her late teens. She is lonely and aimless so much that she could not see much of her future. She wants warmth and morale.

3. "Lada" comes from a masseuse character in a video in early thirties. She married once and divorced. She has to take care of her seven-year-old daughter. She is self confident, firm, mature and speaks politely.

4. "Kwan" is a woman from the North who has worked as the prostitute for five years. She is the breadwinner and see herself as the family's dependence. She feels uneasy of what she is but does not think of any way out.

5. "Aew" a thirtieth woman, a ancient Thai-style masseuse. Her husband earns very little and lives in Bangkok. He knows she works as a masseuse but Aew reckons it is the money which forces her to do this job.

Narut: Here is your relaxing time, my fellow friends, brothers and sisters. My name is Narut and this is the time we have understandings for each other. In my program To My Feminine Friends, today, we have friends visiting us, just to talk, discuss and tell us what they have in mind like always. The first one, sitting very next to me is Nong Yao, right?

Yao: Yes, hi.

Narut: Nong Yao seems to be the youngest (several sounds hummed to agree). Where were you born?

Yao: Korat.

Narut: Ok. Before we start to talk, I am going to run the song Nong Yao just chose a moment ago. What did you tell me about the song?

Song started to fade in

Yao: Oh, I said that the Eighteen Rainy Seasons song just sounds like my life although I am older than 18. I am almost 20 now.

Eighteen Rainy Seasons song

Yao: I think the song is similar to my life ... like there is nobody out there. There is no home. That's why I have to be like this.

Narut: Wait. What do you mean when you say there is no one at home and that you have to work like this? How do the two stories relate to each other?

Light sound of song was played along

Yao: It is like ... I had a fight with my parents at home and I left. As a matter of fact, I ran away from home several times before ended up working like this. Frankly speaking, I had lost my virginity, that's why I chose to work here.

Narut: Do you think that if you had not had a fight with your parents and left home, you would not have worked like this, don't you?

Yao: No, but I won't put a blame on my parents. I myself liked to hang out. My parents did not have time for me because they were busy playing cards. When friends asked me, so I ran away with them.

Narut: Where did your friends persuade you to go?

Yao: Well, to work in a restaurant. Then a friend at that restaurant asked me to do something like this because it is better paid. I agreed. But my friend did not, she would not want to do it. But for me, I.. (silent)..., how to say, I don't have anyone. I am not longer virgin. Frankly speaking, I was short of money, so why not try the job?

Narut: Nong Yao may feel you have nobody to talk to. But at your home or your working place, there should have been somebody you can call friend, right?

Yao: Yes, there are. We have the same feeling. It is easy to talk.

Narut: Those who are sitting here also have the same feeling as Nong Yao, am I right? (light sound of acknowledgment. Yao lightly laughed). See, we still have friends ... at least. But before we get to know three other friends, I would like to play a song for Nong Yao and whoever have the same feeling as Nong Yao. This is Touch Na Takuatung's *Not Even a Star*

Not Even a Star by Touch

Narut: Now, at the other side of me sit Kwan, Aew and Lada (each says hi softly) Let come to Kwan first. How do you feel when you listen to this song?

Kwan: Good but it is quite sad (laughing)

Narut: But ... I think listening to this song should boost your morale up.

Kwan: It is like that we can be only stars only on the ground. Will there be anybody out there to soothe us like what it is said in the song? (laughing)

Lada: We do.

Narut: Yeah, exactly, Khun Lada

Lada: Yes, I think for someone like us, we had better help each other because we know well what we think. Others do not really know how we feel. Besides, they do not really care for us.

Narut: I think there are many who do care or sympathize you and your friends. But may be, they do not quite understand all .. like .. me, for example (laughing). However, let's think that this program is for you to talk and understand more ... we do not live alone.

Yao: But I sometimes feel I live alone. Those at the house I work at, they are adults and tend to work for money. They have burden to take care of. You cannot expect them to bring me to fun places.

Kwan: That's good ... so that we don't have to spend our money.

Lada: Are they good to you?

Yao: They are quite OK. Some teach me a lot, for example, AIDS stuff and that I have to wear condom.

Kwan: Yes, they are worried about us. AIDS is dreadful. Even I am afraid of it. But we can't do anything much. Because what we are, we have to take risk.

Narut: But would rather say there is a way to avoid risk or at least make it less risky, isn't it?

Kwan: Wearing condom?

Aew: It is easier to say than to do.

Lada: Not so difficult. You just put it in the condom (laughing). Well, isn't it true? It depends on us whether to wear or not, whether to take risk or not.

Yao: It is quite impossible that everybody will wear.

Aew: Frankly speaking, if everybody has to wear it, I can't go on working like this. Put it in another way, I don't know why I should continue doing it. My burden is enormous. I have got to make money.

Lada: Have you had kids yet?

Aew: Yeah, two years old now. I am living with my husband. He is a Bangkokian but his salary is very little ... can't live on that.

Narut: That means you work to feed your kid and your family.

Kwan: All woman working like this are the breadwinner. Otherwise, we would not stay to be called a bad woman (anguish sound)

Narut: I think there are more and more people understanding us much better now. Not everybody will think like this (silent). Well, I would play a song for Kwan to make you feel better.

***Born Out of the Mud* by Touch**
***Can Only Be a Grain* by Somchai Kem-glad**

Narut: And that's *Born Out of the Mud and Can Only Be a Grain* which Kwan had requested since the beginning of the program. How are they? Do you like the songs that Kwan chose?

Lada: I like *Born Out of the Mud.* I like it the way the verse says that although the flower is dirtied by mud and nobody admires it, the flower never feels intimidated. Something like this.

Yao: Sometimes, I think I would rather wipe out what others said that I am a bad girl. They are not born to be in our position, they do not understand.

Kwan: They look at us from superficial point of view. They think well, because we are doing this, and we have to be a bad girl. They do not understand that someone are waiting for us at home. Who wants to be like this, I dare ask you? Worse is now there is AIDS. And you can die if you are not careful enough.

Narut: If everybody thinks that you do not like your present job, do you plan how long you would stay?

Aew: I want to have a lump sum of money so that I can open a laundry shop or some other easy business which will make me survive.

Kwan: I want to support my sister until she finished her study. Then I want to go back to sell things but don't know when.

Narut: Do you have to have a fund to start your business?

Aew: Yes, I do, I am trying to keep the money but it is difficult. My job at the Thai-styled massage parlor does not earn me very much, while the expenses are a lot.

Lada: Working in a massage parlor earns you a lot of money, so are the expenses. Within a moment, you don't know where the money is gone. It happened to me in the past. Now, I think I have managed the savings and stuff like that. My kid lives with my mom in the provinces which can save me a lot of money.

Kwan: You said earlier that you went to study to become a beautician (a sound saying good for you).

Lada: I got an idea from my fellow friends. We cannot always work like this. Who will choose us when we get old? I think this is the solution. I also think for those who are still young, they should think more of the future. Because a year passes by quickly and you become a year older.

Kwan: I am thinking but it seems dark and not through. I don't know how long this will last.

Narut: Maybe, we have to fix our deadline so that we have morale left to go on. (others said they agreed) Well, what about Nong Yao? You are so silent? How are you?

Yao: (laugh dryly) well, I listen to what you said. I think of myself as an aimless person. No burden like anybody else but I don't know what to do if I quit.

Kwan: Having no burden is a good thing so you can keep all of your money.

Yao: Then, so what? I do not have home to return to. How can I hope for someone to actually love me so that I can depend on him? I don't know when.

Lada: Waiting does not guarantee that you will meet whom you are waiting for, Yao. (sad and solemn sound). In the end, you will end up like me, being alone .. how can we think we can depend on others beside ourselves? (silent, shaking sound).

***So Lonely by* Pongsit Kampee**

Narut: Now (consoling) ... isn't it this song that you want to listen to, Lada? It is better to have a break now to listen to the song.

Aew: (sighing) Frankly speaking, although I have a husband, I still have to depend on myself. Being a woman ... is not so easy.

Kwan: I don't think about this stuff. It is so boring. I am used to the loneliness and I do not believe that who is going to be serious with us. Even when I manage to go home, I still think that being alone is much better.

Narut: Do you have friends who left the job and go on to marry someone else?

Kwan: Some. But I do not want to make a false hope. It is difficult.

Narut: Nobody knows her own future. But I think it is better that Kwan thinks that she must depend on herself first and foremost.

Lada: If we can make our life better, better things will come to us. This is what I keep telling myself. Say, I save the money. I go to learn to be a beautician, I build a home. Soon, I will be able to stay with my kid. Since I think like this, I have changed a lot. For example, whatever risk I took in the past, I think I do not want to take it any longer. Otherwise, no matter how much you make the money, you are not going to live the way you expect.

Narut: Do you means AIDS?

Lada: Yes. Now I am no longer giving in should one not want to wear condom. Because if AIDS come to me, it is useless to have so much money.

Aew: But often, it is difficult. Those long-time customers. If I insist, I will lose money because I cannot compete with the younger fresher fellow.

Lada: But you have to choose. Do you want to risk yourself with AIDS? What will your kid do if you are not there? I do think that nobody will love my kid as much as I do.

Kwan: As a matter of fact, I am also the breadwinner. If I have gone sick, they will be in real difficulty.

Narut: Emm ..., that is why I want you to listen to this song. I dedicate this song to everybody. And for you, Nong Yao, this is the second song for you.

Missing Home
Tomorrow by Nook

Yao: Sometimes, it is very difficult to fight all alone. Like me, if I happens to get sick, nobody will give a damn.

Aew: You yourself will suffer. I don't know how to say. But I think you are still young. You can do a lot of things more. Besides, you have no burden, which is considered a luxury for us. If you have AIDS and die, that is terribly sad.

Lada: Maybe tomorrow will have something better, who knows?

Kwan: If I were you, Yao, and I have no rush in making money, I won't give a damn for those who do not want to wear condoms.

Lada: Even if you are in rush to make money, you still have to reject those who refuse to wear condoms. Because if anything happens to you, you won't be able to spend money you have earned so hard for.

Aew: And if you refuse to one, you have to refuse to all customers, huh.

Yao: What do you mean?

Aew: We never know who has AIDS and who do not have AIDS. The disease ha no symptoms. They all look good and normal.

Narut: Every man can have AIDS including me (laughing sound was heard). I am serious, we don't know what will happen.

Kwan: That's true. But how much more time do I need to be able to quits this job? I don't know whether and when I will fall into those traps. I would like to remain strong throughout the journey. I think of going back to have a little grocery so that nobody can blame me that I am a bad, lost girl.

Yao: As a matter of fact, I would like to do what you are planning to. But I do not know where I will live.

Lada: You have to crack it bit by bit. But do not waste your time. I would like to use the opportunity as the most senior person in this group to tell you that if you let it go this way, one day when you are old, where will you be? Isn't it more difficult to think later than thinking it right now?

Aew: Look after yourself from now on. You still have many opportunities left. If you have AIDS, you will be sorry for what you have not done.

Yao: Meaning that I should start all over again ...

Lada: Yeah. Human beings can start anytime. But if you can think it through, you should start right now rather than wasting the valuable time.

It comes and go by Bird

Kwan: Oh, I like this song very much. I have not heard it in years.

Narut: This is Bird's old song. Everything comes and goes. But tomorrow should be better than yesterday.

Kwan: But I am wondering (Narut asked.. what?) whether we can always start all over again. Does anybody think that if I had AIDS right now, whom would I start my new life for?

Aew: Yes, you are right. I am afraid too. So afraid that I don't want to be checked up.

Yao: I am thinking of going to the doctor as well. Some of my friends at my place already went there.

Narut: If you know you have AIDS, how will you do?

Lada: I will take good care of myself because no symptoms won't come up until later.

Kwan: I learn that one can live for many years if she takes a good care of herself. But I don't know how to start. I mean soon you will die anyway.

Narut: One way to take care of yourself is not to get yourself more AIDS viruses. If we do not wear condoms, which means we tend to pick up the same disease again and again, that will make us sick more quickly.

Kwan: Even you get sick much later, that still means you are sick.

Aew: But the slower you get sick, the longer time we can work and make money.

Lada: As a matter of fact, not wearing condoms means not only that we can get the disease from the customers but they can also have AIDS from us.

Yao: You are right. I am afraid that their kids and wives will have AIDS too.

Aew: Do you think like me that they get AIDS from women like us and then they give the disease back to us anyway?

Kwan: Yeah... everything is dumped to us.

Narut: Then, how are you going to tackle this?

Yao: Don't know but I don't want anybody at all to have AIDS.

Narut: I have heard once ... they say if we are to love other, we must learn to love ourselves. If we cannot love ourselves, we won't know the real love is.

Lada: It may be right because if I don't love myself enough to take care of myself, I can't say that I love my kid. My kid needs me.

Aew: I think I love myself too. But there may be something which makes me bored to take care of myself. The future ahead is so far away or so uncertain that I do not want to think too much.

Narut: I ask you seriously. Do you believe that tomorrow will be better than yesterday?

Aew: If I intends to, I think I can do it (sound seriously)

Lada: I don't know whether tomorrow will be better. But I think I will do everything to make today good, I hope.

Kwan: Somebody told me that tomorrow may be worse than today. But the day after can be better.

Narut: Do you want to wait for tomorrow?

Kwan: Yeah, I think I do.

Lada: I think it depends on what we do today. I work for money to feed my family. I save for my future. I take a good care of myself to make sure that I do not get any disease from working like this. One day, I will quit.

Kwan: I hope one day that my life will be similar to others. Everything I have will be built by my own hands. I won't dream about my beau, or the marriage or stuff like that. I think I could stay on.

Narut: I hope that you will take a good care of yourself for that day to come. What about you, Nong Yao?

Yao: I will go back to think what to do next. I have listen to all of you and think that sometimes, I do wish to have money to set up my own business so that I do not have to work under anybody. Being a beautician or a dressmaker sound fun to me. But I am not sure. I have to wait. But I know now that I will not stay where I am now forever. I want to go away from it. I should better start things all over again.

Narut: Do you think that you can start again? Are you afraid of that.

Yao: No, I never fear. I will do it.

Aew: If you have any problems, you can talk to your fellow colleague at your place, or you can come to me.

Narut: Exactly. And I am going to say that everyone of you can come up and talk to me every issues. We may have to fight alone but we are not alone. There are so many of us, me and others who are ready to be at your side to make your life better. The only thing you must have is faith and follow on your dream. Keep yourself in a good shape. I believe that day will never far from you. (four of them hum in agreement) Before we leave, today there is a special song I would like to dedicate to my feminine fellow with love and care. I believe that everybody can live because of hope. And here is the song, *Life and Hope*, from Wasan Chotikul.

Life and Hope by Wasan Chotikul

Manual
for
Self-Esteem and Personal Future-Focussed Intervention to Promote Condom Use by Female Sex Workers

The manual for the Intervention in Thai Language consists of the followings :

1. Introduction
2. Focus Group Discussion Technique
3. Steps in Conducting the Intervention for CSWs
4. Objectives and Scripts of the Vedio I and II
5. Objectives and Scripts of Audio Casettes I and II
6. Problems and Difficulties of the Intervention : How to prevent and solve

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