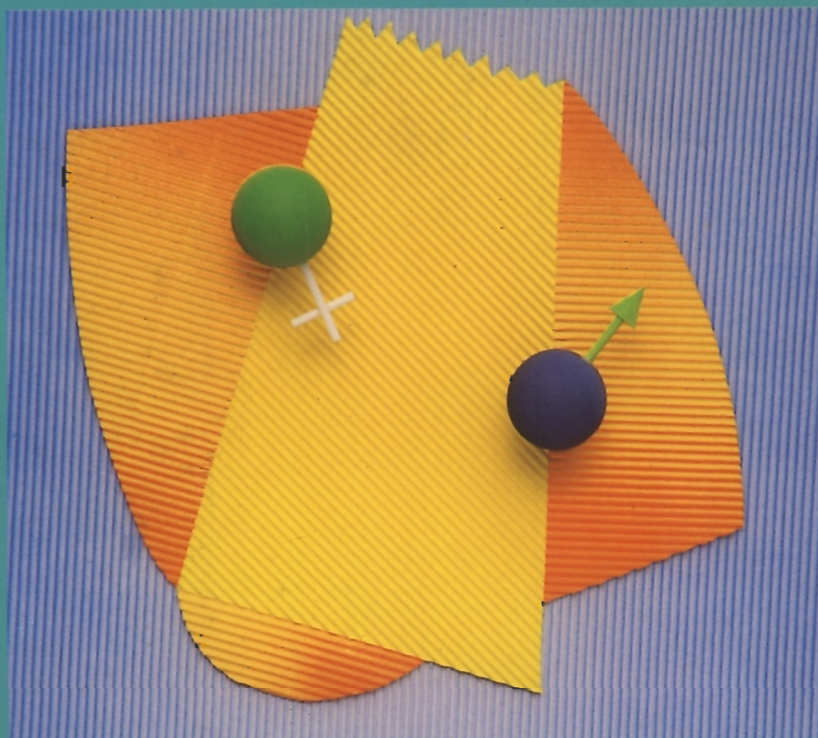


YOUTH SEXUALITY : THE SEXUAL AWARENESS , LIFESTYLES AND RELATED-HEALTH SERVICE NEEDS OF YOUNG , SINGLE, FACTORY WORKERS IN THAILAND



NICHOLAS FORD & SIRINAN KITTISUKSATHIT

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**Youth Sexuality : The Sexual Awareness,
Lifestyles and Related-Health Service Needs of Young, Single,
Factory Workers in Thailand**

by

**Nicholas Ford, PhD
Institute of Population Studies
University of Exeter
United Kingdom**

and

**Sirinan Kittisuksathit, MA
Institute for Population and Social
Research
Mahidol University
Thailand**

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E-mail : directpr@mucc.mahidol.ac.th**

PREFACE

Mahidol University has developed out of Siriraj Hospital which was originally founded by His Majesty King Chulalongkorn in 1887 to fulfil his wish to providing effective medical services for his people. In 1969 His Majesty King Bhumibol Adulayadej gave the University the name "Mahidol" to honour his father, His Royal Highness Prince Mahidol of Songkhla, who played a very important role in the development of medical education and public health in Thailand. The Institute for Population and Social Research (IPSR) was founded in 1971 in order to develop applied research and training in population, social and health issues. During its period of existence I am pleased to note that IPSR has attained national and international recognition for the quality of its research. This research project (funded by the UK Overseas Development Administration) has been part of the highly fruitful (British Council-supported) Link Scheme between IPSR, Mahidol and the Institute of Population Studies (IPS), University of Exeter. Educational connections between Thailand and the UK go back a long way and I am delighted with the continuing success of the collaboration between IPSR and the internationally respected IPS, University of Exeter.

The social aspects of population and health are crucial to all countries' well-being and of vital importance in the process of development. Over the years IPSR has made a considerable contribution to the understanding of population matters in Thailand working closely with (government and non-government) policy makers. Having attained replacement level fertility Thailand is now well on the way to complete its demographic transition towards population stability. This important transformation alerts us, however, to continuing critical problems concerning reproductive health and HIV/AIDS transmission, particularly for young people. As Thailand moves towards 'newly industrializing country' (NIC) status tremendous changes are taking place in lifestyles and attitudes. This research sheds light on these changes and highlights important policy implications deserving of wide consideration.



Professor Athasit Vejjajiva, MB (Lond.), FRCP, FRACP, FACP
President of Mahidol University

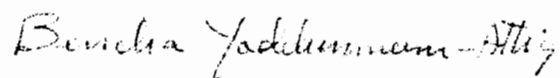
FOREWORD

This volume presents findings and analysis of a research project into young people's sexual lifestyles conducted between 1992 and 1995. This has been a critical, and in some ways, alarming, period in Thailand's reproductive and sexual health history. It followed the late 1980's recognition of Thailand's successful 'reproductive revolution', with the sobering awareness of the enormous scale and intensity of the country's HIV/AIDS epidemic. Both of these social and policy phenomena are underlain by, what is probably, the major focus of IPSR's research - reproductive and sexual behaviour. One of the most interesting aspects of this study by Nick Ford and Sirinan Kittisuksathit is that it investigates HIV/AIDS issues in interrelation with concerns with sexuality, gender, reproductive health, unwanted pregnancy, abortion and sexually transmitted infections - subjects which are perhaps too often studied in isolation from one another.

It is gratifying that this is the latest in a series of major research projects undertaken collaboratively by IPSR, Mahidol and IPS, Exeter. Indeed Nick Ford has been linked fairly continuously with IPSR's research and training since 1986. The two researchers bring together different skills, knowledge and experience which helps to produce a fairly comprehensive overall study.

For many years IPSR has been particularly interested in developing research which integrates quantitative and qualitative methodologies in applied, transdisciplinary research. This study admirably interlinks findings from focus group discussions, a schedule-structured survey and in-depth interviews in ways which enhance analysis and interpretation. The quantitative survey findings help to anchor the study to the growing body of survey literature on sexual and reproductive behaviour in Thailand, helping to identify broad directions. The in-depth interviews in turn provide rich case studies which portray the pressures, anxieties and feelings of young people in pre-marital, sexually active relationships.

Above all the study identifies the complexities of young people's social situations in Thailand today. Most of the factory-working respondents in this study are young migrants whose lives span (home) rural communities and the metropolitan-industrial sprawl of Bangkok and its neighbouring conurbations. Although both locales are effected by the same rapid social change in Thailand, they are still very 'different worlds', with varying personal opportunities, constraints and expectations. Both today and traditionally it has been recognized that women in Thailand have relatively high social status, in comparison to some other Asian countries. The issues of gender and women's status in Thailand, are, however, especially complex and potentially controversial when it comes down to matters of sexuality. Thais are aware that major changes are taking place in society and dabate on sexual values and behaviour is taking place on many levels. Reading this study, it seems to me, puts some kind of pattern on these complex matters, which may help the further identification of broad trends and directions, to assist both understanding and policy formation to enhance quality of life for young people in Thailand.



Bencha Yoddumnern-Attig, Ph.D.

Director

Institute for Population and Social Research

Mahidol University

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We would especially like to express our thanks to the 2,176 young factory workers who so kindly participated in the group discussions, survey and in-depth interviews. Also we are most appreciative to the factory managers for facilitating the fieldwork and giving their staff time away from the production line to be interviewed.

We gratefully acknowledge the funding support from the (U.K.) Overseas Development Administration and the enthusiastic feedback provided by its advisors.

ABSTRACT

This report presents the detailed findings from a study of the sexual lifestyles of young (15-24 years of age), single, factory workers in Thailand. The context of the study includes Thailand's rapid industrialisation and associated gendered pattern of rural-urban migration, and intense HIV/AIDS epidemic and other threats to sexual health. The primary focus is upon young women, but data has also been collected from young men in order to explore the gender and interactional sexual dimensions. The principal objective is to enhance understanding of developments in the sexual culture of young factory workers, in order to derive policy and programme implications and recommendations to protect sexual health.

The study involved a structured qualitative and quantitative methodology, including 18 focus group discussions (undertaken September 1992 - January 1993), a schedule-structured survey (undertaken October 1993 - February 1994) among 2,033, 15-24 year old, single workers in 103 factories in Bangkok and its environs, and finally 25 in-depth interviews (undertaken from October to December 1994) with sexually experienced young workers.

In assessing the prevalence of, and factors shaping, 'safer sex' practices, the study apportioned particular attention to young people's sexual relationships, interaction, attitudes and feelings. Overall there was a high level of convergence between the different sets of qualitative and quantitative data. The findings suggest a growing plurality and complexity in young people's sexual lifestyles and networking. The very low level of condom use within increasing non-commercial pre-marital intercourse within loving relationships is of especial health concern. The findings explain the obstacles to 'safer sex' within relationships in terms of a complex of factors, including, lack of perceived risk, desire for a sense of trust and intimacy, (young women's) emotional inhibitions relating to their sexuality, and low levels of communication between partners concerning contraceptive use. Policy implications are discussed in terms of

addressing the lack of congruence between the public discourse on sexuality and young people's actual sexual behaviour, and the need to further promote consistent condom use. Participative, interactive and informal strategies and programmes are recommended to address young women's and men's sexuality and the obstacles to 'safer sex'.

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CHAPTER 1

RATIONALE, OBJECTIVES AND CONCEPTUAL FRAMEWORK

This report comprises the full detail of the three and a half year study of the 'sexual awareness, lifestyles and related health service needs of young, single factory workers in Thailand. The report is structured in terms of a discussion of (both the Thai and international) context and rationale for the study, indicating the ways this shaped the objectives and operational concepts, and the methodologies with which to approach them. The findings are presented in the order in which they were collected, commencing with qualitative findings concerning young people's sexual expressions, followed by aggregate quantitative findings on prevalences of socio-sexual experiences, statistical analysis of sexual attitudes and behaviour, and sexual health-related awareness and information-seeking behaviour, and returning to qualitative findings to provide a more holistic perspective on the development of young individual's sexual lifestyles. The range of findings are synthesised in conclusion in order to derive their policy and programme implications. Specifically it is composed of three main sections; firstly, chapters one and two discuss the rationale/objectives/conceptual framework and methodology underlying the study; secondly, chapters three to seven, present the main findings from the focus group discussions (chapter three), the schedule-structured survey, - socio-demographic profile (chapter four), sexual lifestyles (chapter five), and HIV and sexual health programme needs (chapter six), and from the in-depth interviews (chapter seven); and thirdly, chapter eight presents the conclusions and implications from the study. Appendices outline the dissemination of the project's findings and a glossary of Thai-language sexually-related terms.

Introduction

Rationale and Background

The main part of this chapter outlines the Thai developmental and sexual cultural context of the study in order to provide the rationale for the research objectives and conceptual framework. The broad context of this study includes Thailand's rapid rate of industrialisation, associated migration and social change, and the growing threats to young people's sexual health, including the intense HIV/AIDS epidemic. The emphasis throughout the contextual review is to provide an outline overview rather than to present an exhaustive and detailed treatment of this range of inter-related themes. The study is part of the global concern with adolescents', and more widely, young peoples' sexual and reproductive health (WHO, 1984, Ford *et al*, 1992). The recent (Cairo) International Conference on Population and Development (ICPD) has served to crystallise the long-standing concerns with population and family planning into a general concept of reproductive health, which places especial emphasis upon adolescence, women's status and reproductive rights (Cohen and Richards, 1994). Furthermore, the concern with adolescence and gender matters has been given considerable stimulus by the global concern with HIV/AIDS (Reid, 1992). It is increasingly well recognised that to effectively promote consistent 'safer sex' practices it is necessary to understand the interactive obstacles to such practices within relationships (de Bruyn, 1992, Orabuloye *et al*, 1993). Thus a key feature of this study is to examine the gender structuring of sexuality and its implications for strategies to protect the sexual health of young people in general, and young women in particular.

Thailand is widely considered to be the 'quiet achiever' within South East Asia, having sustained continued substantial economic growth over the past two decades as it views for 'newly industrialised country' (NIC) status. Nevertheless, this should not obscure the fact that Thailand is still a predominantly (over 60%) rural, agrarian-based country. Thus its rapid

industrialisation has been accompanied by enormous rural-urban and often, circular, migration. Furthermore, Thailand exemplifies certain key gendered aspects of recent migration patterns in S.E. Asia. These aspects include; firstly, a low sex-ratio in migration to urban areas (in 1985-90, for every 100 females who migrated to Bangkok, there were only 87 male migrants); secondly, both women and men migrate for 'economic', rather than 'family' reasons; thirdly, a high proportion of female migrants are young and single; and fourthly, women migrate primarily to work in the manufacturing and services sector (Guest, 1992). Over 60% of 1980-85 inter-regional migration stream to Bangkok were women (National Statistical Office, 1985, United Nations, 1987). Labour surveys confirm the increasing level of women's employment in the industrial sector, with the majority of these women being under 30 years of age (Podhisita *et al*, 1988, Soonthornthada, 1989). The very high level of women employed in industry in Thailand reflects the so-called international 'feminisation of labour', whereby female workers are preferred by employers due to their greater malleability, docility, lower unionisation and, consequently, lower wage demands (Standing, 1989).

Migration within Thailand is dominated by the urban primacy of Bangkok and the associated industrial development of its environs (Sussangkarn *et al*, 1988, Komin, 1989). The pattern of uneven development has ensured that despite high levels of economic growth since the mid-1980s, there is deepening relative poverty in many rural areas (Hutasurani and Jitsuchan, 1988). Successive Thai governments have espoused the rhetoric of addressing Thailand's uneven patterns of development, perhaps not least because the urban elite is only too conscious, on a daily basis, of Bangkok's terrible congestion. However, government policy has made practically no impact upon the concentration process. In terms of responding to rural-urban migration the Thai government's approach is in line with the general retreat from direct interventionist policies and towards accommodationist approaches (Findley, 1993).

In some parts of the developing world, for instance in South Asia, women's (and especially the young and single) mobility is severely limited by restrictive social norms such as 'purdah' (Dixon, 1978, Maloney *et al*, 1981). In Thailand this was not traditionally the case as Thai women have always taken an active economic role and are considered to have relatively high status compared to women in many other Asian countries (Prasith-Rathsint, 1989, Yoddumnern-Attig *et al*, 1992). Indeed, young Thai women consider that they are expected to actively contribute to the material support of their parents and younger siblings (Phongpaichit, 1982). With the advent of the availability of factory work for young women, the familial expectation of remittances from daughters also seems to reduce any objections to their migration alone away from home. It is, however, important to note that within the Thai family, young women receive a more socially sheltered up-bringing and are socialised to be more dutiful and obedient to their parents, than their male siblings, who are accorded a greater latitude of autonomy and wilfulness (Archivanitkul and Havanon, 1990, Mueke, 1992). The study thus seeks to examine the gendered impact of the young workers' migration, which is a move in social, as well as geographical, space. Prior research has for instance indicated that young women who live away, have a higher level of sexual experience, than those who live with their parents (Prasartkul *et al*, 1987). The study thus seeks to contribute towards the understanding of the influence of situational factors upon sexual lifestyles, and their implications for strategies to protect sexual health.

There are social dimensions which accompany Thailand's processes of urbanisation and industrialisation (Komin, 1989), some of which are considered to be influencing the sexual culture. Qualitative studies have, for instance, suggested that there are increasing levels of pre- and extra-marital, non-commercial, sexual interaction (Havanon *et al*, 1992, 1993). These changes have been linked to increasing rates of unwanted pregnancies, (illegal) abortion and associated maternal morbidity and mortality (Koetsawang, 1980), and transmission of sexually transmitted infections, including HIV/AIDS (Poschyachinda, 1990). More than one third of women admitted to Siriraj

Hospital (Bangkok) for medical complications arising from illegal abortion were single (Koetsawang, 1980). The study's emphasis upon focusing upon the sexual lifestyles of young, single women in particular, reflects the facts that their sexuality in Thailand is largely a 'socially-hidden' phenomenon, and that the problems of sexual health are inherently 'biologically sexist', in that the associated complications are much more serious for females than males (Goldsmith, 1986).

Given that in the 1990s the greatest threat to sexual health in Thailand is HIV/AIDS, some contextual reference is made to the development of the epidemic. In terms of the history of the global HIV/AIDS epidemic Asia at first appeared to lag behind certain other regions, although once infection was introduced it has witnessed some of the most accelerated HIV epidemics, particularly in parts of India and in Thailand. In response to the diagnosis of the first AIDS cases (from 1984) in Thailand, the public's reaction was largely one of complacency, with AIDS being regarded as a homosexual problem largely confined to foreigners. It has also been suggested that the Thai government was hesitant in publicising the growing threat of HIV/AIDS for fear of harming the country's burgeoning tourist industry. However, by 1987, facing pressure from both the medical establishment and the press, the government released figures and information concerning the level of HIV/AIDS in Thailand (Cohen, 1988). Although (the number of cases reported has risen in line with increased testing of blood for HIV anti-bodies, it does seem likely that in the mid-1980s there probably were fairly few cases. However, as the number of cases started to increase in the late-1980s there was a huge acceleration in the epidemic. By late 1991 the Thai government estimated that there were between 200,000 and 400,000 cases of HIV infection, by mid-1993 authorities were estimating a total of 750,000 (Brown and Sittitrai, 1993). Furthermore, government projections have suggested that this could increase to a cumulative total of 2 to 4 million HIV cases in Thailand by the end of the century (WHO, 1992).

HIV infection has been detected in Thailand among injecting drug users (overwhelmingly males), prostitutes (both male and female), customers of prostitutes (males), recipients of contaminated drug products, wives of prostitutes' customers, and since 1989, babies born to wives of injecting drug users and customers of prostitutes. Although the epidemic appears to have passed through a series of large scale waves, first among drug users, and secondly, and primarily through the sex industry, it appears, that rather than being transmitted from one group to the other, these are basically two distinct epidemics. Evidence for this has been provided by virological analysis which has revealed two basic sub-types of HIV-1 in Thailand (Ou *et al*, 1992). The sub-type found in female prostitutes, their customers and wives of customers, closely resembles an HIV sub-type found in Central Africa. The sub-type found in injecting drug users is essentially the same as that found in North American and European strains.

The greatest societal concern with HIV in Thailand revolves around infection via the sex industry, largely because this is viewed as having the potential to infect large proportions of the male population. It should be noted that much of the popular discourse on AIDS in Thailand revolves around the dangers of female prostitutes infecting men, rather such men infecting the large numbers of young women who continually enter the industry. Nevertheless, although perhaps belatedly, it cannot be denied that recent Thai governments have unequivocally acknowledged the gravity and scale of the epidemic. Furthermore, the Thai governments have taken widespread steps through both government and non-government organisations (NGOs) to alert the public to the risks and protective behaviours. Although the seemingly continual political infighting within the coalition governments has prevented active political initiative from the highest levels, this has not prevented a large scale programme and research response.

As will be elaborated below with respect to the study's findings on sexual behaviour, the risk of HIV infection is one of the parameters which is shaping

the sexual culture. It should also be noted that although Thai culture is renowned for its toleration of non-threatening diversity there is considerable stigmatisation of HIV carriers and AIDS sufferers, partly derived from the intense fear with which the epidemic is viewed by much of the population.

It is axiomatic that in order to understand the nature of an AIDS epidemic and other threats to sexual health it is important to understand the main features of a specific sexual culture. This study has approached research into sexuality in fundamental relation to seeking a stronger appreciation of the effect of gender. In this study sexuality essentially refers to the social and personal pathways to erotic arousal, genital stimulation, orgasm and sexual interaction, into which individuals are socialised by their society and culture (Hyde, 1986). Gender refers to sex-role identities, expectations and behaviours which are also primarily socially and culturally shaped and acquired (after Caplan, 1987). Whilst gender-specific behaviours may generalise to different aspects of social life they impact especially closely with reference to sexuality, in particular regarding the '**scripting**' of sexual interaction and activities (Gagnon and Simon, 1973). Furthermore, in approaching the study of sexuality it is important to go beyond the '**sex-negative**' perspectives implicit to a focus upon the threats to sexual health noted above. More general definitions of sexual health, as expounded for instance by the World Health Organization (WHO, 1975) and the International Planned Parenthood Federation (Vilar, 1992), have sought to conceptualise it not only in terms of freedom from the fore-noted problems, but also from pressure and coercion and lack of information and services. Furthermore, such definitions of sexual health have sought to emphasise the social, emotional and intellectual, rather than merely the medical, aspects of sexual being. Such expanded concepts of sexual health have also included positive goals of enhancing personal relationships and sexual pleasure. Although it is possible to identify Asian traditions in history which had positive attitudes to sexual pleasure (Buchanan, 1968), in recent centuries guilt and taboo have shaped popular perspectives (Kapoor, 1993). Indeed, some of the qualitative findings reported below in this study highlight the ways in which

young Thai women are socialised into associating their own pre-marital sexuality with a sense of guilt and embarrassment. The broader concepts of sexual health have informed this research in shaping its focus upon feelings and relationships as much as reported behaviours in the study of sexuality.

A fundamental feature of the Thai (as some other Asian) sexual culture is a strong '**double standard**' in which pre-marital sexual experience is tolerated or even expected, of young men, but strictly prohibited for young women. The asymmetrical demand, that this has created, in a predominantly heterosexual society, has led to a substantial commercial component within the sexual culture. Thus some reference to the scale and nature of the Thai sex industry is warranted.

It is the belief of this author that some of the internationally quoted figures pertaining to the scale of prostitution in Thailand involve gross exaggeration. However, it seems plausible that there are between 150,000 and 300,000 women, mainly in the 18-24 age group, working in the industry throughout the country. Although there is a component which interacts with tourists and foreigners, in general, the major part of the sex industry in Thailand caters to a local demand. As in other countries there is a wide range of types of commercial sex establishments and outlets, ranging through high-income '**call-girl**' agencies, executive clubs, '**Go-Go**' bars, '**coffee shops**'/'**tea houses**', massage parlours, brothels, '**streetwalkers**' and even mobile sex workers catering to rural market fairs. There is also a (much) smaller segment of male prostitution catering to bi- and homo-sexual men. There is considerable sensitivity within Thailand concerning its international sex industry image. In recent years, (and especially under the last administration of Chuan Leekpai, there have been increased efforts made to eradicate the major problems of under-age (under 18 years), and '**forced**', prostitution. Much has been achieved, although the sheer scale of vested interests and even (allegedly!) police collusion has meant that it is extremely difficult to eliminate all such abuses. Epidemiologically it is important to note that there are much higher

levels of HIV infection in the lower, than higher, income segments of the sex industry. For instance, a comparative survey of a high-income massage parlour and low-income brothel in Bangkok revealed HIV positive rates of 1.6% and 42% respectively (Koetsawang and Ford, 1993). The AIDS epidemic has stimulated further debate within Thailand concerning the place of the sex industry within its culture.

Whilst the dominant (popularly-expressed) paradigm of the sexual culture asserts that Thai women do not engage in pre-marital intercourse, there is also increasing questioning of whether this is really so. Qualitative research into sexual networking has indicated some overlap between commercial and non-commercial sexual contact (Havanon, 1992). However, given that women's pre-marital sexual experience is socially stigmatised it is difficult to obtain quantitative data on the subject. A major concern in this study is thus to attempt to uncover the nature of young peoples' non-commercial, as well as young men's commercial, sexual contact. Particular reference is made in this study to the feelings and circumstances within which young, female factory workers engage in sexual interaction and intercourse. This difficult task is approached by means of focus group discussions (to record expression of attitudes), a schedule-structured survey (to quantitatively record attitudes and reported behaviours) and a small number of in-depth interviews (to explore individual circumstances and sexual relationship development).

A major concern in the study is how far behaviours entail 'safer sex' practices. Thus the study recognises that critical influences upon the practice (or not) of 'safer sex' are the situational factors of social expectations and the relationship context. The study has been informed by research in the UK, for instance, that has indicated that young women's ability to negotiate condom use is constrained by the gender construction of sexuality and inequality in gender relations (Holland *et al*, 1990). Although there has been a considerable growth in AIDS-related research in Thailand, gender has not been fully addressed. Thus a major aim of this research is to systematically explore the gender construction of

sexuality in Thai culture and to promote its wider recognition and understanding.

Finally, with regard to the study's specific focus upon factory-employed young people, it should be noted that this is not solely because of the particular situational/migrational influences upon their sexual lifestyles. It is important to emphasise that much of the prior research into young peoples' sexual attitudes and behaviour has been undertaken among school and college youth (Koetsawang, 1987, Prasartkul *et al*, 1981, Sakondhavat *et al*, 1988). The young factory workers in this study may well be more typical of the mass of Thai youth than the minority who complete High School or go on to further education. As such, although these findings are derived from a specific occupational group, they may well have more general relevance (although not statistical representativeness) for youth culture in Thailand. Furthermore, the focus upon the sexual lifestyles and health service needs of young factory workers is also pertinent because although some sex education is provided in High School in Thailand, most factory workers leave school before the age of thirteen and are thus unlikely to receive such instruction (Soonthornhdhada, 1989). The remainder of this chapter outlines the study's objectives and conceptual framework.

Objectives of the study

Ultimate Objective

The ultimate objective of the study is to generate understanding and information which can help protect and enhance the sexual health of young, single, female factory workers in Thailand. The outcome objective is to generate information and findings which, in their content and implications, can contribute towards appropriate policy formulation and programme development.

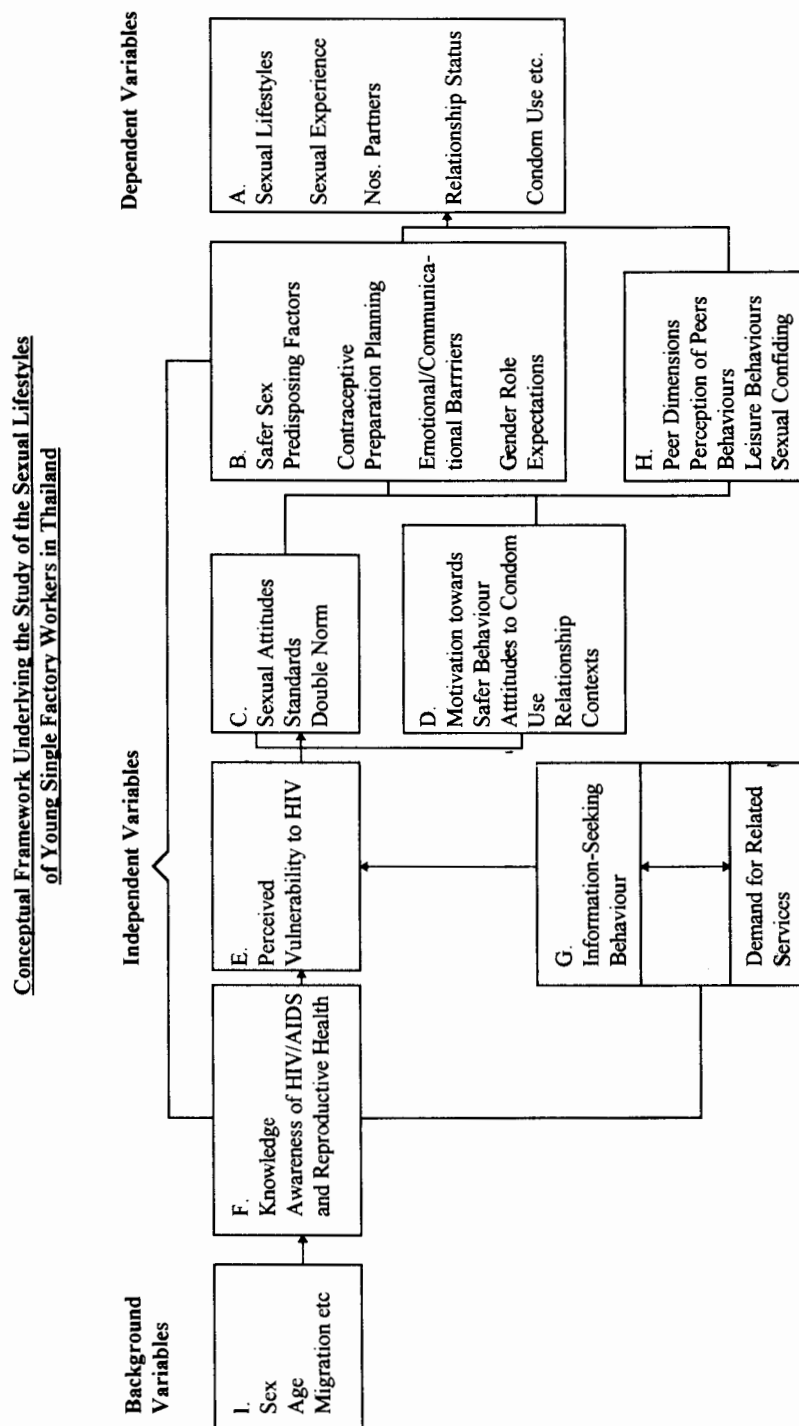
Research Objectives

The Institute for Population and Social Research, Mahidol University in collaboration with the Institute of Population Studies, University of Exeter, is to undertake a structured, qualitative and quantitative study of the sexual awareness, lifestyles and related health service needs of young (15-24 years), single factory workers in Bangkok and its industrial environs.

Conceptual Framework

The conceptual framework underlying the study is schematised diagrammatically in Figure 1.1 It is comprised of four sets of variables; conditional, background, independent and dependent. The conditional variables defining respondents eligible for the study are young (15-24 years), single (never married) women and men working in factories in Bangkok and its environs. The dependent variables (A) concern sexual lifestyle variables with particular reference to the practice of 'safer sex'. The independent variables (used to attempt to explain the dependent variables) are; (B) 'safer sex' predisposing factors including contraceptive planning, emotional factors and gender role expectations; (C) sexual attitudes; (D) motivation towards 'safer' behaviour/attitudes to condom use; (E) perceived vulnerability; (F) knowledge/awareness pertaining to HIV/STDs and reproductive health; (G) information-seeking behaviour and demand for sexually-related health services; (H) peer dimensions pertaining to leisure and confiding behaviours. The background variables which serve to describe the profile of the sample comprise socio-demographic characteristics.

Figure 1.1



Contents of Variable Sets

Background variables

Age.

Single/cohabitation status.

Educational level (literacy implications for IEC development).

Religion.

Number of siblings.

Parents relationship (living together/separated/either or both deceased).

Place of birth, age first migrated, reason for last migration.

Duration working in current factory.

Residential 'living' arrangements (with parents, relatives, sibling, friends, factory dormitory, alone).

Income (per month)

Major expenditure (remittance to family, clothes, food, enjoyment, other).

Independent Variables

(H) Peer, Leisure and Confiding Behaviours

Closeness of social relations (father, mother, siblings, friends of each sex, employer).

Help-seeking behaviours (for health and socio-sexual problems) - implications for flows and sources of sexual health information and programmes.

Leisure behaviours (parties, discotheque/night-club, stay out overnight, gambling, smoking, drinking alcohol, reading pornography, discussing sexual matters, single date, limited sexual activities, visit brothel) - to explore connections between sexual and leisure behaviours, and to provide an indirect approach to the potentially sensitive sexual matters.

Assessment of social pressure in leisure activities.

Impact of the migration from home-rural to factory-urban environment in terms of social independence and sources of advice and support - to assess the situational changes in constraints and opportunities.

(G) Information-Seeking Behaviour

Sources of information on sexual matters, family planning, HIV/AIDS and STDs - (persons with whom respondents discuss these issues, frequency/profile of such concerns, most important/most credible sources, ever received formal education on these issues.

Demand for further information on sexual matters, family planning, HIV/AIDS and STDs.

Preferred potential sources of such information.

Likelihood of participation in sexual health-related programmes if they were made available via the factory.

(F) Knowledge/Awareness of HIV/STDs and Reproductive Health

Assessment of respondents' perception of their own and close friends' knowledge of these matters.

Attitudes to abortion.

Knowledge of STDs and some of their complications.

Knowledge of risks and means of prevention of HIV infection (includes awareness of asymptomatic infection etc.).

Attitudes to HIV carriers (stigmatisation) - basic awareness measures relating to health belief model.

(E) Perceived Vulnerability to HIV Infection

Assessment of respondents' perception of their own and close friends (of each sex) vulnerability to HIV infection (over the next two years) - further

component of Health Belief, AIDS-risk reduction (ARRM), and personal susceptibility, models.

(D) Attitudes to Condom Use

Attitude to relationship contexts of condom use, communication ability for condom use, perceived impact on sexual pleasure, perceived efficacy of condoms, intention to use consistently, - relate to attitudinal factors which may inhibit the practice of 'safer sex', links to self-efficacy and ARRM.

(C) Sexual Attitudes

Normative attitudes to the timing of sexual intercourse in relation to marriage and loving relationships, for women and men, - partly to address the 'double standard'.

Importance accorded to finding marriage partner/pre-marital virginity - main reasons for engaging in intercourse.

Attitudes to male frequenting of prostitutes - feelings and attitudes to own boyfriend's frequenting of prostitutes.

Perception of close friends sexual attitudes - links to Reasoned Action model.

(B) 'Safer Sex' Predisposing Factors

Emotional Barriers, Series of items partly derived from Fisher *et al's* (1983) 'erotophilia-erotophobia' scale which includes emotional responses to such matters as pornography, masturbation, homosexuality and sexual experimentation - relates to the theory that sexual emotional inhibitions prevent effective contraceptive planning.

Gender role expectations, Belief in changing gender relations (increasing male dominance) as with relationship development.

Sexual scripting and coercion in sexual relationships.

Female respectability and sexual naivety and passivity - relates to the Thai concept of the 'good woman' and her presumed reticence in matters sexual - implications for putting 'safer sexual' intentions into practice.

Communication about and gender-structuring of decision-making about contraception.

Dependent Variables

(A) Sexual Lifestyles

Sexual relationship experience (age first boy/girlfriend, number, frequency of meeting, relative age, proximity of partner, emotional commitment, sexual experience (series of activities, personal pressure in first intercourse).

Reproductive history (ever been pregnant, had an abortion, STD).

Duration of relationship before first (non-commercial) intercourse. Main concerns following first intercourse (pregnancy, HIV, STDs, reputation).

Intercourse with different types of partners (steady boy/girlfriend, casual friend, prostitute).

Ever use of contraception.

Ever/current use of condoms (with different types of partner).

Consistency of condom use with steady partner/prostitute.

The next chapter outlines the methodology by which the aforementioned variables were addressed and measured.

CHAPTER 2

METHODOLOGY

Introduction

Global concern with the HIV/AIDS epidemic has stimulated an enormous expansion and development of research into sexual behaviour. In many countries surveys, which have been undertaken into sexual attitudes and activities, have amply demonstrated that respondents are willing to answer questions on these sensitive areas of human behaviour. The key point is that care and attention has to be given to the formulation of items, structuring of the interview schedule, training and supervision of interviewers, and conduct of the interview. Both IPSR, Mahidol and IPS, Exeter have been developing and undertaking surveys into reproductive and sexual behaviour for many years.

However, respondents may be reluctant to convey information when being asked about a subject which is socially stigmatised or illegal. A major concern underlying the development of methodology for this study was that information was being sought from young women on behaviour (pre-marital sex) which is heavily stigmatised in Thai society. The potential problem in deriving accurate and reliable information was approached by; i) also collecting information from young men, ii) careful design of the data collection tools, giving especial attention to 'warming up' sections, and iii) utilising a range of data collection methods.

Thus the study employed a structured mix of the following, three primary, and two secondary. qualitative and quantitative methodologies:

Primary

1. Focus Group Discussions (FGDs) among young, single factory workers.
2. A Schedule-structured survey of young, single factory workers.
3. In-depth interviews with young single factory workers.

Secondary

4. In-depth interviews with commercial sex workers who were formerly factory workers.
5. Interviews with factory owners and managers.

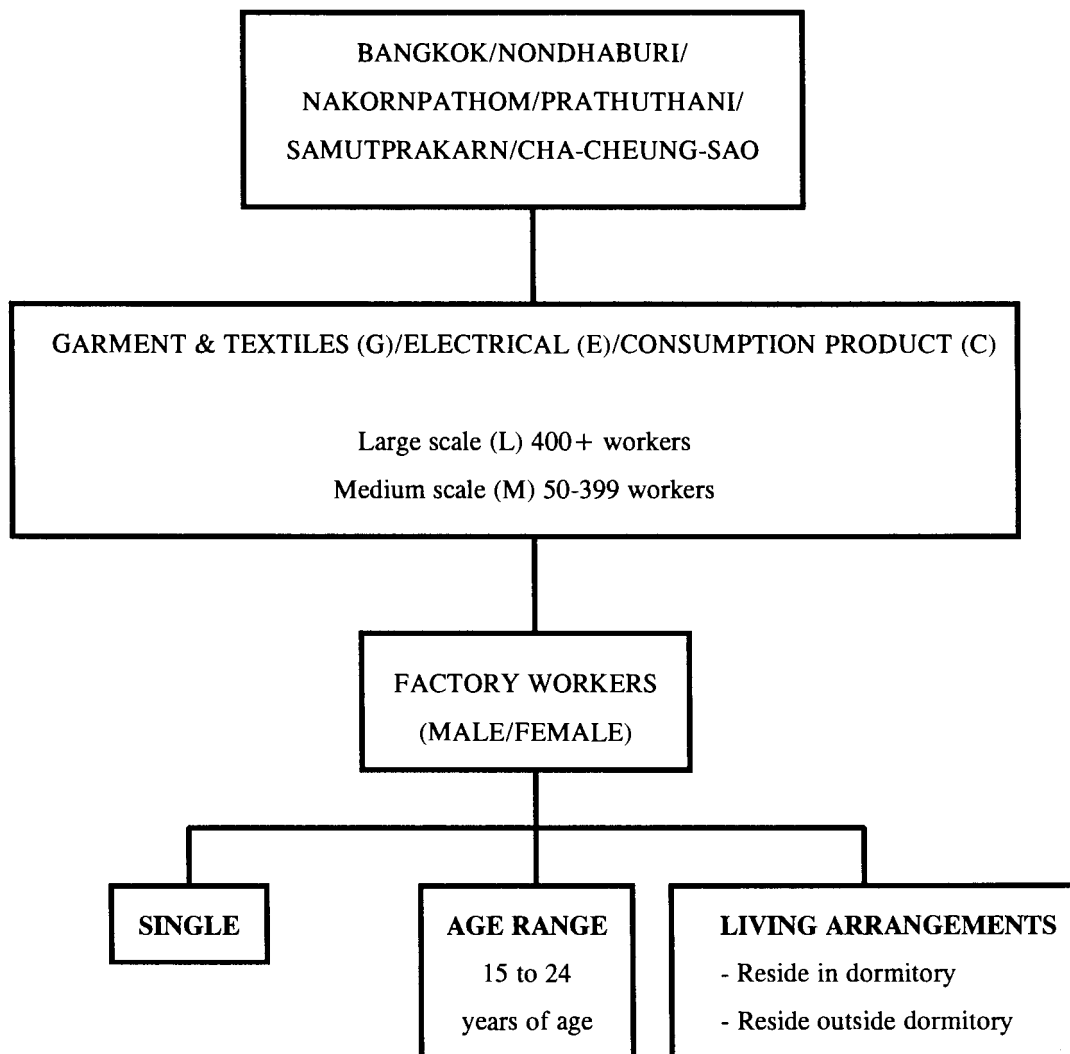
The basic logic of the integration of the three primary methods of data collection was to commence the study with FGDs in order to derive an awareness of the ways in which young people express their attitudes and feelings about sexuality, followed by a survey to derive quantitative data on prevalences and patterns of attitudes and behaviours to enable statistical analysis, and finally in-depth interviews to explore holistically the development and interaction within, young peoples' sexual relationships. Care was taken to fully analyse findings from each phase of data collection before proceeding to the next. This was to ensure that guidance could be given to each subsequent design of data collection instruments and to clarify important research questions arising from ambiguities and uncertainties. Thus the study proceeded as a sequential series of phases which progressively developed an overview of the young workers' sexual lifestyles, in order to derive sexual health programme implications. The undertaking of each mode of data collection is briefly outlined below, although further detail, for instance, of the content of guidelines and schedules are given in the relevant later chapters.

Focus Group Discussions

Eighteen FGDs were undertaken between September 1992 and the end of January 1993. As shown on Figure 2.1 these were carried out from a range of factory locations and types in Bangkok and its environ. FGDs were structured by age groups, sex (11 groups of women, 7 groups of men) and residential living arrangements (either residing in factory dormitory or outside the factory). Although FGD methodology traditionally demands homogeneity within groups it is sometimes of interest to investigate discussions among heterogeneous groups. On this subject it was not possible to mix women and men, as the women would not

be willing to discuss their feelings about sexual and reproductive health matters with men present. However, it was possible to run two FGDs which spanned the full age range. The detailed description of the content and conduct of the FGDs is provided at the beginning of chapter three. Suffice it to not that in overall terms, although it took time for the discussions to 'open up', the FGDs generated much rich material concerning the young workers' perceptions of, and attitudes to, sexual and reproductive health matters. 'Presentation of face' within FGDs made it highly unlikely that women would admit to being sexually experienced, but it was of especial interest to note and assess the ways in which the young women expressed their 'public attitudes'.

FIGURE 2:1 Framework for Focus Group Discussion Selection



The *Schedule-Structured Survey* commenced in October 1993 and was completed in February 1994 with a sample size of 2,033 young (15-24 years of age), single, female (1,469) and male (564) factory workers. The respondents were selected from 103 factories in Bangkok and the neighbouring towns of Nakhon Pathom, Nondhaburi, Pathumthani, Samutprakarn and Samutsakorn. Factories were listed and stratified by size (small, 50-199 workers; medium 200-499; large 500+) and type (textile; consumption products; electrical) and selected to include those which contained high proportions of female workers. Respondents were randomly selected from lists of eligible workers in each factory. There was an extremely low rate of refusal to be interviewed, possibly because the interview provided a welcome respite from the production line. The main difficulty in undertaking this survey was that although factory owners and managers generally readily agreed to the survey being carried out, they frequently postponed the date of the survey. Such postponements were often made at short notice, and were necessitated by pressure on production demands (for instance, from sudden, large orders) which temporarily precluded workers being released for interview.

The interviewing team was comprised of nine female, and three male, graduates. They were trained, not only in interview skills, but also in sexual, family planning and HIV/AIDS matters pertaining to the study. Interviews took place (individually, out-of-earshot of others) in the factories using a schedule-structured interview for the main part of the survey, followed by a self-administered questionnaire for the final, potentially more sensitive, items on sexual experience. Each interview took, on average, approximately one hour to complete. All interviews were conducted anonymously with strict confidentiality being maintained in all aspects of the research process. The interviewing involved close supervision and was of a high standard with respondents answering virtually all questions which were relevant to them. At the end of the interview respondents were free to ask further questions regarding the content of any questions and were provided with educational leaflets on sexual and reproductive health.

The content of the interview sections pertains to the conceptual framework in figure 1 (in chapter one). This substantial survey entailed considerable logistical problems to implement, but has generated much useful data on patterns of behaviours and attitudes. The survey findings are presented in chapters four to six.

Twenty five *in-depth interviews* were undertaken between October and the end of December 1994 among sexually experienced, single factory workers. Respondents were identified initially purposively and then by 'snowballing' techniques. Sexually experienced, but single, young women were identified initially through those who admitted to be cohabiting with their sexual partner. The main objective of these interviews was to examine in some detail the development of the individual's sexual experience and lifestyles and to see how far they were consistent with the aggregate patterns distilled from the analysis of the survey data. The interviews, which took between one and a half and two hours to complete, were tape-recorded, and fully transcribed and translated into English. Perhaps due to the skill of the interviewers the respondents were fairly comfortable in discussing their sexual lifestyles in these interviews. In particular this phase of data collection generated rich and comprehensive information on the interaction, feelings and anxieties taking place within relationships. Five case studies from these interviews are presented in chapter seven. The research goal of this is not to seek to present them as necessarily *typical*, but rather to show how specific sexual relationships and activities evolve in relation to the particular circumstances of an individual's life.

The Secondary Modes of Data Collection

Twenty five in-depth interviews were undertaken during December 1992 and February 1993, with *sex workers* who had previously been factory workers. This was to assess the factors leading to, and surrounding, their change of occupation. It was extremely difficult to identify such cases in sex establishments in Bangkok, which firstly, shows that relatively few women leave factory work to join the sex industry. Cases were identified through linking with another IPSR, Mahidol

project (BRAIDS) which was being undertaken in the sex industry, and for whose co-operation the investigators are grateful. Not surprisingly these interviews indicated that the main reason for the change of occupation was the much greater financial return from sex work; a secondary reason was given as sheer boredom with factory work.

Interviews were also held with 81 *factory owners, managers* and personnel officers. These were undertaken during the survey visits to factories. The objective of this secondary method of data collection was to obtain information on manager's views on the sexual health needs of their young workers, and to provide feedback on the development and feasibility of relevant programmes.

Summary

The study employed a structured combination of FGDs, a survey and in-depth interviews, complemented by secondary data collection, in order to derive findings which sought to integrate the aggregate patterns of behaviour, with social expressions and personal case studies. As should hopefully be evident from the following chapters which present the findings, each of the main modes of data collection yielded patterns, hypotheses and reinforcements for the others.

CHAPTER 3

FOCUS GROUP DISCUSSIONS TO EXPLORE SEXUAL EXPRESSIONS

Introduction

This chapter reports upon the analysis of focus group discussions undertaken within the first year of the project (April 1992 - end March 1993). The main objectives of this first phase of the research were to explore the nature of the young factory workers' sexual lifestyles and to help identify appropriate concepts and variables to be subsequently investigated in a schedule-structured survey. Following a brief introduction to the methodology the main body of the chapter presents findings.

Methods

These findings are derived from a series of 18 focus group discussions conducted among single male and female factory workers aged 15-24 years between September 1992 and the end of January 1993. Participants were recruited from a range of light industrial (garment and textile, electrical and consumption products) factories which are large scale employers of women. To ensure the strict confidentiality of the discussions the participating factories cannot be named, suffice it to note that six were located in Bangkok and the remainder in surrounding urban centres including Nakorn Pathom, Samutprakarn, Cha Cheung Soa, Pathumthani and Nodhaburi (Figure 3.1). Following an extended period of liaison with the managements of the respective factories, the focus group discussions were all held in rooms where strict privacy and non-interruption could be ensured. It was noted that those rooms with a slightly informal atmosphere (in contrast for instance to Board Rooms) were the most conducive to discussion.

Discussions were held among eleven groups of young women and seven groups of young men. The number of participants in each group generally ranged from six to eight, although there were two groups of nine (perhaps too many) and one of only four

(too few). In order to establish a broad homogeneity within the groups, they were broadly structured by age (mid-teens, late-teens, early twenties) and residence (in factory dormitory or outside in private room/flat) (Figure 3.2). Two groups spanned the age range (15-24) and residence types in order to assess the effect of such heterogeneity upon the discussion. All participants were to be single. Although being a migrant was not a condition for eligibility, 90% of the participants had in fact migrated from rural, home areas to the urban, factory areas. The Thai investigator moderated the women's discussions, and a male researcher, aged 28, moderated the men's groups. Whilst it was not possible to conduct focus group discussions with the young women with any man present, it was feasible to continue the group discussions with the young men with the female investigator in attendance and adding questions. The moderators were assisted by a note-taker and 'guard' (who covered against interruptions and provided refreshments). The group discussions were transcribed 100% in Thai, fully translated into English and entered onto computer file to facilitate further analysis, generating a very substantial qualitative data set.

The discussion guideline was based upon a series of themes, commencing with the more 'neutral' subjects of reasons behind the migration, perceived differences between life in the rural and urban areas and broad patterns of leisure lifestyles and living arrangements, partly in order to develop a rapport between moderator and participants, but also to provide a context for the subsequent more specific discussion. This was followed by a general discussion of courtship, socio-sexual expectations for young men and women and their view of the overall sexual behaviours of young people in Thailand. From there the discussion shifted towards a more personal focus upon participants feelings about sexuality and their relationships with members of the opposite sex, and attitudes to specific sexual activities in interaction. Finally the discussion explored the participants awareness about sexual health-related issues (including, contraception, pregnancy, abortion, sexually transmitted diseases and HIV/AIDS), their feelings about the consequences of sexual behaviour and the demand and suggested formats for, pertinent sexual health-related services.

Predictably the young men were much more open and forthright than the young women on their discussion of their sexual lifestyles. The women were especially reticent to admit to the groups that they engaged in sexual activity. Given this reticence it was very important to take time to build up the rapport in the group, such that several of the group discussions lasted up to three hours.

The nature in which the young women and men expressed themselves, and '**presented face**' within the group dynamics provides an important component in the analysis. A glossary of sexual terms used in the discussions and their connotations is given in Appendix Two. Whilst a focus group discussion methodology cannot claim to derive statistically representative information, the fact that there was a very high degree of convergence in the findings in the discussion groups of the same sex, seems to indicate that they do reflect a general pattern.

Findings

The main objective of this discussion of the focus group findings is to elaborate upon the nature of the gender construction of sexuality of the young factory workers. This is introduced by reference to their perceived differences between the home, rural and factory, urban social environments with particular reference to their leisure activities and other aspects of their developing lifestyles. This is followed by discussions of the findings pertaining to; attitudes towards sexual relationships, courting and marriage, and sexual feelings and arousal; their views of the involvement in sexual activities of young Thai's in general and the socio-sexual expectations for young men and young women; the respondents' own attitudes and expectations towards sexual interaction with particular reference to pre-marital sexual intercourse as articulated in the group discussions; the young men and women's description of their sexual experience and the dilemmas they face in specific socio-sexual situations; and finally their awareness and knowledge concerning contraception, HIV/AIDS and sexually transmitted diseases (STDs) and attitudes to the adverse consequences of sexual activity. The pattern of gender variations pertaining to sexuality are summarised in Figure 3.1.

FIGURE 3.1 Gender Structuring of Sexuality from FGDs

Dimension	Young Men	Young Women
Social acceptability of pre-marital intercourse	Commonly first sexual experience was we dreams or masturbation. Pre-marital intercourse accepted and expected for young men. Young men who are virgins are ridiculed by their peers.	Masturbation uncommon, considered negatively. Pre-marital intercourse strictly unacceptable for 'respectable' women. Such activity considered to be highly damaging to the reputation of the young woman and her family.
Attitudes to sexual feelings	Positive, open. Strong psychological sense of sexual drive which demands 'release' and justifies coercion occasionally. Sex is for enjoyment. A subject discussed with humour and much slang.	Generally negative attitude to sexual feelings. Great reluctance to admit having such feelings. In the rare admission of sex taking place, justified in terms of pleasing partner and sustaining relationship.
Actual sexual experience	Practically universal. Often first (and much subsequent) intercourse taking place with prostitutes. Belief that the level of non-commercial sex is increasing.	Very difficult to identify because of extreme reticence on the part of young women to admit sexual experience. Articulate definite steps and limits in sexual interaction - holding hands, hugging, kissing.
Attitudes to condoms and contraception	Condoms used in varying degrees of consistency with prostitutes but not with (non-commercial) girlfriends. Contraception viewed as the woman's responsibility.	Would like to know more about contraception. Generally not consider seeking or requesting contraception because they would fear being stigmatized as sexually active.
Attitudes to negative consequences of sexual activity	The core of men's sexual freedom is that such activity has no impact upon their reputation. Mixed attitudes to the risk of HIV from prostitutes. Pregnancy is the women's problem.	The greatest perceived harm revolves around the women's reputations. Pregnancy feared because shows evidence of 'sinful' behaviour. HIV/STDs not perceived as salient issues.

The perceived differences between their home, rural and factory, urban social environment

Crucial factors patterning sexual lifestyles are the range of constraints (sanctions, taboos protections) and opportunities (contacts, exposures, freedoms) which revolve around sexual norms in any given social situation (Abramson, 1983). The overwhelming majority of the young factory workers came originally from rural areas, primarily the North-East, where they had been living with their parents and families. It is also important to note that this migration from rural home, to factory, urban, environment had taken place during the maturationally critical period of the mid-(and in some cases, late) teens. The focus group discussions commenced with questions concerning how they felt the move had influenced their lifestyles with especial reference to courtship and sexuality. The young women had a much stronger sense than the young men, that the move away from their families had had a great impact upon their life. This probably relates to the Thai family socialisation of young women to be socially sheltered, and dutiful and obedient to their parents, in contrast to the much greater latitude of autonomy and willfulness accorded to their male siblings (Archavanitkul and Havanon, 1990, Mueke, 1992).

The double standard of course means that there are two forms of sexual interaction available for young males (commercial and within courtship) but only one form (courtship) for young females (excluding sex workers). The young men felt that there was little difference between opportunities for commercial sex between the rural and urban areas; (of course all nicknames with quotations are fictitious for ethical reasons).

Ood: "I don't think it is very different. Nowadays, there are also brothels in the countryside" (male aged 23 years)

Pog: "Every household has a motorcycle" (male aged 24).

Ood: "I used to go to Nongkai by 'Sam-lar-teeb' (three-wheel pedal taxi), the driver suggested taking me to the brothel.

Pog: "Especially in rural areas we have brothels not hotels".

Ood: "Yes, there are a lot in the countryside".

However, both the young women and men agreed that courtship development was different in their home, rural and factory, urban social environments. In reply to the moderator's question:

"Can you then compare how young men and women get together in the rural areas and in Bangkok?" The young men replied:

Ting: "Its different in Bangkok. It is easier to make contact in Bangkok, in the rural areas they don't trust you so easily" (male aged 17 years).

Cha: "It's certainly easier in Bangkok" (male aged 20).

Ood: "In the rural areas its very difficult to ("jeeb") court. You might get shot by the woman's father" (male aged 23 years old).

Boy: "I think its easier to ("jeeb") court in Bangkok. In the provinces you can't hide - they are with their parents" (male aged 20 years old).

The young women tended to articulate the urban/rural difference in courtship opportunities in terms of both familiarity with potential partners in the rural areas and freedom from parental control in the urban areas. The women felt that in the rural areas they would be thoroughly familiar with their courting partner's background and family and a gradual process of steady courtship was likely to develop.

The migration from the rural to urban area seemed to have a much greater impact on the lifestyles of the young women than men. For the youngest age groups of women coming from socially sheltered, home situations the urban environment was initially imbued with a sense of risk and even danger, including fears of simply becoming lost or being cheated and misled by people they may meet.

Mai: "The people in my rural area are good, they are familiar to me. But here most people deceive, nobody is sincere" (female aged 15 years).

However, many of the young women had felt that they were very much restricted by their parents and whilst missing them, welcomed the new freedoms of living away from

home. The early period in the factory was described as being one of adaption to new friends and their ways.

Given that Thai daughters (more than sons) feel a strong sense of material obligation to their parents and siblings, many remitted money from their wages back to their families. The financial independence arising from their factory employment was felt to be a highly appealing feature of their migration. Initially the wages seemed relatively high to the young workers. However, the young women in particular generally articulated a process in which living in the urban area led to changes in their consumer needs and aspirations. This process is also related to that of maturation into mid- and late-teens, but was primarily described in terms of developing new tastes in clothes, entertainment and even food (away from rice towards desserts). Whilst in the rural areas they nearly always dressed simply in the urban environment they became attracted to the '**modern**' fashions, which some obtained through higher purchase catalogues. Thus they found that whilst they earned much more in the urban than rural areas, the cost of living was correspondingly much higher. One of the effects of these new consumer tastes was that they had less and less money available to remit back to their families.

Pervading much of the group discussion about the contrast between the rural and urban area, the main changes in lifestyles and perception of the behaviours of young Thais in general was a very strong sense of the shift from traditional to modern. There was repeated reference made to things being "different today". These young people were acutely aware that they were living in a period of great social change. Both the young women and men felt that there was much that was good in the rural areas, but very limited scope for income. There was also a pervading sense that they associated themselves with the '**modern**' expressions which they observed in the urban setting. The young women and men were acutely conscious of new '**modern**' (like foreigners) patterns of sexual interaction taking place, even if the young women were reluctant to admit that they themselves actually engaged in such practices. This dynamic of a shift from clearly understood traditional sexual norms towards ill-defined '**modern**'

behaviours of unknown destination, underlies much of the findings elaborated in the following sections.

Courtship

An important theme in the group discussions was the ways in which young men and women made contact with each other, the development of relationships from friend and '**fan**' towards marriage, and what the young men and women were seeking in these contacts.

There were strong differences in the ways young women and men articulated the place of courtship in their lives. For the young women courtship and finding '**your husband**' was possibly the most important subject in their lives, whilst the young men tended to talk more about their attraction to women in general and often in terms of their desire to sample and enjoy a number of women.

When asked by the moderator if in their gossip (with friends at the factory) they ever talked about men, some of the young women's replies included:

Ooy: "Crushed to powder" (meaning, yes, very much) (female aged 20 years)

Peun: "Like sodden rice" (meaning, yes too much) (female aged 17 years).

In general the women explained that they mainly discussed young men they had seen in terms of the things they liked about their appearance, and the impressions of their personalities and characters.

In reply to the moderator's question about the reason for having a steady girlfriend, young men replied:

Dang: "Only to make love" (used the word '**fun**', literally meaning 'to cut with a sword') (male aged 18 years).

Tum: "Yes, that's the main target" (male aged 22 years).

Within Thai culture it is widely accepted, even in rural areas, that young people choose their own courting partner, although parents will obviously take a keen interest in the choice of partner (Podhisita, 1984) and in limiting the level of the sexual interaction taking place between the couple, for instance:

Ood: "I have the freedom. My parents have no say about who I should develop a relationship with. No one can force me" (male aged 23 years old).

The women were conscious that by migrating to the urban area they had deferred their age of marriage which worried some of them.

Pin: "In my village, at age 13 a woman gets a husband" (female aged 18 years)

Noy: "She is forced by the environment" (female aged 17 years).

Ning: "When I return home I find that I have become a senior aunt, because I am old I am called "Pa" (meaning aunt) (female aged 24 years).

Tuk: "I am an aunt too, all of my friends (at home) have husbands already. I am the only one who is single. When I go back and my friends' children call me "senior aunt" I feel ashamed ... I feel shy. I look at my friend's husband and think 'poor girl' I don't have a husband but my friend has already" (female aged 18 years).

Despite these feelings the group generally felt that young women should not marry until they are about 18, 19 or 20 years of age. The quotations highlight the overriding importance accorded to marriage and having children in the young women's minds. The subject which concerns them is finding the right husband who they can depend upon. Given the social stigma of divorce it is not considered an option in the event of **'making a mistake'**

Both the young women and men feel that it is fairly easy in the urban areas to make social contact with members of the opposite sex. It is acceptable to have a number of **'friends'** of the opposite sex with whom there is no sexual or any strong emotional

link, but rather persons whom one can talk, joke, confide, maybe flirt and generally have fun. Initially members of the opposite sex are likely to go out together among a group of friends, later they will go out as a couple. From some of the comments it seems that the young men often view such friendships as providing a springboard to sexual opportunity or to expand their range of contacts. The young women see these contacts both as a source of fun and a means of getting to know the men. In the event of an emotional relationship being formed a friend becomes a '**fan**', which translates to the English word '**lover**' in the sense of '**being in love**', but certainly not someone with whom you necessarily 'make love'.

The easy going and egalitarian relation with a friend is substituted by the greater seriousness of a '**fan**' relationship, the women '**watches herself**' attempting to behave in an appropriate way - almost as if the young people are starting to practice the traditional gender scripting of husband and wife, with the latter in a more submissive role and looking respectfully to the man as '**her leader**'. The following comments by the women illustrate some of these feelings;

Kung: "With a friend I can play (joke) but I can't play with a '**fan**' (female aged 19 years).

Peun: "You can't 'touch' him if you do he'll surely kick you back" (female aged 17 years).

Ooy: "He (a husband) takes my power" (female aged 20 years).

Peun: "He (a husband) takes your authority "I imagine that I have absolutely no freedom to court any other man".

Nok: "I think that if you have a husband you should praise him. You should not banter with him" (female aged 20 years).

Kung: "A husband is an owner and a leader".

Lek: "He will be older than me and more mature "I should respect him" (female aged 19 years).

Cherry: "If you should choose a bad husband, you make a mistake forever" (female aged 19 years).

Traditionally the act of pre-marital sexual intercourse signaled a violation of the young woman which had to be redressed by the young man formally apologising to the woman's parents followed by the 'seay phee' ceremony following which the couple were considered by the families and community to be husband and wife.

Indeed, one young man felt that a major advantage of sex before marriage leading to seay phee' was that it made marriage cheaper

Pui: "These days marriage means you have to hold a big feast, that costs a lot of money. After the wedding you will be in debt and you won't have any money to start your new life" (female aged 19 years).

Ood: ('Seay phee' is good) "because it is cheaper than a formal wedding. No bride price, just a ceremony to give an apology" (male aged 23 years).

Furthermore, cohabitation was believed to be an increasingly common practice for young people within the anonymity of the city. One young woman explained that cohabitation was useful in allowing the couple to save up enough money to marry.

Sexual orientation and arousal

Thai culture has been considered fairly tolerant of non-heterosexual orientation, although there were some signs of social stigmatisation of male homosexuals during the early phase on the AIDS epidemic, (Rattanawanatip, 1987; Cohen, 1988). In the men's discussions homosexuality was only mentioned in passing to tease individuals who claimed not to go to prostitutes. However, in the women's discussions there was a much more open and detailed description of lesbianism within the factory and dormitory setting. None of the young women in the groups admitted having homosexual inclinations themselves, but, several described their awareness of such liaisons. Tom' ("Tomboy" masculine lesbian partner) and 'Dee' ("Lady" feminine lesbian partner) relationships were described in terms of their duration, cohabitation

(for instance within the dormitories), sexual activities (including uses of sexual aids) and strong jealousies which on occasion became apparent. In general there appeared to be greater toleration or social acceptance of female, rather than male, homosexuality.

In the discussion of sexual feelings and arousal there was an extreme gender difference, with the young men openly describing their feelings (chiefly in terms of a drive psychology) and the young women only with great reluctance admitting that they have any such feelings at all. The young women's reticence reflects the traditional norm that they should be '**huang-neau-huang-tua**', an idiom literally meaning to prevent themselves from touching a males' body to keep their virginity, and with the broader connotation of being '**sexually reserved**'. The idiom '**ploy-neau-ploy-tua**' refers to the sense of being 'sexually permissive'. For instance one young woman mentioned:

Mam: "If I and my boyfriend are alone together in a room there may be a high chance we could have sex, and if we cannot hold back our sexual desires it might mean 'seay-neau-seay-tua' (the loss of virginity)" (female aged 20 years).

The men argued that a strong sexual desire was a natural part of being male and a teenager - a drive, at times hard to bear. Their earliest sexual arousal was fairly openly discussed in terms of wet dreams and masturbation. Discussions of sexual feelings were focussed and developed in both the female and male groups, around the subjects of the readily available pornographic cartoons, magazines and videos. Most of the females and males had seen such materials being passed around by friends. For instance, when the moderator produced some pornographic cartoons in a discussion, even some of the young women commented disparagingly that they found them rather tame in comparison to others they had seen, and emphasising that such books were widely available.

The existence of sexual feelings and arousal in young women and men is not the issue here, but rather the ways in which they articulate and acknowledge such feelings. The women clearly perceived lust as being a male attribute and expressed awareness of

male masturbation ('Chak-wow' 'pulling the kite'). This gender difference in the social acceptability of expressing sexual arousal possibly reflects on underlying cultural construction of sexual pleasure as a male preserve. While the young men, openly and humourously, described their sexual feelings as a drive or force demanding release - a topic of good humoured banter, the young women felt that to admit having such feelings would be shameful. Many of the young men by contrast expressed the idea that young women most definitely did have strong sexual feelings.

Ood: "They are full of energy" (male aged 23 years).

Pog: "I was courting one and I went away for less than two months - she got pregnant" (male aged 24 years).

The younger age groups in particular discussed their initial motivation for sexual experience in terms of adolescent curiosity. The young men discussed this sexual curiosity in positive terms, stressing the peer influences which, for instance, led to their first contact with a prostitute. The young women however, alluded to sexual curiosity in a negative way, emphasising that they considered such thoughts to be inappropriate for women who should wait to find out about sexuality until they are older and married.

With developing rapport towards the end of the group discussions the young women became open enough to admit that women did have sexual feelings, but that they did not show or express them. Unlike men, they felt women should repress such feelings.

Bo: "Usually women don't show off (express sexual feelings) they have such feelings but don't express them" (female aged 24 years).

This outline of some of the ways the young women and men described their sexual feelings provides some context for the following discussion of sexual activities.

Attitudes to pre-marital sexual activities

This section is structured in terms of the comments firstly, relating to males' contact with prostitutes, and secondly to the currently perceived patterns of young peoples' non-commercial sexual interaction.

Given the traditional double standard pertaining to the acceptability of pre-marital sex for women and men, the recourse taken by males to prostitutes is obviously a major component of the sexual culture. The young men variously articulated their interaction with prostitutes in terms of peer-related leisure behaviours, sexual drive release and seduction and the suggestion made by several that (largely in response to the AIDS threat) they frequent prostitutes less frequently than formerly.

In general, visiting prostitutes was mentioned in the group discussions within the context of leisure behaviours. Rather than being a specific, discrete socio-leisure activity, '**pai-tiew**' - '**to go out for enjoyment**', Koen-hong - '**to go into the bedroom**', both terms used in the groups for visiting prostitutes/brothels, were described as part of a night out with friends which was generally preceded by a meal, maybe a game of snooker or some similar past-time, and drinking, and often followed by further drinking and socialising with friends after visiting the brothel or '**cafe**'. Virtually all of the young men reported that their first intercourse was with a prostitute, often being taken to the brothel to '**Koen-Kru**' - '**to pay their respects to the teacher**' (the prostitute as sexual teacher) by older friends and relatives. For the young, visiting prostitutes was seen as an important source of experience where the man could learn about sex. In the discussions the young men often recalled vividly this first experience of sex, the shock, excitement and disorientation and their discussion of it immediately after the event with their friends. They also mentioned that they did not mind discussing this with their female friends.

The peer context of young men's frequenting of brothels was further evidenced by some of the humour and teasing in the discussions. It was socially acceptable to the groups if someone claimed to no longer frequent prostitutes because he engaged in

regular sex with his steady girlfriend. However, in the very few cases where (generally younger) members of the group claimed never to have visited a prostitute or engaged in sexual intercourse, such individuals were (almost mercilessly) teased by others in the group discussion. For instance:

Tig: "Ooh, doesn't go to `cafes'" (male aged 22 years old). (Ooh is one of the male participants in the group, aged 15 years).

Ood: "See how he sits and you can tell if he ('pai tiew') goes out or not" (male aged 23 years). (Laughter from group)
and later again after Ooh says he neither drinks nor smokes.

Ood: "He only sucks ice-cream".

Pog: "Little Ooh' is still a teenager Ooh, only watches men" (male aged 23 years old).

Ood: "Ooh, who have you been let loose with, tell us?"

Sert: "Tell us about your first time" (male aged 22 years). (no answer)

Ood: "He is a prude".

The young men described their leisure time activities in terms of enjoying "music, snooker, prostitutes and cafes"

Pog: "Going to cafes means going to prostitutes" (male aged 24 years).

Ood: "Men, well, you know. We are all teenagers, sometimes it (meaning sexual desire) is too hard to bear" (male aged 23 years).

Pog: "Its worse after you have one of the hostesses in your arms".

In the discussions the young women also expressed the view that they accepted that the young men went to prostitutes for sexual release.

However, although visiting prostitutes is almost an accepted part of the young men's sex lives, several expressed the views that either they only frequented prostitutes in the past, but did not any more, or visited them much less frequently than they did formerly.

The motivation for this change in behavior was awareness of the increasing prevalence of 'AIDS' and especially its identification with prostitutes. It is possible that fear of AIDS and the partial shift away from contact with prostitutes is relating to, and interacting with, the increased pursuit of non-commercial sexual contact, which is perceived as a safer channel for sexual release. For instance one young man said:

Chet: "Having sexual intercourse with the female in the factory is safer than going outside (to a brothel), because there is no risk of infections" (male aged 24 years).

It is to the pattern of activities within non-commercial sexual interaction that the next section turns.

Non-commercial sexual interaction

These findings are outlined in terms of the ways the young women and men described the sexual '**double standard**', their own feelings about the level of sexual intimacy/contact admissible within relationships, and their general perception of trends in (non-commercial) sexual interaction among young people.

Both the groups of young women and men were very clear about the nature of the double standard. One young man did express the view that a traditional Buddhist view of sexuality would advocate fidelity on the part of the man as well as the woman, but generally the double standard was accepted as the social norm. For instance, discussing pre-marital sex a young man described;

Pog: "It is good this way. If women do it, they'll be damned but it is normal for men to do it. Men can have some fun. Most men like it. We don't want to marry the ones we don't really like" (male aged 24 years).

Moderator: "Now my question is what if women do the same things?"

Ood: "That's possible. But I think it is not good if a woman is going to get married to one man and goes and has sex with another man" (male aged 23 years).

Tig: "No, its not proper" (male aged 22 years).

Pog: "Because this is Thai society. Women are the ones who will be damaged. Also, Thai people like to gossip. If the man talks to other people then everybody knows about her and then she is considered spoiled. Women are not like men".

Similarly, several of the young women commented on how vital it was to protect a woman's pre-marital virginity;

Noy: "If you do wrong (that is engage in pre-marital intercourse) once, you lose everything" (female aged 17 years).

Ning: "(referring to the social impact of intercourse) "the man doesn't become a wreck. It's natural" (female aged 24 years).

Nang: "If a woman wants to try intercourse just once she becomes a wreck. If she later turns to another man, that man will consider her flawed" (female aged 24 years).

Nevertheless, although the sexual '**double standard**' was so strongly articulated by the young women and men in the discussion groups, repeated reference was also made to

the belief that pre-marital (non-commercial) intercourse was increasingly common these days. Reflecting the impact of the double standard the young women were at great pains to stress that although they personally did not engage in such activities, they know friends and colleagues who did. The women also expressed the view that they felt that students were more promiscuous than factory workers. It is pertinent to note that the males' and females' perception of a young woman's social worth of value was in inverse proportion to her sexual availability, thus the lowest status women were prostitutes, followed by 'bad girls' (those who engaged in occasional, casual, but not commercial, sex), non-virgin-steady girlfriends, with finally virgin girlfriends being the most valued. Many of the young men said that they would not marry a woman who was a non-virgin.

Attitudes and feelings towards specific sexual activities

The young women in particular discussed their attitudes towards a whole range of specific sexual activities, including holding hands, kissing and hugging, as well as the reasons for, and ways in which a relationship may lead to pre-marital intercourse. Many were clearly acutely conscious of being touched by, and holding hands with, a man.

Hmoo: "The first time he touched my hand I felt very embarrassed and was shaking" (female aged 16 years).

Several commented that the public expression of affection between young men and women was particularly striking in Bangkok, in contrast to the rural areas. Dating and going out together in the day were described as very common. The young men only alluded to such contact insofar as it may imply an opportunity for intercourse.

In both the female and male discussion groups euphemism and slang were used to refer to the act of coitus. Within any setting the selection of particular terms to refer to sexuality and the ways in which such words are used in conversation may give some insights into the nature of the specific social construction of sexuality. A more detailed

overview of, mostly slang, words used in Thai language to describe sexually-related matters is given in Appendix Two. Reflecting the pervasive gender construction of sexuality in Thai society the young women and men used different terms to describe coitus. As noted above the young women felt somewhat embarrassed and shy to explicitly discuss sex. The women alluded to intercourse with words such as **'fun'** ('to cut with sword'), **'seay'** ('to lose the body'), **'sed'** ('finished'), **'kin'** ('eat'), **'ruam'** ('join'), **'non'** ('sleep'), and **'yung'** ('meddle/become involved'). These are rather polite and neutral words which are commonly used. By contrast there was very little reticence or embarrassment in the discussions of intercourse in the young men's groups. For both the groups of the young women and men the terms **'ruam'** and **'non'** were most commonly used to denote intercourse. The slang used by the males to describe intercourse also ranged from simple, basic words, which were used more commonly such as **'len'** ('play'), **'tum'** ('do'), **'aow'** ('need/want/take/get'), and **'ruab'** ('gather/collect/concentrate') to somewhat aggressive sounding terms such as **'ngarb'** ('the crocodile eating its victim') **'pi'** ('bodies pressing together'), **'joh-yang'** ('punching the tyre'), **'cha'** ('to cut up/slash/beat/eat/attack'), **'bee'** ('crush/roll') **'jim'** ('to put in, to go in/dip') and **'cheun'** ('to slice/cut with a saw'). The more aggressive and impolite words tended to be used more by those young men who were more sexually experienced, than by their less sexually experienced peers. The young men therefore refer to intercourse in rather stronger terms than the women, often using words which would not for instance be considered appropriate to use in the presence of an older (and thus, respected) person. This consideration of the actual words used in the discussion is of descriptive relevance, giving some further indication of the different ways in which young women and men think about sex and the ways in which this is articulated and concepts transmitted within the peer and gender groups. The gender difference in terms used to refer to coitus identified in the focus group discussions can be partly qualified by noting that it is likely that privately a minority of groups of young women would also use some of the terms used in the male focus group discussions.

There was considerable discussion in both the female and male groups concerning the kinds of circumstances under which pre-marital, non-commercial intercourse may take place. These circumstances can be divided into two broad types, within casual encounters and within steady relationships. Firstly, both groups of women and men referred to a very small minority of young women who engaged in casual sex with multiple partners. Such women, described as '**hoew**', (a word used by young people with connotations such as '**wild**', '**extreme**', '**modern**', and '**fashionable**'), were believed to be very unusual in their disregard for the social conventions, following a nightlife-oriented leisure lifestyle and being looked down upon by both the young men and women. Reference was also made to the use of violence to force the woman to acquiesce to intercourse. This was not considered likely within steady, courting relationships, but rather in casual encounters in which the man feeling he had been encouraged and thenceforth (given the rationale of the sexual drive psychology) claiming to be unable to stop the process. In several of the groups the young women discussed this in terms of how far they could physically fight to resist such coercion. In one group when a young man actually described having used violence to force a young woman to have intercourse with him, the striking feature was the levity of both the way in which the event was described by the speaker, and received by other members of the group. It is also important to note that in other groups unprompted, younger men emphasised that they would never use coercion. For instance:

Ood: "If I have a chance (of intercourse) I'll do it right away. If no chance, I won't do it. I don't rape. I only do it when its consensual. I don't force" (male aged 23 years).

Tig: "I'm the same" (male aged 22 years). (Nobody in the group differed)

Given that it was felt that very few Thai women would engage in non-commercial, casual sex, intercourse was felt most likely to occur within steady relationships. Although the men valued a woman's virginity (as noted above), they had no hesitation in emphasising that they would take the opportunity to engage in intercourse if their girlfriend was willing. Indeed, they expressed the view that if a man turned down such an invitation he would be made to feel ashamed.

In general however both sexes were strongly aware that the gender scripting was such that the man made the sexual advances and the woman was expected to resist. The process was seen to be one of a series of steps and limits in which the young men applied various forms of social pressure upon their female partners to agree to intercourse. The women for example described engaging in intercourse in terms such as '**submission**' and '**surrender**'. The most common means of exerting pressure seemed to be one of emotional attrition, with the young women attempting to take into consideration the perceived love and commitment, their wish to sustain the relationship and concern to protect their reputation. One young women, who admitted she engaged in sexual relations, described the steps leading up to it as a progressive '**softening of her heart**', or weakening resolve, as her feelings towards her boyfriend developed. Within their steady relationships some young women stated that not being '**tai dan**' (sexually insensitive) they often did feel aroused by their partner (who through likely contact with prostitutes was fairly sexually experienced) but struggled to suppress their feelings to prevent things being taken too far.

The process of discussion and attrition towards intercourse within pre-marital relationships was described by both the young women and men as being shaped by '**jai-onn**' (connoting/soft-hearted/giving way/flexible/kind/manipulable'). For instance:

Pim: "He did everything until I became '**jai-onn**', sometimes he used to cut his arm with a knife to show his feelings, and he kept trying to persuade me for a long time" (female aged 19 years).

The young women try to dissuade their boyfriends from seeking intercourse with them by encouraging '**jai-onn**' on the part of the males, for instance:

Mam: "I have faced this situation (of being pressured to have intercourse), but nothing happened because we controlled our sexual desires. At the time we were alone together in a room, he hugged me and kissed me and then asked me to have sex with him. I rejected this and he said '**Don't be cruel**', but I tried to

stop him through persuasion. I said '**If I become pregnant what should I say to my parents**'. Also I cried until he became 'jai-oon' and let me go" (female aged 20 years).

There was a definite expression in the women's groups that the socio-sexual behaviours of young people were changing to become more open. Within groups young women expressed different attitudes to the possibility of engaging in pre-marital sex. For instance, in the following exchange:

Pear: "I think I will have no pre-marital coitus before my marriage" (female aged 17 years).

Toy: (Interrupts/teasing) "a good person by the national standard" and later

Toy: "Nothing is certain Pear, you may suddenly meet your 'boyfriend' and this way things (intercourse) may suddenly occur. Isn't it possible Pear?" (female aged 18 years).

Pear: "Yes, but I always keep in mind that if something starts I will try to think of the face of my parents".

Toy: "Wow, a grateful child, good daughter!"

The essential nature of the pattern of young Thai women's attitudes to pre-marital sexual intercourse is shaped by the tension between traditional pre-marital chastity and more 'modern' romantic attitudes which acknowledge the possibility of intercourse within a committed relationship. In several of the group discussions the young women described the main reasons for engaging in pre-marital intercourse in terms such as being in love and feeling very emotionally close to the man.

Jum: "In the heat of the moment, because of love, I may give in to please him".... "sometimes you trust them too much and you don't trust your own feelings" (female aged 19 years).

Expectations for, and perception of, the nature and future of the sexual relationship were also of paramount significance. Both young men and young women expressed

the view that if the couple were engaged/fully committed to be married, then intercourse could be admissible. Indeed, both women and men suggested instances where women engaged in sex in order to become pregnant to **'entrap the man'**. This also relates to the traditional **'seay phee'** ceremony whereby following pre-marital intercourse the young man goes to apologise to the woman's parents and the couple "pook khomai khomeu" tie special white threads around their wrists in an affirmation of what may be described as a common law marriage. Following the **'seay phee'** ceremony the affront to the woman's family is considered redressed and the couple are considered man and wife by the community. The **'seay phee'** was thus viewed as a pragmatic option to protect the family's reputation. Although the young people viewed themselves as developing an **'urban lifestyle'** they were still conscious of their great respect for their parents. Given the emotional pressure on the women within the relationship to acquiesce to intercourse, it was also sometimes viewed as a means of keeping their boyfriend. However, the continuing tension between traditional and modern attitudes was evidenced in that young women also felt that agreeing to intercourse would have the opposite effect, for instance:

Ooy: "If he gets me then he will not need me anymore" (female aged 20 years).

Kung: "Yes, if he gets me and leaves me I'll be hurt. I saw my friend hurt in this way and I don't want it to happen to me"(female aged 19 years).

As noted above young women who are known to engage in casual sex are strongly stigmatised. Furthermore, it was acknowledged that a man would think less of his girlfriend if she did not seem sufficiently reserved (in term of gender roles) regarding sexuality.

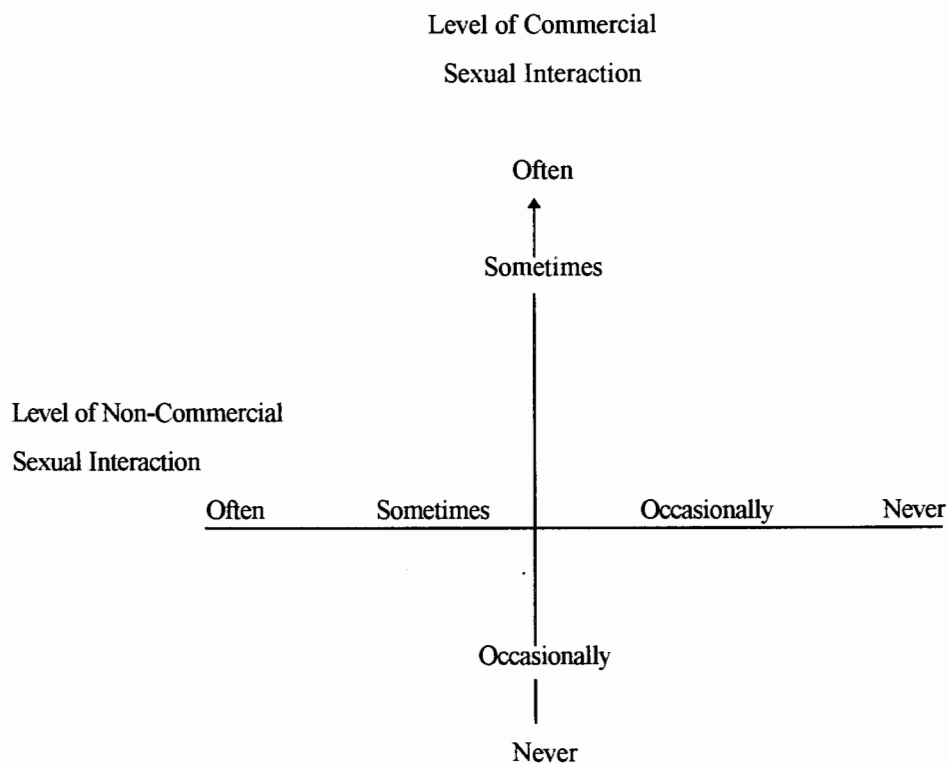
Actual sexual experience

Focus group discussions are not an appropriate mode of collecting data on areas of respondents' behaviours which are socially sanctioned (such as young Thai women's sexual activity). Thus whilst most of the young men openly discussed their sexual

experience, throughout the whole range of eleven woman's focus groups, only one woman admitted having engaged in intercourse. Indeed, another member of that group commented that she thought the woman "was mad", the inference being not for engaging in the behaviour but in admitting it. Several of the young women were prepared to admit that engaging in pre-marital sex was a possibility for them, many described, often in some detail, the circumstances in which friends had engaged in pre-marital intercourse, and there was often teasing intimations made within the discussions that certain members of the groups were sexually active but did not admit it. For instance, the young women used euphemisms such as '**kin-kluay**' (to have eaten banana), '**sai-krock**' (Chinese sausage), 'bought ice-cream in the mid-day' to imply certain individuals in the group had engaged in intercourse. The young men also held that a significant proportion of their single, female colleagues were sexually active (but rarely with any man from the same factory). One of the young men said privately to the moderator after the group discussion that he knew that one of his friends in the group had sexual relations with a girlfriend in the factory, however, he would never mention it in a group discussion as it would embarrass his friend and, if word got out, damage the reputation of the woman.

It is obviously impossible to infer from focus group findings the actual prevalence of specific behaviours within a population. However, it is possible to attempt to outline tentative typologies of the range of sexual lifestyles of young Thai men and women, which can then be further explored using other research methodologies (Figure 3.2).

The sexual lifestyles of young Thai men can be structured in terms of the following interacting dimensions; current sexual relationship status, frequency of sexual contact within commercial (with prostitutes), non-commercial, but casual, and steady relationship, settings, and sexual orientation (hetero, homo, or bi-sexual). The interactions of these three dimensions can give rise to a complex range of sexual lifestyle types, some of which are noted on Figure 3.2.

FIGURE 3.2 Tentative Typology of Young Single Thai Males Sexual Lifestyles

The tentative typology is constructed from two continuums pertaining to levels of commercial (with prostitutes) and non-commercial sexual interaction. Level of sexual interaction would have to be further developed in terms of both numbers of partners and frequency of coitus. Both continuums could be considered in terms of hetero, and homo-sexual partners. Havanon *et al* (1993) have identified empirically a range of basic patterns of sexual networks. Some examples noted on Figure 3.2 include:

- 1) High levels of interaction with prostitutes and non-commercial partner(s).
- 2) High level of sexual interaction with non-commercial partners(s) and occasional sexual contact with prostitutes.

- 3) Occasional sexual interaction with prostitutes but never with non-commercial partners.
- 4) Neither commercial nor non-commercial sexual contact (in younger age groups.

The epidemiological implications of such patterns obviously depend upon the consistency of condom use with different types of partner as is discussed below.

The sexual lifestyles of young Thai women can similarly be structured in terms of the same interacting dimensions as for young men, with the qualification that the commercial dimension refers to engaging *in* prostitution rather than (as with the males) engaging in sex *with* prostitutes. There was no reference made in any of the (male or female) group discussions to any female factory workers engaging in prostitution. Given the cultural vilification of prostitutes, such omission from group discussions may be expected. However, if any female factory workers are actually involved in any prostitution it seems plausible that it is very rare. The crucial factor differentiating the young women's sexual lifestyles concerns their behaviours within steady relationships. It is possible to hypothesise a typology which ranges from those who engage in intercourse with their steady partner regularly, occasionally or never. As with Western' research into young women's sexual lifestyles (D'Augelli and D'Augelli, 1979, Ford, 1987) the typology can be further refined by reference to the nature of the (perceived) commitment of the relationship. This could imply that young women who 'permit' intercourse may be differentiated as to whether this is for instance, within relationships with or without a clear and definite commitment to marriage. The importance of attempting to develop and elaborate typologies of young peoples' sexual lifestyles is that they may help to clarify the risks to sexual health that they face. A tentative continuum of young womens' sexual lifestyle types is provided in Figure 3.3.

FIGURE 3.3 Tentative Continuum of Young, Single (Non-Sex-Working), Thai Females Sexual Lifestyles

<u>'Traditional-Restrictive'</u>	<u>'Modern/Romantic'</u>	<u>'Casual/Romantic'</u>
No sexual intercourse before marriage	General reluctance but prepared to engage in pre-marital intercourse, in committed relationship	Occasional sexual intercourse outside of steady relationship

The continuum presents three basic (non-commercial) sexual lifestyle types for young single women. Given that there are very strong social sanctions against young women's pre-marital sexual experience, it would appear likely that a large majority would be 'traditional-Restrictive', but with a substantial minority following a 'Modern-Romantic' sexual lifestyle. Those young women pursuing a 'Casual-Recreational' (non-commercial) sexual lifestyle would be expected to be an extremely small proportion.

Discussion of consequences of sexual activity

A major concluding theme of the focus group discussions was the awareness of, and attitudes towards the consequences of (pre-marital) sexual activity. There were a number of differences between the ways in which the women's and men's groups related to, and discussed, these issues.

Firstly, the young men's discussions tended to be fairly brief, with easily reached straight-forward conclusions, whilst the young women approached the issues in a more exploratory way, reflecting upon the complex dilemmas and elaborating upon them. Secondly, the young men tended primarily to discuss sexually transmitted disease (STD) infection (including HIV) whilst the women primarily discussed pregnancy, but also alluded to a wide range of other issues including 'baby dumping', infanticide,

abortion, violence and coercion. Thirdly, reflecting the sexual '**double standard**' whilst the men tended to discuss the inconvenience of infections, for the women the consequences were viewed in terms of their impact upon their own reputations, those of their families and their emotions in relationships. For instance, pre-marital pregnancy was feared, primarily because it was evidence of '**sinful behaviour**'. Many of the women had known friends or siblings who had gone through the trauma of pre-marital pregnancy. With respect to dealing with an unwanted pregnancy themselves most expressed the hope that their partner would care for, and marry, them, enabling them to keep the child, whilst others had no hesitation in insisting that they would seek an abortion, largely because they did not feel ready, emotionally or financially, to take the responsibility of having a child. It is interesting to note that in the event of pre-marital pregnancy, the blame was apportioned by both the young men and *women*, on the woman for '**allowing**' intercourse to take place.

For some years there have been considerable efforts made by both government and non-government organisations to inform the Thai population about family planning and contraception (Knodel, *et al*, 1987). More recently these efforts have been intensified in response to the rapidly accelerating HIV/AIDS epidemic (Ministry of Public Health, 1992). The discussions revealed widely varying levels of knowledge and awareness of sexual health and contraceptive issues on the part of the young men and women. Whilst a minority were well informed, many were confused about particular issues and some had very little idea at all about the ways in which they could protect their own sexual and reproductive health.

Probably the two most disturbing issues to emerge from the discussions concerned the inconsistency of males' condom use with prostitutes, and the inability of most of the women to even contemplate, let alone access or actually use, contraception. The young men expressed a whole variety of responses to perceived HIV/AIDS among prostitutes ranging through; denial that there really was a high prevalence of HIV, refusal to use condoms, occasional use of condoms if there was felt to be a risk, and no longer visiting prostitutes. Some described how when at the brothels they tended to forget about the risks and fail to use condoms and then the next day start to fear the

consequences, waiting to see if there was any sign of infection when they relieved themselves. Even those who were prepared to use condoms with prostitutes were not prepared to do so with a regular girlfriend. They argued that the issue with (non-commercial) girlfriends was simply whether or not to have intercourse, such women had never raised the question of condom use with them.

There appears to be a whole range of obstacles preventing contraceptive use within relationships. The men expressed the views that using a condom with their girlfriend would imply that they did not trust her, or:-

Ped: "... most women know all about birth control. I think that women are careful if they have sex" (male aged 24 years).

The women found it difficult to acknowledge that they could be sexually active. Furthermore, they argued that sex could only take place within a loving, committed relationship and thus pregnancy should lead to marriage. Within such a relationship the man, as their future husband, was expected to take the lead in saying whether, and if so, what form of contraception, should be used. The women felt that it would be extremely difficult for them to actively seek contraception as it would amount to an admission that they were sexually active. They stressed that any counselling or family planning service in the factory would have to be highly confidential.

Epidemiologically it is important to note that the low income sex establishments which are frequented by young men, contain some of the highest levels of HIV infection in Thailand (Ford and Koetsawang, 1992). There are also increasing numbers of women who have followed strictly monogamous sexual lifestyles, testing HIV positive (often in ante-natal screening) having been infected by their partners (Epidemiology Division, 1992).

In general the women's discussion groups made very little reference to the possibility of HIV infection. Basically it appears that firstly, they feel that their own sexual lifestyles

are not high risk, and secondly, it is likely that they do not like to imagine that their boyfriends are potentially infected. When confronted directly with this dilemma, several suggested that the couple should have HIV tests before marriage. Another response was that "to be in love is to be prepared to die for one another" (female aged 17 years).

The sexual '**double standard**' has of course fostered acceptance of men's multiple partners as something natural. Looking ahead to their future marital situations, the young women expressed their attitudes to their husband's (likely) '**infidelity**'.

Noy: "He can go wherever but do not bring her" (female aged 17 years).

Ning: "I don't mind if he goes somewhere (ie. for sex with another woman). I won't say anything" (female aged 24 years). (the rest of the group interrupts with a '**burst**' from a popular song, "if you know you'll be cool".)

Ning: "If he has other women I won't blame him, but I don't want the others (women) to be near me"

These expressions link with the women's feelings about the roles of husband and wife as referred to in the foregoing section on courtship. In the light of the pace and expansion of the HIV/AIDS epidemic in Thailand it is of concern that these young women do not appear to recognise that their future husbands' infidelity could put them at risk of HIV infection. These findings reinforce the crucial importance of effectively implementing Thailand's policy of "100% condom use in the sex industry". In touching upon these issues there is a risk of straying from the main focus of this chapter which is the gender construction of the nature of youth sexuality in Thailand. Suffice it to note that other research projects are being addressed to the means of implementing the 100% policy (e.g. Koetsawang and Ford, forthcoming 1993) and husbands and wives attitudes to husbands' frequenting of prostitutes (e.g. Tangchonlatip and Ford, 1993).

Summary

The aim of this chapter has been to explore the sexual culture of Thai youth from qualitative focus group discussions conducted with young, single factory workers. Such data cannot reveal the prevalence and levels of sexual behaviours, but it is useful in yielding insights into the feelings, expectations, meanings and expressions of sexuality. Furthermore, such expressions help depict aspects of the social discourse on sexuality. Whilst such a discourse may not necessarily be a factual account of actual behaviours, it is crucial in shaping such behaviours and also, informing and influencing policy formulation. Two major themes ran through the discussions of courtship, sexual feelings, attitudes to pre-marital sexual activities, sexual experience and the consequences of such activity; firstly there is an all-pervasive gender construction of sexuality, and secondly, the dramatic process of social change in Thailand is having an impact in modifying 'traditional' sexual norms and expectations.

In terms of access to education and involvement in economic activities Thai women generally occupy a much more advantageous position than women in many other parts of South and South East Asia (Sethaput and Yoddumnern-Attig, 1992). However, this relatively high economic status contrasts with the powerful '**double standard**' pertaining to sexuality. The maxim that "to do as one pleases is to be genuinely Thai" (quoted in Podhisita, 1985) seems a little stretched if applied to the social expression of Thai women's sexuality. Indeed, the social and cultural socialisation process is different for female and male Thai adolescents. Young males are often given few responsibilities and allowed considerable freedom pertaining for instance to trying alcohol, tobacco and becoming sexually experienced. By contrast the young female is given stricter '**training**', especially as puberty approaches, on how she should behave, more responsibilities towards the family and household and much less social freedom (Rabibhadana 1984, Archavanitkul and Havonon, 1990).

There appeared to be a general belief or awareness on the part of the young people that there are increasing levels of pre-marital activity within courting relationships. Such

developments which were felt to be taking place particularly within the urban areas were associated in the minds of young people with modern social trends. The overall sexual culture of youth in Thailand may be viewed as a complex interplay of traditional sanctions and modern expectations, which are each structured in terms of the gender construction of the '**double standard**'. Thus there was a strong tension in the discussions with the young women between their expressions of their *own* behaviour and the ways they felt *other* young people were behaving. As in the '**West**' in earlier decades the core of changes in sexual culture is likely to principally relate to the social expectations and standards concerning young women's behaviour (Giddens, 1992). There appeared to be a strong sense that (at least) some of the young Thai women were open to '**romantic**' sexual relationships which permitted pre-marital intercourse, provided it was taking place within a loving and committed relationship. However, the socialisation of young Thai women with respect to sexuality makes it difficult for them to acknowledge their own sexual feelings, let alone to be able to insist on '**safer sex**' in the event of intercourse taking place within a relationship. In a sense there are conflicting social pressures operating upon young women's sexuality; (external) traditional cultural norms strictly forbid any expression of sexuality, yet (internal) dynamics of courting relationships involve pressure from the partner to acquiesce to pre-marital intercourse.

Other research (Fisher, *et al*, 1983) has confirmed that "an individuals' emotional response to sexuality, will generalize and, in part, determine whether the person approaches or avoids contraception" (1983,207). Many of the young Thai women found it very difficult to acknowledge that they had sexual feelings. Also the use of effective contraception often involves a communication and negotiation process, the culturally articulated expectation that the Thai woman should be sexually 'innocent' and reserved militates against her ability to express the need for taking precautions during sex. One of the complex of fears in the young woman's mind is that by openly expressing the need to take precautions (e.g. condom use) she conveys an image of being sexually knowing, possibly experienced, and sexually and contraceptively active rather than passive, in interaction with her male partner. The young Thai males, who *do* tend to be sexually experienced and have few inhibitions concerning sexual

expression, vary widely in their perspective on contraceptive use along a continuum from those who fully appreciate the need for safer sex to those who prefer to ignore it. Further understanding of these issues is crucial for the development of strategies which may be able to foster consistent '**safer sex**' behaviours, which is a survival imperative for the current and following cohorts of young people in Thailand.

This chapter has presented in some detail the focus group findings on the young workers social expressions of their sexuality. The next chapter reports on the findings from the schedule-structured survey in order to assess the same issues from a quantitative perspective. The more general themes are elaborated in the final concluding chapter.

CHAPTER 4

SOCIO-DEMOGRAPHIC PROFILE OF THE SURVEY RESPONDENTS

Introduction

The quantitative survey analysis is presented in this and the following two chapters. These findings are structured in terms of firstly (chapter four) describing the socio-demographic profile, leisure behaviours and aspects of the migrational experience of the respondents, as a content for, secondly (chapter five) the pattern and analysis of the respondents' sexual attitudes and behaviours, and thirdly (chapter six), reviewing their sexual health-related knowledge and awareness to derive implications for policy and programme development. Thus these chapters essentially run from context, to behaviours, to service and educational needs. Whilst each of these chapters is followed by a brief summary, a full discussion of the interrelating implications is undertaken in the conclusion chapter (eight).

This chapter provides a description of the sample in terms of the following characteristics demographic (age/sex) characteristics, type of factory, religion, level of schooling, geographical origins and migration. The second part addresses aspects of the respondents' social lifestyles in terms of personal relationships, living arrangements, a comparison of their perception of their social lives in their home rural and factory-urban environments, income and expenses and leisure behaviours.

Demographic Characteristics

The total sample comprises 2,033 single factory workers within the age range of 15-24 years of age (Table 4.1). The breakdown into age groups basically entails one tenth 15-16, just over fifth 17-18, just over one quarter 19-20, just over one fifth 21-22, and one fifth 23-24 years of age. The age groups' proportions were generally fairly evenly matched by sex except that there were 6% more males in the 23-24 years of age band.

The total sample included 1469 young women (72%) and 564 young men (28%).

TABLE 4.1 Age Groups of Respondents by Sex %

Age Group	Women	Men
15 - 16	11	7
17 - 18	23	18
19 - 20	27	26
21 - 22	20	23
23 - 24	19	25
	n= 1,469	564

Type and Location of Factory

The factory sampling was undertaken so as to specifically select types of factories which employ large numbers of young, single, women, but also in order to provide a broad cross-section to minimise bias.

Respondents were derived approximately two fifths each from textile and consumption (i.e. food processing) factories and the remaining (just under) one fifth from electrical goods factories. These included equal proportions of young women and men except slightly higher percentages (5%) of males in the electrical, and slightly higher percentages (5%) of females in the consumption factors. Just over half of the respondents were employed in large factories (500 plus workers), nearly one third in medium (200-499) and the remaining in small (50-199) factories. Higher proportions of male workers were obtained in the smaller factories.

The respondents were derived from a range of districts, 25% from Bangkok itself, 30% from Prathumthani, 19% from Samutprakarn, 12% from Nakhon Pathom, 9% from Samutsakorn and 5% from Nondhaburi. Again roughly similar proportions of female and male respondents were found at each location (Table 4.2).

TABLE 4.2 Sex by Factory Type Size of Factory and Location (%)

	Women	Men	
Factory Type			
Textile	44	43	
Electrical	18	13	
Consumption	38	44	
	n=1469	564	
Size of Factory			
Small (50-199)	13	24	
Medium (200-499)	33	30	
Large (500 up)	54	46	
	n=1469	564	
Location			
			Total
Bangkok	23	29	25
Nakornpathom	13	12	12
Nondhaburi	4	6	5
Prathumthani	32	25	30
Samutprakarn	18	19	19
Samutsakorn	10	9	9
	n=1469	564	2,033

Social Aspects of the Migration

The vast majority (85%) of the survey respondents were, like 90% of the focus group participants, migrants, who had moved to Bangkok and its environs having been born and brought up elsewhere. The majority (59%) were born in rural areas, 16% in semi-urban 'sanitation' areas and 25% in urban areas. These proportions roughly reflect the level of urbanisation in Thailand. In terms of regional origins, the vast majority (over 75%) of respondents were born in the Central or Northern regions (Table 4.3).

With regard to the main motivation for migrating to the urban areas, the vast majority of both women and men (73%/85%) cited job-related reasons, (17%/10%) gave educational/experience-related reasons, and the remainder had moved with their families. The young women had been working in their current factory for longer periods than the young men (44%/26% for 24 months or more), confirming the general attitudes of Thai employers that women provide a more stable workforce (Table 4.3).

A key theme in the study was the way in which young women and men perceived differences between their lives in their home-rural and factory-urban areas, with especial respect to their social lives. The quantitative survey findings strongly converged with the focus group findings elaborated in the previous chapter. The young women had a much stronger sense than the men that the move away from their home families had a great impact of their life, with the exception of relationship development factors which were similarly perceived by women and men (Table 4.4).

This primarily relates to the different ways in which families treat daughters as noted in chapter 1. For instance, whilst equal proportions of the young men felt more independent in each type of area, a substantial majority (59%) of the women felt more independent in the urban areas away from their families (Table 4.4). The main negative feature (as expressed in the FGDs) was the diminished sense of safety

felt by 89%/77% of the young women and men respectively. However, the survey findings also reinforce the FGD impression that overall the migration was felt to be highly beneficial, allowing the young people not only to save money, but also, for women in particular, to make more friends.

TABLE 4.3 Region of Birth, Main Reasons for the Migration and Duration of Working at the Current Factory (Migrants only) by Sex (%)

	Women	Men
Region of Birth		
Bangkok	4	8
Central	35	30
Northern	16	18
Northeastern	41	37
Southern	4	7
	n= 1,469	564
Main Reason		
Job-related	73	85
Study/Experience	17	10
With Family	10	5
	n= 1,237	
	p= <.0005	
Duration of Work (months)		
Up to 5	20	28
6 - 11	16	21
12 - 23	20	26
24 - 35	17	14
36 plus	26	12
	n= 1,239	467
	p= <.0005	

TABLE 4.4 Comparing Social Experiences in New Urban Residential Area with Home Area (%)

Women	Urban area	Home rural area	No difference	p. refers to male/female comparison)
'I meet more friends'	70	28	2	< .0005
'I am more independent'	59	35	6	< .0005
'There are more people I can turn to for advice if I have a problem'	23	73	4	< .0005
'I have more money at my disposal'	80	16	4	< .0005
'I feel safe/more protected'	8	89	3	< .0005
'I have more chance to have a boyfriend'	68	25	8	n.s.
'I have more freedom to go on a single date'	74	19	7	n.s
n= 1,125 (i.e. excluding non-migrants)				
Men	Urban area	Home rural area	No difference	
'I meet more friends'	53	43	4	
'I am more dependent' ^a p-1X	46	49	5	
'There are more people I can turn to for advice if I have a problem'	36	57	7	
'-1XI have more money at my disposal'	70	27	3	
'I feel safer/more protected'	18	77	5	
'I have more chance to have a girlfriend'	71	20	9	
'I have more freedom to go on a single date'	73	19	8	
n= 453 (excluding non-migrants)				

p - is used with cross tabulations to indicate level of significance using Chi-squared test.

n.s. = not statistically at p - < .05

Social Characteristics

Other social characteristics are here outlined in terms of religion, educational attainment, income, and living (residential) arrangements. Reflecting the overall culture of Thailand the overwhelming majority (98%) of respondents were Buddhist, the remainder being comprised of Christians (1.8%) and Moslems (0.5%).

With respect to education, 47% had only completed (compulsory) primary school, 29% only the first phase of secondary school, and 21% High School, whilst 3% had (but not completed) further education. The young women and men earned broadly similar levels of wages (which is perhaps to be expected given that the sample is occupationally selected), but with slightly more (18%/12%) of the men found in the highest wage band (5,000-15,000 Baht per month). The majority of respondents were earning 3,000-4,000 Baht per month (£77-£103). Remittance of income is often cited as the major factor influencing families to permit or encourage their offspring to migrate in search of work. Equal proportions (32%) of both women and men reported remittance of money back to their parents as their major expense (Table 4.5). It is also notable that a substantially higher proportion (10%/1%) of the young men than women cited travelling/enjoyment as their major expense.

The respondents' living arrangements comprised 19% living with parents, 16% with relatives, 29% in factory dormitories and 31% with friends outside the factory. Only very small numbers were living alone (3%) or cohabiting (2%). These figures were substantially similar for both women and men (Table 6). No particular living arrangements was found to be associated with sexual experience, except, not surprisingly, cohabitation.

TABLE 4.5 Educational Attainment and Major Expense by Sex (%)

	Women	Men
Highest level attained		
Primary school	49	40
Secondary school	30	27
High school/occupational school	19	28
University	2	5
Major expense		
Remittance to family	32	32
Clothes/personal effects	34	21
Foods	24	29
Travelling/enjoyment	1	10
House rental/gas/water rates etc.	5	4
Saving	2	3
Education	2	1

TABLE 4.6 Living Arrangements by Sex (%)

	Female	Male
Living with parents/relatives	36	33
Living in dormitory	29	31
Rental room/house shared with friend	31	30
Living alone	2	5
Living with girl/boyfriend	2	1

Emotional Relations

As part of this study's attempt to explore the factory workers' feelings about their lives, a series of items were employed to assess their sense of emotional closeness to different persons in their social lives. This was assessed using a five-point (likert-type) scaling from '**not-close-at-all**' to '**very close**', with the mid-point being '**neutral**'. These categories are somewhat difficult to precisely translate from the Thai language within which they are clearly understandable. This variable leads into the focus upon sexual confiding and assistance/information-seeking behaviour discussed below in chapter 6.

TABLE 4.7 Young Women's Emotional Closeness to Various Social Figures (%)

Closeness to	Not-at-all-close	Just a little close	Fairly close	Quite close	Very close
Father	5	6	28	29	32
Mother	1	2	6	24	67
Brother	3	10	34	34	19
Sister	3	5	24	36	32
Female friends	1	5	27	42	24
Male friends	19	27	43	9	2
Employer	18	21	44	13	5

TABLE 4.8 Young Men's Emotional Closeness to Various Social Figures (%)

Closeness to	Not-at-all-close	Just a little close	Fairly close	Quite close	Very Close	p.(cf women in table 12)
Father	2	5	29	35	29	< .05
Mother	0.4	2	7	32	60	< .005
Brother	1	6	36	40	17	< .0.5
Sister	2	6	33	43	16	< .0005
Female friends	8	28	43	18	2	< .0005
Male friends	1	7	40	40	12	< .0005
Employer	15	25	42	16	2	< .005

The findings highlight the young workers close emotional relations with their families and close friends of their own sex (Tables 4.2). Furthermore, both the young women and men are much closer emotionally to their mothers than fathers.

Leisure Behaviours

The study included a set of questions on leisure behaviours early in the interview, in order, firstly, to lead into the more sensitive subjects of sexual behaviour, and, secondly, to assess any associations between sexual and wider '**leisure lifestyles**'. Whilst there is not the space in this study for a full explication of young factory workers' leisure activities, an attempt is made to collect information on some basic indicators pertaining to socio-sexual interaction.

Although substantial proportions of the young women and men (37%/50%) have at sometime been to a discotheque, pub or bar, parties in homes or dormitory are a

much more common setting for social interaction. Whilst over two fifths of the young men admitted ever visiting a prostitute, only a small minority (15%) of those claimed to have done so in the last month. As would be expected there are enormous gender differences in the frequency of engaging in gambling, smoking and drinking (alcohol). The young men engaging in smoking and drinking on a fairly frequent basis, perhaps with (non-sexual) long-term implications for their health (Table 4.9).

TABLE 4.9 Leisure Activities Frequency and Perceived Social Pressure Involved (%)

Activity	Female	Male	Female	Male	Female	Male
	Ever		More than one in last month		Because pressured by others	
Go to party (e.g. in dorm/house)	77	83	22	43	-	-
Go to disco/bar/club	37	50	5	11	81	80
Stay overnight away from home	50	62	8	18	63	40
Visit doctor	79	76	13	8	26	6
Engaging smoking	12	62	1	40	19	16
Drink alcohol	53	87	0	58	40	36
Read pornography	30	76	0	58	40	36
Been on a single date	57	79	22	39	61	14
Hugging with friend of opposite sex	23	60	10	23	64	12
Kissing	15	52	7	20	64	11
Visit prostitute	n.a.	44	n.a.	5	n.a.	78

Whilst a majority of both young women and men (57%.79%) had ever been on a single date, very few of the young women claimed ever to have engaged in hugging

or kissing with a partner. These introductory socio-sexual findings are elaborated upon in the following chapter on sexual lifestyles.

A rudimentary effort was made in the study to assess how far the young people felt that in general, they engaged in the foregoing leisure activities of their own accord, or because of pressure from others. Clearly these findings show a diverse pattern, but some key features are as follows; in general high proportions claim that their behaviour reflects being pressurised by other people; this sense of engaging in such things because of social pressure is particularly the case for the young women; however most of the young men claimed that when they visited prostitutes it very much involved social pressure. These basic findings raise both methodological and social questions. For instance, do the findings pertaining to socio-sexual activities, reflect the female respondents' real feelings or social conformity bias relating to the social expectation that men should initiate sexual advances and **'good women'** resist in the process of emotional attrition elaborated in the focus group discussion findings. These variables certainly help to reinforce the view that in seeking to understand the young people's behaviour it is important to consider the peer, social and personal content rather than to simply focus upon the individual. These considerations will be alluded to below in terms of drawing practical policy and programme implications from the study.

Summary

The profile of the sample of respondents is of a broad range of ages spanning the maturationally critical periods of mid- and late-adolescence, into early adulthood. The vast majority have migrated away from their home areas, primarily in the populous Central and Northeastern regions in search of work. Only a small minority reside with family or relatives. Most have had limited education and although they receive fairly low income, this is considerably more than they could have earned in their rural-home areas. Although migrants can be considered to be a selected group, the general social characteristics of the respondents are probably not atypical of the general mass of young people in Thailand.

CHAPTER 5

THE SEXUAL LIFESTYLES OF THE SURVEY RESPONDENTS

Introduction

The purpose of the chapter is to review the survey findings on sexual attitudes and behaviours in order to quantitatively assess the themes discussed qualitatively above in chapter three. The attempt is made to examine and interpret the prevalence or pattern of particular behaviours, especially those pertaining to the practice or not of 'safer sex'. It is also important to stress that the focus is not only upon reported behaviours, but also very much upon the young peoples' attitudes, feelings and propensities relating to their sexuality, reflecting a broadly cognitive-behavioural approach. Furthermore, especial reference has been made to the relationship context of sexuality. Whilst for instance the HIV transmission implications of the commercial component of the sexual culture are well recognised in Thailand, this study has made especial efforts to address the less recognised, and perhaps ill-understood, non-commercial component. This has entailed a sustained focus upon the interactive qualities of sexual relationship development and the gender construction of the sexuality of Thai youth. In approaching the cognitive aspects of sexuality variables have been developed to 'tap into' the emotional, as well as the normative and personal attitudinal, dimensions. Concerns are sometimes raised regarding the reliability and validity of sexually-related data, especially where potentially stigmatised behaviours are being addressed. Thus efforts have been made to approach key items at different parts in the interview schedule and self-administered questionnaire in order to provide checks for consistency. The conduct and analysis of the focus group discussions were, in fact, invaluable in both elaborating key sexual-cognitive themes, and assisting the precise wording of interview items. The methodology has been discussed in detail above in chapter two, although an introductory note can be made here that respondents answered virtually all items. Findings on sexual lifestyles are here presented in terms of sexual orientation, sexual relationships, sexual experience, attitudes to pre-marital sexual intercourse, and attitudes towards, and use of, condoms.

Sexual Orientation. As well as directly addressing respondents' sexual orientation (in the self-administered questionnaire), items were included in the interview concerning attitudes to homosexuality. These items were adopted from the 'erotophilia-erotophobia' scale (Fisher *et al*, 1983). The vast majority of respondents (94% females, 99% males) considered themselves to be heterosexual, with slightly higher percentages of females than males considering themselves to be bi-sexual (4%/0.4%) or homosexual (2%/0.9%). The attitudinal items confirmed that few respondents (9% females/3% males) felt homosexuality to be usual or common. The item "The idea of my being physically attracted to members of my own sex is not depressing for me" was used to assess feelings about homosexuality. A higher percentage of the women than men (15%/8%) agreed with the statement (Table 5.1). Furthermore, a much lower percentage of the young women than men *strongly* disagreed (53%/76%) with the statement. This gives support for the FGD findings that the women are less homophobic and more comfortable with, and tolerant of, non-heterosexuality than the men. It was also interesting that higher percentages of the sexually experienced, than virgin, young women felt comfortable with the idea of homosexual tendencies.

TABLE 5.1 Attitudes To Sexual Orientation By Sex (%)

Sexual Orientation	Women	Men	
Heterosexual	94	99	
Bi-sexual	4	0.4	
Homosexual	2	0.9	
Attitudes (%) agree)			
'It is not strange to find out that a close friend is gay or lesbian'	29	15	< .0000
'It is common/usual to be homosexual'	9	3	< .0000
'The idea of my being physically attracted to members of my own sex is not depressing for me'	15	8	< .0000
'It is safer for a young women's reputation if she has sexual relations with another woman rather than with a man'	26	24	< .0000
'It is safer for a young women's health if she has sexual relations with another woman rather than with a man'	28	24	< .005

Sexual Relationships. One of the possibly distinctive features of the survey was the detail in which it explored respondents' sexual relationships. This related to the rationale of researching sexual health in terms of relations, feelings and aspirations rather than the more usual focus upon reported sexual activity.

The majority (82%) had ever had a boy/girlfriend with 57% having a partner currently (Table 5.2). Of those with a current boy/girlfriend one fifth (20%) had more than one partner. These figures apply similarly for the women and men. The women tended to be slightly younger than their male partners. Most had known their prospective partner for some time before going out with them, for instance 81% had known the person for seven or more months before going out together (Table 5.3). Most (70%) of the respondents' boy/girlfriends live in the same province and even factory. This propinquity enabled them to meet together fairly frequently (39% daily, 25% once/twice per week). Most (60%) of the males' girlfriends were reported as fellow factory workers (43% from the same factory) whilst the females' boyfriends comprised of 35% factory workers (25% from the same factory), plus a further 20% described as skilled workers (Table 5.4).

TABLE 5.2 Ever Had Boy/Girlfriend By Sex (%)

	Females	Males
Currently have boy/girlfriend	55	62
Ever had, but not currently	26	25
Never had	19	13
	n = 1469	564
	p = < .05	

TABLE 5.3 Duration Of Knowing Current Boy/Girlfriend Before Going Out Together By Sex %

Months	Women	Men
Up to 6	19	29
7 - 12	37	35
13 - 24	22	20
25 and over	22	16
	n= 806	350
	p= < .005	

TABLE 5.4 Occupation Of Current Boy/Girlfriend By Sex (%)

Occupation	Women	Men
Factory worker	35	60
(this factory)	(25)	(43)
Skilled worker	20	5
Government Service/NGO/ Office work	17	11
Own business	11	4
Student	9	14
Unemployed	3	4
Other	5	2
	n=1,173	486
	p= < .0005	

The likelihood of marrying their current partner was used in the survey as an indicator of emotional commitment. The vast majority (over 80%) of both the young women and men felt it at least fairly likely that they would marry their current boy/girlfriend. With more than half feeling the nuptial prospect to be at least very likely (Table 5.5). These expectations were basically similar on the part of both the young women and men, except that the (sexually experienced) women included a higher proportion already cohabiting (12%/2%) and anticipating marriage (Table 5.5). A very small proportion of the women (2%) and men (1%) were in a relationship with a partner who was married and living with their spouse. The FGDs had identified a perceived change as relationships became more committed (from friend to 'fan') with the women adopting a more 'submissive, respectful' role. There was a wide range of responses to the survey item that "as the sexual relationship becomes more committed (towards marriage) the young women loses her power to her man". The women divided roughly into one third each who agreed (31%), were not sure (34%) or disagreed (35%), whilst nearly one half (47%) of the men agreed, 33% were unsure and 23% disagreed (Table 28).

To briefly summarise the findings indicate a culture and situation in which young people have considerable freedom to form sexual relationships of their own choosing; there is a gradual, steady movement towards becoming boy/girlfriend; the relationships indicate a fairly high level of emotional commitment with an underlying expectation of marriage; and finally, whilst there is still support for the more subordinate role of women within relationships there is also evidence of a questioning of this. Perhaps the last point is indicative of a shift taking place in perceived gender roles.

TABLE 5.5 Likelihood Of Marrying Current Boy/Girlfriend By Sex And Intercourse Within Relationship (%)

	Intercourse within Relationship		No Intercourse within Relationship	
	Females	Males	Females	Males
Not likely	4	5	3	5
Slightly likely	10	8	13	14
Fairly likely	32	25	49	52
Very likely	17	41	23	18
Most likely	25	18	12	11
Living together	12	2	-	-
	n=100	87	707	266
	p= < .005			

Sexual Experience. The dominant paradigm of Thai sexual culture revolves around the notion of a powerful double standard regarding the social acceptability of pre- (an even extra-) marital sexual relations for men and women. Women are expected to preserve their pre-marital virginity whilst young men are permitted to engage in sex before marriage. A substantial component of prostitution has evolved to meet the demand created by this gendered disparity (Ford and Koetsawang, 1991, Xenos *et al*, 1993). During the FGD qualitative phase of this research it was noticeable that the participants were always especially interested and animated in discussing non-commercial sexual interaction, whilst sex with prostitutes by contrast just seemed to be taken for granted. This seemed ironic given that, according to the dominant paradigm, non-commercial sexual interaction would be expected to be comparatively rare and male sex with prostitutes, the norm. The survey interview schedule/questionnaire was designed to assess the different relation contexts in which intercourse took place. This section will firstly outline the general patterns of the young women's and men's reported sexual experience and then go on in turn to review the behaviour and attitude findings concerning

firstly, commercial sexual relations and secondly, non-commercial sexual relations.

The Overall Patterns of Sexual Experience. 9% of the women reported having engaged in sexual intercourse, this rises from just 2% of the 15 - 16 year olds to 14% of the 23 - 24 year olds (Table 5.6/figure 5.1). Naturally, all of this was reported as non-commercial sexual interaction with boyfriends with only 9 cases (0.06%) reporting more casual intercourse taking place outside of a relationship. By contrast 63% of the young men reported having engaged in intercourse, rising from 20% of the 15 - 16 year olds to 82% of the 21 - 22 year olds (Table 5.7/figure 5.2). The men's experience was divided into three groups; with (non-commercial) girlfriends only (19%), with both girlfriends and sexworkers (31%) and with sexworkers only (13%) (Table 5.7/figure 5.2). Furthermore, 24% claimed to have engaged in occasional more casual (non-commercial) intercourse outside of a steady relationship. The progression by age of the overall pattern of men's sexual experience may be broadly summarised as follows; only a minority of 15 - 16 year olds being sexually experienced (15% with girlfriends, 10% with sex workers); a steady increase in percentage sexually experienced by approximately 10% per year (including roughly equal proportions of commercial and non-commercial interaction) until around four fifths sexually experienced by age 21. It can be noted that the largest (but by no means major) increase in sexual experience especially with sex workers and with both sex workers and girlfriends occurs over the 19 - 20 and 21 - 22 years of age groups (Table 21). There are very similar percentages by category for the 21 - 22 and 23 - 24 years of age groups (Table 5.7). However, this is not a stabilisation given that the survey was of only single youth and the proportion in marriage will start to increase from the early twenties.

Possible explanations for the considerable disparity between the women's and men's reported non-commercial sexual experience (9%/50%) will be discussed in the appropriate section below.

TABLE 5.6 Young Women's Sexual Experience By Age Group (%)

Engaged in Sexual Intercourse		
Age Group	Never	Ever
15 - 16	98	2
17 - 18	95	5
19 - 20	92	8
21 - 22	88	12
23 - 24	86	14
Total	91	9
	n= 1343	126
	p= < .0005	

TABLE 5.7 Young Men's Sexual Experience By Age Group (%)

Engaged in Sexual Intercourse				
Age group	Never	With friends only	With both friends and sex workers	With sex workers only
15 - 16	80	10	15	5
17 - 18	58	15	17	10
19 - 20	41	25	27	7
21 - 22	18	19	42	21
23 - 24	22	18	41	19
Total	37	19	31	13
	n= 208	107	173	76
	p= < .0005			

Figure 5.1

**Young Thai Women's Pre-marital Experience of
Intercourse: Unmarried Factory Workers**

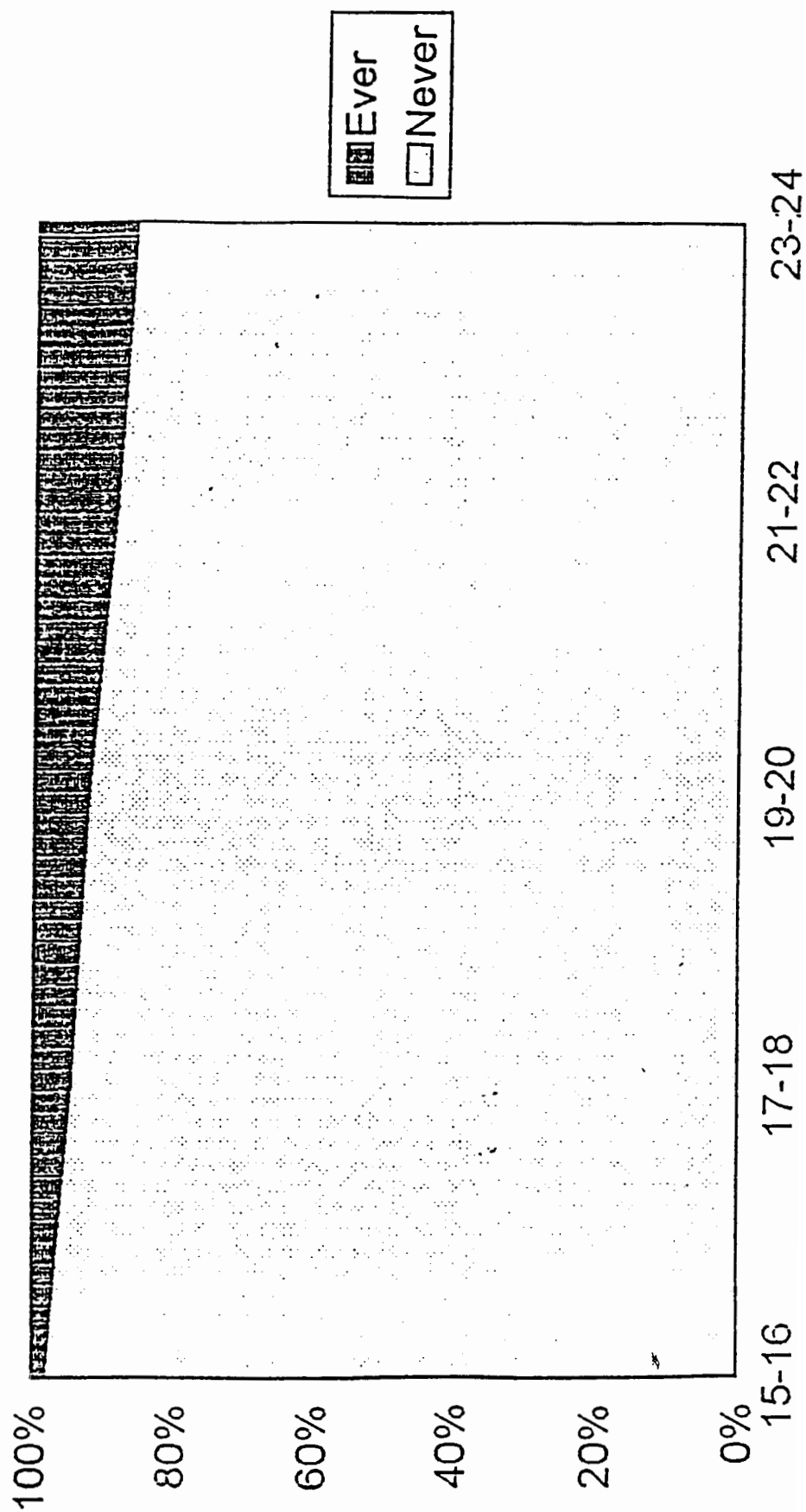
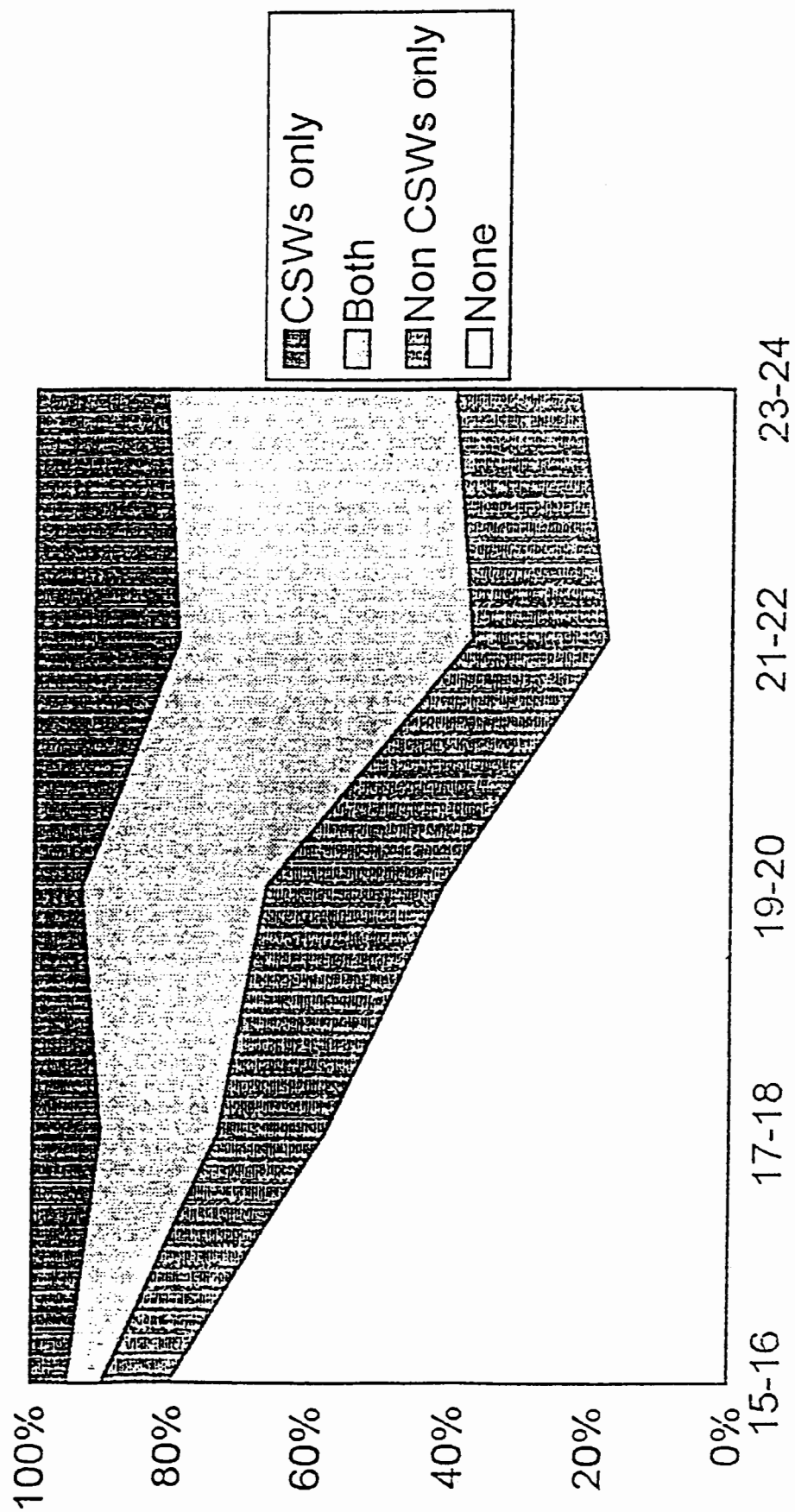


Figure 5.2

Young Thai Men's Pre-marital Experience of Intercourse: Unmarried Factory Workers



Commercial Sexual Contact. Nearly half (44%) of all and 60% of the 21 - 22 year olds, in the male sample reported engaging in intercourse with sex workers (Table 5.7). This important variable was covered at different places within the interview/questionnaire using four different items. The very high level of consistency across each of these items strengthens confidence in the findings' validity. Findings are here outlined and discussed with reference to possible trends, types of sex workers visited, social aspects of visiting sex workers first introduction, peer influence) and the young women's perception of, and feelings about, their boyfriends' frequenting of sex workers.

Although 44% reported ever having visited a brothel, only 13% of these reported having done so in the past month. As will be discussed in greater detail in the next section the level of commercial sexual contact reported in this survey is lower than that reported in a 1988 survey of 15 - 24 year old Thai males (Xenos, Pitaktepsombati and Sittitrai, 1993). The findings reinforce those of other studies (Koetsawang and Ford, 1993, Chansanit and Archavanitkul, 1994) and the FGDs that there has in recent years been some decline in the aggregate level of contact with sex workers.

Those who have never visited a sex worker may be broadly divided into two categories (each comprising half such respondents); those who think it is highly unlikely that they will ever engage in commercial sex, and the other half who feel the prospect is fairly (26%) or very (23%) likely that they will, evidently this percentage seems to decline with age. The main reason given (by 46%) for never having visited a sex worker was that they simply do not like the idea. A further 36% gave fear of disease (primarily AIDS) as the reason (reinforcing the FGD findings) and 11% felt that they were too young. Thus in aggregate terms the (tentative) trend towards non-frequenting of sex workers can be largely accounted for by two very different, but probably interacting, rationales, personal preferences regarding sexual contact and appraisal of the HIV/AIDS risk situation.

There has been some discussion recently (Chamsanit and Archavanitkul, 1994) that the social labelling of sex workers as vectors of HIV/AIDS has led to a shift away from contact with formal, brothel sex workers towards sexual contact with informal, sex workers, a somewhat vague category often including masseuses, singers, hostesses and waitresses. Such a trend does not appear to be especially pronounced among this sample of young men. Of those who had ever had commercial sex virtually all had visited a brothel sex worker, 19% had had intercourse with a masseuse and 18% with a singer or waitress. Part of the reason for the lower level of contact with informal workers in the entertainment industry is the greater expense involved.

92% of first commercial sexual contact was with a brothel sex worker. The FGD analysis had suggested that the first introduction was often made by older friends or relatives. The survey however indicates that first introduction to commercial sex generally (63%) took place with friends of the same age, although in 31% of cases it was with older friends (Table 5.8). The peer context of commercial sexual contact is further reinforced in that 78% felt that they generally visited a brothel on being pressured to do so by friends. For most (73%) visiting of sex workers was preceded by drinking alcohol with friends (Table 5.9).

TABLE 5.8 By Whom First Persuaded To Have Commercial Sex (%)

Person	
No-one	5
Friends (of same age)	63
Friends (older)	31
Relative	1
	n=249

TABLE 5.9 Association Of Alcohol Consumption With Commercial Sex (%)

Yes	73
No	27
	n=249

Given the study's especial concern with the sexual dynamics of relationships, attitudes to young men's frequenting of sex workers were explored in relation to sexual activity within relationships and girlfriends feelings about their partner's engaging in commercial sex. There is a wide and balanced range of attitudes to men visiting prostitutes (Table 5.10). Although predictably slightly more males are positive towards the male recourse to commercial sex, the most striking findings are the high proportions of both females (35%) and males (46%) who are unsure of their attitude. This probably indicates an ambivalence in attitudes towards commercial sex and uncertainty about its place in people's lives.

TABLE 5.10 Attitudes Concerning Males Frequenting Of Sex Workers By Sex (%)

Attitude Item	Females		Males	
	Agree	Not sure	Agree	Not sure
`It is alright for men to go to prostitutes'	27	35	33	46
`If a young woman does not allow her boyfriend to have intercourse with her it is alright if he visits prostitutes'	24	25	21	37
`It is better if a man goes to prostitutes for sex than has another girlfriend'	12	21	12	30
`Even if a young woman lets her boyfriend have intercourse with her it is alright if he still sometimes visits prostitutes'	7	16	8	26
`It is usual for men to marry prostitutes'	22	38	16	40

Whilst significant proportions of both the young women and men agreed or were unsure (49%/58%) about whether a boyfriend should visit sex workers if his girlfriend does *not* permit intercourse, a large majority of both sexes disagree with his engaging in commercial sex if their relationship *is* sexually active (Table 5.10). By examining the association between the young men's sexual lifestyles (Table 5.7) and these attitudes it is possible to discern two broad categories of male views; those who feel that commercial sex is not

acceptable alongside a sexually active relationship and those who feel that a desirable sex life may involve both types of sexual contact.

Regarding the young women's perceptions, 38% believed that their boyfriend had never visited a sex worker, 33% believed their partner had, and 28% did not know. In response to an open question concerning how the women felt about their boyfriends visiting sex workers there was a varied range of responses; 27% just felt '**normal**' in the sense that this was just something natural for men to do and posed no emotional threat to their relationship; the most common response (36%) entailed a sense of '**frustration**', followed by other negative feelings ranging from '**angry/disgusted**' (16%) to milder '**sadness/disappointed**' (18%); only 3% mentioned that primarily they felt a '**fear of infection**' (Table 5.11). Partners frequenting of prostitutes has probably never been generally '**socially accepted**' by Thai women but rather '**grudgingly tolerated**'. The widely expressed sense of '**frustration**' probably relates to strong dissatisfaction combined with a feeling of powerlessness.

Non-Commercial Sexual Relations

The survey findings on non-commercial sexual relations are here discussed by reference to firstly, possible explanations for the disparity between the young women's and men's reported levels of sexual experience and the higher level of 'sex with friends' reported in this, compared to an earlier survey conducted in 1988 (Xenos *et al*, 1993), secondly the onset and frequency of intercourse within relationships, and thirdly links to attitudes to pre-marital intercourse with boy/girlfriends.

Whilst 50% of the young men report having engaged in intercourse with a girlfriend, this contrasts to only 9% of the young women admitting to having engaged in intercourse with a boyfriend. Furthermore, whilst 34% of the men report intercourse with more than one girlfriend, only 2% of women admit having engaged in intercourse with any man other than their current boyfriend, and whilst 24% of the men claim to have engaged in casual (non-commercial) intercourse only 9 women (less than 1%) admit having engaged in intercourse outside of a steady relationship. In attempting to account for this disparity it is

important to note at the outset that such a pattern is found for most surveys of young people's sexual experience (Ford, 1992). However, studies of Thai behaviour exhibit much higher levels of disparity than have been found, for instance in surveys undertaken in the UK. There are two main lines of explanation: firstly, there will generally be a very small proportion of young women in a society who engage in (non-commercial) intercourse with relatively large numbers of partners, but because they comprise a small number they are unlikely to be included in a sample survey. Indeed, such young women were described in the FGDs with the young people describing them as 'hoew' a slang word with connotations such as 'wild', 'extreme', 'modern' and 'fashionable'. Such young women were considered to be highly unusual in their disregard for social convention. Even if the survey missed the 'hoew' women their number would not be sufficient to account for the scale of this disparity. Secondly, the disparity is believed to result from either/or some combination of, under-reporting by women and over-reporting by men. Given that social norms in Thailand are strongly critical of women's pre-marital sexual experience it can be readily assumed that the survey has encountered considerable under-reporting by young women. Whether or not there is also a 'bravado' effect of over-reporting (non-commercial) sexual experience by the men is more difficult to assess.

Xenos *et al* (1993) found in a survey of 15 - 24 year old males conducted in 1988 throughout Thailand excluding Bangkok - Thonburi, that sex with friends peaked at around 50%. This survey records a higher level of sex with friends peaking at 63% (Table 5.7). Two main possible arguments can be considered regarding the reasons for this increase in this latter survey. Firstly, there could be a higher level of 'sex with friends' in Bangkok and its environs than in the non-metropolitan areas in which the 1988 survey was undertaken. Indeed, majorities of both the female and male (mostly migrant) respondents in this later factory workers survey felt that there was more chance to have a boy/girlfriend in their new urban, rather than their home rural, area of residence (69%/23%) (Table 4.4). Secondly, the increase in men's levels of non-commercial sex could link to the decline in recourse taken to prostitutes. This second explanation with its suggestion of a trend can be further considered below in relation to sexual attitudes.

Research into so-called sexual pathways has sought to develop typologies of young people's sexual lifestyles by reference to the timing of first intercourse within relationship development (Christopher and Cates, 1985). The durations of going out together before first intercourse (Table 26) were broadly similarly reported by the young women and men. 10% of the non-virgin women reported intercourse took place within two months, a further 24% between two and six months and a further 42% between six and twelve months of having been going out together. These durations are considerably more delayed than that found in surveys of young people in the UK (Ford, 1992), but they also indicate that for those young Thais who do engage in pre-marital intercourse it does not follow an especially extended engagement. The FGDs had suggested that intercourse (especially women's first) can involve some degree of force or coercion. Regarding the experience of first intercourse, 29% of the women said that they had not agreed to its taking place, 9% stating that they strongly disagreed with it. It is also important to note that acts of intercourse with boy/girlfriends are not just occasional or isolated acts. 46% of the women and 31% of the men report engaging in intercourse with their partner within the past two weeks (Table 5.13). This indicating that once pre-marital intercourse takes place within a relationship it may become fairly regular. Given the likely under-reporting of women's sexual experience caution has to be used in comparing the female and male reported coital frequency. However, it is possible that the age difference between partners (girls usually have somewhat older boyfriends) may account for the women's reported more regular intercourse within relationships (Table 5.13).

In assessing sexual lifestyles it is useful to examine attitudes which may be viewed as both influences upon, and rationalisation of, sexual activity. The responses to the series of items investigating attitudes to young women's and men's pre-marital intercourse within relationships seems to question the dominant paradigm of the powerful double standard.

TABLE 5.11 The Women's Feelings When Their Boyfriend Has Visited**A Sex Worker (%)**

Feeling	%
Normal	27
Frustrated	36
Angry/Disgusted	16
Sad/Disappointed	18
Afraid of Infection	3
n=326	

TABLE 5.12 Duration Of Going Out With Current Partner Before**Sexual Intercourse By Sex (%)**

Duration Going out together (Months)	Females	Males
Within two months	10	12
Between two and six months	24	33
Between six and twelve months	42	23
Between twelve and 24 months	13	20
More than 24 months	11	12
	n=109	126
	p= < .005	

TABLE 5.13 When Last Engaged In Sexual Intercourse With Boy/ Girl friend By Sex (%)

When last intercourse	Females	Males
Within last week	34	17
Between one and two weeks ago	12	14
Between two and three weeks ago	14	6
More than three weeks ago	40	63
	p= < .005	

**TABLE 5.14 Attitudes To Pre-Marital Intercourse With Boy/Girlfriends
By Sex (%)**

Attitudinal Item (personal agreement with)	Females		Males		p
	Agree	Not sure	Agree	Not sure	
i) 'Young women should not engage in intercourse before marriage'	79	9	66	17	< .0005
ii) 'It is usual for a young man to engage in intercourse with his girlfriend before marriage'	24	23	27	43	< .0005
iii) 'It is alright for a young woman to engage in intercourse before marriage as long as it takes place within a loving relationship'	20	23	37	34	< .0005
iv) 'It is alright for young men to engage in intercourse with their girlfriends before marriage as long as it takes place within a loving relationship'	20	24	40	35	< .0005
v) 'Friends think you are 'old fashioned' if you do not engage in pre-marital intercourse with your boy/girlfriend'	17	11	19	19	< .0005
vi) 'The thought of having more than one sexual partner, but over different periods of time is not disgusting to me' (measure of serial monogamy)	10	18	24	29	< .0005
vii) 'The thought of having long-term relations with more than one partner at the same time is not disgusting to me' (measure of polygamy)	3	6	10	24	< .0005
viii) 'Today because of 'womens' rights all women are free to have pre-marital sex if they want'	13	24	23	32	< .0005
ix) 'As the sexual relationship becomes more committed (towards marriage) the young women loses her power to the man'	31	34	47	31	< .0005

Firstly, there is a broad similarity in the aggregate pattern of these attitudes held in that substantial proportions of both the young women and men do not condone pre-marital sex with friends (Table 5.14). More detailed analysis does reveal differences however in that more women than men express a much stronger disagreement with pre-marital sex. Secondly, broadly similar proportions of young women and men condone male's pre-marital sex with neither girlfriends nor sex workers (Table 5.10/5.14). Higher proportions of both women and men are, however, likely to condone pre-marital sex with friends if it is expressed in terms of a loving relationship (Table 5.14). This highlights the influence of an underlying romantic sexual ideology (Hendrick and Hendrick, 1992) in undermining the traditional norms at least for some young people. It is important to note that although condoning sex with friends only a minority of the young men and women condone serial monogamy (the predominant sexual attitude of young people in the UK) (Table 5.14). Should intercourse be taking place within a relationship it is expected to be leading to marriage. Most young Thais would feel that it would not be right to engage in intercourse with one partner and then go on to marry another.

Greater variation pertaining to these attitudes to pre-marital intercourse with friends emerge when comparisons are made by sexual lifestyle. Predictably sexually experienced women and men contain much higher proportions than virgins condoning pre-marital sex. Furthermore, among the young men it is striking that those who have only had sex with sex workers hold more negative attitudes to *women's* romantic pre-marital sex, than the categories who report sex with girlfriends. This seems to point towards another key underlying continuum (traditional-romantic attitudes to women's pre-marital sexuality) which distinguishes different types of young men's sexual lifestyles.

In brief summary, it may be noted that for some respondents there is a disparity between stated attitudes and reported behaviour pertaining to pre-marital sexual interaction; that is, some of those who have engaged in pre-marital sex do not condone it. Linked to this is the substantial percentage responding 'not sure'. Both of these findings reinforce the view of a youth culture undergoing social change and feeling some uncertainty and ambivalence about their sexual

attitudes and values. The range of attitudes and reported behaviours also reflect very different patterns of sexual lifestyles linked to the Thai patterning of a continuum running from a traditional, chaste 'double standard' to possibly a modern, more romantic sexuality.

Condom Use

Whilst the previous sections have discussed levels of sexual intercourse, in epidemiological terms (and with especial reference to HIV infection) the crucial consideration is use of condom as prophylaxis. The findings indicate that most young men have taken on the safe sex message with regard to commercial sex and 83% report always using a condom when with a sex worker (Table 5.15). The critical importance of the remaining 17% adopting safer practices is emphasised on two grounds: Firstly, the kinds of low income brothels which young factory workers frequent (given their low level of disposable income) are also those which are registering some of the highest prevalence of HIV infection (Koetsawang and Ford, 1993), and non-condom using males will continue to infect new workers entering the sex industry. Secondly, given the substantial level of sex with friends there is considerable scope to infect other women as well. It is also of concern that those who report engaging in intercourse with both sex workers and girlfriends report a lower level of consistent condom use in commercial sex (79%/90%) than those who report engaging in intercourse only with sex workers.

In the light of the above it is of concern to note that condom use (as also identified in the FGDs) is much lower with girlfriends than with sex workers. Indeed, only 21% of men and 4% of women report consistent use of condom use with their steady partner (Table 5.15). The disparity between the consistency of condom use within relationships reported by women and men is not easy to explain. Possible accounts could be that the male figure is more accurate as women may not be aware of condom use taking place given the limited communication taking place concerning contraceptive use and the women's sexual reticence (FGD findings). Alternatively, the females' figure could be more accurate in that given their fear of pregnancy (because of its

threat to their reputation) they may be more aware or conscious of those occasions when condoms are not used.

In terms of attitudes to condom use, whilst only a minority of respondents feel they are *only* for use with sex workers, there are varied attitudes regarding the need to use them within steady relationships. In fact two fifths (41%) of the women and half (52%) of the men do not feel a need to use a condom with a steady partner and the main reasons for this revolve around the lack of perceived risk, reduction of pleasure, but probably most importantly that condoms reduce the (psychological) sense of closeness and intimacy (62% women/74% men) with a steady partner (Table 5.16). These findings highlight the emotional obstacles to the practice of 'safer sex' within relationships.

TABLE 5.15 Consistency Of Condom Use By Sex (%)

Reported consistency of condom use	Women with current boyfriend	Men with current girlfriend	Men with sex workers
Always	4	21	83
Usually	5	13	3
50/50	2	16	2
Occasionally	3	10	3
Rarely	20	11	3
Never	66	29	6
n=	109	126	227

TABLE 5.16 Attitudes To Use Of Condoms By Sex - Percentage Agreeing With Statement

Attitudinal item	Women	Men	p
i) 'There is no need to use a condom with a regular boy/girlfriend'	41	52	< .0005
ii) 'Condoms should be used in all pre-marital intercourse'	77	78	n.s.
iii) 'I would dare to suggest condom use with my boy/girlfriend'	69	72	n.s.
iv) 'Condoms do not reduce the man's sexual pleasure'	37	30	< .005
v) 'Condoms do not reduce the woman's sexual pleasure'	49	40	< .005
vi) 'Condoms are only for sex with prostitutes'	29	30	n.s.
vii) 'Condom use suggests a man does not trust his partner'	70	73	n.s.
viii) 'Condom use reduces the sense of intimacy with a partner'	62	74	< .0005
ix) 'There is no point in using condoms because they often break'	45	41	n.s.
	n = 1,458	561	

Summary

In general the survey findings converged with the prior FGD findings, but also highlighted more clearly the broad variations in young people's sexual attitudes and lifestyles. Young people are maturing within a socio-sexual climate involving the growing threat of HIV/AIDS and in which older societal norms (especially pertaining to women) regarding gender and pre-marital sexuality and relationships are being questioned. Survey findings on sexual activities and experience reveal a growing plurality in young peoples sexual expectations and lifestyles.

The methodological problems inherent to the collection of accurate data on the levels of young women's sexual experience were explicitly acknowledged in relation to the disparity in levels of non-commercial sex activity reported by the young women and men. This methodological problem, of the under-reporting

sexual experience by young women, would be expected in the light of explicit social norms concerning the value of pre-marital virginity.

Whatever the precise levels of non-commercial sexual interaction the findings provide further support to those of other studies (Havanon *et al*, 1993, Brown and Xenos, 1994, Morris *et al*, 1994) which have drawn attention to the epidemiological implications of a complex pattern of commercial and non-commercial sexual networks. One element of the public discourse on AIDS in Thailand is the repeated identification of HIV transmission with sex workers. This not only serves to reinforce the social stigmatisation and vilification of a marginalised group of women, but also separates a concern with 'safer sex' from interaction with boy/girlfriends. The increasing levels of condom use within the sex industry are clearly a laudable achievement. However, a new phase in sexual health promotion could gainfully address the issue of consistent safer sex practice within sexual relationships with friends. The sense of love and commitment in sexually active relationships and the belief that condoms reduce such intimacy may well be a key factor making it difficult to promote consistent condom use in such situations.

The following chapter considers the implications of these findings on sexual lifestyles for sexual health promoting strategies and programmes.

CHAPTER 6

SEXUAL HEALTH PROGRAMME NEEDS OF THE SURVEY RESPONDENT

Introduction

The foregoing chapter three and five have provided qualitative and quantitative description, respectively, of the respondents' sexual lifestyles. Comparing this study's findings with earlier studies of young Thais' sexual behaviour it was suggested that some important shifts are taking place within the sexual culture, relating to a growing identification of HIV with prostitutes, and a, possibly associated, social trend towards increasing levels of sexual intercourse taking place within romantic relationships. These findings have to be viewed within the context of a powerful gender structuring of sexuality.

Epidemiologically two of the most critical findings pertained to levels of condom use. Most (83%) of the young men report consistent condom use with sex workers. However, the 17% who do not always take such a precaution are of especial concern given that once infected such men may continue to infect other sex workers (Table 5.15). Furthermore, of the 31% of the young men who report engaging in intercourse with both friends and sex workers 21% do not always use condoms with sex workers, highlighting potential infection of other women.

It is of especial concern that only 21% of men and 4% of women report consistent condom use with their steady partner (Table 5.15). The reasons for this very low level use within relationships reflect the interaction of a range of factors including; lack of perceived risk from a steady partner, perception that condoms reduce pleasure and the sense of intimacy with a lover, and women's emotional inhibitions with regard to sexual and contraceptive communication, as is elaborated below in the discussion section. Within an epidemiological context

of an intense HIV epidemic and major shifts in the sexual culture towards non-commercial, pre-marital sexual interaction, a major policy direction should revolve around the promotion of consistent 'safer sex' practices within relationships.

This chapter describes survey findings regarding the young factory workers' sexual and reproductive awareness in order to identify directions for the development of relevant sexual health promotion strategies and programmes. Findings are presented regarding knowledge of sexual health; perceived vulnerability to HIV infection and other threats to sexual health attitudes to contraceptive planning and use, response to unwanted pregnancy, attitude to, and experience of, abortion; and preferred sources and formats for sexual health information.

Knowledge of Sexual Health

Basic knowledge of sexual health was assessed pertaining to family planning methods, pregnancy prevention '**myths**' and HIV transmission. An overwhelming majority of the women (95%) and men (83%) were aware of the oral contraceptive pills, with substantial proportions of women and men having heard of injectable contraception (68%/48%), condoms (56%/83%), IUDs (37%/34%) and female (40%/39%) and male (34%/43%) sterilisation (Table 6.1). The proportion (44%) of women not mentioning condom is surprising given the massive condom promotional publicity in Thailand in recent years - the figure may be a reflection that they view it as a prophylactic but not as a mainstream method of family planning. However, despite a widespread general awareness of family planning methods certain '**myths**' relating to ways of avoiding pregnancy (which were identified through the pre-survey focus group discussions) were found to be concerningly widely held. For instance, 27% of the women and 31% of the men responded either '**agree**' or '**not sure**' to the statement that '**a woman cannot become pregnant during her first intercourse**', 38% of women and 22% of the men responded either '**disagree**'

or 'not sure' to the statement that "a woman can become pregnant even if the man withdraws before ejaculation", and 31% of women and 28% of men responded 'agree' or 'not sure' to the statement that "a woman can avoid pregnancy if she urinates after intercourse" (Table 6.2). Predictably these levels of misunderstanding were higher for the younger, (especially 15-16 year olds) than older, respondents, but with significant percentages of the older respondents also continuing to hold these risky misunderstandings. Furthermore, the minority of women who admitted to being sexually experienced, who thus face the risk of pregnancy, were scarcely more knowledgeable about these matters than their less experienced peers. Thailand has a strong family planning programme, however, it is still primarily focused upon married couples. These findings highlight the need for IEC campaigns to redress widely held misunderstanding by the single pertaining to pregnancy and its avoidance.

TABLE 6.1 Family Planning Methods Known by Sex (%)

Method	Females	Males	P
Pill	95	83	< .0005
Injectable	68	48	< .0005
Condom	56	83	< .0005
IUD	37	34	n.s.
Vasectomy	34	45	< .0005
Female sterilisation	40	39	n.s.
Norplant	14	8	< .0005
Withdrawal	5	11	< .0005
Emergency contraception	3	15	< .0005
	n=1,469	564	

n.s. Chi-square test level of significance less than < .05.

TABLE 6.2 Elements of Knowledge about Family Planning by Sex (%)

Knowledge item	Females	Males	P
"A woman cannot become pregnant during her first intercourse" (agree/not sure)	27	31	< .0005
"A woman can become pregnant even if the man withdraws before ejaculation" (disapprove/not sure)	38	22	< .0005
"A woman can avoid pregnancy if she urinates after intercourse" (agree/not sure)	31	28	< .05
"Rhythm is a fairly safe method to avoid pregnancy"	77	84	< .005
	n=1,469	564	

In contrast to the reticence regarding universal family planning services and education for the young the Royal Thai Government has implemented a high profile public AIDS education campaign in the past few years. Knowledge about HIV/AIDS was assessed with reference to transmission, perception of the infected and its curability. Virtually all respondents were aware of the links between HIV/AIDS infection and unprotected sexual intercourse, needle-sharing in injecting drug use and from infected mother-to-child. Substantial numbers, especially of women, have an exaggerated sense of HIV transmissibility, with for example 42% women/31% men agreeing that "there is (at least) an evens chance of infection" if you kiss someone with HIV" and 37% women/20% men agreeing that there is (at least) an evens chance of infection "if you use a

swimming pool with someone with HIV" (Table 6.3). The main concern arising from an exaggerated sense of HIV transmissibility is that it may exacerbate stigmatisation of the infected.

TABLE 6.3 Knowledge about HIV/AIDS by Sex (%)

Incorrect responses	Females	Males	P
"It is easy to recognise people infected with HIV" (agree)	34	35	n.s.
"Many people remain healthy for years after being infected with HIV" (disagree)	43	26	< .0005
"There is a medical cure for AIDS" (agree)	22	10	< .0005
"A woman can avoid becoming infected with HIV if she washes her vagina after intercourse" (agree)	17	17	n.s.
"People become infected with HIV through sexual intercourse" (disagree)	10	18	< .0005
"A pregnant woman can pass on the HIV to her unborn child" (disagree)	1	2	n.s.
(attitude)			
"I would not stop being friends with somebody if s/he became infected with HIV" (disagree)	17	18	n.s.
"There is at least an evens chance of infection if you kiss someone with HIV" (agree)	42	31	< .0005
"There is at least an evens chance of infection if you use a swimming pool with someone with HIV" (agree)	37	20	< .0005
"There is at least an evens chance of infection if you share a needle in drug use with someone who is infected" (disagree)	2	1	< .0005
	n=1,469	564	

(Although there are indications of substantial stigmatisation of the HIV-infected in Thailand today Asawaroengchai, 1993), only 17% of women and 18% of men disagreed with the attitude statement "I would not stop being friends with someone if s/he became infected with HIV", although these are substantial minorities (Table 6.3). There are still some who are unsure about the fatality of AIDS as represented by the 22% of women and 10% of men who agreed with the statement that "there is a medical cure for AIDS". Of major importance in enhancing consistent HIV preventive practices is an appreciation that it is not possible to recognise HIV seropositivity by simply looking at people. However, roughly one third, 34% of women and 34% of men, agreed that "it is easy to recognise people with HIV" and 43% of women and 26% of men did not appreciate the likelihood of the lengthy asymptomatic incubation period, as they disagreed with the statement that "many people remain healthy for years after being infected with HIV" (Table 6.3). Also a significant minority not only believe that washing the vagina protects against pregnancy, but even prevents HIV infection (Table 6.3). Although the government has been successful in conveying many of the basic facts about HIV infection to the public, at least among these groups of young factory workers there is a need for further education.

In terms of self-perceived levels of knowledge about sexuality, family planning, HIV/AIDS and other STIs there is a wide range of self-assessments. In overall terms much higher proportions of the young men than women considered themselves to have at least '**fairly high**' levels of knowledge concerning sexuality (85%/57%) and STIs (72%/58%) (Table 6.4). Given the gender structuring of sexuality and young men's much higher overall level of sexual experience this differential in young women and men's self-assessment probably reflects the reality. Higher percentages of both sexes considered themselves more knowledgeable about HIV/AIDS than family planning or other STIs. Not surprisingly the sexually experienced women had much higher self-assessed knowledge levels pertaining to sexuality (78%/56%) and family planning (78%/63% at least '**fairly high**'). One implication is (as was expressed in the

focus group discussions) that many young Thai women do not consider it appropriate to be knowledgeable about sexuality prior to experience. By contrast a key tenet of sex education thinking is that people need to be knowledgeable before first intercourse in order to be prepared to protect their sexual health.

Despite some possible inhibition on the part of the sexually inexperienced nearly all respondents considered information on sexual matters, family planning, HIV/AIDS and other STIs to be at least '**fairly necessary**' (Table 6.5). HIV/AIDS was felt to be the most vital area for information followed by STIs. Higher proportions of the young men than women placed a greater emphasis on the necessity for information upon all of these subjects. The wish for more information upon these subjects was also expressed in some of the focus group discussions.

TABLE 6.4 Perceived Self-knowledge about Sexuality, STIs, HIV/AIDS and Family Planning by Sex (%)

Subject	% feeling they have at least 'fairly high' level of knowledge		
	Females	Males	P
Sexuality	57	85	<0.0005
STIs	58	72	<0.0005
HIV/AIDS	74	78	<0.0005
Family planning	62	70	<.005
	n=1,468	563	

TABLE 6.5 Perceived Necessity of Information on Sexual Matters/Family Planning/STDs and HIV/AIDS by Sex (%)

Subject	Females Necessary		Males Necessary		P
	"At least fairly"	"At least very"	"At least fairly"	"At least very"	
Sexual matters	91	60	93	71	<.0005
Family Planning	95	67	94	75	<.0005
STIs	93	74	95	82	<.0005
HIV/AIDS	97	85	98	90	<.0005
	n = 1,468		564		

Perceived Vulnerability to HIV and Other Threats to Sexual Health

It is widely established in preventive health that 'knowing the facts' about a health threatening phenomenon (e.g. HIV transmission) has to be complemented, if unsafe practices are to be changed, by a personal recognition of (at least potential) vulnerability. The study quantitatively and qualitatively explored the young factory workers perceived vulnerability to HIV infection and experience and perceptions of general threats to sexual health. When asked directly about their chances of becoming infected with HIV within the next two years, 35% of women and 30% of men felt that they had at least "an evens chance" of infection (Table 6.6). This was three times the level (11%) expressing such an attitude by a similar age group of young people in the U.K. in 1990 (Ford, 1992). The Thai figure is not surprisingly, slightly higher (42%/35%) for sexually experienced than virgin young women. Clearly on one level the young people are aware that HIV/AIDS is a grave problem in Thailand. The societal response to the epidemic has clearly passed from the initial phase of 'denial' to one of acknowledgement. Furthermore, to consider

yourself (as many of these responded) as having a high (13% women/7% men) chance of HIV infection within the next two years is a daunting personal prospect (Table 6.6). The women's slightly higher level of vulnerability links to their, forementioned, more exaggerated sense of the transmissibility of HIV.

TABLE 6.6 Perceived Chances of Becoming Infected with HIV in the Next Two Years by Sex (%)

Chances of HIV infection	Self	(Females)	Close friends (male)	Self	Males (Females)	Close friends (male)
None	29	20	6	30	20	9
Slight	36	35	15	40	37	27
Evans	22	29	31	23	30	40
High	9	11	31	6	12	22
Very high	4	4	17	1	1	2
		p. < .005	< .0005			

(refers to female/male comparison)

However, despite the response to the direct question regarding HIV vulnerability, in response to a survey question concerning the main worries following intercourse, the overwhelming majority cited pregnancy (and for women, related reputation) factors. It is tempting to speculate that although HIV/AIDS is acknowledged as a personal threat on an intellectual level it is still not perceived as a salient concern at least with regard to non-commercial sexual interaction. This interpretation is further supported, as noted above, by the main reasons given for non-use of condoms within steady relationships (no need to use with steady partners, they reduce the sense of emotional intimacy etc.). Also in the focus group discussions and in-depth interviews women expressed their main concerns following intercourse with their boyfriends as the fear of pregnancy. This fear was not only articulated in terms of a feeling that they

were neither financially nor maturationally prepared for the responsibility of raising a child, but more strongly with regard to pre-marital pregnancy as an indication of 'sinful behaviour' damaging their reputation and in turn shaming their parents (Ford and Kittisuksathit, 1994).

Thus HIV is acknowledged as a grave threat on an intellectual level, but pregnancy is the primary concern on a personal level. This is a reflection of the finding that whilst less than 2% of the respondents had ever been aware of knowing any friends or relatives who had been infected with HIV/AIDS, nearly all were aware of friends or relatives who had faced the deep emotional trauma of pre-marital pregnancy (Tables 6.7, 6.8). There is a sad irony in this in that, given (the authoritative) estimates of HIV prevalence in Thailand (Brown and Sittitrai, 1993), it is likely that the respondents encounter at least a small number of HIV-positive individuals on an almost daily basis. However, given HIV's lengthy incubation period the HIV epidemic (except for in some hard-hit parts of Northern Thailand) is still at an early, largely asymptomatic phase. Indeed, given the recurrent reports of stigmatisation of AIDS sufferers and their families in Thailand (Bangkok Post, 1995), it is in some ways perhaps fortunate that it is a 'hidden epidemic'.

TABLE 6.7 Female Awareness of Friends or Relatives Confronted by Particular Sexual and Reproductive Health Matters (%)

Sexual/Reproductive Matters/Experiences	Female Friends	Male Friends	Female Relatives	Male Relatives
i) Engaged in pre-marital intercourse	84	66	55	50
ii) Associated with, pre-marital pregnancy	60	44	29	25
iii) Had/associated with, an abortion before marriage	38	20	10	7
iv) Homosexual	55	33	7	6
v) Had sexually transmitted infection	3	11	1	6
vi) Infected by HIV	0.2	0.7	0.1	0.4

TABLE 6.8 Male Awareness of Friends or Relatives Confronted by Particular Sexual and Reproductive Health Matters (%)

Sexual/Reproductive Matters/Experiences	Female Friends	Male Friends	Female Relatives	Male Relatives
i) Engaged in pre-marital intercourse	80	87	47	63
ii) Associated with, pre-marital pregnancy	46	56	23	34
iii) Had/associated with, an abortion before marriage	24	29	7	9
iv) Homosexual	30	35	7	7
v) Had sexually transmitted infection	5	48	2	22
vi) Infected by HIV	0.2	2	0.2	0.7

Given the ‘**patchy**’/irregular use of contraception within pre-marital relationships it is not surprising that there is a significant level of reported pregnancy. 13% of the sexually experienced female respondents reported having ever-been pregnant and 15% of those male respondents who reported engaging in intercourse with girlfriends admitted having made a girlfriend pregnant. Although these percentages are made up of only 15 female and 19 male cases, given that they are admitting a highly socially stigmatised event, it is not implausible to consider that the ‘**actual**’ figure may be higher. In any case (and especially given its culturally-shaped, personal ramifications) this indicates a substantial problem of unwanted pregnancy.

The primary factors underlying the less-than-optimal use of contraception are gendered-structured; on the young women’s side, these factors include; lack of preparedness for intercourse, ambivalence and conflicting attitudes to accessing contraceptive methods, lack of fertility-regulating decision-making and communication skills, emotional inhibitions pertaining to sexuality and in many cases an expectation that their boyfriend should take the main decisions. On the

young men's side there is a sense that concern with pregnancy is far secondary to a more straightforward and immediate desire for sexual gratification, and a tacit belief that women understand family planning matters and would be taking appropriate measures (Ford and Kittisuksathit, 1994). This ambivalence towards contraception was clearly supported in the schedule-structured survey with 35% of women and 22% of men agreeing with the statement that "using contraception will make everyone think I am promiscuous" (Table 6.9). This figure drops to 20% for the sexually experienced women. Similarly 22% of both the young men and women agreed that they "do not want to be knowledgeable about contraception because their friends will think they are sexually active" (Table 6.9). The majority of both young women and men agree that "contraception should be made available to all teenagers" (82%/76%) that "using contraceptives in pre-marital sex is the act of a responsible person" (80%/84%) and that "a young man respects a young woman who uses contraception" 61%/71%) (Table 6.9). Reviewing these findings it seems appropriate to conclude that most of the young people have a positive attitude to family planning. At this juncture it should be noted that Thailand has successfully implemented a model national family planning programme over the past twenty years, which has included an emphasis upon communication (Knodel, Debavalya and Chamratrithirong, 1987). However, a substantial minority of the young people do not even accept the "idea" of teenagers taking contraceptive precautions. This links to the traditional attitude that no sex should take place before marriage, and that by implication, even contemplation of pre-marital contraceptive use is wrong.. However, it is plausible to suggest that even those young people who acknowledge the value of pre-marital contraceptive precautions probably find it more difficult to translate this attitude into consistent and effective practice. These survey findings support those of the focus group discussions in helping to indicate some of the social factors which inhibit effective contraceptive (let alone condom) use within pre-marital intercourse. These findings lend strong support to the concept that to effectively address young factory workers' sexual and reproductive health needs it is necessary to go beyond the provision of factual information (about for example

reproductive physiology and family planning) to find ways of addressing the emotional, decision-making and gendered factors which in practice obstruct effective protection of sexual health. This theme is elaborated further in the following discussion section.

TABLE 6.9 Attitudes to Pre-Marital Contraceptive Use by Sex (%)

Attitude statement (% agree)	Females	Males	P
"I do not want to know about contraception because my friends would think I am sexually active"	22	22	n.s.
"Using contraception would make everyone think I am promiscuous"	35	22	< .0005
"A young man would respect a girlfriend who uses contraception"	61	71	< .0005
"Using contraception is the act of a responsible person"	80	84	< .05
"Contraception should be made available to all teenagers"	82	76	< .05
	n=1,428	558	

Response to Unwanted Pregnancy and Experience of, and Attitudes to, Abortion

Given that the young workers main sexual and reproductive health concern revolves around pregnancy and that pre-marital pregnancy is socially stigmatised as evidence of 'sinful behaviour' it is of interest to explore young peoples'

views on how to deal with such pregnancy. This leads into a focus upon general and personal attitudes towards, and reported experience of, abortion. There are strong cultural and legal sanctions against abortion in Thailand derived from the Buddhist belief in the sanctity of all life. However, as is widely found in many other social and cultural environments, outlawing the practice of abortion has limited, if any, impact upon its eradication. Making legal abortion unavailable generally has the effect of forcing (often desperate) women to seek illegal, clandestine terminations often leading to serious health complications (Liskin, 1980). The Thai family planning programme has been successful in facilitating a dramatic fertility decline involving almost universal marital contraceptive use. The two possible weak points of the programme; inadequate access for single young people and the absence of accessible abortion, both derive from particular cultural sensitivities. However, as in many aspects of Thai policy implementation, the public health response to the issue of abortion may be described as 'pragmatic'. In the light of widespread medical (and social) cognisance of the complications of illegal abortion, safe abortions, generally often under the euphemism of menstrual regulation, are available through a range of public, private and NGO facilities. In a sense a public political compromise has been reached whereby those who are adamantly against abortion (such as the Buddhist Sangha) are satisfied that abortion is officially illegal (except on specific medical grounds), but in practice the law is not rigorously enforced. Private doctors for instance have considerable discretion to assess the need for a termination, thus those physicians who are disposed towards providing an abortion service would employ fairly relaxed indications (e.g. psychological effects of a pre-marital child birth) in order to justify their private provision to women. It has been most unfortunate that in 1995 there have been several police raids on hospitals suspected of providing abortions. This undermines the pre-existing pragmatic compromise, making it even more difficult for women, often in desperate situations, to obtain a safe termination of unwanted pregnancy. From the standpoint of those (especially physicians) who would prefer abortion to be freely available the current situation is felt to be less-than-ideal, given the lack of publicity about services

and high costs often incurred for private termination. Thus in exploring the young factory workers' attitudes to abortion it is useful to recognise that this is an ambiguous area of health policy, underlain by conflicting socio-cultural attitudes to a practice which is nevertheless, very much part of the country's reproductive health situation.

Less than half (46% women/42% men) agreed with the statement that "abortion should be legalised", and only one third (31%) of the women and one quarter (23%) agreed the "abortion is alright for single women" (Table 6.10). However, it is striking that the minority of women who are sexually experienced include significantly higher proportions (55%/46%) than their virgin counterparts who believe abortion should be legalised (Table 6.11). The survey went beyond generalised attitudes to abortion to assess how respondents felt they would personally respond in the event of becoming pregnant before marriage. This was approached using two items (one open-ended, one fixed-format) at different points in the interview schedule. Cross-checking revealed an extremely high level of consistency in response to the two items. Equal percentages (31%/32%) of women and men state that they would want to terminate a pre-marital pregnancy (their girlfriend's in the case of the males) (Table 6.12). The remaining responses to this open-question can be broadly grouped into two categories of responses. Firstly, a range encompassing 'continue with the pregnancy' (including for the women 'seeking compensation from their boyfriend') which accounted for 54% of the women's, and 26% of the men's, responses. In the focus group discussions many of the young women stated that a pre-marital pregnancy should lead to marriage, with an expectation that the father would help take care of the child. The reminder, 15% of the women and 40% of the men, were undecided about how they would deal with a pre-marital pregnancy with their main response being that they would consult with others about the decision. Incidentally, 1% of the males responded that they would simply 'avoid the woman' if they had made her pregnant.

TABLE 6.10 Attitudes to Abortion by Sex (%)

Agree	Females	Males	P
“Abortion is alright for single women”	31	23	< .005
“Abortion should be legalised”	46	42	n.s.
	n=1,459	563	

It is striking that a much higher percentage of the sexually experienced, than virgin, women (48%/30%) stated that they would terminate a pre-marital pregnancy (Table 6.11). This links to this group's higher proportion who are more accepting of abortion and want it to be legalised. There is probably a link between this group's more 'modern', 'romantically-permissive', sexual attitudes and liberal attitudes to legalising abortion. The sexually experienced women are also those who face a greater risk of an unwanted pregnancy and may be more likely to have thought seriously about how they would deal with the predicament. Furthermore, of the 15 women who admitted to ever having been pregnant 13 had resorted to an abortion. There seems to be a pattern in the findings whereby abortion becomes progressively more acceptable as the focus shifts from its consideration as a general abstract idea to a potential personal solution to the predicament of an unwanted pregnancy. Thus although on one level there is strong opposition to the legalisation of abortion in Thailand, it is very much part of the reality of (especially young people's) reproductive health situation. Although access to abortion through private medical services has done much to reduce the complications arising from unsafe terminations it is still problematic due to the high costs incurred. The continuing problem of abortion further reinforces the importance of focusing educational initiatives on the obstacles to safer practices, rather than responding just by improving family planning service provision.

TABLE 6.11 Young Women's Attitude to Abortion by Sexual Experience (%)

(Agree)	Virgin	Non-virgin	P
"Abortion is alright for single women"	30	42	< .05
"Abortion should be legalised"	46	55	n.s.
"I would terminate pregnancy if single"	30	48	< .005
	n=1,333	126	

TABLE 6.12 Likely Action if Single and Pregnant by Sex (%)

	Females	Males	Girl (If found pregnant)
Continue with pregnancy/ seek compensation from boyfriend	54	26	
Terminate the pregnancy	31	32	
Consult others to discuss	15	40	
Would avoid partner	-	1	
	n= 1,467	562	
	p= < .0005		

Preferred Sources For Sexual Health Information

The study sought to assess some directions for the development and provision of sexual and reproductive health services by reference to, firstly, exploring the nature of young people's communication and confiding behaviour pertaining to sexual, family planning and HIV/AIDS matters, and secondly, by obtaining feedback upon the preferred format and sources of such information.

The main group of persons with whom the young factory workers had discussed sexual, family planning and HIV/AIDS matters were their friends of the same sex (71% of women/70% of men), followed by their mother (31% of women/11% of men) and health personnel (18% of women/16% of men) (Table 6.13). Not surprisingly a higher proportion of the sexually experienced than virgin (29%/6%) women had discussed these matters with their boyfriends. What is perhaps more notable is the fact that 71% of women in sexually active relationships had never discussed these matters with their partner. This reinforces the focus group discussion findings regarding the lack of communication within relationships about sexual and reproductive matters such as consequences and the need for contraceptive planning. This presumably links with the behavioural findings regarding irregular/'patchy' contraceptive use and women's emotional inhibitions or reservations pertaining to sexuality. The high level of same-sex peer discussion has strong implications for the ways in which ideas and information are transmitted and shaped in what is, in many ways, a **'talking and TV'** (as opposed to a reading) culture. Just over one third (34%) of the women and a half (47%) of the men considered their close friends of the same sex to be their most important source of information upon these matters (Table 6.14), raising the possibility of the value of some form of peer-based strategy for the promotion of sexual health within the factory setting.

TABLE 6.13 With Whom Ever Discussed Sexual Matters, Family Planning or HIV/AIDS by Sex (%)

	Females	Males	P
Mother	31	11	< .0005
Father	14	10	< .05
Male friend	4	70	< .0005
Female friend	71	7	< .0005
Boy/Girlfriend	8	4	< .005
Older workers in the factory	6	5	n.s.
Employer	1	1	n.s.
Health Personnel	18	16	n.s.
School teacher	5	7	n.s.
	n=1,468	564	

TABLE 6.14 Most Important Persons Regarding Discussion of Sexual Matters, Family Planning and HIV/AIDS by Sex (%)

	Females	Males
Close friends of own sex	34	47
Mother	16	11
Health Personnel	12	11
Girl/Boyfriend	4	1
	n=1,464	549

However, when reference is made to their preference for different potential sources and settings for further sexual/reproductive health-related information, only a minority (less than a third) feel that other factory workers of their own

age would be a satisfactory source (Table 45). Approximately one half felt that older factory workers (cross-age peers) would be satisfactory. However, by far the most widely preferred, 'satisfactory' source would be health personnel providing a training course by lectures, accompanied by an exhibition/posters in the factory. The preference for health personnel is understandable as a concern for receiving accurate information. However, there are practical limitations to the level of a formal, for instance Ministry of Public Health, input. Such an input could probably only take the form of a 'one-off' or occasional visit to a factory and it is unlikely that such a limited intervention could have much of an impact upon the gender, relationship and personal skills, factors which this study has identified as the main obstacles to the consistent practice of 'safer' This underlying concern with the credibility of information providers also highlights the need for careful training of potential peer-style facilitators in order to ensure both the actual and perceived (by their fellow workers) accuracy of their knowledge.

The findings also indicate a preference for formal (lecture, exhibition) formats for sexual health provision. This reflects the young people's experience of an educational system which is highly formal, '**rote-learning**'-based and fairly authoritarian. This may account for the low number of the young women and men (37%/39%) who felt that informal education, for instance using games, would be a satisfactory mode of delivering further information (Table 6.15). Nevertheless, the findings outlined above indicated that the major need is to help develop decision-making, communicational and other skills to foster 'safer' behaviours, rather than only to improve purely cognitive knowledge. Such skills development can only really be attained through non-formal educational styles, including for instance, values clarification, modelling of behaviours and role play. Experience in other countries suggests that young people often enjoy such approaches to sex education, although clearly there is an issue here of how it could be introduced so as to attract the participation of young workers.

TABLE 6.15 Satisfactoriness of Different Potential Sources and Settings for Further Information on Sexual and Family Planning Matters /STDs and HIV/AIDS by Sex (%)

Source /Setting (% Highly satisfactory)	Sexual/FP Matters	STDs/HIV/AIDS	Sexual/FP Matters	STDs/HIV/AIDS
Source				
Leaflets/booklets	54	65	61	69
Health personnel	76	79	73	77
Employer	34	38	36	42
Other factory workers (own age)	30	33	30	32
Other factory workers (same sex)	41	41	32	33
Other factory workers	50	50	53	54
University student	54	53	53	56
Setting				
Training course/lecture	65	57	65	68
Exhibition/poster	57	60	64	67
Game activities	37	39	39	41
Seminar (outside factory)	40	53	56	60
Worker representative	50	50	44	46
Self as representative	43	44	45	47
	n = 1,469		564	

Questions concerning preferred formats and sources of further information were followed in the interview with a question concerning how likely the young workers would be to take part in such education if it was provided to their factory. The less-than-encouraging findings were that only 42% of the women and 55% of the men stated that they would be at least **'highly likely'** to participate if such programmes were made available (Table 6.16). The lower

figure for women presumably reflects their greater reticence concerning sexual matters and possibly also their sense that (because they do not consider themselves to be personally promiscuous) they are not **'at risk'** sexually. Further informal interviewing revealed that this lukewarm response to likely participation was because they felt that this would not be how they would like to spend their leisure time. This reflects both their limited leisure time (especially as over-time is common) and what may be called a cultural aversion to things which are not **'sanuk'** (a Thai concept connoting fun, pleasant and light). Likewise the factory managers are not keen on including sex education-type activities during working time. Thus there may be something of an obstacle to achieving high levels of workers' involvement in sexual health-promoting programmes. This links with the foregoing discussion to highlight the importance of **'packaging'** of such programmes to clearly indicate the need and value of attending them, but also presenting them in an attractive and non-threatening way.

TABLE 6.16 Likelihood of Participating in Sexual/Reproductive Health Education Programmes if Provided in the Factory, by Sex (%)

Likelihood of Participation	Women	Men
Not at all likely	2	0.4
Slightly likely	13	9
Fairly likely	43	36
Highly likely	28	42
Extremely likely	14	13
	n= 1468	56
	p= < .0005	

Factory Managers' Attitudes to the Sexual and Reproductive Health Needs of their Young Workers.

Interviews were held with 81 factory managers or, in the case of the larger factories, with the personnel managers. Among other things these interviews discussed their perceptions of; the knowledge and awareness about sexual and reproductive matters of their young workers; the importance of their workers' sexual and reproductive health; and whether they felt themselves to be responsible for providing sexual health educational programmes for their young workers.

Although on the whole many factory managers felt their young workers were fairly knowledgeable about sexual and reproductive health matters, large proportions of between two fifths and one half felt uncertain about their workers' level of such knowledge (Table 6.17). This is perhaps not surprising as these are not subjects which workers and employers discuss with each other.

Most agreed that the sexual and reproductive health of their workers was important (Table 6.17). HIV/AIDS was by far the most important element perhaps indicating that this provides a better '**lever**' for developing programmes with factory managers than a more general concern with sexual and family planning matters.

TABLE 6.17 Factory Managers' Perceptions of the Sexual and Reproductive Health wareness of Their Young Workers (%)

Factory Managers' Perceptions	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Most male factory workers don't know about sex	6	7	33	21	33
Most female factory workers don't know about sex	6	10	46	19	20
Most male factory workers don't know about family planning	4	7	53	19	17
Most female factory workers don't know about family planning	3	13	53	16	16
Most male factory workers don't know about STDs	4	17	41	21	16
Most female factory workers don't know about STDs	6	26	44	17	7
Teenagers factory workers don't know about AIDS	9	29	29	14	20
Contraception should be made available to all teenagers	21	29	27	10	13
Abortion should be made legal	13	13	23	17	33
Besides AIDS, STDs are not serious diseases	7	13	17	16	47
n= 81					

Approximately one half of managers believed that they had a responsibility to provide programmes for their young workers on sexual matters and family planning, rising to two thirds (62%) for STDs and three quarters (76%) for HIV/AIDS. This appears to indicate that factory owners and managers would

be willing to support some work in this area or at least to collaborate with the services of the Ministry of Public Health and NGOs who could assist in providing such training. There is no doubt that in the mid-1990s there is strong concern with the HIV/AIDS epidemic in Thailand. However, the researchers recommend caution in not being too optimistic about taking these positive findings too literally. During the interviews there was a sense of a courtesy bias in that the managers were wholly aware of the rationale and focus of the study and thus may have been to a degree giving responses which they felt would be appreciated by the researchers. It may be more accurate to take only the 'strongly agree' responses as evidence of a positive response to the question of factories' responsibilities concerning the sexual and reproductive health of their workers.

Summary

This chapter has outlined a range of key findings pertaining to the young factory workers sexual and reproductive health awareness and demand, and preferred sources for further related education. It is clear that the young workers have a basic understanding of HIV and pregnancy risk, but only a very limited awareness of other STIs. The study has also identified some critical misunderstandings such as the fairly widespread belief that washing the vagina after intercourse can prevent pregnancy and even HIV infection. There is also a clear recognition of the threat of HIV in Thailand. However, both the qualitative and quantitative findings indicate that the vulnerability to HIV infection is not a salient concern in pre-marital relations with steady partners.

The patterns of sexual health experience has implications for the directions of potentially-effective sexual health promoting strategies. Firstly, there is a need to ensure that confidential family planning services, within the factory setting, incorporate an especial counselling component. Secondly, there is a continuing need to convey basic factual information to reinforce accurate understanding and to correct certain prevailing misunderstandings. However, above all the study's

findings call for policy and programme development to address the gender, interactional and skills issues pertaining to steady relationships. In particular there is a need for the development and implementation of programmes not only to reinforce consistent condom use in commercial sex but also within steady relationships.

The feasibility and value of workplace-based sexual and reproductive health programmes are well-documented (Rinehart *et al*, 1987). There is a need to impress upon factory managers and owners that their concern for the quality of their workforce should encompass a concern with protecting their sexual health. The policy and programme implications of the findings described in this chapter are elaborated in greater detail in the concluding chapter eight below.

On the one hand enhanced reproductive education and services for young people would be expected to reduce the demand for abortion. On the other hand abortion continues to be illegal in Thailand and although the complications arising from illegal abortion have been greatly reduced by the 'availability' of safe, medical termination primarily by private providers, at least in Bangkok and its environs (but not in some outlying provincial areas), the expense involved is extremely high for those on low incomes, such as young factory workers. There have even been cases of young women whose self-esteem having suffered through the trauma/stigma of pre-marital pregnancy have turned to (initially temporary) prostitution to pay off debts incurred in paying for their abortion. Thus ideally a liberalisation in Thailand's abortion law could be beneficial. However, given both the especial cultural sensitivity pertaining to abortion and Thailand's currently fragmented and weak political parties it looks highly unlikely that any political group could carry through such legislative change without incurring electoral defeat.

In order to assess programmatic implications, the findings will now be briefly reviewed in terms of some of the steps commonly identified in preventive behaviour change models, such as the health belief (Rosenstock, 1974) and

AIDS risk-reduction (Catania *et al*, 1989) models, notably the stages of cognitive understanding, perceived personal vulnerability, protective intentions, 'translating' intentions into practice and the particular obstacles involved, and social and service support/reinforcement of 'safer sex' practices.

Firstly, it is clear that the young factory workers have a basic understanding of the HIV and pregnancy risk, although only very rudimentary awareness of other STIs . Some important misunderstandings were identified such as the relatively common belief that washing the vagina after intercourse can prevent pregnancy and even HIV infection. This points towards some elaboration in sexual health information dissemination.

Secondly, at least on an intellectual level, the young workers recognise the threat of HIV. Yet a range of qualitative and quantitative findings converge to indicate that risk of HIV infection (unlike pregnancy) is not a salient concern in pre-marital relations with steady partners. The main reasons for the lack of condom use within relationships were discussed above in terms of the following, mutually reinforcing, factors relating to lack of perceived vulnerability, emotional inhibitions, the felt need for trust in a relationship, and so on. In understanding the ways in which these factors operate as obstacles to 'safer sex' practices it is useful to appreciate that this is not a clear-cut simple situation for the young women, rather as drawn out in some of the in-depth interviews they face dilemmas from mutually conflicting feelings and concerns. For instance, on an intellectual level at least, there is an awareness that AIDS is very much a reality and threat in Thailand and that condoms are generally 'not only for use with prostitutes'. Furthermore, in the process of emotional attrition towards intercourse within relationships, a young woman is seeking to assess a range of different pressures, including for instance, a concern with safeguarding her chaste reputation, a desire to please her partner and sustain the relationship, general affection, but also some doubts about the total fidelity of the partner.

The nature of the sexual interaction taking place gives some clear guidance for the directions and forms of potentially-effective sexual health promoting strategies. Firstly there is a need to ensure that confidential family planning services incorporate an especial counselling component, given that health personnel are the most credible source of relevant advice. Secondly, there is a need to convey basic factual information to reinforce current accurate understanding and to correct certain prevailing significant misunderstandings. However, above all the study's findings call for policy and programme development to address the gender, interactional and skills issues concerning steady relationships. From a social perspective it is possible to view three main directions; firstly, there is a need for greater, non-judgmental, awareness of the important social trend towards increasing non-commercial sexual relations; to provide an enabling basis for a policy of extending '**safer**' sexual practices. Safety within relationships can be gainfully considered as either abstinence or if intercourse takes place, consistent condom use; to provide young women with the decision-making and social skills needed to help them deal in a protected, planned way with the place of sexuality within their lives, to be able to '**say no**' or if intercourse is desirable to insist on condom use. These objectives clearly demand sexual health promoting strategies which go beyond mere information-giving. Secondly, small groups-based, socially-interactive programmes are the only way of fostering values clarification and communicational and other behavioural skills. Thirdly, mass-media campaigns could also provide a valuable role in fostering widespread awareness of the need for such condom use, and promoting the idea of safer pre-marital behaviours as a social norm.

From an operational perspective there are a number of possible barriers to implementing such programmes. Firstly, although the majority (four fifths) of young people recognise the importance of being well informed on sexual and reproductive matters, many gave a '**lukewarm**' response to actually taking part in such sexual health programmes if they were made available in the factory. Perhaps it is just necessary to acknowledge that it is impossible to make programme contact with *all* young people in the factory setting, and to hope

(not unreasonably) that those who do *not* take a direct part in programmes will, at least, indirectly benefit from their subsequent social interaction with their peers who do.

In chapter one it was noted that part of the context of this research is Thailand's intense HIV epidemic and other threats to sexual and reproductive health. There are indications however that there has been some decline in the incidence of HIV cases reflecting well documented patterns of behaviour change within the 'key high' risk spheres of commercial sex and injecting drug use (Brown and Xenos, 1994). In understanding these changes it is important to appreciate a two-stage model in societal response, incorporating both, firstly, formal government and NGO HIV prevention policy and programme implementation and secondly, social and peer communication, personal appraisal and behavioural adjustment taking place within the population. The point is being made that the government through the Ministry of Public Health and National AIDS Programme (assisted by NGOs and the mass-media) has played an essential role in (finally from the late 1980s) making the population aware of the HIV/AIDS epidemic and means of HIV prevention. However, the real absorption of information and behavioural adjustment has then taken place within the wider communicational and social discourse of the mass of the population. Thai culture is highly adaptive and the first stage of its adaptation to the HIV/AIDS epidemic has largely taken the form of a dramatic increase in the level of condom use in commercial sexual encounters. The pace of the increase in condom use in commercial sex may well be partly related to an underlying receptivity engendered by pre-AIDS activities of government and NGO family planning promotional activities. These had done much to create widespread 'sensitisation' towards and awareness, if not actual use, of condoms. There has also been some decline in the total level of men's frequenting of commercial sexual establishments but this in itself has probably only had a minor impact upon new HIV incidence. The parallel declining level of infection through injecting drug use has necessarily taken place within a relatively small sub-group in the population and incidentally without organised needle exchange

programmes (which may have been expected to further accelerate the decline in injecting drug-related HIV infection).

Secondly, factory owners and managers held widely divergent attitudes to the holding of sexual health programmes in their factories, especially if they impinged upon worktime. It should be noted however, that the personnel managers were much more positive and interested in such sexual health programme development. The divergence seemed to relate to the ways in which the factory managers' viewed their workers, along a continuum from purely sources of labour and profit maximisation to a wider more rounded, social perception of workers. It is clear that the promotion of such programmes among factory owners/managers has to be articulated in terms of enhancing the quality and satisfaction of the workforce. An underlying premise of this project, which has been amply reinforced by behavioural findings, is that the concept of 'human capital' of workers has to include a concern with their sexual and reproductive health. Managers can readily appreciate the need to reduce workers' personal and health problems to maintain a stable and productive workforce.

These policy and programme implications of these themes are elaborated in further detail in the concluding chapter below.

CHAPTER 7

CASE STUDIES OF INDIVIDUAL FACTORY WORKERS' SEXUAL EXPERIENCES

Introduction

The objective of this fairly brief chapter and final component of the study's methodology is not to identify general patterns of specific **'ideal types'** but rather firstly, to assess whether the patterns and processes derived from the foregoing FGD and survey findings are identifiably occurring in the lives of actual individual factory workers; and secondly, to provide some case study outlines of the unique sexual experience and lifestyles of individuals. In-depth interviews have been used to provide a **'humanistic'** methodological component to the study. This has entailed seeking to identify young peoples' sexual feelings and experiences in a holistic way which is integrated in their lifepath circumstances. Standardised survey methodology would be a rather clumsy tool to approach such a task, and FGDs have a tendency to involve a measure of **'presentation of face'** within the group setting, which is not appropriate for discussing individual's (especially young Thai women's) sexual experiences. The in-depth interview has been utilised here to gently probe into young worker's sexual lives and to allow them to express what has happened, and especially their feelings about it, in their own terms. The key characteristic of an in-depth interview is that it provides a private and strictly confidential **'space'** in which a respondent may be quietly encouraged to **'open up'** about their personal experiences and feelings.

Following the analysis of the FGD and survey findings the researchers felt that the particular group of respondents about which **'richer'** information was needed, were the sexually experienced and active young women, and young **'gay'** men. The key aim was to find out more about what has happened within their sexual relationships, in order to further identify means of protecting their

sexual health. In order to surmount the respondent recruiting obstacle that unmarried Thai women would not want to openly admit, let alone deeply discuss, their sexual experience, an attempt was made to make contact with young women who were cohabiting, as this was possible to identify. This qualitative data collection involved purposive and 'snowball' sampling.

Content of the In-depth Interviews

The in-depth interviews were based upon a set of guideline questions. These were not to be followed according to a strict schedule but used as a general guide to assist focus whilst allowing probing to encourage respondents to elaborate upon key themes. It was important that such a potentially sensitive interview involved '**warming up**' questions to build up the respondent's confidence and establish a rapport. A balance was sought between having sufficient '**warming up**' questions, but not so many that it left little time to explore the main themes of the interviews.

The 'warming up' introductory questions concerned such subjects as geographical origins, feelings about the social impact of the migration, and leisure behaviours.

In devising the main research questions the intention was not just to repeat subjects covered in the prior phases of data collection, unless there were uncertainties about existing findings. Key subjects which were addressed included:

- early sexual feelings and awareness
- the beginning, development and nature of their sexual relationships
- emotional predispositions and inhibitions pertaining to sexuality
- communication with partner on sexual matters
- events leading to, and feelings about, first sexual intercourse
- history of, and attitudes towards, contraceptive and condom use
- attitudes to homosexuality

- awareness of sexually transmitted infections and HIV/AIDS
- sexual hygiene

For all of the above themes a detailed list of probing questions were provided for the interviewers.

Selected Cases

The 25 in-depth interviews have generated an enormous qualitative data set. Five cases have been selected for insertion in this report. They are comprised of three cohabiting young women aged 18, 19 and 20, and two young men aged 20 and 23, one primarily heterosexual, the other, homosexual. In analysing these it must be stressed that the approach is not to undertake comparative content analysis or assess typicality - rather the opposite; a humanistic approach has been adopted which involves the researchers immersing themselves in the data sets and discussing their interpretations of the findings. The following five case studies outlined are essentially vignettes of some individuals' lives. The key task was to identify the main features of their sexual histories and to explore the ways in which different facets, for instance pertaining to feelings about sexuality, relationship development and condom use, inter-related. The task of the interviewer was to establish a rapport and to empathise with the respondent. Also given the Thai context it was important to carry discussion of these 'serious' subjects forward with some lightness and humour. The interviews achieved these objectives with varying levels of success. In some cases discussion was very limited, but in others a stimulating and worthwhile conversation took place. All nicknames for the cases are, of course, fictitious.

1. Love Justifying Intercourse, but Fear of Partner's Infidelity

Ya is 20 years of age, comes from Central Thailand and has lived in Bangkok for just over three years. She used to work with her family growing rice, but moved to Bangkok to earn more money and to remit some home. She feels that

she has gained a lot of experience from moving to the capital, from knowing lots of people who come from different provinces. In her free time she likes to walk in the large shopping malls or to chat with friends. She likes to talk for fun (senuk) but not to talk deeply or seriously about anything. She will occasionally go to a discotheque with female friends. Ya is conscious that she has much more freedom in the urban, than in her home-rural, area, where her parents restricted her activities.

She has known her 23 year old current (and first) boyfriend for nearly two years and they have lived together for three months. Ya met her partner through friends (who were also cohabiting), and they started going out together after knowing each other for about six months. Ya sees cohabiting as a useful way of becoming familiar with a partner and as a means of saving money to marry, - she often works long hours of overtime at the factory. Above all she decided to live with her partner because she felt that "he can protect me, help me, and that he won't desert me, if I have a problem I can consult him".

While his parents are aware they live together hers do not know yet, as she is concerned about their attitude to their relations before marriage. She has mixed feelings about cohabitation and advises her friends not to fall into this situation. Whilst "its useful to learn about each other, it is bad for a girl's reputation". Also the man may "assume that we are easy so he can leave us easily". Above all if "a woman has intercourse with one man and later she goes with another, she becomes considered as permissive. She is looked down upon and regarded as a bad girl".

At first during their courtship she felt ashamed when he touched her affectionately and thought he must think her 'easy' to let him touch her. Although she felt sexual desire "I tried to calm down and thought I should not feel or think about such things, because I am a woman".

They had their first intercourse one evening when her boyfriend came back drunk after his birthday party with friends and was particularly forward. Her room mate was out late although she wished she had been there. She told him she was not willing to have sex and that he should go. But he forced her "I struggled but I was weaker than him and so he won, I loved him and I did not think he could do such a thing". After the sex she was very upset "first of all I was afraid of pregnancy, I was afraid he would not take the responsibility. Most of all I was scared that my parents would find out and wouldn't be able to bear it ... I felt angry and affectionate at the same time, but my love (for him) was greater. I was wondering whether he loved me, and having got me, whether he would leave me, and whether I was easy or not". He assured her that he would take care of the child if she was pregnant and that she should not worry.

She now enjoys regular intercourse with him (although also says its very difficult to refuse sex) and takes the oral contraceptive pill to prevent pregnancy. If she asks him to, he'll wear a condom, but although she thinks she should protect herself she rarely suggests he uses one. She has also told him that if he becomes involved with another woman, he should not have sex with her. She feels that sex is important in a relationship or marriage to prevent the man from straying with other women.

She is very much aware of the threat of AIDS in Thailand, which she mainly associates with prostitutes. She feels pity for those who are infected. She has a sound understanding of the way HIV effects the body's immune system and is conscious that you cannot tell if someone is asymptotically infected. She has mixed feelings about her vulnerability to AIDS, she feels safe because she is not promiscuous, but, at the same time, at risk because she does not trust her partner, "I think he enjoys visiting prostitutes", she thinks about having a blood test for HIV.

Ya's case history highlights the conflicting feelings a young woman may have about pre-marital sexual relations. She was originally forced to have intercourse by her boyfriend but her love for him seemed as some justification. She looks to her partner for protection and help and they are intending to marry when they have saved enough money. Although she suspects her partner of visiting prostitutes she does not always warn him to use a condom with her. She has a clear and realistic understanding of the HIV/AIDS risk but just does not always insist on safer practices. This pin-points the problem of sustaining such protective behaviours consistently within a relationship.

2. Relationship as Search for Stability

Tiew is 18 years of age. She was born in the Northeast, but also lived in the South, before moving to Bangkok at the age of 13. She has had a highly mobile life, initially because her parents separated, and at different times she has lived with either parent or their relatives. As a young girl she found it difficult to adjust to life with different relatives in different regions because customs and freedoms were so varied in different places. She had problems with her father's new wife when living with them in the Northeast. She enjoyed school and did well in her studies and was bitterly disappointed when they (primarily the second wife) forced her leave school and go to Bangkok in search of work.

She originally did domestic work in Bangkok (looking after children) and has since had a succession of jobs living within different flats with different people (it is common for several low-income people to share a single room in Bangkok). She does not go out much considering herself "not lost to pleasure". Thus her personal history is one of great instability and uncertainty, never feeling she is really wanted or being able to control her situation. This has engendered a negative, and for her age somewhat cynical, attitude, feeling that "people are not sincere", she avoids becoming emotionally close to others and has no close friends.

Tiew stays in a rented room with her boyfriend of four years, and some of his relatives. They first met when she was 14, and he, 21, years of age. Before (from the age of 10) she had had many boyfriends for short periods, but no sexual contact with them. She says many gave her gifts. Being very pretty she receives a lot of attention from men. She was always reserved with them in case they thought her 'easy'.

She had her first sexual intercourse at the age of 15, with her current boyfriend after two months of going-out together. The intercourse was precipitated by his being drafted for conscription in the army. Knowing the attention she would receive from other men while he was away, and thus, fearing losing her, "he just grabbed her". In a sense by taking her virginity he was clearly and unequivocally staking his claim to this young girl. She was living with an aunt at the time, who saw what had happened. Feeling she had 'shamed' her aunt, she immediately left the place to stay with some of her lover's relatives. After this she stayed in a succession of rented rooms, but finding it very difficult to get on with any of the people with whom she shared.

At the time of her first intercourse she had not expected him to behave in that way. She was conscious of what she was doing but could not stop him. She considers her boyfriend to be "the kind of person who when he wants something he must get it". She was forced to have intercourse having her hands held tightly to prevent her from struggling. She strongly insists that "he did not *rape* me, he did not hurt me". Nevertheless, she later stated that this first intercourse was very painful because she was struggling and because the penetration caused her to bleed. She believes that this was also the first time her boyfriend had had intercourse because he was so lacking in skill. Afterwards she cried, feeling a range of worries and distressing emotions "I was afraid of pregnancy, or that he would leave me. I was afraid of my father and everything".

Her aunt sent word to her father that she "had a lover". He came to Bangkok and told her to marry. She refused because her boyfriend was being drafted and

anyway they had no money. She has mixed feelings about marriage. She terribly regrets that she lost her virginity before marriage. Other workers have noticed her boyfriend's attention to her and she feels they gossip about her affair. Later feeling angry about this she says she then "acted in the ways they criticised", in the sense of not hiding their unwed cohabitation. She sometimes thinks she could marry the boy first to satisfy her father and then divorce him later. The boy says he would not let her go but she considers that she could just run away if she wanted.

They started cohabiting after going out together for two years. Now she feels happy about their sex - they engage in intercourse every day (except during her menses). She stresses however that what she really "likes is to sleep near him, rather than to have sex". He usually asks her if she enjoyed the sex to which she always replies positively, sometimes just to satisfy his feelings. She consulted a doctor soon after their first intercourse and has taken the oral contraceptive pill ever since. She has a fairly good understanding of reproductive physiology and family planning. Tiew does not want a child partly because she "fears the child could be like me".

They have never used a condom, primarily because they do not consider themselves promiscuous. She believes him totally when he says he never goes to prostitutes because he is scared of AIDS. "If he feels desire he'll come home". She knows he tested HIV negative when he was drafted into the army.

Early in the interview she explained that she liked him because he was kind to her, and looked after her once when she was unwell (with chicken pox). "I like the man that can protect me, and who has good habits. I don't care if a man is handsome or rich, but just want a good man, I know he is good and kind to me". However, later Tiew raised her main concern that she feels he has changed, going out drinking with his friends too often. She is curious as to why he comes back so late. He never seems to take her anywhere anymore, but only has time for his friends. She fears he may chase other women who would be

attracted to him because "he's a good talker and teases, he talks lovely, he's funny". But she feels that at present there is no other woman (in his life) because she has sex with him everyday. They have had bad arguments because she has prohibited his friends from drinking in their room. He complains that "she doesn't understand that he just likes having fun and if she can't stand him she should leave".

Thus when asked about marriage in the future she admits that she knows this relationship is not permanent. Ideally she would like to marry at 25. Tiew does not feel unusual in engaging in pre-marital sex which she knows is very common now, and has confidence that she could attract other men. At first she states that she never wants another man because its so easy to end up with a bad person. But then goes on to say that she would study a prospective future partner's habits more carefully and for a long period.

Studying her history it is at times easy to forget that Tiew is just 18 years of age. Her story exhibits many of the complexities of young women's sexual development in modern Thailand. She clearly has very mixed feelings about her partner, genuine affection and a basic trust in his fidelity, but also increasing frustration at his neglect of her and his growing level of drinking. Her initial sexual violation seemed to bond her to her current boyfriend. Now there is a sense that she uses her sexuality as a validating lever in maintaining his fidelity in their relationship. At times she spoke with genuine affection for both her father and boyfriend, yet she has clearly never enjoyed close, continuing, supportive relationships. She definitely does not express the stereotypical young Thai women's pre-occupation with finding a good husband and she is not passive and submissive to her partner. Yet although she sees no future in their relationship she stays with him, possibly reflecting her search for some degree of stability in her ever-shifting life.

3. Concerned but Passive Regarding Condom Use

Gao is 19, and moved from her parents' home in Central Thailand to work in the factory in Nakhon Pathom, three years ago. Her parents were very strict with her, not permitting her to go out socially because they feared she would **'misbehave'** with a boy. Life was so restrictive that at times she even thought of running away from them. However, away from home she enjoys freedom to go out and meet people.

In her free time she likes to go to a shopping mall with friends. Before she met her current boyfriend she used to go out with girlfriends to a discotheque. With her first taste of freedom she was "very curious to see the lights and sounds of Bangkok". She was always very reserved in the clubs and would not talk to the men who approached her. She was also struck by seeing young couples behaving affectionate together in discotheques. She wished she could be in the same loving situation, but tried to suppress feelings of sexual desire. Being out with a group of female friends provided her with protection from men's advances.

She met her (current and only) boyfriend of the same age, when they were 18. He started giving her (taxi) lifts on his motorbike to and from the factory, but would not take her money. They knew each other 5/6 months before they went out together. She emphasised that at first she felt ashamed even when he held her hand.

She had her first intercourse when she was 19, after going on a date and being taken to a hotel. Her boyfriend insisted that they were lovers since he had asked for her hand from her mother and given a dowry. She agreed to go into the hotel because she loved him. But the first intercourse was painful and she bled, and her boyfriend stopped because he was afraid of hurting her. She feels that whilst it is better to reserve sex until after marriage, if a couple are really in love it can be good to have sex before marriage. She generally felt happy about

having regular sex with her boyfriend, but she remains sexually passive in intercourse.

After first intercourse her boyfriend introduced her to taking the contraceptive pill. Also initially he used to use condoms, but usually he neglects to use them now. She has regular check-ups at the factory clinic, which provides free family planning for teenagers. She states that she cannot become pregnant because the doctor has informed her that her boyfriend's sperm is not healthy, but that if they prayed she could later become pregnant.

She is very conscious of the AIDS problem which she identifies with 'service girls' who do not use condoms with their clients. She expresses sympathy and sadness for the infected. Reflecting her concern she had an HIV test (negative result) about six months after they had been living together. In mid-interview Gao stated that she trusts her boyfriend does not have sex with other women. After talking about AIDS she changes her assessment saying that "firstly, I trusted him, but later I don't really trust him, I'm afraid that he has sex with others". She feels there is some chance he may visit prostitutes because his friends could persuade him to go. However, usually when they have sex she just lets him decide whether or not to use a condom. Gao's feelings about pregnancy and HIV risk reveal a complex combination of concerns about her partners' and her own fertility, and despite some worry about her susceptibility to infection through to her partner's possible infidelity, no ability to insist on condom use. She is aware of social stigma pertaining to pre-marital sex but feels that love can justify such relations.

4. Dislikes Remissive Women/Inadequate Contraceptive Precautions

Noo is 20 and has always lived in Bangkok with his parents. He has had a succession of different jobs, generally selling foods and fruit at stalls, before taking this job at the factory.

He has a tendency towards bi-sexuality but does not like to talk about his homosexual experience. He has had two main girlfriends. His parents objected to the first one when he was about 14, because her family were involved in gambling. His family's objection seemed to make her even more desirable to him. At one time he suspected she was seeing another man. Feeling jealous and furious he enticed her to a friend's room and forced her to have sex with him as a form of revenge. He claims he did not rape her because although he overcame her struggling he did not beat her. Soon after this she moved away.

Noo does not like girls who he considers easy or permissive, who have sex with different men. He does not feel that it is necessary to have pre-marital sex for a satisfactory relationship, however, states "its not necessary, but if you can get it, its good".

His second relationship was more steady. He liked to show his male friends that he had a girlfriend. He thinks his girlfriend takes the pill but he has never used a condom. Noo does not feel they are at risk of sexually transmitted infections because they are not involved with other partners. If a girl asked him to use a condom he says he would feel frightened because he would not know how to use one. He would also think that such a woman would be sexually experienced, but he would not look down on a woman for wanting to protect herself against diseases. Unlike his first partner who did not bleed during their first intercourse, the second one bled confirming to him that she had been a virgin. Following her first intercourse she cried and he re-assured her that if she was pregnant he would not leave her. Sometime later his girlfriend did become pregnant. She wanted to have an abortion but they had no money. A friend gave him some 'quack' pills for abortion, which were left over after his own girlfriend's use. Just later after he had mentioned the pregnancy to a relative, one cousin forbade him to give her the abortion (feeling it too sinful) and offered to take responsibility for the child. However, they continued with the termination because Noo believed that having already taken some of the pills, if the baby was born, he/she may have been deformed or crippled. They

do not go to physicians for family planning advice or assistance because of the cost.

Noo's discussion compounds the findings of coercion being used during first intercourse with girlfriends. It also illustrates a somewhat confused picture with respect to the taking of family planning precautions and the ways some young couples may (unsafely) go about terminating an unwanted pregnancy. The use of condoms to prevent sexually transmitted infection is again seen to be perceived as irrelevant with a steady partner.

5. Non-condom Using Gay

Gop is 23, and moved from his home in the Northeast to Bangkok when he was 18. He feels much freer in the metropolis because he has more chance to find sexual partners.

Gop does not remember ever '**becoming**' homosexual, he just knows that he has always been like this. He feels people do not understand homosexuals. In the Northeast he wanted to have sexual affairs but was not bold enough to approach or express his feelings to men he admired and found attractive. His family are '**shy**' about his homosexuality, although his younger brother (who is heterosexual) teases him that "its good to have a gay brother because it's strange".

His first intercourse took place when he was 19. An older man at a factory came into his room, and forced him (holding his hands) to have sex. He could not struggle but after he cried the man let him go. He cried because he was not used to it and felt afraid. He considers this man a normal man (now married) who just did it for fun, joking with him, or to tease him.

His first active experience of anal sex was within another man when he was 21. He had felt stimulated by pornographic magazines and videos in which he

realised he found the men more attractive than the women. Subsequent sex has been exciting and consensual. Gop has a lover in the factory with whom he has regular, but surreptitious, sex. He generally performs oral sex and sometimes swallows his partners' semen. They both stress to each other that they must keep their relations secret, otherwise they would feel ashamed. His partner is somewhat ambivalent about the experience, "does not express his feelings and pretends to be indifferent but he comes to me when he has desire". They often sleep together and Gop is the active partner in initiating sexual activities. In public his friend "hugs me like a (normal) friend. No-one is aware". Gop does not like it if his partner takes an interest in others "I love him. If I see him talking with other men or a woman and that woman likes him, I will hate that woman and be angry towards him, looking away from him".

Gop continues to feel ashamed that people will find out but also enjoys his homosexuality saying, "I can't quit I am fascinated. In fact I am proud, even a woman can't get the chances like me. I have more opportunities". Indeed, it appears that Gop has flings and encounters with various men. He describes how he may become suddenly fascinated by different guys and is always looking out for sexual chances. He feels that part of the pleasure of being homosexual is that it takes less time to develop sexual contact with men than with women.

Despite his multiple sexual contacts and awareness of the threat of AIDS he has never used a condom. He prefers to rely on his intuition about the nature of a potential partner. "Actually I can tell who has much or little experience. I can tell from his habits as to whether he drinks or visits prostitutes or not. Sometimes I will refuse absolutely. For those who I love I have studied him, asked about his age, his friend etc. and whether he has ever used a prostitute ... It is not easy to cheat/fool me". Later he suggests that the only proper response to AIDS is that people should not be promiscuous and even agrees that "sex without a condom isn't right, but I don't dare to seek protection". He would feel embarrassed to buy condoms and feels that if he proposed to use a condom, a partner would be suspicious that he is promiscuous.

Most of his friends are female, apart from sexual partners it is rare for him to have a male friend. (This is perhaps not surprising as both the FGD and survey findings revealed that most young Thai men despise homosexuals). He likes talking with girls and his close female friends seem to know he is gay. His only feeling for women is one of jealousy if a girl is pretty, otherwise he is sexually indifferent towards them. However, feeling ashamed of his homosexuality he "sometimes thinks I like women, I am trying to change, but it is difficult to find any sexual feeling". At one point he suggests he would like to have both a female lover and male sexual partner. A female partner could provide 'a mask or curtain covering my face' - that is, a way of hiding his sexual orientation from society. His female friends try to "support me. They ask me to stop this behaviour, and tell me that a woman likes me ... but I still prefer men". He muses that if he had a wife and kids he would love them and try to change, "but not with all my heart because I will still be giving some of it to another (a man) ... the relations with men are not stable because we are men we don't stay long". He adds that most of the men he encounters are not gays but just normal guys having some (alternative) enjoyment.

Gop was very open in expressing his feelings about his homosexuality. He seems to try to hide it in public although it appears that some of those around him realise his orientation. He flirts with the idea of establishing a 'normal' facade through marrying a woman, but ultimately realises he will always seek sexual enjoyment with other men. There are also some parallels with the heterosexual scripting between men and women. Gop is clearly the male active partner, whilst his steady male lover is passive and seems to be reacting to his homosexual tendencies with the same ambivalence, reticence and passivity which many young Thai girls exhibit regarding their own sexuality. It is often supposed that there has been a more developed response to the AIDS threat among the 'gay community'. Admittedly Gop is not part of any such 'community', rather he feels ashamed of his orientation. On an intellectual level he understands the threat of AIDS, but has not appreciated the need for

consistent 'safer' sexual practices. He expresses the same identification of HIV/AIDS with prostitutes as do the heterosexual cases.

Summary

This chapter has presented a series of vignettes of five individual factory workers' sexual experiences and relationship developments. Clearly a number of themes recurred in several of the interviews. For instance, the repeated reference to force being used in both, women's and the men's homosexual, first intercourse. The women's complex of worries and concerns following unprotected sex were articulated in very similar terms by the three women, interweaving fears of social stigma/damage to their reputations, parent's reaction, pregnancy, and possible desertion by their partner. Thirdly, the cases provide strong reinforcement for prior FGD and survey findings concerning the explanation for, and low level of, condom use with steady partners. Thus overall these cases provide further triangulation validation of the broad major findings of the study. In no way do these individual cases contradict the general analysis of the young factory workers' sexual culture.

However, assessment of consistency with the other sets of findings was only one (secondary) objective of this phase of the fieldwork. The more major aim was to explore the development of an analysis of sexual lifestyles in an holistic manner pertaining to individuals. It is hoped that this chapter has contributed in some way to reconstructing a picture of sexual interactions and propensities beyond the necessarily fragmented analysis of variables in the preceding chapters. The vignettes helped to illustrate the ways in which the non-practice of 'safer sex' takes place in relation to young peoples' maturation, search for the security/pleasure of sexual partners and interweaves in differing ways with their expectations for the relationship's development in the future. They also show how clear intellectual understanding of the risks of pregnancy, and more strongly, HIV/AIDS infection, do not necessarily translate into consistent, protective behaviours.

The final case also redressed the lack of detailed discussion of the experience of homosexuality within Thai youth culture. Even so, some of the parallels between certain aspects of the homosexual male experience with that of young single women, were striking. Above all it has been the author's intention that this chapter has in some small way, assisted the reader to *feel* and appreciate the young Thai workers' sexual experience.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This final chapter presents and discusses conclusions drawn from the findings from the foregoing chapters and elaborates upon their implications for strategies and programmes to protect and enhance young factory workers' sexual health. Finally, recommendations are listed in a key point format.

This discussion of the conclusions of this study are broadly structured with reference to: an assessment of the convergence and divergence between the findings from the different qualitative and quantitative methodologies employed in the study; the macro, developmental and migrational context, the parallels between these trends in Thailand and other South East Asian countries; major sexual aspects of social change including the reproductive revolution; the pervasive gender construction of sexuality; the major trends identified as taking place within the youth sexual culture with particular reference to the respective shifts in commercial and non-commercial (romantic) sexual spheres, and the increasing plurality and complexity of young Thais' sexual lifestyles; the social epidemiological implications regarding levels of, and attitudes towards, condom use; and the lack of congruence between some aspects of the public discourse on (especially young women's) sexuality and actual behaviours. In order to derive strategy and policy implications, findings are then discussed and interpreted with reference to the AIDS-Risk Reduction, and other relevant health behaviour, models.

Conclusions

As was discussed in detail in chapter two the project approached the study of young factory workers' sexual lifestyles using a structured combination of

qualitative and quantitative methodologies (FGDs, a schedule-structured survey, and in-depth interviews, plus a smaller survey of the attitudes of factory managers). Whilst the rationale for the research design incorporating the different methodologies is provided above, at this point some reference is made to the level of convergence and divergence of the findings from the different methodologies.

The major divergence in findings pertained to the young woman's FGD-discussed and survey reported sexual experience. In the FGDs the women did not admit that they *themselves* had actually engaged in pre-marital sexual intercourse, although they were aware that it was increasingly common among others. However, in the survey nearly one in ten reported having engaged in intercourse. This divergence, of course, reflects the 'presentation of face' within a group setting of a socially stigmatised behaviour. Furthermore, in the survey findings the aggregate levels of non-commercial sexual experience reported by young women were significantly lower than those reported by the young men. This is generally interpreted as another example of under-reporting by the women. The implications for sexual health are that the level of risk in the young woman's sexual activity is likely to be higher than that reported.

It should be noted that FGD methodology was not employed to assess actual prevalence of behaviours, but, rather, to explore the ways in which young women and men expressed their feelings, perceptions and attitudes towards sexuality. The FGDs naturally provided richer findings than the survey responses to schedule-structured questions. However, even though 18 FGDs were held they may have tended towards the articulation of a general consensus on many subjects. The ways in which young workers articulated their thoughts about sexuality in the FGDs also provided an invaluable basis for the development of the survey questions. Analysis of the survey findings revealed a more diverse range of sexual attitudes than was readily apparent from the FGD transcripts. The detailed personal accounts of sexual lifestyles derived from the in-depth interviews also resonated harmoniously with the prior FGD and survey

findings. Thus overall the processes and patterns identified through the three data collection methodologies generated data with a high level of convergence. This reinforcing triangulation of findings increases confidence in the reliability and validity of the research.

From a macro perspective, this study has sought to investigate the major socio-behavioural changes and their sexual health policy implications attendant upon Thailand's expanding industrialisation and related pattern of rural-urban migration. The vast majority of the respondents in the study were migrants from (primarily rural) areas to Thailand's growing industrial core. As well as a response of labour to an uneven pattern of economic opportunity, this mobility is, above all, a move in social space for the young people involved. The findings indicated that, for the young women in particular, the move involves a radical re-structuring of social constraints and opportunities shaping their lives. Furthermore, for young people, this migration is taking place during a critical maturational period in their lives when they are discovering their own sexuality and embarking upon sexual relationship formation towards potential marriage. Finally, returning to a broader regional perspective, the situation identified in the study is by no means likely to be purely unique to Thailand. Although the precise levels and nature of the threats to the young workers' sexual health are specific to Thai sexual culture, the concerns which the project has identified are probably of varying degrees of relevance to other South East Asian countries. Several of Thailand's Association of South East Asian Nations (ASEAN) neighbours, such as the Philippines, Malaysia and Indonesia, share with Thailand a pattern of manufacturing industrial development involving a **'feminisation of labour'** (Standing, 1989), related gendered rural-urban migration flows (Guest, 1992), and at least some similarities pertaining to a strong 'double standard' within the sexual culture. Furthermore, from an economic standpoint, as the neighbouring socialist states of Vietnam, Cambodia and Burma embark on their market reform policies and exhibit increasing rates of economic growth, (which may indeed be threatening some of the ASEAN countries positions in the lower echelons of the New Industrial Division of

Labour) they too may undergo these patterns of migration with their related sexual health implications in the future. Furthermore, on a socio-cultural level dramatic change is being witnessed throughout South East Asia in terms of so-called '**modern**' social trends and the '**liberalisation**' (in the socialist countries) involving among other features, greater independence of the young and some relaxation of more traditional sexual mores. This is not to claim that the situation identified in this Thai research is typically representative of South East Asia as a whole, but rather to tentatively note that some of the findings and their implications may well be of wider regional relevance.

Two major themes which ran through the research findings were, firstly, the all-pervasive gender construction of sexuality, and secondly, the impact of the dramatic process of social change in modifying 'traditional' sexual norms and expectations. These two themes are inter-related in that changes in gender role expectations can be part of the process of social change.

In terms of access to education and involvement in economic activities Thai women generally occupy a much more advantageous position than women in many other parts of South and Southeast Asia (Sethaput and Yoddumnern-Attig, 1992). However, the findings confirm that this relatively high economic status contrasts with the continuing operation of a very powerful 'double standard' pertaining to sexuality. A major feature of social change in Thailand is that the country is fast completing its demographic transition towards low (replacement level) fertility and virtually universal use of family planning within marriage (Knodel *et al*, 1987). One socio-sexual impact of this reproductive revolution is that within only two generations it has been possible to separate sexual activity from procreation within (primarily marital) relationships. The major impact of this change is upon the lives of women, giving them potentially wider lifepath opportunities.

A further related social trend identified in both the FGDs and (through comparison) survey findings was an awareness on the part of young people that there are increasing levels of pre-marital sexual activity within courting relationships. Migration away from family restrictions to urban areas was seen as increasing this tendency, which was also viewed, by the young, as a **'modern/Western'** trend. Thus the overall sexual culture of youth in Thailand may be viewed as a complex interplay of traditional sanctions and modern expectations, which are structured by the **'double standard'** for women and men. As in the **'West'** in earlier decades the core of such changes within the sexual culture is likely to principally relate to the social expectations and standards pertaining to young women's behaviour (Giddens, 1992). The qualitative findings suggested that there are conflicting social pressures operating upon young women's sexuality: (external) traditional cultural norms strictly forbid any expression of sexual desire or activity, yet (internal) dynamics of courting relationships involve pressure from her partner to acquiesce to pre-marital intercourse.

Having outlined some of the broad factors shaping the sexual culture, it now follows to review some of the main behavioural and attitudinal findings, pertaining to sexual orientation, and commercial and non-commercial sexual interaction. The vast majority of respondents considered themselves to be heterosexual. Women were found to be less homophobic and generally less anxious about homosexual tendencies than men. Indeed, social stigmatisation of male homosexuality is such that the main detail on this subject was derived from the in-depth interviews.

Only 9% of the women, as compared to 63% of the men, reported ever having engaged in sexual intercourse. Virtually all of the women's sexual interaction was reported as taking place with steady boyfriends. The men's experience spanned sex with both girlfriends and sex workers and was sub-divided into three broad categories (apart from the 37% who were virgins); 19% who had sex with girlfriends only, 31% who had engaged in intercourse with both

girlfriends and sex workers, and the remaining 13% who had sex only with sex workers. Furthermore, 24% claimed to have engaged in non-commercial, but casual, sex. The reasons for the disparity between women's and men's levels of sexual contact were discussed in some detail in chapter five with reference to both the '**double standard**' and women's under-reporting of socially sanctioned behaviour.

Although 44% of the men reported ever having visited a brothel, only 13% of those reported having done so within the past month. The findings seem to indicate the young Thai men's frequenting of sex workers is certainly by no means, universal, nor routine. Quantitative and qualitative findings highlighted the peer and social pressure dimensions associated with visiting brothels. Furthermore, linking this research to other studies (Koetsawang and Ford, 1993, Xenos *et al.* 1993, Chansanit and Archivanitkul, 1994) these findings reinforce the notion that this is a trend towards at least some degree of decline of young Thais' contact with commercial sex workers. The main reason for having never visited a prostitute was that they simply do not like the idea, linking with an emphasis towards a more exclusively romantic sexuality. The other major reason for either not, or less often, frequenting of brothels was the clear identification of prostitutes with AIDS in Thailand. These are very different, but probably interacting, rationales for avoidance of commercial sex. Furthermore, in the detailed assessment of attitudes to men's visiting prostitutes, it was notable that high proportions of both women (35%) and men (46%) were 'unsure' about their attitude. This probably indicates an ambivalence and changes taking place in attitudes towards commercial sex. A large majority of both sexes felt that it would be wrong for a man to visit prostitutes if he was permitted to have intercourse with his girlfriend. The most common response (36%) of women to an open question regarding their attitudes to their boyfriend's visiting of prostitutes was expressed as '**frustration**', probably deriving from a strong dissatisfaction combined with a feeling of powerlessness. Young Thai women face a difficult predicament in assessing this potential risk of HIV infection through their boyfriend's behaviour, because it is extremely

difficult for them to know whether or not their boyfriend visits sex workers, and, if he does, whether he always uses condoms.

Indeed, in the case studies (chapter seven) two of the women, who were cohabiting with their boyfriends, expressed a definite lack of trust concerning their partners' leisure behaviours, and a sense of unease about their potential vulnerability to infection.

With respect to sexual relationships the findings indicate a culture and situation in which young people have considerable freedom to form relationships of their choosing; there is a gradual, steady movement towards becoming boy/girlfriend; the relationships indicate a fairly high level of emotional commitment, often with an underlying expectation of marriage; and whilst there is still support for the traditional, more subordinate role of women within relationships, there is also evidence of a questioning of this. Both qualitative and quantitative findings also indicated that with respect to those relationships which involve sexual intercourse, there is a not insubstantial level of coercion involved in some cases, with women being forced into their first intercourse. Following first intercourse many of the women feel a combination of conflicting emotions and anxieties. Apart from a concern about pregnancy, they are especially worried about the damage to their reputation. Furthermore, because **'respectable'** women are expected to only have one sexual partner (their husband) they are also worried in case their boyfriend deserts them having taken their virginity. Thus by taking a young woman's virginity some young men are **'staking their claim to ownership'**.

In more positive terms, for the women in particular, but also for many men, it was felt that pre-marital (non-commercial) sex could only take place within a committed relationship and could be justified by (romantic) love. It seems likely that increasing proportions of (at least this segment of) Thai youth feel that pre-marital intercourse is acceptable between committed and loving partners.

In HIV epidemiological terms the crucial consideration, regarding these trends in sexual interaction is the use of condoms as prophylaxis. The findings indicate that most young men have taken on the 'safer sex' message with regard to commercial sex, with 83% reporting always using a condom with a sex worker. However, the continuing critical importance of the remaining 17% adopting 'safer' practices is emphasised on two grounds: Firstly, the kinds of low income brothels which young factory workers frequent (given their low level of disposable income) are those which are registering some of the highest prevalences of HIV infection (Koetsawang and Ford, 1993) and non-condom using males will continue to infect new workers entering the sex industry. Secondly, given the substantial level of sex with girlfriends there is considerable scope for these young men to infect other women as well.

In contrast to the fairly high level of condom use with sex workers, condom use with steady partners is very low. Only 4% of women and 21% of men report consistent condom use with their partner. This pattern of condom use partly reflects the public discourse on AIDS in Thailand which primarily associates HIV/AIDS with prostitutes (and secondarily to drug users and homosexual men). This not only serves to reinforce the social stigmatisation and vilification of a marginalised group of women, but also separates a concern with 'safer sex' from interaction with boy/girlfriends. The main reasons for non-use of condoms with steady partners were the reduction in emotional closeness, undermining of the sense of trust, and lack of perceived risk, as well as the perceived reduction in pleasurable sensation in intercourse. In the case studies some respondents emphasised that the suggestion of condom use with a steady partner would imply that they were promiscuous. Other factors militating against the encouragement by women to their partners to use condoms were general emotional inhibitions pertaining to sexuality, a fear of appearing 'sexual knowing' and active, rather than innocent and passive, and the sense that the man should take such decisions and initiative. The men in turn were (probably with good reason) certain of their girlfriend's fidelity to them (a woman's

infidelity would be considered to be absolutely outrageous within the Thai cultural context!) and thus feel no risk of potential infection from them.

Thus completing this first part of the conclusion, the overall findings indicate a growing plurality in the sexual lifestyles of Thai youth. On a general cultural level there is a lack of congruence between the public discourse on youth sexuality and the actual patterns of sexual lifestyles. These changes and in particular the growing complexity of commercial and non-commercial sexual networks have implications for the prevention of HIV infection and enhancement of sexual health. The increasing levels of condom use within the sex industry are clearly a laudable achievement. However, the main conclusion from this research is that there is a need for a new phase in sexual health promotion which acknowledging the reality of pre-marital sex, involves the promotion of consistent ‘safer sex’ practices within sexual relationships. The following section reviews further findings from the study in order to explore practical ways of developing such strategies and programmes.

Implications for Strategies and Programmes to Protect and Enhance the Sexual Health of Young Factory Workers

The implications of the shifts in the pattern of the sexual culture and the associated very low level of condom use within non-commercial sex have been elaborated above. However, apart from condom use, there are also indications of irregular use of contraception in general by young people. Indeed, it is not certain that Thailand’s much-vaunted ‘**reproductive revolution**’ (Knodel *et al*, 1987) has been particularly successful in addressing the issues of youth sexuality and reproductive health. This is not to deny the significant advance made in the provision of family life and sexual education in schools (Ismartono, 1989), and some innovative services which make family planning counselling available to young people in Thailand (Koetsawang, 1987). Rather it is emphasised that firstly, such education functions within a socio-cultural context which affects the ways in which it is translated into practices, and secondly, services for young

people are generally piecemeal, small scale and inaccessible to the mass of the youth population (Ford *et al*, 1992).

In chapter six there was a detailed discussion of the reported experience of unwanted pregnancy and the subsequent recourse taken to abortion, which remains officially illegal in Thailand. On the one hand enhanced reproductive education and services for young people would be expected to reduce the demand for abortion. On the other hand abortion continues to be illegal in Thailand and although the complications arising from illegal abortion have been greatly reduced by the '**availability**' of safe, medical termination primarily by private providers, at least in Bangkok and its environs (but not in some outlying provincial areas), the expense involved is extremely high for those on low incomes, such as young factory workers. Thus ideally a liberalisation in Thailand's abortion law could be beneficial. However, given both the especial cultural sensitivity pertaining to abortion and Thailand's currently fragmented and weak political parties it looks highly unlikely that any political group could carry through such legislative change without incurring electoral defeat.

In order to assess programmatic implications, the findings will now be briefly reviewed in terms of some of the steps commonly identified in preventive behaviour change models, such as the health belief (Rosenstock, 1974) and AIDS risk-reduction (Catania *et al*, 1989) models, notably the stages of cognitive understanding, perceived personal vulnerability, protective intentions, 'translating' intentions into practice and the particular obstacles involved, and social and service support/reinforcement of 'safer sex' practices.

Firstly, it is clear that the young factory workers have a basic understanding of the HIV and pregnancy risk, although only very rudimentary awareness of other STIs. Some important misunderstandings were identified such as the relatively common belief that washing the vagina after intercourse can prevent pregnancy and even HIV infection. This points towards some elaboration in sexual health information dissemination.

Secondly, at least on an intellectual level, the young workers recognise the threat of HIV. Yet a range of qualitative and quantitative findings converge to indicate that risk of HIV infection (unlike pregnancy) is not a salient concern in pre-marital relations with steady partners. The main reasons for the lack of condom use within relationships were discussed above in terms of a range of mutually reinforcing factors relating to lack of perceived vulnerability, emotional inhibitions, the felt need for trust in a relationship, and so on. In understanding the ways in which these factors operate as obstacles to 'safer sex' practices it is useful to appreciate that this is not a clear-cut simple situation for the young women, rather, as drawn out in some of the in-depth interviews, they face dilemmas from mutually conflicting feelings and concerns. For instance, on an intellectual level, at least, there is an awareness that AIDS is very much a reality and threat in Thailand and that condoms are generally **'not only for use with prostitutes'**. Furthermore, in the process of emotional attrition towards intercourse within relationships, a young woman is seeking to assess a range of different pressures, including for instance, a concern with safeguarding her chaste reputation, a desire to please her partner and sustain the relationship, general affection, but also some doubts about the total fidelity of the partner.

The nature of the sexual interaction taking place gives some clear guidance for the directions and forms of potentially-effective sexual health promoting strategies. Firstly there is a need to ensure that confidential family planning services incorporate an especial counselling component, given that health personnel are the most credible source of relevant advice. Secondly, there is a need to convey basic factual information to reinforce current accurate understanding and to correct certain prevailing significant misunderstandings. However, above all the study's findings call for policy and programme development to address the gender, interactional and skills issues concerning steady relationships. From a social perspective it is possible to view three main directions; firstly, there is a need for greater, non-judgmental, awareness of the important social trend towards increasing non-commercial sexual relations; to provide an enabling basis for a policy of extending **'safer'** sexual practices.

Safety within relationships can be gainfully considered as either abstinence or if intercourse takes place, consistent condom use; to provide young women with the decision-making and social skills needed to help them deal in a protected, planned way with the place of sexuality within their lives, to be able to 'say no' or if intercourse is desirable to insist on condom use. These objectives clearly demand sexual health promoting strategies which go beyond mere information-giving. Secondly, small groups-based, socially-interactive programmes are the only way of fostering values clarification, and communicational and other behavioural skills. Thirdly, mass-media campaigns could also provide a valuable role in fostering widespread awareness of the need for such condom use, and promoting the idea of safer pre-marital behaviours as a social norm.

From an operational perspective there are a number of possible barriers to implementing such programmes. Firstly, although the majority (four fifths) of young people recognise the importance of being well informed on sexual and reproductive matters, many gave a 'lukewarm' response to actually taking part in such sexual health programmes if they were made available in the factory. Perhaps it is just necessary to acknowledge that it is impossible to make programme contact with *all* young people in the factory setting, and to hope (not unreasonably) that those who do *not* take a direct part in programmes will at least indirectly benefit from their subsequent social interaction with their peers who do.

In considering means of encouraging young people to take part in, or make use of, sexual health programmes which may be provided, consideration could be given to some form of qualification. The success of the Ministry of Education's special educational programmes for out-of-school youth provides a positive precedent and potential channel for continuing sexual health education in factories. However, there is likely to be a difference in workers' motivation to increase their academic and vocational qualifications, as compared to seeking to become more 'sexually and reproductively prepared'. Considering means of

encouraging participation in sexual health promotion programmes, one possibility could be to consider some form of qualification in this area. Such a qualification could for instance be part of some form of **'lifeskills'** course and certificate. This would enable sexual health knowledge and skills to be embedded in a course pertaining to other practical matters which interest and affect young workers, for instance, regarding managing their finances to assist saving.

Secondly, factory owners and managers held widely divergent attitudes to the holding of sexual health programmes in their factories, especially if they impinged upon worktime. It should be noted however, that the personnel managers were much more positive and interested in such sexual health programme development. The divergence seemed to relate to the ways in which the factory managers' viewed their workers, along a continuum from purely sources of labour and profit maximisation to a wider more rounded, social perception of workers. It is clear that the promotion of such programmes among factory owners/managers has to be articulated in terms of enhancing the quality and satisfaction of the workforce. An underlying premise of this project, which has been amply reinforced by behavioural findings, is that the concept of 'human capital' of workers has to include a concern with their sexual and reproductive health. Managers can readily appreciate the need to reduce workers' personal and health problems to maintain a stable and productive workforce.

These concerns are likely to become increasingly important to factory owners and managers as competition for good workers increases in response to the impending labour shortage. The following and final section lists the recommendations arising from, and contained (at least at current wage levels) in, the foregoing conclusions and implications.

Summary of Key Recommendations

The first 1-9 points summarise some suggested policy objectives arising from the research, whilst points 10-17 note some programme directions to attain the objectives.

1. * There is a need for a wider societal acknowledgement of the social reality of a substantial, and probably increasing, level of non-commercial, pre-marital sexual interaction among Thai youth.
2. * At least as far as health and education policy makers and programme designers are concerned, there should be an encouragement of a non-judgmental attitude to this trend.
3. * The extreme 'double standard' pertaining to the gender construction of sexuality in Thailand may be gainfully placed, more prominently, upon the public agenda. It is important to address the gender bias which stigmatises young women for engaging in pre-marital sexual activity.
4. * Whilst encouraging more tolerant social attitudes to young women's sexuality, it is equally important to devise strategies to help young women protect their pre-marital virginity where they (as individuals) wish this to be so.
5. * It is especially important to promote consistent condom use within non-commercial, pre-marital sexual intercourse, in order to reduce HIV transmission.
6. * The HIV/AIDS public awareness campaigns need to highlight the risks of HIV transmission within non-commercial, as well as commercial, sex.

7. * As well as the threat of HIV/AIDS the research also stresses the vulnerabilities to unwanted pregnancy, unsafe abortion and STIs other than HIV/AIDS. There is thus a need for the Thai family planning (government and NGO) programmes to enhance services for the young and unmarried.
8. * More specifically, the problems of obtaining safe termination of pregnancy need to be addressed. Although it is recognised that this poses difficult politico-cultural obstacles, for instance, regarding passing possible legalisation.
9. * Although this research is placing especial emphasis upon the promotion of 'safer sex' practices within non-commercial sex and steady relationships, it also reinforces support for the continued promotion of the Royal Thai Government's "100% condom use in the sex industry" policy. Although efforts should also be made within this to reduce the social stigmatisation and vilification of prostitutes, which has been partly exacerbated by their exclusive identification with AIDS.
10. * In enhancing family planning services for the young and unmarried, it is recommended that particular emphasis is given to counselling as well as contraceptive provision, in order to help address the socio-personal obstacles to consistent contraceptive use.
11. * Whilst encouraging a more pro-active approach to the provision of family planning services for the young, it is important to emphasise that the especial need for sensitivity, tact and confidentiality in the way services are provided.
12. * Whilst there is widespread awareness of the gravity of the HIV/AIDS threat in Thailand, substantial proportions of young people believe for instance in the efficacy of post-intercourse douching as a means of

protection against HIV, that it is easy to recognise someone with HIV, and that there is a medical cure for AIDS. These misunderstandings reinforce the need for continued and focussed HIV/AIDS education.

13. * Of critical importance were the study's findings that obstacles to consistent '**safer sex**' practices go beyond problems of access to services and factual education. It is thus strongly recommended that programmes seek to address the gender, emotional, communicational, skills and values obstacles.
14. * There is a dilemma in developing appropriate services in that the formal, expert-based format of programmes for which young people expressed a preference are not likely to be able to effectively address the main obstacles to '**safer sexual**' practices within relationships. It is recommended that work is undertaken to explore and assess means of encouraging young people's involvement in the participative, interactive and informal approaches which are better able to develop skills. For instance, exploring the potential for a '**life-skills**' qualification.
15. * It is recommended that participative, interactive and informal programmes be designed focusing in particular upon the following components:
 - Gender awareness, countering coercion and pressure in sexual interaction, assertiveness skills
 - Values clarification and decision-making skills exercises to address the substantial levels of uncertainty and confusion which the research identified with respect to sexual attitudes and values

- Communication skills pertaining to enhance the taking of sexual and reproductive health protective measures
 - Reduction of young women's emotional inhibitions pertaining to dealing with their own sexuality, in order to assist their planning to protect their sexual and reproductive health
 - Increased understanding concerning condom use, imbuing condoms with a positive sense of care for a partner, rather than their currently negative association with promiscuity and prostitution.
16. * The foregoing objectives should be addressed, not only through the development of specific programmes, but also through working on these subjects with appropriate journalists. The mass media could for instance play a major role in fostering the idea of condom use as the social norm within pre-marital, sexually-active relationships, and in questioning the extreme '**double standard**' pertaining to women's sexuality.
17. * The research findings reinforce the value of collaboration between factory management and workers, with the Ministry of Public Health and relevant NGOs in implementing programmes to protect the young workers' sexual health.

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GLOSSARY

Glossary of Thai Language of Sexually-Related Terms

The project necessarily involved a considerable amount of conversation and discussion related to sexuality. As in most cultures everyday reference to sexual matters is generally approached by Thai people through slang and euphemism. It was thus essential to fully comprehend the terms used by the young respondents in order to be able to properly interpret the focus group discussions and in-depth interviews. Within the foregoing report the authors have distilled the meaning of terms and kept inclusion of Thai words to a minimum in the text. This glossary has been compiled as a source of further reference. Some idiomatic terms do not easily translate into other languages, however the authors have endeavoured to provide brief translations of terms along with aspects of their usage and whether they are neutral, negative or 'downright rude'. Terms are presented in the following categories pertaining to:

- sexual intercourse
- other sex acts
- commercial sex/prostitution
- sexual description of women
- the nature of intercourse
- sexual characteristics
- sexual feelings
- miscellaneous sexually-related terms

Terms pertaining to Sexual Intercourse

Word/phase	Meaning	Connotation
“Aow” - took, got		neutral
“Ieau-kun” - met together		negative
“Jim” - to put in		neutral
“Joh-yang” - punching the tyre		
“Len” - play		negative
“Pi” - to cover	Popular terms used by young males to refer to recreational intercourse	
“Ruam” - join		neutral
“Tham” - do		neutral
“Cha” - to cut up/slash/ beat/ eat/attack		
“Cheun” - to cut with a sawing motion/carve/slice/ slash	aggressive slang	neutral
“Fun” - cut with sword		negative/commonly used

Word/phase	Meaning	Connotation
“Seay” - lose		negative/commonly used
“Seay-tua” - to lose virginity	Terms often used to refer to intercourse with girls who are not married	neutral
“Sed” - finished		neutral
“Kin” - eaten		negative
“Ngarb” - the crocodile eating its victim	refers to intercourse with girls by males who have much sexual experience	negative
“Nonn” - to sleep with	slang	neutral/commonly used
“Young” - meddle		neutral/commonly used
Other Sexual Acts		
“Chak-wow” - playing kite	male masturbation	neutral/commonly used
“Len-lin” - play tongue	“French kiss”	neutral
Terms pertaining to Commercial Sex/Prostitution		
Defining Prostitutes		
“Poo-ying-khay-tua” - a female who sells her body	Prostitute	rude

Word/phase	Meaning	Connotation
E-tua - females	prostitutes - connotation of the lowest social status	rude
Visiting Prostitutes		
“Kheun-hong” - to go to the bedroom	to go to prostitutes	negative/commonly used
“Pai-tiew” - to go out/visit for enjoyment		neutral/commonly used
“Tiew-song” - to enjoy at a brothel		negative/commonly used
“Off” - to take a sex worker out	to describe taking a sex worker often called receptionist out from a ‘restaurant’ or ‘pub’ for sex	negative/commonly used
Terms Pertaining to Sexual Description of (generally) Women		
“Fan” - girlfriend/boyfriend/lover/ spouse	someone who you love/are crazy about	positive/commonly used
“Kai” - chicken	refers to girls/women who may be found in clubs, discotheques, restaurants, department stores etc., with whom males may be able to have intercourse without charge, - not as offensive as the term for prostitutes	negative/commonly used
“Jubb-Kai” - to catch the chicken	Approaching such women	negative

Terms Pertaining to Describing the Nature of Intercourse

Word/phase	Meaning	Connotation
“Ban-ya-gadd” - atmosphere	Gaining pleasure in intercourse	neutral/commonly used
“Teud” - to have stamina, persistence	implies strong sexual energy	neutral
“Mai-ram” - no dance	implies no introduction - straight into intercourse	negative
“Mun” - potato	refers to sexual pleasure	negative/commonly used

Terms Pertaining to Sexual Characteristics

“Chi-radd” - the urine trickles	promiscuous	negative
“Ploy-neau-ploy-tua” - not preventing oneself from touching another's body	permissiveness, easily led into intercourse	negative
“Huang-Neau-huang-Tua” - keeping oneself from touching another	preserving virginity	positive
“Choei” - out of date	traditional, sexually restrictive	positive
“Jai-oon” - soft-hearted, flexible, kind, manipulable	refers to women who may agree to intercourse when tricked, pressured or manipulated by men	negative

Word/phase	Meaning	Connotation
“Jai-Khang” - hard-hearted, strongwilled	women who can resolutely refuse (pre-marital) intercourse	neutral
“Mug-Ngay” - careless, rough and ready	refers to males who are ready to have sex anywhere, anytime	negative/commonly used
“Mee-sidd” - have the rights	when males approach women with whom there is the easy possibility for intercourse	negative

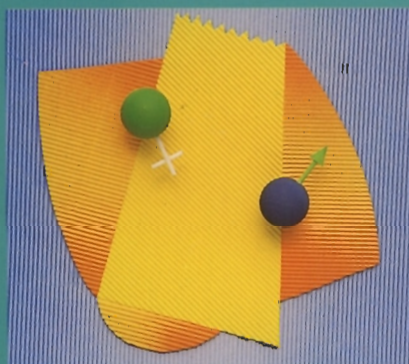
Terms Pertaining to Sexual Feelings and Attributes

“Plug” - to wake or arouse	to arouse before intercourse	negative/commonly used
“Khong-mai-kueng” - things which are not hard or strong	refers to a penis which cannot become erect	negative
“Seng” - to peter out and become cold or insipid	- to become bored with, feel weak, not want sex	neutral/commonly used
“Plien-bun-ya-gadd” - change of atmosphere	to find a new sexual partner because you feel you have had intercourse with the last partner for too long	neutral/commonly used
“Tai dann” - blunted	no sexual feeling, not interested in sex	neutral
“Wai-ron-rang” - hot age	refers to the teenage period	neutral

Word/phase	Meaning	Connotation
“Wai-heow” - wild age		
“Wai-yang-rau-yarg-hen” - age of wanting to know	refers to adolescent sexual curiosity	positive
Miscellaneous Sexually-Related Terms		
“Jua” - very short	penis	neutral
“Tid” - stick, catch	a women’s reference to becoming pregnant or sexually infected	negative/commonly used
“Y-khub-luerd” - the medicine which squeezes the blood out	refers to traditional medicine or herbs which was believed to squeeze the blood out of the women’s fertilised ovum - thus an abortifacient	negative/commonly used
“Nong-nai”	Gonorrhoea	neutral

**INSTITUTE FOR POPULATION AND SOCIAL RESEARCH
MAHIDOL UNIVERSITY**

Salaya, Phutthamonthon Nakhon Pathom 73170, Thailand
Tel: (662) 441-0201-4, ext. 115, 441-9666 Fax: 441-9333
E-mail: directpr@mucc.mahidol.ac.th



**YOUTH SEXUALITY : THE SEXUAL AWARENESS ,LIFESTYLES AND RELATED-HEALTH SERVICE
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