

**THE SUCCESS OF THE 100 %
CONDOM PROMOTION PROGRAMME
IN THAILAND : SURVEY RESULTS
OF THE EVALUATION OF THE 100 %
CONDOM PROMOTION PROGRAMME**

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**INSTITUTE FOR POPULATION AND SOCIAL RESEARCH
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by

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PREFACE

The Institute for Population and Social Research (IPSR) at Mahidol University has been involved in research in areas related to HIV/AIDS since early in the epidemic in Thailand. Initially the Institute focused on examining issues related to knowledge, attitudes and behavior with respect to HIV/AIDS. Other studies were undertaken on groups at high risk of contracting HIV, and on groups such as adolescents who were perceived as being highly vulnerable to HIV through their changing sexual behavior. Since 1995, IPSR has also undertaken evaluation studies related to HIV/AIDS. These have included evaluation of intervention studies in factories and in schools. The results of these studies have helped shaped HIV/AIDS policy in Thailand.

This study is an extension of the previous activities related to HIV/AIDS. It focuses on groups in the Thai population who are involved in the sex industry, either as operators, customers or workers. Data on knowledge, attitudes and behavior were collected from samples of these groups. Apart from the descriptive aspects of the research, the study also involves an evaluation of an important government programme used in the fight against HIV/AIDS – the 100 percent condom programme. The evaluation, although undertaken retrospectively, provides a wealth of information about how the programme was implemented, the structure of the programme, and the impacts at different levels. The analysis suggests a very strong impact of the 100 percent condom programme, but also highlights areas where the programme can be even further strengthened.

Because of the strong impact of HIV/AIDS on Thai society there is a need to employ every means possible to combat the spread of the disease. However, in a period of very limited resources there is also a need to assess the impacts of different approaches to dealing with HIV/AIDS. IPSR, as a research institute dealing with social science issues, sees itself as uniquely placed to assess the impact of health programmes at the social and individual level, and will continue research in this important area. Mahidol University is committed to supporting these efforts and I feel that the current report is a valuable contribution to our fight against HIV/AIDS.



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CHAPTER I

Introduction

1.1 History and Rational of the Project

Heterosexual intercourse is the predominant mode of transmission of HIV in Thailand. In 1991, as part of the national strategy to prevent the spread of the epidemic, the Ministry of Public Health and the National AIDS Committee approved and implemented a resolution that required all provinces to implement a "100% condom programme in sex establishments" This resolution was accompanied by a programme to ensure high condom quality and adequate condom supplies.

Efforts to promote condom use in Thailand prior to the programme relied mainly on information, education and communication activities. Reports from sentinel surveillance and specific surveys among sex workers revealed a continuous rise in HIV seroprevalence levels and low levels of condom use – 60 to 70 percent among commercial sex workers and under 50 percent among STI clients.

The public health rationale for the introduction of the 100% Condom Programme was based on the findings over the years 1982 to 1993 that showed that among male STI clients seeking treatment, over 90 percent had a history of contact with sex workers. The figures were 97.5 percent in 1986, 96.0 percent in 1990 and 90.2 percent in 1993. It was consistently observed by field workers in STI and HIV prevention work that although the majority of sex workers in Thailand wanted their clients to use condoms they were unable to enforce such behaviour as a considerable number of clients refused the use of condoms. In addition, in some cases, some owners of sex establishments also pressured sex workers to yield to customers demands.

The programme strategy involved the gaining of cooperation of government authorities and owners of sex establishments in the provinces to instruct or require their sex workers to use condoms in all sexual encounters. If customers refuse condom use, the sex workers are urged to withhold services and refund the customers' money The programme aimed at ensuring that all sex establishments in a defined area adopted the measure so that sex-seekers would

not be able to purchase sex services without condom use in any establishment in the area or province.

By mid-1992, all provinces reported that the 100% Condom Programme was in place. Reported rates of condom use among sex workers in sex establishments (SEs) ranged from 80 percent to as high as 92 percent in some establishments. There was also a significant decline in the number of persons attending public health facilities for treatment for sexually transmitted diseases (STIs). The estimated incidence of STI declined from 6.5 per 1000 population in 1989 to 4.5, 3.2, 2.0 and 1.6 in 1990 to 1993 respectively.

Both the 100% Condom Programme and the reduction in the incidence of STIs have been credited with limiting the extent of increase in the incidence of HIV (Hannenburger et al 1994). Recent estimates undertaken by the National Economic and Social Development Board (NESDB) argue that the peak incidence of HIV infection has already passed in Thailand and that the decreases in incidence since the early 1990s are a combined result of the reduction in STIs and the 100% Condom Programme.

However, there exists frequently voiced doubts regarding the efficacy of the 100% Condom Programme and the accuracy of the data showing a decline in the incidence in STIs. In the first instance, it has been suggested that standard questionnaires administered to sex workers (SWs), or their clients, do not obtain realistic estimates of the levels of condom use, and that as education programmes increase the amount of awareness of the need to use condoms the likelihood of responding in the affirmative to a question on use also increases, even in the absence of use. In the second instance it has been argued that the decrease in STIs is a function of the coverage of the data collection system. The STI data are obtained from Government clinics, which have seen decreases in numbers of persons seeking treatment after peaks in the late 1980s. It is possible that a greater proportion of persons with STIs are now seeking treatment at private facilities.

Therefore, it is essential to assess the current situation of the programme at the local level. The decline of the incidence of STIs will also be investigated.

1.2 Research Design

1.2.1 Analysis of Existing Data

The objective of the analysis of existing data is to validate the recorded decline of STIs. The data and indicators used include a review of data by age groups of those seen at primary care facilities for treatment of STIs. The data is compared over time by disease, sex, place of treatment, marital status, occupation and region.

1.2.2 Analysis of Secondary Data of 100% Condom Programme

Data used for this phase of analysis are primarily taken from the Sentinel Surveillance collected by the Ministry of Public Health in the early 1990s. This analysis dealt specifically with the level of reported condom use by - year and type (direct and indirect) of sex workers.

1.2.3 In-depth Interviews

In-depth interviews were undertaken with officials at the Ministry of Public Health at both at the central and provincial level. These interviews were conducted in the first phase of analyzing existing data and again at the time of undertaking the surveys.

1.2.4 Surveys

From May to August 1997, the Institute for Population and Social Research conducted a survey using face-to-face interviews. Six provinces were randomly selected from each region -- Central, North, Northeast and South -- and samples were selected from target populations in the main urban area of each province.

1.3 Research Methodology

In total, seven questionnaires were designed and fielded:

- a. commercial sex workers
- b. males aged 20 -29 years
- c. commercial sex establishment owners
- d. pharmacies/drug stores
- e. provincial level officials
- f. provincial health personnel
- g. office of communicable disease control

In each sampled province, it was planned that equal number of cases for each questionnaire would be collected. However, due to different circumstances in each province the number of cases were lower than the target (see Table 1.1). The actual number of cases varied from province to province for all target groups -- SWs, young male, and drug store (see details in Appendix Table A1.1).

Table 1.1 Number of target population and actual cases by type of sample

Level	Number of cases	
	Target	Actual
a) Sex Workers	2,400	1,994
b) Males from general population	4,800	4,071
c) Sex Establishment Owners	--	218
d) Pharmacies/Drug Stores	240	225
e) Provincial Level Offices (PLO)	24	24
f) Provincial Medical Offices (PMO)	24	24
g) Office of Communicable Disease Control (OCDC)	10	10

Regional Office of Communicable Disease Control (RCDC)

a) Sex workers:

The target number of sex workers for each province selected was 100. The sampling frame used for selection came from a list of sex establishments provided by the Ministry of Public Health (MoPH). It was necessary to use the MoPH lists because MoPH co-operation was required to gain access to SWs. Although the first half of the survey was completed using random selection of provinces, during the course of the survey an adjustment to this method of selection had to be made when it was found that not enough SWs were available for interview based on the Ministry of Public Health SE lists. To compensate for the low number of sex workers an alternate method of selection of provinces was then created. The remaining provinces were purposively selected on the basis of having sufficient SWs to meet the target number of 100 cases per province. IPSR felt the correction in methods was justified in order to obtain a satisfactory number of sex workers.

Further, the type of SW interviewed was restricted to direct sex workers (i.e. brothels and hotels) wherever possible, and indirect sex workers (massage parlours, restaurants, etc.) were interviewed only when the target number of cases could not be met. The reason for this change in survey design was that indirect sex workers often would not admit to being sex workers and it was very difficult to interview them. Also, the lists provided by the MoPH are

incomplete for indirect sex workers because of the difficulty in ascertaining whether or not a given establishment provides sex services. Restricting interviews to direct sex workers, therefore, reduced the possibility of within-sector sampling bias. However, as the data for the study are drawn primarily from SWs working in establishments categorised as direct, and as the majority of SWs in Thailand are working in indirect establishments, the results represent only a portion of all sex workers in Thailand. Within each SE selected all available SWs were approached for interview and field reports indicate that fewer than ten SWs refused to be interviewed.

b) Males in the general population:

The targeted number of cases for each selected province was 200. For each selected province twenty census blocks as defined by the National Statistics Office were randomly selected for canvassing. Initially, only ten blocks per province were canvassed but often not enough men of suitable age were available for interview. In the event that not enough respondents were found within the first ten blocks, additional blocks were added until either the target number of cases was met or all twenty blocks had been utilised. In many provinces the target number of 200 cases still could not be met even after all twenty blocks had been included. Reasons for the low numbers varied, but general reasons that the interviewers were given were that the men were away for schooling, were in the military, and in the rural provinces particularly, that many of the men had migrated to the cities.

c) Sex establishment owners:

When each commercial sex establishment was visited, the owner, manager or other staff member was also interviewed.

d) Drug stores/ pharmacies:

In each province, ten drug store/ pharmacy's owners or pharmacists in the vicinity of where the male sample was drawn were also interviewed.

e) Provincial level officials:

The data on general characteristics of each sample province was gathered from provincial level officials.

f) Provincial health personnel:

In each sample province, the head provincial medical officer, Chief of the STI unit, and STI unit officers were interviewed. The questionnaire consisted of information on the 100% Condom Programme.

g) Office of Communicable Disease Control

As the 100% Condom Programme in the province is supported by the regional office of Communicable Disease Control (CDC), information on its activities was also gathered from all ten regional CDC offices. Persons who were interviewed consisted of the director, head of pharmacy unit, STI unit officers, and officer responsible for the 100% Condom Programme.

1.4 Characteristics of Sampled Provinces

The sampled provinces are as follows. (see map).

Central Region

Kanchanaburi

Ratchaburi

Rayong

Samutprakan

Samutsongkhram

Saraburi

Northeast Region

Khonkaen

Nongkhai

Sakonnakhon

Surin

Ubonratchathani

Udonthani

North Region

Chiangmai

Nakhonsawan

Nan

Phayao

Phitsanulok

Tak

South Region

Chumphon

Krabi

Nakhonsrithammarat

Pattani

Phangnga

Phuket

Selected province characteristics that may have contributed to the relative success or failure of 100% Condom Programme in different provinces are described in this section.

1.4.1 Population

In terms of population, there are eight provinces that have more than one million population, five are in the Northeast, one in the North and one in the South. Another eight provinces, most in the Central region, have populations between 500,000 to one million. The remaining eight provinces have populations

less than 500,000 (see Table A1.2). The central region has a relatively small population, but it is the most congested area. Samutprakan and Samutsongkhram provinces ranked the first and the second in population density of the 24 sampled provinces. The Northern region is relatively less congested compared to the other regions. Phuket, followed by Samuthsongkhram, Saraburi, and Rayong have the highest rate of population living in urban areas whereas only 2.6 percent of population in Surin are urban dwellers (see Table A1.2).

1.4.2 Economic Characteristics

The five provinces with the highest per capita income among the 24 provinces are Samutprakan, Rayong, Phuket, Saraburi and Phangnga. Provinces in the Northeast region have the lowest incomes. The five provinces with the lowest per capita income are Surin, Sakonnakhon, Ubonratchathani, Nongkhai, and Phayao. Most of the provinces in the Central and South regions are better off. (see Table A1.3).

Gross Provincial Product (GPP) data show that except for Phuket, agriculture is the major economic activity for most of the provinces in the South. The percentage share of agriculture product is much higher than industry and services in the Southern region. For the Central region, every province has a higher share of GPP from industry than from agriculture, especially in Samutprakan, Saraburi and Rachaburi. The Northern and Northeastern regions are predominantly agricultural with the exception of Khonkhaen and Chiangmai (see Table A1.3).

1.4.3 Religion and Location

The majority of the people in the selected provinces are Buddhist, with the exception of Pattani where 85 percent of the population are Muslim. Ten provinces are located at the border areas and 17 provinces have military bases (see Table A1.4).

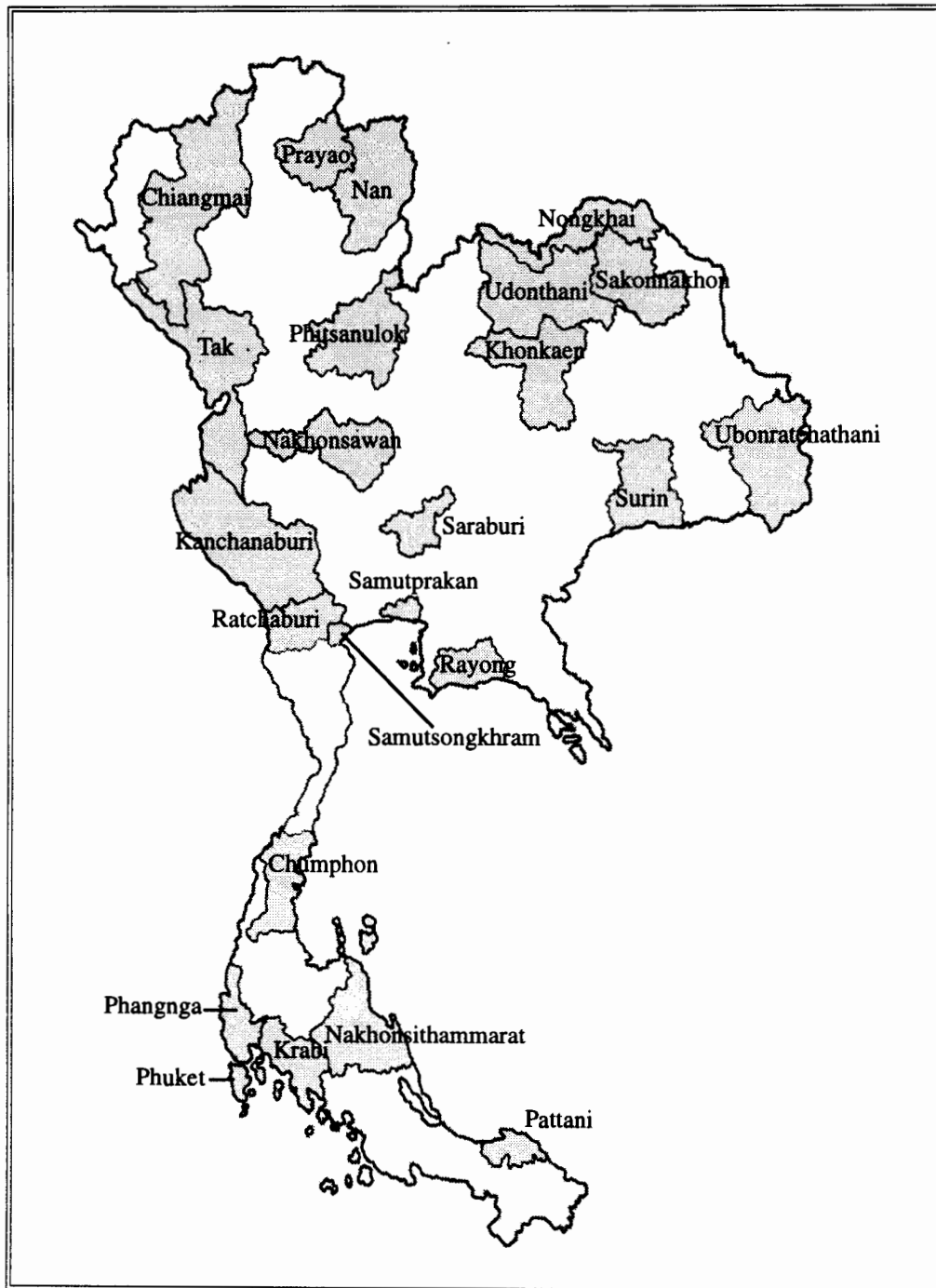
1.4.4 Social Services

Basic school and health services are provided in every province. These services include primary schools, health centers, drug stores, a STI clinic, and community hospitals. Every province has secondary high schools and a provincial hospital, only eight provinces are regional centers and therefore have regional hospitals (see Table A1.5).

1.4.5 Migration, Tourism and Sex Establishments

Data from table A1.6 show that provinces with the highest number of tourists (both Thai and foreigner) are Phuket, Chiangmai and Kanchanaburi. The number of sex establishments is also high in both Phuket and Chiangmai, but not in Kanchanaburi. For Thai migrants, Ubonratchathani ranked first for the highest number of migrants followed by Khonkaen, Chiangmai and Nakhonsithammarat. For foreign migrants, Phangnga ranked the highest. Many provinces have no data available on tourists, foreigners and illegal migrants due to their limited numbers.

Figure 1 : Sampled Provinces



CHAPTER II

Development of the 100% Condom Programme

2.1 Development of the Programme

The 100% condom programme is recognized by the government as one of ten strategies to prevent and reduce the spread of AIDS through sexual activity. The programme is based on the concept that AIDS transmission can be prevented by having every sex worker use a condom every time she has intercourse with customers, thus preventing both HIV transmission and the spread of other STIs that increase HIV transmission. The programme was first launched in Ratchaburi province in 1989, and proved to be very effective in reducing the rate of STIs among sex workers within the first year of the programme. The Regional Office of Communicable Disease Control (RCDC) of Region IV in Ratchaburi, therefore extended the programme to the other provinces under its control. The extension of the programme to Samutsakhon provided encouraging signs, with a large increase in condom use in the area. The success of the expanded programme convinced the government of the need for the programme to be carried out in every province. In 1991, the National Committee on AIDS Prevention agreed to promote the 100% Condom Programme in sex establishments and encourage sex workers to use condoms every time they had intercourse. There was a government policy for the Provincial Governor, Provincial Chief Police and Provincial Public Health Officer to work together with related ministries to take part in the programme. The Ministry of Public Health instructed every province to set up the 100% condom programme by the end of 1991. The programme has now been carried out nationally for more than six years. However, the overall effectiveness and the impact of the programme has not been evaluated. Process evaluation has been done in each region and province in order to improve work performance, but no overall evaluation has been attempted.

2.1.1 An Example of Implementation of 100% Condom Programme at the Provincial Level in Thailand

In order to describe the implementation of the 100% Condom Programme at the provincial level of Thailand, the case of **Phuket** is described below in some detail.

The Provincial Public Health Office (PPHO) of Phuket is the main organization responsible for the policy and strategy of the 100% Condom Programme in the province. The PPHO receives support from the Provincial AIDS Committee, for which the governor of Phuket acts as chairman. The committee consists of personnel from the provincial administration, the police and the public health. Each year the committee arranges a meeting to inform responsible persons about problems and trends in the spread of AIDS. In the past year two meetings were held with the active support of the governor.

In the past year Phuket's PPHO established one new policy and several strategies aimed to have every sex worker use a condom every time sexual service is given. The policy and one strategy related to the support and provision of physical examinations for sex workers at least 2 times per month and to cooperate with police to visit sex establishments. Other supporting activities were having condoms provided in every hotel room, giving a 100 baht health voucher, posting stickers advocating condom use, and meetings among owners of sex establishment and their sex workers. These meetings are intended to provide knowledge on STIs and AIDS and the method of condom use. In the past year, one meeting with owners of sex establishments was held and 40 owners participated. Meetings with sex workers were held approximately 9 times per month or 104 times per year, indicating frequent contact with sex workers.

STIs Clinics was also supported by the PPHO of Phuket for physical examinations and free condoms distribution. Sex workers are provided with a weekly check for STIs. If the result are positive, it indicates the failure of condom use or the quality of condom. In each appointment, a sex worker is provided a box of 100 condoms if required. If all condoms are used before the next appointment they can come to get more. A mobile clinic is also provided. In the past year, physical checks at the local establishment were given 3 times per week or 12 times per month. It was found at STIs Clinic that the most common STI was Non-Gonococcal Urethristis (NGU).

For the distribution of condoms, the PPHO of Phuket reserved an adequate stock of condoms because the plan had been set well in advance. Condoms can be taken from the Regional Office of Communicable Disease Control (RCDC) several times a year, but in the past year, only 3 withdrawals were made. Each time 50 crates were provided, with 4,000 condoms each, accounting for 600,000 condoms for the whole year. These condoms were kept in an air-conditioned room, away from sunlight, heat and humidity. They were not kept long before distribution to the target groups. However, the quality of these condoms was problematic. Some easily broke. The size was also not appropriate for the demands of clients. And the color, odor and taste were not appropriate for the demands of sex workers.

The PPHO of Phuket has 11 personnel involved in the programme. This number is adequate, although these personnel have to perform other work. The personnel expressed their satisfaction with the effectiveness of the programme in the past year, which set a target for use of 95 percent. Although no project evaluation was undertaken, they assumed that the success would be at least 80 percent as shown in the decline of the STI Prevalence Rate.

Financial support for the 100% Condom Programme in Phuket comes partly from the central budget of the provincial public health office. Condoms are provide from RCDC. Besides this assistance, the programme gets support from various organizations, especially from the governor, who pays serious attention and gives active support to the programme. The police also cooperated well in the one meeting with owners of sex establishment when the owners were asked to insist on condom use among their sex workers. The RCDC itself arranged one meeting with owners of sex establishments and received good cooperation. Meetings with sex workers to inform them about STIs and AIDS, were held 104 times in the past year, and were easily implemented.

In sum, it appears that the 100% Condom Programme in Phuket is successfully implemented, with good cooperation from various offices, including the governor, the police, the owners of sex establishment and especially the sex workers. Therefore, personnel in the programme, both at the senior and lower levels agree that

the 100% Condom Programme should continue, because the programme is the best way to prevent and reduce the spread of AIDS and STIs.

In this study the development of the programme was examined in five aspects: 1) Demand creation and campaign ; 2) Availability and accessibility of condoms ; 3) Personnel and management, target setting and evaluation ; 4) Provision of physical check and mobile clinics ; and 5) Outside help and collaboration (see Figure 2.1).

The results of this study can be applied to improve the performance of the 100% Condom Programme in other areas or in other countries.

2.2 The Structure of Involved Organizations at the Regional and Provincial Levels

Data was collected from 10 RCDCs out of the overall 12 RCDCs, and 24 Provincial Public Health Officer or PPHOs. Details of the sample procedure and sampling were presented in Chapter I.

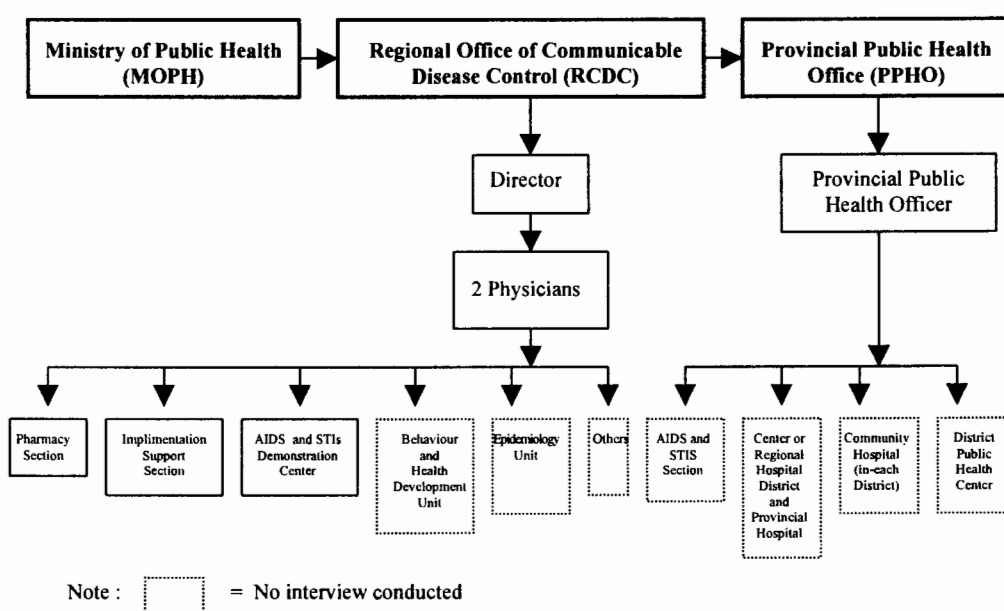
The administrative structure of each RCDC consists of one Regional Director and two physicians (Figure 2.2), with responsibility for covering 5-7 provinces. The 100% Condom Programme is set up with three main sections. The first is the Pharmacy Section, responsible for storage of condoms supplied by the Ministry of Public Health (MOPH) to be distributed to provinces. The second section is the Implementation Support, responsible for estimation of need for, and distribution of, condoms, including support, supervision and reporting. The third section is the AIDS and STIs Demonstration Center, which provides physical examinations and health education for SWs in both direct and indirect SEs. The center also distributes condoms to their female clients who come for a weekly examination and to some male clients. Some RCDCs have two additional working units. One is the Behavior and Health Development Unit to provide specific knowledge for sex workers and the general population in how to use condoms. The other is the Epidemiology Unit, dealing with the use of condoms in sex establishments.

Figure 2.1 : The Five Components and 22 Measures of Programme Effort

Programme Inputs
I. Demand Creation and Campaign
1) Policy & Strategy Setting
2) Future Commitment
3) Campaign directly to SWs (meeting with SWs)
4) Campaign directly to owners (meeting with owners)
5) Other campaign activities
II. Availability and Accessibility of Condoms
6) Condom Supply Management
7) Stock of Condoms
8) Storage of Condoms
9) Quality of Condoms
10) Distribution to SWs
III. Personnel and Management, Target Setting and Evaluation
11) Sufficient Personnel
12) Efficiency (self estimate)
13) Target Setting
14) Evaluation Activity
15) Percent Success (self estimate)
IV. Provision of Physical Examination and Mobile Clinic
16) Physical Examination for SWs
17) Mobile Clinic
V. Outside Help and Collaboration
18) Budget Support
19) Collaboration with Governor
20) Provincial Committee on AIDS Meeting
21) Collaboration with Police on Meeting or Close Downng SEs
22) Collaboration with Sex Establishment (SE)

Personnel who work directly with the programme were interviewed. These included: 1) Director of the RCDC; 2) Chief of Pharmacy Section; 3) Personnel in Implementation Support Section and 4) Personnel in STIs and AIDS Demonstration Center. In each interview, the number of respondents varied by RCDC. Some RCDCs had two respondents, some had three and some had all four.

Figure 2.2 :
Structure of Responsible Organization of the 100% Condom Programme in Thailand, 1997.



In the Provincial Public Health Office (PPHO), the provincial public health doctor is the chief of administration. The AIDS and STIs section in the PPHO is responsible for health education provided to sex workers and others, especially male clients, and for the distribution of condoms to target groups. There are also three sub-sections working in it's areas of responsibility, these are the Central Hospital or Provincial Hospital, the Community Hospital in each district and the District Public Health Center.

In this study, only the Provincial Public Health Office and Chief Administrator, and one person in the AIDS and STIs section were interviewed because the study focused only at the provincial level. In any one interview there could be several respondents.

2.3 Demand Creation and Campaign

2.3.1 Policy and Strategy Setting at the Regional and Provincial Levels

In order to identify factors contributing to the effectiveness and success of the 100% Condom Programme policies and strategies at the regional and provincial levels were investigated. The study also examined the accessibility of sex workers to health workers. The study found that almost every RCDC and PPHO had a policy on the 100% Condom Programme (Table B2.1). Some organizations had one specific policy, whereas others had 2 or 3 policies. Some policies were related to other work such as AIDS and STIs, because the work was closely related and used the same personnel. However, the main policies covered the support and distribution of condoms, encouraging condom use among sex workers and their clients, providing knowledge of STIs, AIDS and condom use, health examination for sex workers and other policies supervised by the Ministry of Public Health. At the provincial level, some provinces had policies to visit sex establishments, to follow up and evaluate condom use, and to set up a voluntary group among sex workers and owners of sex establishments to provide knowledge to their employees. Only one PPHO reported no policy. In this case it was possible that the 100% Condom Programme was included in other work with AIDS and STIs, such as the campaign work for prevention of AIDS, therefore, the Programme was not set up separately.

Besides the main policies at the regional and provincial levels, there were various strategies aimed at reaching the objective of the 100% Condom Programme (Table B2.2). At the regional level, important strategies were to supply adequate condoms to target populations, to provide health and sex education for sex workers, to provide health examinations, to promote condom use among male clients, etc. In some RCDCs, such as in Chiangmai, a specific project was set up to improve the relationships between sex workers and owners of the sex establishment for condom use, and some regions trained their personnel in the management of condom supplies.

At the provincial level, specific strategies were set up because it was at this level that actual field duties were undertaken. Sex workers were required to go for physical exams every week or every two weeks, or the PPHO would go to SEs for a weekly visit. Some provinces encouraged sex workers to deny service to any client who refused to use a condom. Some provinces ordered free supplies of condoms for clients and made them available in every hotel room. For example in Samutprakan, two condoms were required in every room. Some

provinces cooperated with police in visiting sex establishments. Some used the method of providing knowledge to sex workers and owners both in and outside the workplace. Some arranged meetings to raise awareness of condom use. Other strategies, such as putting condoms in an envelope to distribute to sex establishments, checking the quality of condoms two times per year and sex education for male clients were also promoted. In one province, a poster, with the signature of the governor, that states that the programme is an important issue of the province (Samutprakan) will be distributed.

In addition to the policies and strategies mentioned, the study asked about special strategies at the regional level to prevent STIs (Table B2.3). It is found that four out of 10 RCDCs had such strategies. Some indicated that a fee of 500 baht would be charged if STIs was detected. Some provided a half price medical fee if no STI was found (in Nakhonsithammarat). Some gave training for improving the quality of life (Nakhonsawan) and some arranged meetings among sex workers and the owners of sex establishments (in Chiangmai).

Some of the other 6 RCDCs reported no special strategies, saying it was the work of PPHOs. Some used informal encouragement and some preferred self awareness raising. In these 6 RCDCs, they actually had their own regular strategies. Some used formal strategies and some used informal strategies.

2.3.2 Future Commitment

When asked whether the 100% Condom Programme should continue, every RCDC and PPHO said that it should (Table B2.4). At the RCDC level, the main reason they gave was because the programme could prevent and reduce AIDS and STIs. At the PPHO level, they said that it was the best way to prevent AIDS and STIs and also reduce the AIDS and STI Infection Rate.

2.3.3 Campaigns Directed at Sex Workers

Meetings with sex workers to provide them with knowledge of STIs, AIDS and condom use (Table B2.5) were rarely held at the regional level because no specific budget was allocated. Only three RCDCs (Chonburi, Nakhonsawan, and Nakhonsithammarat) arranged this kind of meeting. In Chonburi, meetings were held as often as 24 times per year, with 50-100 sex workers attending each meeting. Chonburi is well known for tourism, especially in Pataya, with a large variety of entertainment sites and a large number of sex

workers. Therefore the RCDC in this area takes their duty very seriously. Regular visits to sex workers at their workplace are made. At the provincial level, data indicated that only half of the PPHOs (12 out of 24 provinces) had held such meetings in the past year. Seven provinces arranged the meetings 1-2 times per year. Samutprakan held 3 meetings with 30-35 attendees. Nongkhai had 4 meetings with 100 attendees each meeting. Two other provinces (Kanchanaburi and Phuket) had a meeting every week and twice per week, respectively (52 times and 104 times per year). There were 5-10 attendees each time in Kanchanaburi, but the number of attendees was not reported in Phuket. Like Chonburi, Phuket has both a large number of tourists and sex workers (see Chapter I).

2.3.4 Campaigns Directed at the Owners of Sex Establishments

At the regional level, cooperation with the provincial public health office or PPHOs on meetings among owners on 100% Condom Programme was found for 3 out of 10 RCDCs, and these 3 RCDCs each held only one meeting in the past year (Table B2.6). One reason that two RCDCs did not arrange such meetings was that PPHOs had already held these meeting and did not ask for their cooperation. If they asked for cooperation, RCDCs would provide a trainer to join and help recruit some owners of sex establishment to attend the meetings. The other reasons for not holding a meetings were they had no budget for meetings, change of personnel, and some said that they already gave enough health education.

At the PPHO level, it is found that most (16 out of 24 PPHOs), arranged at least one meeting of owners last year. Ratchaburi had the highest frequency of meetings (four meetings). The provinces that did not arrange meetings said that they were afraid that the owners would get bored if meetings were held too often, and that the real target group was sex workers not owners.

Some provinces said that these meetings were not specifically included in the plan and they had no budget. Some said that RCDC had already arranged similar meetings. A few said that the police should be the organization responsible for the meetings and PPHOs would provide guest speakers and condoms.

2.3.5 Other Campaign Activities to Promote 100% Condom Use

In addition to campaigns directed at sex workers and owners of sex establishments, several extra activities are also added in order to promote 100% condom use in sex establishments. In RCDCs these activities consisted of providing knowledge on health education, how to use condoms, and distributing condoms to every sex establishment (Table B2.7). Some RCDCs have “**Health for You**” project or “**Friends Help Friends**” project. Some put a box of condoms in sex establishments, handed out water soluble lubricants, and visit sex establishments for evaluation of condom use. In PPHOs, activities are quite similar to those of RCDCs, such as providing knowledge, handing out pamphlets, supplying condoms, visiting sex establishments, having condoms provided in every hotel room, or making a safe box for 2 condoms each for male clients, and IEC provided through the radio. Some PPHOs distribute a sign “**This establishment accepts only condom users**” posted at the front door of SEs. Other activities including giving a 100 baht health voucher, posting stickers for condom use, having AIDS patients talk with sex workers, giving blood tests every 3 months, promoting female condoms, arranging a beauty contest for SWs, sending volunteers to see whether condoms are used, providing mobile clinics, giving rewards to sex workers who are not infected with STIs, or who use more condoms, or who come for regular checks. All these activities are consistent with the policies and strategies cited in 2.3.1.

2.4 Availability and Accessibility

The extent of use of condoms among sex workers depends not only on knowledge of the protection condoms provide from AIDS and STIs, but also on the accessibility to condoms: i.e. whether adequate condoms are distributed to them on a consistent basis.

2.4.1 Condom Supply Management

The Ministry of Public Health (MOPH) is in charge of condom supply to sex workers through RCDCs and PPHOs. RCDCs can get condoms directly from the MOPH according to the estimates in their yearly plan. In the past year, 10 RCDCs asked for two monthly supply or six times per year (Table B2.8). The number of condoms supplied varies by region (Table B2.8). Condoms come in a box containing 4,000 condoms. The RCDC that required the highest number was Chiangmai with approximately 7 million condoms per year, followed by Chonburi at 5.8 million and, Ratchaburi and Khonkaen at 4.4 and 4.1

million condoms respectively. The rest received less than 4 million condoms. The number required depends on the need and varies with the number of sex workers in the area. The MOPH will supply condoms as required by each RCDC. After receiving condoms, the Pharmacy Section takes responsibility for storage, and the Support and Action Section estimates and distributes them to provinces under its charge. PPHOs will distribute the condoms to sex workers on the day of their physical exam or distribute them directly to the sex establishment.

At the provincial level, the PPHO requests condom supplies from the RCDC, with the frequency of supply varying by province, ranging from 2 times to 24 times a year (Table B2.8). Chumphon asks twice a year, whereas Ubonratchathani asked 24 times. On average 12 supply visits a year are required. Provinces with large tourism industries and other non-agricultural industries are likely to ask for a larger number of condoms, such as Chiangmai (1.4 million), Udonthani (1.2 million) and Samutprakan (0.9 million).

2.4.2 Stocks of Condoms

Most of the PPHOs (19 out of 24) reported no shortage of condoms because they can ask for supplies from the RCDC at any time (Table B2.9). Some said that the procedure works well. Some are close to the warehouses and some have advance reservations. Only 5 PPHOs reported a shortage, mostly not in the amount but in the size of condoms required. The size 49 was over-supplied while size 52 was more in demand. Other reasons for shortages were that they were out stock at the RCDC and changes of personnel. However, the shortages reported occurred only one time in a year.

2.4.3 Storage of Condoms

Personnel both in the RCDCs and the PPHOs are well aware of the storage requirement for condoms (Table B2.10). In some RCDCs condoms are stored in an air-conditioned warehouse, on a shelf 10 cms from the floor to prevent excessive humidity. In RCDCs with no air-conditioned room, condoms are kept in warehouses with fresh air, 30 cms away from the wall, piled lower than 2.5 metres high and in rows in order for easy checking, and are distributed as rapidly as possible. Similar responses were found in PPHOs. Most reported that condoms are kept in a room with fresh air, at normal temperature, avoiding sunlight, humidity or water, and 10 cms from the floor. The most important method to ensure that storage did not affect quality was to distribute condoms

within one or two months of receipt. Some said they would not store them too long and called their policy “**Fresh in and Fresh out**”.

2.4.4 Quality of Condoms

When asked about the quality of condoms, both the RCDCs and the PPHOs reported quality problems (9 out of 10 RCDCs and 19 out of 24 PPHOs). Main problems were that the condoms were broke easily, were not the right size, and with no choice of taste, colour and smell (Table B2.11). Other problems were the bitter taste of the lubricant, that they caused vaginal itch, and had either too much or too little lubricant or bad smell. Some complained that there was no variety in colour, or that condoms were too thick or too thin. In sum, producers of condoms need to improve their quality so that sex workers will feel more at ease and confident with the product.

2.4.5 Distribution of Condoms to Sex Workers

The PPHO normally distribute condoms to sex workers when they come for physical exams at the STI clinic, which is usually once a week (Table B2.8). If required, sex workers will be given a box of 100 condoms. Some PPHOs provide two boxes each time (Ubonratchathani), and some provide one box each time but on a two week basis. In Ratchaburi and Khonkaen, sex workers are able to ask for more if the provided condoms are used up. The PPHO in three provinces (Chiangmai, Nakhonsithammarat, and Krabi) distribute condoms to the owners of sex establishments to supply their sex workers. Therefore, sex workers in each province will be supplied condoms by PPHOs, either when they come to the clinic or from their employers.

2.5 Personnel and Management, Target Setting and Evaluation

2.5.1 Personnel

Personnel and management are an important mechanism to ensure the effectiveness of the programme and accomplish the programme objectives. The 100% Condom Programme, although it is only a small project in public health, is widely accepted as the best project to stop the transmission of AIDS and STIs.

Personnel in charge of the 100% Condom Programme in the RCDCs consist of the administrative chief and personnel from the Pharmacy

Section, the AIDS and STIs Demonstration Center, and the Support and Action Section. Some RCDCs recruit more personnel from the Behavior and Health Development Unit and Epidemiology Unit (Table B2.12). However, some RCDCs had no specific personnel for the project because they are involved in many projects and everyone has to help and work together in all projects. Eight out of 10 RCDCs reported sufficient personnel with only one RCDC reporting insufficient staff for the programme. There was also one RCDC reporting that personnel are sufficient in some sections, but insufficient in others. At the provincial level, the highest ranking staff is the Provincial Public Health Doctor, and other personnel are drawn from the AIDS and STIs Section. Every PPHO reported sufficient staff. Some PPHOs had two officials in charge. Some have more than 10 staff working together with no specific person in charge because there are many related projects that had to be undertaken.

2.5.2 Efficiency of the Programme

In order to achieve success in the 100% Condom Programme, specific objectives have to be clearly defined, as well as periodic evaluation undertaken. Personnel were asked to evaluate the effectiveness of the ongoing 100% Condom Programme (Table B2.13). Moderate and high effectiveness were found in 9 out of 10 RCDCs with only one RCDC reporting low effectiveness. The pattern is similar with that found in PPHOs, with 23 out of 24 PPHOs reporting moderate or high effectiveness and only one PPHO saying that effectiveness could not be determined because all personnel were newly assigned to the work.

2.5.3 Target Setting for the Programme

When asked whether targets had been set for the programme in the past year, and if yes, what percentage was set as a target, and how successful the programme was at meeting the target (Table B2.14), it was found that 8 out of 10 RCDCs had set a target, with 3 of them setting it at the 90 percent level and 5 at the 100 percent level (Khonkaen, Ubonratchathani, Nakhonsawan, Nakhonsithammarat and Saraburi). Among those with no target, their reasons were that it was not possible to order that condoms be used because no law existed, and that the programme had become part of their routine work. At the provincial level, 19 PPHOs have target setting and 5 do not. There were 8 PPHOs which set the goal at 100 percent level (Surin, Nongkhai, Sakonnakhon, Tak, Phitsanulok, Nan, Phayao and Pattani). Another 11 PPHOs set targets at 70 percent and above but not at 100 percent. Among the 5 PPHOs with no target,

one reason given was that success could be checked from STI Prevalence Rates. Other reasons was that it was always changing staff and it was very difficult to evaluate programme success.

2.5.4 Evaluation

Only 3 RCDCs had any evaluation with the other 7 RCDCs reporting no evaluation (Table B2.15). For the 3 RCDCs with an evaluation mechanism, the evaluation was undertaken annually. For those with no evaluation, their main reason was that evaluation was made by the PPHOs. Other reasons were lack of time, lack of budget, change of personnel or the programme was split into many sections. At the provincial level, evaluation was made in 15 PPHOs. Usually evaluation was undertaken annually, except for Surin and Samut Songkhram, where evaluation was made every month. Among those PPHOs with no evaluation, most explained that the success could be checked from the reduction of the STI Prevalence Rate, the rest said that they were not in charge of the work, or did not set an evaluation plan because of frequent changes of personnel, or that provincial evaluation was not successful.

The most frequent indicator used to evaluate the success of the programme was the STI Prevalence Rate, followed by AIDS Infection Rate and the amount of condoms used. (Table B2.13).

2.5.5 Success of Programme

Although targets were as high as 100 percent level in many regions and provinces, there was no RCDC or PPHO that achieved the 100 percent goal (Table B2.14). However, every RCDC reported success at higher than 90 percent, whereas 11 PMOs reached the 90 percent level, 9 PPHOs were below 90 percent level and 4 PPHOs gave no answer.

2.6 Provision of Physical Exam and Mobile Clinic

2.6.1 Physical Examinations for Sex Workers

It was found that every RCDC provided sex workers with physical examinations for STIs in the “**RCDC STI Clinic**” under the supervision of the AIDS and STIs Demonstration Center. In PMOs, 21 out of 24 provided physical exams. The 3 PPHOs (Chiangmai, Khonkaen, Nakhonsithammarat) that did not

provide exams were home to RCDCs, and the RCDCs already provided this service (Table B2.16).

Some RCDCs and some PPHOs had no information on the number of clients and frequency of service given in the past year. However, among those reporting the frequency of service given to sex workers and clients the highest was Saraburi, followed by Ubonratchathani and Chiangmai with 24,519, 15,326 and 8,105 visits respectively (Table B2.16). In PPHOs, the frequency of service was highest in Phuket (9,604), followed by Ubonratchathani (8,929) and Rayong (8,891).

It was found that Gonorrhoea was the most common STI among sex workers, in both RCDCs and PPHOs, followed by Non-Gonococcal urethritis (NGU) and Syphilis. The next most common was Vaginitis (Table B2.16).

2.6.2 Mobile Clinics

Besides regular physical examination services, mobile clinics are also provided at both regional and provincial levels (Table B2.16). Among the RCDCs, 9 out of 10 provided a mobile clinic with only the REC in Phitsanulok having no service, because it's PPHO already provided this service. Most mobile clinics provided service once a week. At the provincial level, all PPHOs provided mobile clinics, except Nakhonsithammarat because the service was provided by it's RCDC. Services were provided on a weekly basis.

2.7 Outside Help and Collaboration

2.7.1 Budget Support for the Programme

Most respondents reported no additional budget support for the 100% Condom Programme (Table B2.17). The budget is drawn from the central budget in public health work or AIDS and STIs projects, or from other projects. However, support was provided in the form of condom supplies not in cash. Only one fifth (5 out of 24 provinces) reported that they received monetary support, Phangnga (60,000 baht), Chumphon (75,000 baht), Nan (98,400 baht), Surin (286,600 baht) and Saraburi (amount not specified). Other provinces use funds from other projects such as the AIDS Control Project, or ask for a special budget from RCDCs, or other special support. Some combine expenses with other activities. However, every province obtains support in term of condom supply. Therefore, condoms are available at all times (see Table B2.9)

2.7.2 Support from the Governor

At the provincial level support for the programme from the governor is crucial because the governor is the highest administrative officer, and is a key person for the success of any programme. The study revealed that more than half (14 out of 24 provinces) reported excellent cooperation with the governor (Table B2.18). In Samutprakan, the governor investigated sex establishments himself to make sure that condoms were supplied in every room. Eight provinces reported moderate cooperation, only one province reported low cooperation and in one the governor was newly-appointed.

The governor is from the Ministry of Interior, and is appointed to a specific province for a term of 4 years. Every state project is under the administration of the governor. The 100% Condom Programme is a small project out of many projects in public health. Therefore, the support of the governor is very important for the success of the programme. However, support may vary according to the severity of the situation in each province. If the situation is serious, the governor may keep a close watch in the project and demand intensive action. At the time of the interview, some provinces had a newly appointed governor and some governors had been in their positions for less than a year. Therefore low levels of cooperation was expressed by some personnel.

2.7.3 The Provincial AIDS Committee

The Provincial Committee on AIDS was set up to act as a working committee on STIs and AIDS prevention. Committee members are drawn from the administration, the police, and the public health officers with the governor as the chairman. The study found that (Table B2.19) such committees had mostly been established for a year or less (16 out of 24 provinces). Only 5 provinces reported a duration of 2-4 years. The number of years in operation reflected the term of governor, as the committee changed its chairman every time the governor changed. Three provinces reported operations for 5, 8 and 12 years respectively. These answers were inaccurate because the 100% Condom Programme was first set up in 1991, and in 1992 in some provinces, and the study was conducted in 1997 or 5 years after the programme was established. Therefore it is impossible for any committee to have operated over four years. However, the answers suggest that there were two provinces in the North (Phitsanulok and Phayao) where condom promotion was underway by the year of 1985 and 1989 (see Table B2.19).

Many PPHOs held meetings to support the programme. On the average, the Provincial Committee on AIDS has two meetings per year, but some provinces (Nakhonsawan, Surin, Ratchaburi) have four meetings. Only one province reported no meetings because the committee was newly appointed.

When PPHOs hold meetings on AIDS, 7 out of 10 RCDCs reported that they joined the provincial committee (Table B2.20). Only three RCDCs did not attend the meeting because in two instances they were not invited and in the other case they were not an appointed committee member but would cooperate in related work. Among the RCDCs attending the meetings, some attended 2, 5 or 6 times. Some attended every month (Khonkaen). Some could not remember the frequency because there were so many meetings that they could not remember or count. The frequency of attendance of RCDCs may not match those reported by PPHOs because RCDCs are responsible for several provinces and may attend meetings in some provinces but not in others.

2.7.4 Collaboration with Police

One important factor to promote the success of the 100% Condom Programme is the help and collaboration among organizations, including the provincial administration, police, public health officials, owners of sex establishments and the sex workers themselves. The duty of the police is to investigate that every sex establishment ensures condom use for every client. If STIs are transmitted through sex workers in their establishment, the owners have to take responsibility. Therefore PPHOs were asked if they received cooperation from the police in arranging meetings for owners of sex establishments about 100% condom use. RCDCs and PPHOs were also asked if they sought police assistance in closing uncooperative establishments. Only 7 of 17 provinces asked for collaboration on arranging the meetings and asked for this only one time (Table B2.21). Most of those who never asked for police assistance said that they were afraid that the owners would have bad attitudes towards police and they would have more difficulty working with the owners if they involved the police. They preferred to build informal relationships with the owners so that they could work more easily with them. Some explained that working with the police would be misinterpreted as meaning that the meeting was compulsory, others said that they had no budget and RCDCs had held such meetings. Some said that it would be better if the police arranged the meeting by themselves or that provincial social workers had held the same type of meeting. Others said that they used to ask for cooperation from the police but did not get a good response, so they did not ask for any further help.

Among the RCDCs, asking for police cooperation in closing sex establishments was never done, and only one out of 24 PPHOs asked for such help (Saraburi), and only one time (Table B2.22). The reason this cooperation was not requested was similar to the reason they did not ask for help in arranging meetings. PPHOs were afraid the police would say that the closing was demanded by the PPHOs which would make their work more difficult and make their relationships with sex establishment owners deteriorate. Some PPHOs said they already received good cooperation with the owners and they did not have a policy in closing establishments. Others responded that the situation was not serious and it was not within their authority to ask for SEs to close. Some said that if establishments were closed, there would be no sex workers coming for service so they would not be able to reach them for prevention activities. Others denied that sex establishments existed, saying they were all closed under the policy of the Ministry of Interior.

2.7.5 Collaboration with Owners of Sex Establishment

When being asked about cooperation from the owners of sex establishments and whether there were meetings on 100% condom use, it was found that cooperation with owners was high to moderate for both RCDC and PPHO levels (Table B2.23). It was also found that 3 out of 10 RCDCs arranged a meeting during the last year (Table B2.6). The other 7 RCDCs had arranged such a meeting the year before. For RCDCs that did not have the meeting, the reasons were that they had no budget and changes of personnel. Some said that they did not have any problem and they gave enough health support.

At the PPHO level, it is found that most (16 out of 24 PPHOs), arranged one meeting of owners last year (Table B2.6). Ratchaburi held the highest number of meetings (4 meetings). The most recent meetings were held at the beginning and the middle of the past year. The provinces that did not arrange meetings said that they were afraid that the owners would get bored if meetings were held too often and that the real target group was sex workers. Some provinces said that these meetings were not specifically included in the plan, they had no budget and that the RCDCs had arranged similar meetings. A few said that the police should be the one responsible for the meetings and PPHOs would provide guest speakers and condom supply.

The study, in sum, showed that RCDCs and PPHOs received good cooperation from all sectors, including the administration, the owners of sex establishment and the sex workers themselves. However, they did not seek assistance from the police.

CHAPTER III

Decline in STIs : Condom Sales Increase

3.1 Evidence from MOPH's STI Rates

In the Phase I study, secondary data obtained from the Division of Epidemiology, Ministry of Public Health was used to analyze the trend of STIs. As the data was collected in the form of incidence rates using the general population as a denominator, the proportion of patients with a disease could only be reported for all patients. However, this was the only source of data available to illustrate the general pattern of changes. It was found that infection of STIs had decreased during 1991-1995, the years when data was available in the same format along with a consistent set of population characteristics.

Results were also presented as the number of cases reported for each of the major categories of STIs and as percentages rather than the incidence rate because for most of the categories there was no information on the population at risk. The study found that number of cases reported for each of the major categories of STIs had decreased from 1991 to 1995. The decline occurred in all listed forms of STIs and the pattern of decline varied among different types of STIs. The very rapid decline in STIs between 1991 and 1992 was due to a large reduction in reported cases of Gonorrhoea, which outnumbered the overall amount of decline in the other two major specific disease categories, namely syphilis and NGU.

It was also noted that the difference in timing of decline was reflected in the percentage distribution of the different diseases over time. In 1991, Gonorrhoea comprised almost one-half of all reported STIs, but this had declined to only 30 percent by 1995. The relative shares of Syphilis and NGU remained relatively constant, with approximately 13 percent for the former and 21 percent for the latter. The decrease of Gonorrhoea is seen as one indicator of the extent of success of the 100% Condom Programme. The rapid decline of Gonorrhoea is related to it being an acute infection that manifests itself quickly, and which can then be quickly treated. Thus it is easier to see change in the incidence of this disease over a short time compared to other diseases. In contrast to Gonorrhoea, Syphilis is a chronic disease, so it is more difficult to detect changes in the infection levels over the short-term.

Although data obtained from the Division of Epidemiology had shown a decrease of STIs, especially Gonorrhoea, Syphilis and NGU, this was the only source of data and the data had limitations. In the Phase II study, additional data was collected from pharmacies to be used to evaluate the actual decrease of STIs in Thailand. Quantity of drug sales were examined, with specific focus on drugs related to STI treatment. A total of 224 pharmacies were selected for inclusion in the study. The owners/managers of the pharmacies were interviewed.

3.2 Evidence from Pharmacies as Source of Condoms and STI Treatment.

3.2.1 Results from Survey of Pharmacies

In Thailand, there are 13,926 registered pharmacies, of which one-third or 4,411 pharmacies are situated in Bangkok and the rest (9,515) are located throughout the country. Registered pharmacies are classified into 2 categories. The first is modern or drug pharmacies, and the other is traditional or herbal pharmacies. Among the former, they are divided into 5 types covering :

- 1) Type A (officially called as Kor-Yor 1), a modern drug store
- 2) Type B (or Kor-Yor 2), a modern drug store, with ready packed drugs which are neither dangerous nor require prescription.
- 3) Type C (or Kor-Yor 3), a modern drug store for animal use only.
- 4) Type D (or Por-Yor 1), a store for production of modern drugs.
- 5) Type E (or Nor-Yor 1), a store for imported drugs.

The traditional or herbal pharmacies can be categorized as follows:

- 1) Por-Yor-Bor, a store for production of traditional or herbal drugs
- 2) Kor-Yor-Bor, a traditional or herbal pharmacy
- 3) Nor-Yor-Bor, a traditional or herbal imported drug store

All sampled pharmacies included in this study are drawn from the 24 sampled provinces : Chiangmai, Tak, Phayao, Maehongson, Sukhothai and Uthaitani from the North, Kalasin, Khonkaen, Yasothon, Sakonkakhon, Nongkhai and Udonthani from the Northeast Kanchanaburi, Petchaburi, Rayong, Samutprakan, Samutsongkhram, and Sakaew from the Central and Krabi, Nakorn sithammarat, Pattani, Phangnga, Pattalung and Phuket from the South (details presented in Chapter I).

Most of the pharmacies (about three-fourths) are type A pharmacy with only one-fourth type B (Table 3.1). The pharmacies in the Central and the North are mostly type A whereas in the Northeast and the South there is a mixture

of both types, but predominantly type A. On the average, the pharmacies have been established for over 18 years with the pharmacies in the Central and the Northeast regions in business (approximately 20 years) longer than their counterparts in other regions. The pharmacies in the South have the lowest duration in business (almost 15 years on average).

Table 3.1 Percentage distribution of drug store by type and duration of establishment.

	Region				Total
	Central	North	Northeast	South	
Type of drug store					
Type A	94.4	90.0	82.8	71.2	84.8
Type B	5.6	10.0	17.2	28.8	15.2
Total	100.0	100.0	100.0	100.0	100.0
(N)	(54)	(60)	(58)	(52)	(224)
Duration of business					
under 5 years	13.2	17.9	7.3	27.5	16.3
5-10 years	22.6	12.5	21.8	19.6	19.1
10 years and over	64.2	69.6	70.9	52.9	64.7
Total	100.0	100.0	100.0	100.0	100.0
Mean	19.9	18.8	20.4	14.1	18.4
(N)	(53)	(56)	(55)	(51)	(215)

The 100% condom programme is not well known among owners of pharmacies. More than half of the sampled pharmacies had never heard about the 100% Condom Programme run by the Ministry of Public Health (Table 3.2). This finding is not surprising because the 100% Condom Programme was introduced mainly to sex establishments. More than half of the pharmacies in the Northeast, the Central, and the North regions had never heard about the programme, whereas almost half of the pharmacies in the South had not heard about it. Among those who have heard about the programme, an average of 3 years had passed since first hearing about the programme. Pharmacies in the North had first heard about it more than 4 years ago and those in the South have heard about it for less than 3 years.

More than half of those heard about the programme reported that they were invited to the 100% Condom Programme meeting held by the

Provincial Public Health Office, (Table 3.2). Pharmacies in the South had the highest proportion invited, with the lowest proportion invited from the Northeast.

Table 3.2 Percentage distribution of drug stores that had heard of the 100% condom programme and had meetings with MOPH by region.

	Region				Total
	Central	North	Northeast	South	
Heard of 100% condom use					
No	59.3	55.0	60.3	51.9	56.7
Yes	40.7	45.0	39.7	48.1	43.3
Total	100.0	100.0	100.0	100.0	100.0
(N)	(54)	(60)	(58)	(52)	(224)
How many years since first heard					
1 year	21.4	9.5	33.3	33.3	24.7
2 years	28.6	28.6	22.2	12.5	22.1
3 years	14.3	19.0	16.7	37.5	23.4
4 years	7.1	4.8	11.1	4.2	6.5
More than 5 years	28.6	38.1	16.7	12.5	23.4
Total	100.0	100.0	100.0	100.0	100.0
Mean	3.5	3.9	3.1	2.8	3.3
(N)	(14)	(21)	(18)	(24)	(77)
Meeting with MOPH					
No	40.9	40.7	56.5	36.0	43.3
Yes	59.1	59.3	43.5	64.0	56.7
Total	100.0	100.0	100.0	100.0	100.0
(N)	(22)	(27)	(23)	(25)	(97)
How many times					
1 time	38.5	23.1	75.0	53.3	44.9
2 times	23.1	61.5	12.5	33.3	34.7
3-5 times	38.5	15.4	12.5	13.3	20.4
Total	100.0	100.0	100.0	100.0	100.0
Mean	2.1	2.2	1.6	1.6	1.9
(N)	(13)	(13)	(8)	(15)	(49)

Pharmacies were invited to meetings two times per year on average. Pharmacies in the Central and the North were invited more frequently, about twice a year, while those in the Northeast and the South were invited less frequently.

The reason why only 50-60 percent of the pharmacies were invited to meetings is that the programme involves cooperation among the Administration, the Police and the Provincial Public Health with drug stores not specifically mentioned in the policy. The programme aims to seek the understanding and cooperation of sex establishments. Therefore no pharmacy was included as a committee member. Pharmacies may be invited to a meeting held by the Provincial Public Health Office in order to acquaint them with specific matters. If the topics to be discussed are unrelated to the pharmacies no invitation would be given to them.

3.2.2 Decline in Antibiotic Sales Over Past 5 Years.

Findings drawn from the qualitative study (see Phase 1 report) revealed that before the spread of AIDS, there were large sales of antibiotic drugs for STIs, especially Rifadine, Rifampicin, and Lexinor. However, the level of condom sales were low. After the expansion of AIDS information, the trend of drug sales reversed while condoms sales increased.

In order to confirm these findings, sampled pharmacies were asked to compare the quantity of antibiotic sale over the past 5 years (Table 3.3). The question yields 5 different answers : 1) higher 2) the same 3) lesser 4) much lesser and 5) seldom sell. The category "lesser" has the highest proportion of respondents. When combining the category "lesser" with the two other negative categories (much lesser and seldom sell), the total percentage is 84 percent. Pharmacies in the Northeast have the highest proportion for the combined category (93 percent). Although pharmacies in the North have the lowest proportion, the percentage is still high (75 percent). The response for category "the same" is found for less than 10 percent of the total pharmacies. The answer for "higher" is even smaller (less than 3 percent). In the Northeast, the answer for this category appears for none of the pharmacies sampled. It appears therefore that antibiotic sales, especially for STI drugs, have declined in every region.

When asked the reason for declines in sales of antibiotic drugs for STIs, the highest proportion cited the increase in condom use (43.5 percent), followed by increased awareness of clients on how to protect themselves from

STIs (22.8 percent) and more visits to STI clinics (19.6 percent). Some pharmacies also agree that there have been reductions in frequency of visits to sex establishments, or there are more drugstores and some customers are too shy to buy condoms. Pharmacies in the North believe that increase of the condom use is the most probable answer, whereas those in the South think that increased awareness of methods of protection against STIs is the most likely reason, and those in the Central region are more likely to say that the decline is a result of more visits to STI clinics.

For the small number of pharmacies choosing the category “higher” sales (less than 3 percent), the reasons given are that there are more visits to SEs and less knowledge of AIDS protection.

Table 3.3 Percentage distribution of drug store sales of STI drugs over the last 5 years by region.

	Region				Total
	Central	North	Northeast	South	
Compared with 5 years ago					
More	3.8	5.1	-	1.9	2.7
The same	5.8	16.9	3.4	11.5	9.5
Less than	15.4	16.9	24.1	40.4	24.0
Much less than	55.8	55.9	29.3	32.7	43.4
Seldom	15.4	1.7	39.7	9.6	16.7
Cannot compare	3.8	3.4	3.4	3.8	3.6
Total	100.0	100.0	100.0	100.0	100.0
(N)	(52)	(59)	(58)	(52)	(221)
Why more than ?					
Less awareness of protection	-	50.0	-	-	20.0
Less knowledge	50.0	-	-	-	20.0
More visit to Ses	50.0	50.0	-	100.0	60.0
Total	100.0	100.0	-	100.0	100.0
(N)	(2)	(2)	-	(2)	(6)

(cont.)

Table 3.3 (cont.)

	Region				Total
	Central	North	Northeast	South	
Why the same ?					
People go to STI clinic	-	-	-	25.0	7.1
Awareness of protection	-	12.5	-	25.0	14.3
Increase condom use	-	-	-	25.0	7.1
Increase drugstore	-	-	-	25.0	7.1
More visit to SEs	-	50.0	100.0	-	35.7
Regular customer	-	37.5	-	-	21.4
Cannot compare	100.0	-	-	-	7.1
Total	100.0	100.0	100.0	100.0	100.0
(N)	(1)	(8)	(1)	(4)	(14)
Why less than ?					
People go to STI clinics	14.3	11.1	7.7	5.3	8.3
More awareness of protection	28.6	-	23.1	36.8	25.0
Increase condom use	28.6	66.7	30.8	52.6	45.8
Less visitor to SEs	28.6	22.2	30.8	5.3	18.8
Increase in number of drugstores	-	-	7.7	-	2.1
Total	100.0	100.0	100.0	100.0	100.0
(N)	(7)	(9)	(13)	(19)	(48)
Why much less than ?					
Increased condom use	32.1	58.1	31.3	47.1	43.5
Self protection	17.9	22.6	25.0	29.4	22.8
People go to STI clinics	32.1	12.9	25.0	5.9	19.6
Other	17.9	6.4	18.8	17.7	4.4
Total	100.0	100.0	100.0	100.0	100.0
(N)	(28)	(31)	(16)	(17)	(92)
Why seldom ?					
People go to STI clinic	14.3	-	15.8	25.0	16.1
More awareness of self protection	42.9	-	5.3	25.0	16.1
Increase condom use	28.6	100.0	47.4	50.0	45.2
Less visitor to SEs	14.3	-	31.6	-	22.6
Total	100.0	100.0	100.0	100.0	100.0
(N)	(7)	(1)	(19)	(4)	(31)
Why cannot compare ?					
Cannot compare	100.0	100.0	100.0	100.0	100.0
Total	100.0	100.0	100.0	100.0	100.0
(N)	(2)	(2)	(2)	(2)	(8)

3.2.3 Increase in Condom Sales

3.2.3.1 Condom Sales

There are a large variety of condoms sold in Thai pharmacies. Some pharmacies have five brand-name condoms available, but some have only one choice. On average, each pharmacy offers 3 different choices of condoms. Pharmacies in the South have the highest variety available, with the lowest for pharmacies in the Northeast (Table 3.4).

Table 3.4 Percentage distribution of drug store sales of condoms and the best selling brand by region.

	Region				Total
	Central	North	Northeast	South	
Sell condom					
No	-	-	-	-	-
Yes	100.0	100.0	100.0	100.0	100.0
Total	100.0	100.0	100.0	100.0	100.0
(N)	(54)	(60)	(58)	(52)	(224)
How many brand					
1 brand	11.1	5.0	6.9	-	5.8
2 brands	20.4	21.7	24.1	17.3	21.0
3 brands	29.6	30.0	31.0	21.2	28.1
4 brands	22.2	28.3	31.0	40.4	30.4
More than 5 brands	16.7	15.0	6.9	21.2	14.7
Total	100.0	100.0	100.0	100.0	100.0
Mean	3.2	3.3	3.1	3.8	3.3
(N)	(54)	(60)	(58)	(52)	(224)
1st brand name					
Kingtex	62.3	58.3	58.9	63.5	60.4
Durex	13.2	20.0	29.8	15.4	19.8
Duo	15.1	15.0	12.3	11.5	13.5
Fare	5.7	5.0	-	7.7	4.5
Pleasure	3.8	1.7	-	1.9	1.8
Total	100.0	100.0	100.0	100.0	100.0
(N)	(53)	(60)	(57)	(52)	(222)

(cont.)

Table 3.4: (cont.)

	Region				Total
	Central	North	Northeast	South	
2 nd brand name					
Durex	44.7	39.6	41.2	42.3	41.9
Kingtex	27.7	22.6	27.5	28.8	26.6
Duo	17.0	26.4	19.6	26.9	22.7
Fare	8.5	5.7	9.8	1.9	6.4
Meechai	2.1	5.7	2.0	-	6.4
Total	100.0	100.0	100.0	100.0	100.0
(N)	(47)	(53)	(51)	(52)	(203)
3 nd brand name					
Duo	44.1	30.0	48.6	43.9	41.4
Fare	17.6	22.5	18.9	19.5	19.7
Durex	20.6	27.5	10.8	12.2	17.8
Pleasure	11.8	7.5	5.4	17.1	10.5
Kingtex	5.9	12.5	16.2	7.3	10.5
Total	100.0	100.0	100.0	100.0	100.0
(N)	(34)	(40)	(37)	(41)	(152)
Best selling – brand					
All the same	11.3	8.8	5.4	3.9	7.4
Kingtex	77.4	73.7	76.8	92.2	79.7
Durex	3.8	10.5	8.9	-	6.0
Duo	5.7	3.5	8.9	2.0	5.1
Fare	1.9	1.8	-	-	0.9
Pleasures	-	1.8	-	2.0	0.9
Total	100.0	100.0	100.0	100.0	100.0
(N)	(53)	(57)	(56)	(51)	(217)
Why best selling					
Variety	4.4	9.6	3.7	2.1	5.0
Only one brand	8.9	3.8	7.4	-	5.0
Popular	64.4	48.1	59.3	70.8	60.3
Quality	6.7	15.4	3.7	6.3	8.0
Not expensive	13.3	19.2	24.1	20.8	19.6
Standard	2.2	1.9	-	-	1.0
Depend on choice	-	1.9	1.9	-	1.0
Total	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(52)	(54)	(48)	(199)

Awareness and behavior related to STIs and AIDS prevention can be deduced from the large variety of condoms. It is found that there are at least 11 brand-name condoms on sale, namely, Kingtex, Durex, Duo, Fare, Meechai, Oka, Sure, Freelox, Boss-One, Pleasures, and Cosmo. There are also a variety of choices according to size, taste, ordure, and dimension.

The most popular condom purchased is Kingtex, followed by Durex, Duo, Fare and Pleasure. Kingtex rates the most popular in every region, especially in the South. The reasons for its high sales are its popularity, modest price and good quality.

3.2.3.2 Price and Quantity of Condom Sale

As previously noted, there are a large variety of condoms sold in Thai pharmacies. Some pharmacies offer 2 different sizes: 49 and 52. Most have size 49, which is the average for Thais. Condoms usually comes in a pack of three, at a price of approximately 10 baht per pack. There is also a bigger box containing 9 condoms. These 2 kinds of packages are both sold to customers. Wholesale purchase may sometimes take place by owners of sex establishments.

Findings drawn from interviews with sampled pharmacies shows that prices of condoms vary (Table 3.5). The cheapest costs 4.70 baht. The price in the North, Central and South is similar at 4.50-4.60 baht per condom. In the Northeast the price is slightly higher as 5 baht each.

Table 3.5 Percentage distribution of price of condom and average sales by region.

	Region				Total
	Central	North	Northeast	South	
Cheapest / piece (baht)					
Under 4 baht	42.6	57.6	35.1	48.1	45.9
4 - 5 baht	35.2	28.8	29.8	32.7	31.5
More than 6 baht	22.2	13.6	35.1	19.2	22.5
Total	100.0	100.0	100.0	100.0	100.0
Mean	4.6	4.6	5.1	4.5	4.7
(N)	(54)	(59)	(57)	(52)	(222)

(cont.)

Table 3.5 (cont.)

	Region				Total
	Central	North	Northeast	South	
Expensive / piece (baht)					
Under 10 baht	16.7	11.9	21.4	1.9	13.1
10 - 11 baht	25.9	30.5	33.9	34.6	31.2
More than 11 baht	57.4	57.6	44.6	63.5	55.7
Total	100.0	100.0	100.0	100.0	100.0
Mean	16.1	11.6	15.6	12.0	13.8
(N)	(54)	(59)	(56)	(52)	(221)
Average sales / box					
Under 40 boxes	18.8	28.1	39.2	18.4	26.3
40 - 60 boxes	39.6	28.1	33.3	28.6	32.2
More than 60 boxes	41.7	43.9	27.5	53.1	41.5
Total	100.0	100.0	100.0	100.0	100.0
Mean	93.3	128.9	76.0	120.9	105.5
(N)	(48)	(57)	(51)	(49)	(205)
Average sales / pieces					
Under 100 pieces	18.8	26.3	33.3	14.3	23.4
100 - 200 pieces	39.6	29.8	39.2	32.7	35.1
More than 200 pieces	41.7	43.9	27.5	53.1	41.5
Total	100.0	100.0	100.0	100.0	100.0
Mean	280.0	382.3	227.9	363.0	315.3
(N)	(48)	(57)	(51)	(49)	(205)

The mean price for the category of expensive condoms was 13.80 baht a condom. The most expensive were sold in the Central region at 16 baht each, followed by 15.60 baht in the Northeast and 12 baht in the South. The average price was only 11.60 baht in the North.

In the past year, pharmacies sold an average of approximately 315 condoms per month. The highest volume of sales were in the North (382 condoms per month), followed by the South (363 condoms), Central (280 condoms) and the Northeast (228 condoms). If the quantity of sales are counted by pack, the average number of packs per month was 100 boxes, the North still

sold the most with 129 boxes, followed by the South (121 boxes), Central (93 boxes) and the Northeast (76 boxes).

Quantity of sales varies not only among regions, but also in each pharmacy, according to its location. Some are situated in a market or downtown area. Some are located in a less populated area, and may therefore have a lower volume of sales.

3.2.3.3 Characteristics of Customers Purchasing Condoms

The study shows a consistent pattern with the majority of customers purchasing condoms being male (Table 3.6), with an average estimated age of 26 years. Age of customers varies by region. The youngest customers are in the North and the South. In the North, male customers are on average 23 years old and females are 18 years old, whereas the average age for the Southern males is 25 years and 20 years for females, respectively. Both male and female customers in the Northeast and the Central are estimated on average to be almost 30 years old. It should be noted that these ages are based on the perceptions of the pharmacy owners / managers.

In summary, most pharmacies report that their customers are likely to be males aged between 20 and 29. This finding supports the study design of including this age group as “young males” as a target group, because they are the highest risk group for infection of STIs and AIDS. (Division of Epidemiology, 1984-1997).

The study also reveals pharmacy owners believe that price is the main concern for most customers in the purchase of condoms. In the Central region compared to other regions, customers like to purchase condom of moderate price (75.5 percent). However, some still go for the cheapest and some favor better quality. Less than 6 percent of the sampled pharmacies report that customers prefer the more expensive condom. Most of these customers are in the Central region. Northeastern customers are more likely to prefer cheaper condoms, although one-quarter do not consider price when making their purchase of condoms.

Table 3.6 Percentage distribution of drug store by age and taste of clients who purchase condom by region.

	Region				Total
	Central	North	Northeast	South	
Sex					
Male	98.0	96.7	100.0	98.0	98.1
Female	2.0	3.3	-	2.0	1.9
Total	100.0	100.0	100.0	100.0	100.0
(N)	(49)	(60)	(47)	(51)	(207)
Age group					
Under 20	16.0	13.3	9.1	3.9	10.6
20 - 29 years	42.0	56.7	36.4	60.8	49.1
30 - 40 years	38.0	26.7	50.9	33.3	37.0
41 years and over	4.0	3.3	3.6	2.0	3.2
Total	100.0	100.0	100.0	100.0	100.0
Mean age (male)	28.8	23.3	28.5	24.9	26.3
Mean age (female)	27.3	18.3	28.1	20.3	26.3
(N)	(50)	(60)	(55)	(51)	(216)
Prefer cheap / expensive					
Most expensive	8.2	6.8	4.0	4.3	5.9
Average	75.5	66.1	50.0	55.3	62
Cheapest	8.2	18.6	20.0	17.0	16.1
Not depend on price	8.2	8.5	26.0	23.4	16.1
Total	100.0	100.0	100.0	100.0	100.0
(N)	(49)	(59)	(50)	(47)	(205)
How many condoms purchase					
3 condoms	81.1	76.4	64.9	78.4	75.0
6 condoms	17.0	20.0	28.1	19.6	21.3
More than 6 condoms	1.9	3.6	7.0	2.0	3.7
Total	100.0	100.0	100.0	100.0	100.0
Mean	4.1	4.1	4.4	3.7	4.1
(N)	(53)	(55)	(57)	(51)	(216)
How many boxes purchase					
1 box	81.1	76.4	63.2	78.4	74.5
2 boxes	18.9	20.0	28.1	19.6	21.8
More than 3 boxes	-	3.6	8.8	2.0	3.7
Total	100.0	100.0	100.0	100.0	100.0
Mean	1.2	1.4	1.6	1.2	1.3
(N)	(53)	(55)	(57)	(51)	(216)

Three quarters of the pharmacies report that the most common amount purchased is one pack with three condoms. The purchase of two packs is found only for one-fifth of the stores, and more than two packs is found for less than four percent. The results suggest that that customers, who are generally 20-39 years old, purchase a small number of condoms for occasional use only.

The purchase of condoms in boxes yields a similar pattern, with only one box purchased each time (a box contains three packs or nine condoms). The purchase of one box or fewer is found most often in the Central region, whereas the purchase of two boxes is seen most often in the Northeast region. The purchase of three boxes is rare, especially in the Central region, where such levels were not reported.

3.2.3.4 Introduction of Condoms to Customer

The survey also asked whether the pharmacies provide information such as method of use and storage, quality detection, expiry date, size and kind of condom to customers when they purchase condoms. It is found that the majority (three-fourths) never provided information. Pharmacies in the North are most likely to provide information, whereas those in the Central are least likely to do so (Table 3.7).

Among the stores providing information to their customers, the most detail is given about the quality (29 percent), followed by method of use (23.2 percent), method of storage (20.3 percent), size and kind of condom (14.5 percent) and expiry date (13 percent). Methods of use is discussed most in the North and the Central regions, whereas quality is discussed most in the Northeast and expiry date discussed most in the South.

The reason why the majority of the pharmacies do not provide information to their customers is that they assume that their customers already know the information (96.4 percent). Every pharmacy in the North not providing information gave this as their reason (100 percent). Only 4 percent of the total reported that their customers don't ask for information or are too shy to ask.

3.2.3.5 Trends in Condom Sales

In order to investigate trends in condom sales over the past 5 years, the level of condom sales during the current year is compared with the sales in the previous year or within the past 5 years. The study shows that half of the

pharmacies (51.6 percent) report that their sales are “higher” and “much higher”. The answer of “higher” is greatest in the South (67.4 percent), followed by the Central region (55.7 percent), the North (47.4 percent) and Northeast (36.9 percent).

Table 3.7 Percentage distribution of drug stores that provide information about condoms to customers by region.

	Region				Total
	Central	North	Northeast	South	
Provide information					
yes	16.7	38.3	25.9	19.2	25.4
no	83.3	61.7	74.1	80.8	74.6
Total	100.0	100.0	100.0	100.0	100.0
(N)	(54)	(60)	(58)	(52)	(224)
If yes, what information					
How to use	30.0	28.6	15.8	16.7	23.2
Quality	20.0	29.5	36.8	25.0	29.0
Size / type	20.0	17.9	10.5	8.3	14.5
How to store	30.0	14.3	26.3	16.7	20.3
Expire date	-	10.7	10.5	33.3	13.0
Total	100.0	100.0	99.9	100.0	100.0
(N)	(10)	(28)	(19)	(12)	(69)
If not, why					
Customer knows	91.1	100.0	97.7	97.6	96.4
Never ask / shy	8.9	-	2.3	2.4	3.6
Total	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(37)	(43)	(41)	(166)

The pharmacies whose sales are similar to previous years account for only one-fourth of the total sample (22.8 percent), with pharmacies in the North selecting this answer more than pharmacies in other regions (Table 3.8). The reason for this may be the longer experience of Northern residents with AIDS and STIs in the region, therefore their condom sales have remained at similar levels for years.

Among the 22 percent of pharmacies reporting lower sales, the highest percentage is in the Northeast (35 percent). It can be assumed that the awareness of AIDS in the Northeast is lower than other regions, and that many of

their population at risk have moved to work in other regions. Less than four percent of the stores indicate that their sales cannot be compared.

Table 3.8 Percentage distribution of drug store sales condoms over the last 5 year by region.

	Region				Total
	Central	North	Northeast	South	
Compared with 5 years ago					
Much higher	26.9	19.3	15.5	21.2	20.5
More than	28.8	28.1	22.4	46.2	31.1
The same	23.1	26.3	24.1	17.3	22.8
Less than	17.3	22.8	34.5	11.5	21.9
Cannot compare	3.8	3.5	3.4	3.8	3.7
Total	100.0	100.0	100.0	100.0	100.0
(N)	(52)	(57)	(58)	(52)	(219)
Why much higher?					
Afraid of AIDS	50.0	63.6	66.7	54.5	57.8
Self protection	42.9	36.4	-	18.2	26.7
Condom promote	7.1	-	22.2	27.3	13.3
Other		-	11.1	-	2.2
Total	100.0	100.0	100.0	100.0	100.0
(N)	(14)	(11)	(9)	(11)	(45)
Why more ?					
Afraid of AIDS	66.7	37.5	46.2	58.3	52.9
Condom promotion	13.3	31.3	30.8	16.7	22.1
Self protection	13.3	18.8	23.1	20.8	19.1
Other	6.7	12.5	-	4.2	5.9
Total	100.0	100.0	100.0	100.0	100.0
(N)	(15)	(16)	(13)	(24)	(68)
Why the same ?					
Regular customer	14.3	33.3	23.1	22.2	24.4
More drugstore	-	-	46.2	11.1	17.1
Financial problems	14.3	16.7	7.7	11.1	12.2
Bad location	-	-	15.4	22.2	9.8
Less visitors	14.3	-	7.7	11.1	4.9
Other	57.2	50.0	-	11.1	29.2
Total	100.0	100.0	100.0	100.0	100.0
(N)	(7)	(12)	(13)	(9)	(41)

(cont.)

Table 3.8 (cont.)

	Region				Total
	Central	North	Northeast	South	
Why less ?					
Less visitors	66.7	30.8	85.0	33.3	60.4
Financial problem	22.2	15.4	-	16.7	10.4
Free condoms	-	23.1	-	-	-
Others (easy to buy)	11.1	30.8	15.0	50.0	22.9
Total	100.0	100.0	100.0	100.0	100.0
(N)	(9)	(13)	(20)	(6)	(48)
Why cannot compare					
Cannot compare	100.0	100.0	100.0	100.0	100.0
Total	100.0	100.0	100.0	100.0	100.0
(N)	(2)	(2)	(2)	(2)	(8)

The most frequently cited reason for higher sales is fear of AIDS (57.8 percent), followed by self protection (26.7 percent) and wider promotion of condom use (13.3 percent). For the "higher sale" category, the answers are similar. The most frequent answer is fear of AIDS (52.9 percent), followed by promotion of condom use (22.1 percent) and self protection (19.1 percent).

For those stores stating that their sales are the same as previous years, the reasons are that most customers are regular customers (24.4 percent), more drugstores in the area (17.1 percent), financial disruption (12.2 percent), improper location (9.8 percent), less visits to sexual service partners (7.3 percent) and other. The reason that there are more drug stores in the area is consistent with the findings in section 3.2.1. that 16 percent of pharmacies sampled had been opened within the previous 5 years.

Pharmacies with lower volumes of condom sales suggest that the possible reasons are less visits to sexual establishments (60.4 percent), and financial problems (10.4 percent) respectively. The Northeast and the Central are most likely to respond that there were less visits to SEs.

3.3 Conclusion

Based on the survey of pharmacies we can conclude that our qualitative evidence of a large decrease in drug store sales of antibiotics used to treat STIs and a large increase in condom sales, is also confirmed by survey evidence. These trends have occurred in all regions.

Pharmacy owners link these two trends. In large part they see declines in sales of antibiotics as a result of increased condoms sales. The study also finds that pharmacies are not integrated into the 100% Condom Programme and much more could be done to make these outlets a source of information and education about condoms.

CHAPTER IV

Sex Establishments

4.1 Characteristics of Sex Establishments

A total of 218 sex establishments (SEs) were sampled from the 24 provinces included in this study. The SEs were sampled from the list of establishments maintained by the Ministry of Public Health. The percentage distribution of the sector of operation of the SEs by region of operation is shown in Table 4.1.

Table 4.1 Percentage Distribution of Type of Sex Establishment by Region

Region	Sector					Total	Number
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other		
Central	38.7	4.8	16.1	8.1	32.3	100	62
Northeast	10.7	0.0	19.6	23.2	46.4	100	56
North	42.2	6.7	15.6	11.1	24.4	100	45
South	25.5	12.7	12.7	18.2	30.9	100	55
Total	28.9	6.0	16.1	15.1	33.9	100	218

Approximately one-third of the sex establishments sampled were in the restaurant/other sector. The proportion sampled from this sector was highest in the Northeast, a result mainly of the relative lack of direct sex establishments in that region. Brothels, which comprise almost 29 percent of the sample of SEs, make up over 40 percent of the sample from the Northern region and almost 40 percent of the sample from the Central. Even though massage parlors comprise only 15 percent of the SEs sampled, they include a large number of the SWs who were interviewed (see Chapter 5). This results from the greater number of sex workers employed in massage parlors compared to other types of establishments. The mean number of SWs employed in the sampled SEs varied from 38 in massage parlors to between 9 and 12 in SEs in the other sectors (see Table 4.2).

Based on the estimates of the owners/managers of the SEs sampled, most workers had been employed for more than six months. There was only an average of 1.2 workers (less than 10 percent of total workers) who had been employed less than one month and an average of 2.4 workers employed less than six months.

This indicates a large turnover of workers, with about 15 percent of the workers being employed less than six months in the establishments sampled. This high level of turnover means that there are always a considerable number of new workers that need to be provided with health information.

Table 4.2 Selected Characteristics of SEs by Sector of Sex Industry

Sector of Establishment	Characteristics of Sex Establishments						
	Mean Years of Operation	Mean Number of Sex Workers	Mean Number of SWs Employed less than 1 month	Mean Number of SWs Employed less than 6 months	Mean Number of SEs with Foreign SWs	Mean Payment (Baht) to SE for Services of SW	Mean Number of Customers per Night
Brothel	9.7	9.1	1.2	1.6	14.3	210	2.6
Hotel	23.5	11.5	1.3	2.5	0.0	150	4.1
Bar/Karaoke	7.5	12.3	1.0	1.9	2.9	560	1.7
Massage Parlor	9.9	37.6	2.4	4.9	6.0	868	2.3
Restaurant/Other	8.3	11.8	0.7	2.1	2.7	269	2.4
Total	9.7	15	1.2	2.4	6.5	38.0	2.4
N	214	217	217	217	217	215	192

The stability of the sex industry assists in providing this information. The sex industry in Thailand is long established and this is reflected in the average years of operation of the SEs sampled. For the entire sample the average years of operation was almost 10 years, with a range that varied from 23.5 years for the 12 hotels sampled to 7.5 years for the bar/karaoke sector. Very few, 6.5 percent, of establishments reported hiring foreign SWs, although it is likely that this is an underestimate for the industry as a whole because of the reliance of this survey on the Ministry of Public Health list of SEs as the sampling frame. The sector with the highest number of SEs reporting foreign workers was the brothel sector, which is also the lowest cost sector.

4.2 Sex Establishments and STIs

One of the key components of the successful government attempt to reduce the incidence of STIs in the Thai population has been programmes offering examination and treatment for STIs. The Ministry of Public Health has an active campaign to identify sex workers and to provide them with STI examinations and, where necessary, treatment for STIs. These examinations also provide opportunities for government health personnel to provide SWs with health information and, in many cases, free condoms. Many large SEs also make

arrangements with private clinics, or establish their own clinics, to treat their workers. Of the 215 SEs responding to the question, 91.2 percent said that their workers were provided with regular STI checks. The percentage was highest for brothels, which can easily be identified as sex establishments and hence more easily persuaded to take part in government programmes, and lowest for establishments in the restaurant/other sector (see table 4.3).

Table 4.3 Percentage Distribution of Whether SWs in SEs Receive Regular STI Checks

Sector of Employment	Receive Regular STI Checks		Total	N
	Yes	No		
Brothel	95.2	4.8	100	63
Hotel	92.3	7.7	100	13
Bar/Karaoke	90.9	9.1	100	33
Massage Parlor	93.9	6.1	100	33
Restaurant/Other	86.3	13.7	100	73
Total	91.2	8.8	100	215

Table 4.4 Percentage Distribution of Frequency of STI Checks of SWs by Sector of Employment

Frequency of STI Checks	Sex Industry Sector					Total
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other	
More than once a week	0.0	8.3	0.0	22.6	1.6	4.6
Once a week	73.3	66.7	75.9	54.8	82.5	73.3
2-3 times a month	18.3	0.0	17.2	0.0	12.7	12.3
Once a month	8.3	16.7	6.9	6.5	3.2	6.7
Less than once a month	0.0	8.3	0.0	12.9	0.0	2.6
Not sure	0.0	0.0	0.0	3.2	0.0	0.5
Total	100	100	100	100	100	100
Number	60	12	29	31	63	195

Most government STI centers and government hospitals establish a regular programme of checks of SWs. In most instances this involves a weekly examination (see Table 4.4). For the sample as a whole, 73.3 percent of the establishments stated that their workers had weekly checks for STIs, and a further

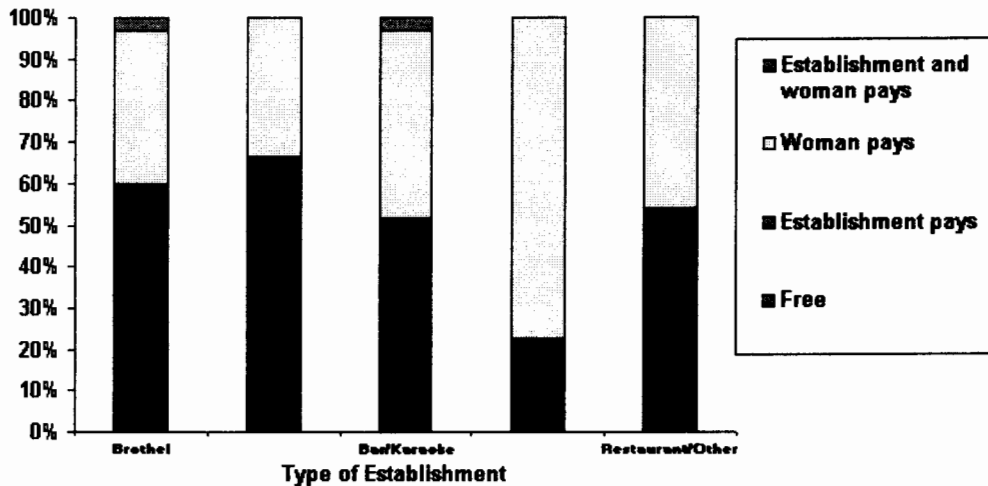
12.3 percent stated that the checks occurred two to three times a month. In the massage parlor sector examinations occurred on a more frequent basis, with almost one-quarter of the establishments stating that STIs examinations were conducted more than once a week. The results from the survey suggest that the vast majority of sex workers in the 'recognized' sex industry are covered by regular STI checks, although their clients are not regularly examined for STIs, thus posing a considerable risk of infection to the SWs.

Table 4.5 Percentage Distribution of Place Where SWs Received STI Checks: by Sector of Employment

Place Received STI Checks	Sex Industry Sector					Total
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other	
Government Clinic or Hospital	88.3	100.0	96.8	71.0	96.8	90.4
Private Clinic or Hospital	8.3	0.0	3.2	22.6	3.2	7.1
Clinic in SE	0.0	0.0	0.0	6.5	0.0	1.0
Not Sure	3.3	0.0	0.0	0.0	0.0	1.5
Total	100	100	100	100	100	100
Number	60	12	31	31	63	197

The importance of government health services in providing the STI examinations is clearly seen in the data displayed in table 4.5. Over 90 percent of the 197 establishments that stated that sex workers in their establishments had regular STI checks availed themselves of government services, with only 7 percent using private clinics or hospitals. The use of government services was highest in the lowest paying sex industry sectors and lowest of all in the massage parlor sector, where almost 23 percent used private health providers and 2 of the 31 massage parlors used their own clinics. The government health services are making a clear contribution to identifying and treating STIs among sex workers.

Figure 4.1
Percentage Distribution of Source of Payment for STI
Examinations by Type of Sex Establishment



The use of government services means that most establishments do not have to pay for the STI examinations of their staff. Overall, only 17.8 percent of establishments said that they paid while another 1.5 percent stated that the workers and the establishment shared the cost. Slightly over 47 percent of establishments stated that the woman was required to pay, while 33.5 percent said that the examination was free. Those women most likely to have to pay were working in the massage parlor sector (see figure 4.1). It seems that many owners/managers interviewed confused the cost of examination and cost of treatment. While the cost of examination at government centres, is often free, there can be a cost for treatment. However, whatever the misunderstanding related to the question, it is clear that it is mainly the women workers who are forced to bear any cost associated with contracting an STI.

The financial as well as health burden of STIs placed on commercial sex workers is also seen when we examine the policy of establishments regarding work and conditions for women who contract an STI. While almost all establishments (99 percent) state that workers who contract an STI cannot work providing sex services, the majority of establishments also stated that it was up to the individual sex workers to bear the cost of treatment for the STIs (see Table 4.6). Only 48 percent of establishments said that they would pay for the treatment. The percent of establishments that stated that they would pay for treatment is

lowest for the hotel sector (16.7 percent) and massage parlor sector (23.3 percent) and is highest for the brothel sector (59 percent). The situation is even more biased against the workers when we consider whether the establishment would pay some subsistence allowance to the women while they could not work (providing sex services) during the time they had an STI. Only 42 percent of establishments reported that they would provide such an allowance. With the exception of the brothel sector, the percent of establishments that stated they would pay an allowance is highest among those establishments in sectors where the workers could undertake some work apart from sexual services -- i.e. in the restaurant/ other and bar/karaoke sector. It is lowest in those sectors where the main, and often only, work is to provide sex services.

Table 4.6 Percent of Sex Establishments that Pay for Treatment of STIs or Pay for Subsistence if SW Contracts an STI: by Sector of Employment

Sex Industry Sector	Pay for Treatment		Pay for Subsistence	
	Percent Pay	N	Percent Pay	N
Brothel	59.0	61	49.2	63
Hotel	16.7	12	16.7	12
Bar/Karaoke	47.1	34	50.0	34
Massage Parlor	23.3	30	20.0	30
Restaurant/Other	53.6	69	45.6	68
Total	47.6	206	42.0	207

Owners/managers of the SEs were asked to estimate the average frequency that a SW working in their establishment contracted an STI. Although it is likely that SE operators would underestimate the incidence of STIs, in part for commercial reasons and in part because they often would not know if a worker had an STI, the reported frequencies provide some indication of how SE operators view the problem of STIs. In the data shown in table 4.7, the most striking result is that almost one-half of SE operators claimed that they had never experienced an STI among workers in their establishments. Only in massage parlors, where the management usually makes more rigorous checks of STIs, is this number appreciably lower (25.8 percent). Less than 30 percent of the establishments report that a worker would contract an STI at least once a year. This number is similar for all types of establishments. Based on these results, and interviews with SE operators, it can be concluded that there is a perception among

owners/managers that STIs occur infrequently, and furthermore that the incidence of STIs among their workers has decreased over time.

Table 4.7 Percentage Distribution of Estimated Average Frequency of Contracting STIs by Sector of Employment

Frequency of Contracting STIs	Sex Industry Sector					Total
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other	
Every 1-2 months	9.7	9.1	5.9	9.7	11.6	9.7
About once a year	19.4	18.2	20.6	19.4	18.8	19.3
Less than once a year	8.1	0.0	20.6	35.5	7.2	13.5
Never seen	59.7	72.7	47.1	25.8	44.9	48.3
Not sure	3.2	0.0	5.9	9.7	17.4	9.2
Total	100	100	100	100	100	100
Number	60	12	34	31	69	207

4.3 Sex Establishments and Information, Education and Communication (IEC) about STIs and Condom Use

One of the planks upon which the 100% condom programme has been based is the use by health officials of SEs as channels to spread IEC about condom use and STIs. The cooperation of SE owners/managers is essential to this effort and this cooperation sometimes has to be obtained through implicit threats of police action unless cooperation is forthcoming, although most SE owners/managers recognize the benefits of an STI-free work force and cooperate willingly. In this section we examine the extent that SE owners/managers report that the SWs working in their establishments are provided with IEC about STIs and condom use.

Less than one half of the SEs reported that they held meetings to discuss health issues with the SWs working in their establishments (see table 4.8). This percentage was particularly low (23.1 percent) for the hotels and for brothels (41.3 percent) and was highest for massage parlors (66.7 percent). Those establishments that reported holding meeting did so quite frequently, with over 80 percent of the establishments that held meetings reporting that the meetings occurred at least once a month. Almost all of the SEs that did hold meetings said that they discussed STI prevention and condom use at these meetings. It should be stressed that these figures are based on the reports of SE operators and it is likely that health issues are not given wide coverage in the meetings -- which are more likely

to deal with general work issues. As we see from Chapter 5, very few of the SWs working in these establishments listed the SE as a source of information about STIs and HIV/AIDS. What is important from the data is that most SEs do not discuss health issues at all with their staff. This makes the role of health officials even more important in helping educate SWs about how to protect themselves against STIs and HIV/AIDS.

Table 4.8 Percentage Distribution of Frequency of Meetings and Content of Meetings Between SE Operators, SWs, and Health Officials

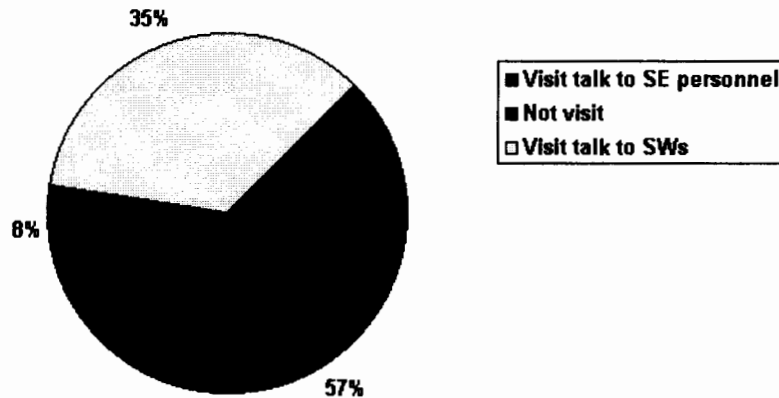
Sector of SE	Percent of SEs having meeting with their staff	Frequency of Meetings					Percent discuss STIs	Percent discuss condom use
		More once a month	Once a month	Less once a month	Other	Total		
Brothel	41.3	53.8	30.8	11.5	3.8	100.0	100.0	92.3
Hotel	23.1	33.3	66.7	0.0	0.0	100.0	100.0	100.0
Bar/Karaoke	52.9	27.8	50.0	16.7	5.6	100.0	88.9	88.9
Mass. Parlor	66.7	14.3	61.9	14.3	9.5	100.0	95.5	95.5
Rest./Other	45.9	50.8	38.2	8.8	2.9	100.0	97.1	100.0
Total	47.2	39.2	44.1	11.8	4.9	100.0	96.1	95.1
N	217	40	45	12	5	102	103	103
	Percent of SEs where health officials arrange outside meeting	Frequency of Meetings					Percent discuss STIs	Percent discuss condom use
		Once a month or more	Twice a year or more	Once a year	Other	Total		
Brothel	77.8	12.5	31.3	52.1	4.2	100.0	100.0	100.0
Hotel	69.2	33.3	44.4	22.2	0.0	100.0	100.0	100.0
Bar/Karaoke	64.7	9.1	54.5	31.8	4.5	100.0	100.0	100.0
Mass. Parlor	59.4	16.7	33.3	44.4	5.6	100.0	100.0	100.0
Rest./Other	58.1	7.1	52.4	33.3	7.1	100.0	100.0	100.0
Total	65.7	12.2	42.4	40.3	5.0	100.0	100.0	100.0
N	216	17	59	56	7	139	136	137
	Percent of SEs where health officials come to SE to discuss health	Frequency of Meetings					Percent discuss STIs	Percent discuss condom use
		More once a month	Once a month	More twice a year	Once a year	Total		
Brothel	92.1	23.2	44.6	26.8	5.4	100.0	98.3	100.0
Hotel	100.0	25.0	33.3	41.7	0.0	100.0	100.0	100.0
Bar/Karaoke	91.4	18.8	18.8	56.3	6.3	100.0	93.8	93.8
Mass. Parlor	93.9	23.3	20.0	46.7	10.0	100.0	100.0	100.0
Rest./Other	91.9	19.7	28.8	47.0	4.5	100.0	98.5	100.0
Total	92.7	21.4	30.6	42.3	5.9	100.0	98.0	99.0
N	218	42	60	83	11	196	202	199

In many regions the government health services arrange meetings for SE operators and their staff to discuss health issues (see Chapter 2). In our survey almost two-thirds of the SEs reported attending these meetings. These meetings were most likely to be attended by the SEs in the brothel and hotel sectors -- the sectors more aggressively targeted by health officials. However, the meetings are not held frequently, with 40 percent of SEs reporting that they attended about once a year while another 42 percent said that the meetings occurred about twice a year. All SE owners/managers that attended the meetings said that issues of STIs and condom use were discussed.

As all the establishments sampled in this survey were selected from lists provided by the Ministry of Public Health in almost all cases health officials have access to the establishments. This is reflected in the high proportion of SEs (93 percent) that stated that health officials came to their establishments to talk about health issues. These visits are clearly the major method that health officials use to provide IEC to the staff, including SWs, of SEs. Not only is coverage of visits widespread, but the visits also occur frequently. Over 50 percent of the establishments reported that the visits occurred at least once a month. The frequency of visits were highest in the brothel and hotel sector and lowest in the indirect sex sectors, such as bar/karaoke, where entry into the establishments can be more difficult compared to the direct sex establishments. All establishments report that issues of STI prevention and condom use were discussed during these visits.

In figure 4.2 the distribution of the methods that health officials use to provide IEC about STI prevention is shown. As noted in the previous table, only about 8 percent of SE operators reported that health officials did not come to their establishments to provide information. For 57 percent of the establishments the health officials talked directly to the SWs without teaching other staff about methods of STI prevention and condom use. Only 35 percent of the establishments reported that health officials also provided them with health information during these visits (for these establishments it is presumed that the officials also provided IEC to the SWs working in the establishments).

Figure 4.2
Percentage Distribution of Visits by Health Officials to SE to
Teach About Ways to Protect Against STIs



The results reported in this section show that health officials are very active in providing IEC to SWs, but less active in trying to educate other staff of sex establishments. This may be one reason why the sex establishments, for the most part, appear to pay little attention to providing their staff with health information.

4.4 Attitudes of SE Operators Towards Condom Use

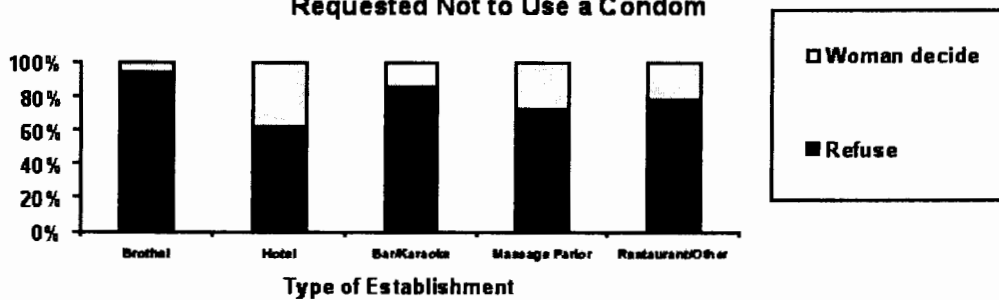
The Ministry of Public Health has not only tried to involve the operators of SEs in their campaigns to increase condom use and to reduce STIs because this is an effective way of reaching SWs, health officials also believe that if SE staff are supportive of condom use then the SWs will also be more likely to use condoms. Almost 95 percent of the owners/managers of SEs interviewed in this study stated that their workers should use condoms while almost 6 percent said that it was up to the woman if she wanted to use a condom. Almost all operators (99.5 percent) said that SWs should wear a condom with casual customers, and 97.1 percent that they should use condoms with regular customers (see table 4.9). However, only about one half of operators believed that SWs should use condoms with their spouses -- with the percentage being particularly low for the massage parlor sector. The fact that there are still SEs where management believes that SWs do not need to use condoms with regular customers or with non-commercial sex customers should be of concern.

Table 4.9 Percent of SE Owners/Managers Who Think that a SW Should Use a Condom with Specified Partners: by Type of Establishment

Sector of SE	Type of Sexual Partner			
	Casual Customer	Regular Customer	Friend	Spouse
Brothel	98.4	96.7	96.6	46.2
Hotel	100.0	92.3	100.0	50.0
Bar/Karaoke	100.0	100.0	97.0	63.6
Massage Parlor	100.0	96.8	93.5	38.7
Restaurant/Other	100.0	97.1	97.0	62.7
Total	99.5	97.1	96.6	53.8
N	209	209	203	195

Although the general attitude among operators is that SWs should use condoms, when the operators were asked what they would do if a customer came to their establishment and requested not to use a condom, only 82 percent said they would refuse the customer while the other 18 percent said that they would let the woman decide whether she would accept the customer. Only among brothels did more than 90 percent of the operators say that they would refuse the customer (see figure 4.3), while only 62 percent of the hotel operators stated that they would refuse the customer.

Figure 4.3
Percentage Distribution of Response of SE if a Customer Requested Not to Use a Condom



The relative disregard of the importance of condom use that appears to be held by some SE operators is also reflected in the results shown in table 4.10. These results describe the responses that SE managers/operators gave to the

question about what they would do if they found that a SW was not using condoms with customers. Over one third (34.5 percent) responded that they would do nothing, another 8.4 percent said that they had never told their workers always to use condoms so they could do nothing, while a further 0.5 percent (one establishment) stated that they would tell the SW to use medicine. Therefore, approximately 44 percent of the establishments would effectively do nothing, another 33.6 percent would warn the SW (the warning mainly being about the health dangers posed by not wearing condoms), while 22 percent would take some form of punitive action. Massage parlors were to the most likely to state that they would take punitive action, with 50 percent saying that they would suspend or fire the worker not using condoms.

Table 4.10 Percentage Distribution of Action That Would be Taken by SE if they knew SW was not Using Condom with Customers: by Sector of Employment

Place Received STI Checks	Sex Industry Sector					Total
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other	
Suspend/fire SW	9.5	7.7	17.6	50.0	2.8	14.5
Fine/Cut pay of SW	7.9	0.0	11.8	3.1	9.7	7.9
Give warning to SW	30.2	38.5	32.4	15.6	44.4	33.6
Do nothing	38.1	46.2	32.4	28.1	34.7	34.7
Have not said to use	12.7	7.7	5.9	3.1	8.3	8.4
Tell SW use medicine	1.6	0.0	0.0	0.0	0.0	0.5
Total	100	100	100	100	100	100
Number	63	13	34	32	72	214

In general the results suggest that establishments, while showing general concern about condom use and STI prevention, do very little to actively try to promote condom use. Only 6.5 percent of the establishments surveyed provided condoms to their workers, and several of these establishments charged for the condoms provided. And as noted earlier, it is usually the SW who is responsible for any costs incurred through contracting an STI. Working closely with SEs has allowed health officials to gain contact with sex workers and this has allowed the officials to provide services and information to the SWs, but it appears that the establishments themselves still have a lot to learn about the importance of actively promoting the 100% condom programme.

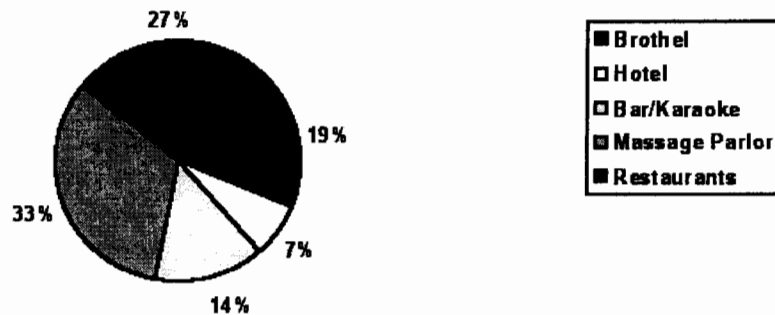
CHAPTER V

Sex Workers

5.1 Characteristics

The SW sample consists of 1,996 women selected from 24 provinces. As explained in chapter 1 of this report, it was not possible to randomly sample SWs from all sex establishments in the selected provinces as pre-tests established that many women operating from indirect sex establishments and who according to the Ministry of Public Health were involved in commercial sex, would not acknowledge their involvement. Therefore, it was decided to focus on direct sex establishments such as brothels, hotels, and massage parlors. Only when the target sample size could not be obtained in a particular province were other indirect establishments such as restaurants included in the sampling frame. This sampling strategy resulted in the distribution of SWs by establishment as shown in Figure 5.1.

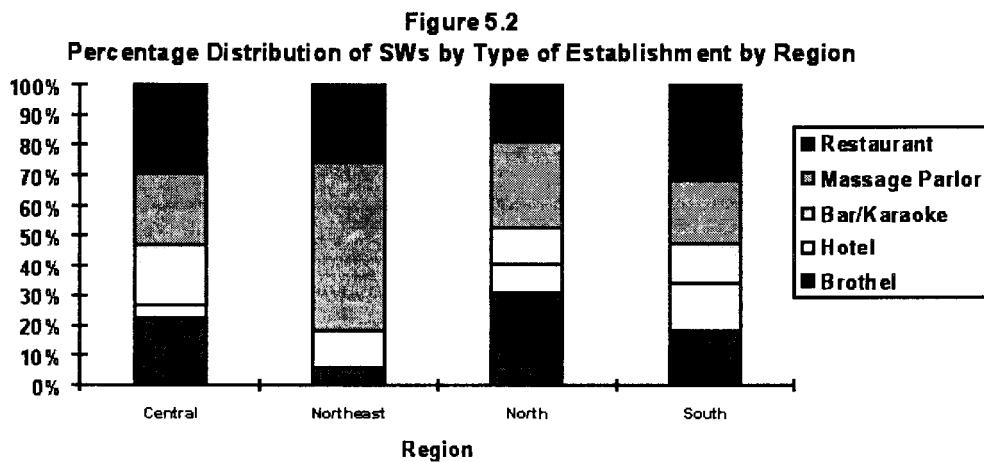
Figure 5.1
Percentage Distribution of Sampled SWs by Type of Establishment



When compared to the distribution contained in the list of sex establishments available from the Ministry of Public Health, the sampling strategy results in an over-representation of brothel, hotel and massage parlor SWs and an under-representation of SWs operating from indirect sex establishments, the main form of sex establishment in Thailand. Even so, almost one-third of the sample is drawn from restaurants and other indirect establishment, with nearly all from

restaurants, and hence we are able to make comparisons among the different types of sex establishments.

There is substantial variation in the distribution of SWs by sex establishments among the four regions (see Figure 5.2). Massage parlors were by far the major source of SWs in the Northeast sample, while the Central and South samples show a higher representation from the restaurant sector compared to the other two regions. The major source of SWs from the Northern sample is brothels. In part, these regional differences reflect real variations in the distribution of forms of sex establishments among the regions. It also reflects, however, differences in availability of SWs in different provinces. In some provinces where it was not possible to meet target sample size from direct sex establishments it was necessary to rely more on indirect sex establishments, while in other provinces the sample target could be drawn from the direct establishments. Therefore care must be taken in interpretation of regional differences in behavior as these variations may reflect sampling variation.



The sectors from which the sample is drawn also affects the age distribution of the women. Although women engaged in the sex industry are typically young, SWs in the massage parlor sector tend to be older than those working in other sectors, while those working in the brothel sector tend to be younger. There are a number of possible reasons for this pattern. Work in massage parlors is associated with higher incomes than work in brothels and also requires more skill, and therefore once women enter this sector they tend to stay for longer periods. Work in brothels is often poorly paid and conditions may be harsh. Therefore many sex workers who first enter this sector move on to other sectors. It is of some concern

that women working in brothels, a sector of the sex industry that is generally seen as one of the most difficult to introduce safe sex practices, also have the greatest proportion of young workers.

The percentage distribution of sector of employment within broad age groups is shown in Table 5.1. Slightly over 20 percent of those women aged less than 20 work in brothels, compared to approximately 17 percent of those aged 30 and over. Among older women -- those aged 30 and over -- who make up 31 percent of the total sample, significant proportions were drawn from the hotel sector, although the massage parlor sector was the main area of employment for women in this age group. Among the 16 percent of SWs aged less than 20, almost 30 percent were working in the restaurant sector -- another sector where access to workers by public health workers is often difficult to obtain.

Table 5.1 Percentage Distribution of Sector of Employment by Age

Age	Sector					Total	Number
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other		
Less than 20	21.4	2.5	18.0	28.6	29.5	100	322
20-24	20.7	1.2	19.1	32.4	26.6	100	505
25-29	16.9	5.0	14.5	35.5	28.0	100	557
30 and above	17.3	17.1	9.0	33.1	23.6	100	614
Total	18.7	7.4	14.4	32.9	26.6	100	1,996

Most sampled SWs are migrants, with 38 percent having lived in their current province for less than one year and a further 23 percent having lived in their current province for only 1-2 years. Less than one-quarter of the sampled SWs have lived in the province where they are currently working for more than 5 years (see Table 5.2). Higher proportions of SWs working in the Northeast and North, compared to SWs working in the Central and Southern regions, have lived in their provinces of current residence for several or more years. For example, almost one-quarter of those from the Northeast and one-fifth of those from the North, have lived in their current place of residence for 11 or more years. The respective percentages for SWs in the Central and Southern regions are 9 and 5 percent.

Table 5.2 Percentage Distribution of Length of Period of Residence in Current Province of Employment by Region of Residence

Region of Residence	Period of Residence in Present Province					Total	Number
	Less than 1 year	1-2 years	3-5 years	6-10 years	11 or more years		
Central	41.7	21.9	18.4	9.1	8.9	100	517
Northeast	32.3	20.8	16.4	5.9	24.6	100	524
North	32.6	19.5	15.3	10.6	22.1	100	426
South	44.4	27.8	15.3	7.8	4.7	100	529
Total	38.0	22.7	16.4	8.2	14.7	100	1,996

Relatively few of the sampled SWs were born in the Central and Southern regions. Overall, 47 percent of the SWs were born in the North and 34 percent were born in the Northeast. Of the SWs interviewed in the South, 42 percent were born in the North and a further 32 percent were born in the Northeast. In comparison approximately 86 percent of SWs interviewed in the North were born in the North, although most were working in provinces other than where they were born, while 60 percent of those interviewed in the Northeast were born in the Northeast. These results are consistent with those of most studies of the sex industry in Thailand.

Only 1.3 percent (26 respondents) stated that they had been born outside Thailand, and of these 17 reported being born in Laos and another 4 reported being born in Myanmar. Because it is unlikely that establishments that employ large numbers of foreign women would be on the Ministry of Public Health list of sex establishments our sample almost certainly under-represents foreign born SWs. We also included in the questionnaire a question on the language spoken by the family of the respondent. Only 7 percent stated that their families used a language other than the regional dialects of Thai. Therefore almost all of our sample would be able to understand health messages provided in the Thai language.

Only one-third of the sample are never-married, with approximately 50 percent separated or divorced, a further 5 percent widowed and 13 percent currently married (see Table 5.3). There are relatively small differences in marital status among the different sectors of employment. The highest proportion currently married is among women working in massage parlors, with 18 percent married. This sector also has the highest proportion who are never-married (39 percent). The majority of women working in the brothel, hotel and restaurant sectors are separated or divorced.

Table 5.3 Percentage Distribution of Marital Status by Sector of Employment

Sector of Employment	Marital Status				Total	Number
	Married	Never-Married	Widowed	Separated or Divorced		
Brothel	10.2	30.8	5.4	53.6	100	373
Hotel	13.6	10.9	15.6	59.9	100	147
Bar/Karaoke	12.8	37.6	1.7	47.9	100	290
Massage Parlor	17.7	38.6	4.1	39.6	100	656
Restaurant and other	3.4	31.7	4.7	56.2	100	530
Total	12.5	33.1	5.8	49.3	100	1,996

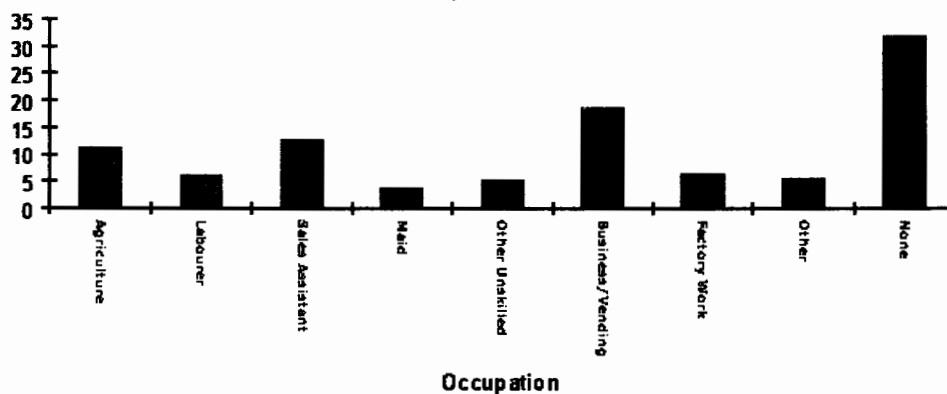
It can be assumed that those SWs who are currently married are engaged in regular sexual relations with a person (husband) other than their customers. Fifteen percent of the sample also stated that they currently had a lover (this question was asked only for those not currently married), therefore slightly over one-quarter of SWs were in regular non-commercial sexual relations at the time of the survey. Obviously the partners of these women are at risk of contracting HIV if the SWs contract the disease. Also the SWs, even if they practice safe sex with their customers, may be at risk of contracting HIV from their regular partners. Another risk group (at risk of losing their mother if they die of AIDs) is the children of SWs. Given that the majority of women in the sample are, or have been, married it is not surprising that almost one-half of the respondents have children, with 29 percent having one child, 11 percent having 2 children and 5 percent having 3 or more children.

5.2 Work Experience

In the survey a question was asked about experience in paid employment outside the sex industry. Working for the family without pay was explicitly excluded from the question. As most SWs are from rural areas, exclusion of family work from consideration will lead to underestimation of agricultural work experience. However, the main purpose of this question is to determine if SWs have experience in other forms of paid employment or whether work in the sex industry is the only paid labour force experience they have. Respondents were asked to list up to three occupations that they had previously undertaken. However, as only approximately 20 percent cited more than one occupation, the following analysis is restricted to the first occupation listed.

In Figure 5.3 the distribution of respondents by their sector of previous employment experience is shown. Almost one-third of the respondents stated that they had no work experience outside of the sex industry. Only 11 percent had previously worked for pay within the agricultural sector, 18 percent had worked in the business/vending sector and 13 percent had worked as sales assistants. Small proportions had worked in factories, as housemaids, or in more skilled occupations. It can be concluded that the majority of SWs surveyed had previous work experience, but that most of this experience was in unskilled sectors of the economy.

Figure 5.3
Percentage Distribution of SWs by Type of Previous Employment Experience



There is considerable variation among sectors of the sex industry in the proportion of SWs who had previous paid work experience (see Table 5.4). Women working in the brothel and hotel sectors are most likely to have had previous work experience in agriculture and working as labourers. A relatively high proportion of SWs in the brothel sector also had experience working as sales assistants. Relatively high proportions of women working in the restaurant and other indirect sectors also had previous experience working in agriculture, as labourers and as sales assistants. In comparison, those women currently working in the hotel, Bar/Karaoke and massage parlor sectors, are more likely than women in other sex industry sectors to have worked in business/vending (self-employed). Almost 9 percent of women working in massage parlors had previous experience in 'other' occupations, among which working in beauty parlors is a major occupation. Apart from those working as SWs in the hotel sector, there are only small differences in the proportions of women in each sex sector who had no previous paid employment experience.

Table 5.4 Percentage Distribution of Sector of Employment by Age

Sector of Previous Employment	Sex Industry Sector					Total
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant and Other	
Agriculture	15.8	25.2	7.6	5.5	13.0	11.2
Labourer	11.0	8.8	4.1	2.1	7.1	6.1
Sales Assistant	14.5	10.9	16.6	10.5	11.7	12.5
Housemaid	3.8	2.7	4.5	2.1	4.5	3.5
Other unskilled	5.6	3.4	3.4	5.6	5.3	5.1
Business/Vending	8.6	24.5	19.7	27.1	12.1	18.4
Factory Work	6.7	2.8	6.6	4.6	8.9	6.2
Other	3.2	4.1	4.8	8.4	4.0	5.4
None	30.8	18.4	32.8	34.0	32.8	31.8
Total	100	100	100	100	100	100
Number	373	147	290	656	530	1,996

Work experience in the sex industry is related to the age at which women first work as SWs. Almost 44 percent of women who first started work in the sex industry at ages 18 or less had no previous paid work experience while 25 percent of those who started work after the age of 25 had no previous paid work experience. There are many paths into sex work in Thailand. Some women start work at very young ages while others start at older ages, often after the breakdown of their marriage. In this sample of sex workers, one-quarter first started work in the sex industry at ages 18 or less while 30 percent started work at 25 or more. The mean average age at the start of work in the sex industry is 22.8 percent (see Table 5.5).

Table 5.5 Mean Age at Entry into Sex Work by Region of Birth and Sector of Employment

Sector of Employment	Region of Birth					Total	Number
	Bangkok / Central	North- East	North	South	Foreign		
Brothel	21.9	22.7	21.6	25.9	22.6	22.1	371
Hotel	31.5	27.7	26.1	32.3	----	27.9	147
Bar/Karaoke	23.5	22.6	20.5	21.3	----	21.9	289
Massage Parlor	23.0	22.7	22.2	24.8	----	22.6	651
Restaurant and other	22.9	23.8	22.2	21.5	----	22.6	523
Total	23.4	23.1	22.2	25.7	21.8	22.8	1,981
Number	255	682	924	94	26		

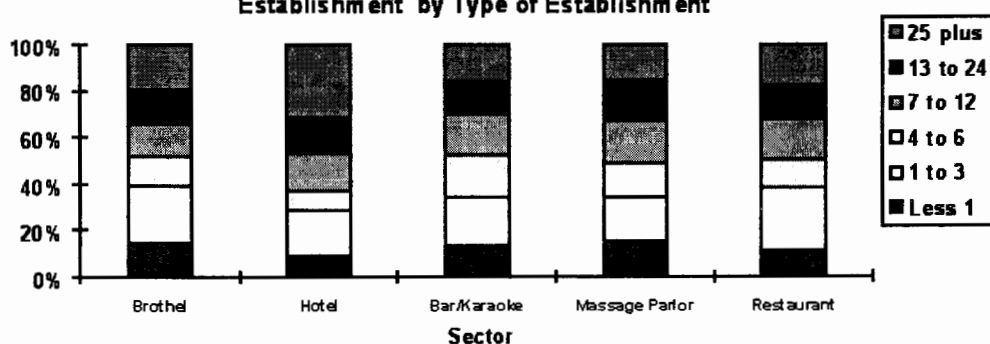
Note: --- Less than 5 observations

With the exception of the small number of foreign-born SWs, women from the Northern region enter sex work at younger ages on average than do women in other regions. This holds for all sectors of current employment, and is particularly evident in the Bar/Karaoke and brothel sectors. Women from the South, on average, enter sex work at a late age. However, there are relatively few women in the sample who were born in the South and most of these are formerly married and presumably have started work as SWs only after the breakdown of their marriages. There are relatively small differences in the mean age at entry in sex work among women working in different sectors. The one exception is the hotel sector where the average age at first entry of women working in this sector is almost 28 years.

5.3 Working Conditions

There is rapid turnover of workers in the sex industry. This turnover creates difficulties in providing sustained educational information to workers. Establishments depend on new workers as they attract customers and because new workers are often perceived to cause less difficulty to owners and managers of establishments. In the sample of sex workers selected for the present study approximately 13 percent had been working in their current place of employment for less than one month, and 48 percent had been working in their current establishment for six months or less (see Figure 5.4). Note that these figures are much higher than those provided by the owners/operators of SEs (see Chapter 4).

Figure 5.4
Percentage Distribution of Months of Employment in Current Establishment by Type of Establishment



There is variation among sectors in the distribution of the length of time that women had been working in their current establishments. The hotel sector, which often includes women who work on their own account, contains a high proportion of workers who have worked in their current establishment for a lengthy period of time. For example, almost one-third of women in this sector has worked in their current establishment for more than 2 years, while another third had worked six months or less in their current place of employment. In contrast, over 50 percent of bar/karaoke and brothel workers had been working in their current establishment for six months or less and less than 20 percent had been working for more than two years.

The number of customers of the SWs vary among sectors and also vary considerably within sectors. Respondents were asked the average number of customers per day over their last working week and the number on their last working day. Because of the variation within sectors, Table 5.6 reports median numbers rather than means for both measures of daily number of customers. Women in the brothel and hotel sectors are host to more customers than women working in other sectors. In the former two sectors women have a median of three customers on an average day while in the other three sectors the median is two customers per day. Hence, on average women in the brothel sector would host 21 customers a week, compared to around the 14 hosted by women in the massage parlor sector.

Table 5.6 Median Number of Customers per Day for Last Working Week and Last Working Day by Sector of Sex Establishment

Sector of Establishment	Median Number of Customers	
	Per Day in Last Week	Last Working Day
Brothel	3	2
Hotel	3	2
Bar/Karaoke	2	1
Massage Parlor	2	2
Restaurant and Other	2	2
Total	2	2
Number	1,897	1,996

Although women in the massage parlor and bar/karaoke sectors receive, on average, fewer customers than SWs in other sectors they are much better paid

(see Table 5.7). The median income per customer is 500 baht for women in the bar/karaoke sector and 530 baht for women working in massage parlors. This compares to only 100 baht per customer for women working in brothels and 150 baht per customer for women in the restaurant sector. With the exception of the hotel and bar/karaoke sectors, the establishment is paid approximately the same amount as paid to the SW. Based on the median amounts listed in Table 5.7, even in the lowest paid sector (brothels) the median monthly income of a SW would be approximately 8,000 baht and would be almost 30,000 baht for a woman working in a massage parlour earning median amounts and having an average numbers of customers. These amounts are much higher than could be earned in other forms of employment available to young women with low levels of education.

Table 5.7 Median (baht) Paid per Customer to SW, Establishment and Total by Sector of Establishment and Region of Current Employment

	Median Amount Paid by Customer to:		
	SW	Establishment	Total
Sector			
Brothel	100	100	200
Hotel	200	0	200
Bar/Karaoke	500	200	800
Massage parlor	530	400	1,000
Restaurant and Other	150	150	300
Region			
Central	300	150	500
Northeast	500	250	900
North	150	120	300
South	200	120	300
Total	300	150	500
Number	1,975	1,970	1,980

5.4 Awareness of 100% Condom Programme

The development of the 100% condom programme has been described in Chapter 2. Although the main thrust of the programme has been the supply of condoms to SWs and commercial sex establishments (SEs), and the seeking of cooperation from the management of SEs to encourage condom use in their establishments, there have also been attempts to directly encourage SWs to use

use condoms in their work. To investigate the extent that SWs have heard of the 100 percent condom programme we asked several questions regarding knowledge about the programme. In the interviews the 100 percent condom programme was broadly defined as government efforts to have SWs use condoms in commercial sex encounters. These questions included whether the respondent knew of the programme and, if so, the source(s) of such knowledge. Again it should be stressed that although in the analysis we refer to the knowledge as being related to the 100 percent condom programme, respondents may have been exposed to other messages about condom use and believed this to refer to the programme.

Approximately 68 percent of SWs stated that they had heard of the 100 percent condom programme (see Table 5.8). There are substantial regional variations in levels of knowledge of the programme. Almost 85 percent of SWs in the South claim to have heard of the programme, with levels of knowledge high in all types of sex establishments in this region. In contrast, the levels of knowledge are lowest in the North, with 57 percent claiming that they had heard of the programme. In the North, levels of knowledge of the programme was lowest among SWs working in the brothel sector. In the Central and Northeast region approximately two-thirds of SWs stated that they had heard of the 100 percent programme. Levels of knowledge of the programme were generally lowest among women in the massage parlor sector.

Table 5.8 Percent of Respondents who have heard of the 100 Percent Condom Programme by Type of Establishment and Region of Residence

Type of Sex Establishment	Region of Residence				Total
	Central	Northeast	North	South	
Brothel	69.6	66.7	52.3	85.4	67.3
Hotel	90.9	---	67.5	83.5	80.3
Bar/Karaoke	67.3	69.2	56.9	84.3	70.0
Massage Parlor	55.6	63.1	58.9	88.5	65.2
Restaurant and Other	63.8	67.2	54.4	80.6	68.5
Total	65.0	65.1	56.6	84.1	68.3
Number	517	524	426	529	1,996

Note: --- Less than 5 observations

There are differentials in knowledge by age of respondents and length of time worked in their current establishment. While 63 percent of women age 20 or less had heard of the programme this increased to 74 percent among SWs aged 30 and over. Among SWs who had worked in their current establishment less than 1 month, 62 percent had heard of the programme, this increased to 67 percent for those who had worked 1-3 months, 68 percent for 4-6 months and 70 percent or more for 7 months or more. These results indicate the importance of sustained efforts to provide information associated with the programme. The high degree of turnover of women in the industry means that there are always new workers who need to be exposed to information about the importance of the 100% condom programme.

Respondents were asked about their sources of information regarding the 100% condom programme. They were also asked about the most important source of information. The results to these questions are shown in Table 5.9. There were two major sources of information: television and health officials. Of those who stated that they heard of the programme, 61 percent said that television was a source of information while 42 also said that health personnel were a source of information. Apart from the above two sources, only the radio (19.7 percent), print media (13.4 percent) and friend (10.9 percent) were cited by over 10 percent of respondents as sources of information. When we examine the major source of information, only television and health officials register over double figures. The high proportion who cite television as their source of information of the 100% condom programme is interesting. There have been a number of anti-AIDs advertisements on television that have stressed the importance of always using condoms in commercial sex encounters and it is likely that this is the information that the respondents remembered from television.

The importance of television and health officials as sources of information about the 100% condom programme is clearly seen when we examine the major sources of information cited by respondents from different sectors of the sex industry (see Table 5.10). Television is particularly important as a source of information for women in massage parlors, with 83 percent claiming it as the major source of information, and the bar/karaoke sector, with almost 50 percent claiming this was their major source of information about the 100% condom programme. In both these sectors women typically spend considerable amounts of time waiting for customers, and much of that time is spent watching television. For example, a standard fixture of the viewing room in massage parlors is a television set. These results suggest that television is a particularly effective source for targeting information to sex workers in certain sectors.

Table 5.9 Percent Citing Medium as a Source of Information of 100 Percent Condom Programme and Distribution of Major Source of Information

Source of Information	Percent Citing as a Source	Percent Citing as Main Source
Radio	19.7	7.9
Television	61.0	47.9
Print Media	13.4	3.4
Advertisement	5.2	1.8
Poster	3.8	1.1
Family Member	1.2	0.7
Friend	10.9	5.1
Health Official	42.4	27.8
Employer	0.5	0.2
Other Employee	2.2	0.8
Other CSW	0.8	0.4
Customer	2.0	0.9
Cannot Remember	1.4	0.4
Don't Know	0.3	0.2
Other	3.2	1.5
Total		100.0

Table 5.10 Percentage Distribution of Major Source of Information of 100 Percent Condom Programme by Sector of Employment

Source of Information	Sector of Employment				
	Brothel	Hotel	Bar/ Karaoke	Massage Parlor	Restaurant
Radio	6.4	10.2	8.4	5.4	11.0
Television	35.1	36.1	47.3	62.6	40.8
Print Media	2.8	3.4	1.0	3.0	5.5
Advertisement	1.6	2.5	1.0	0.9	3.0
Poster	1.2	0.8	1.0	0.9	1.4
Family Member	0.8	0.0	1.5	0.0	1.1
Friend	6.4	4.2	5.4	4.0	5.8
Health Official	38.2	30.5	28.6	21.3	27.0
Employer	0.4	0.0	0.5	0.0	0.3
Other Employee	1.6	1.7	0.5	0.5	0.6
Other CSW	0.8	0.0	0.0	0.2	0.8
Customer	1.6	0.8	0.5	0.5	1.1
Cannot Remember	1.2	0.8	0.0	0.0	0.8
Don't Know	0.0	0.0	1.0	0.0	0.3
Other	2.0	0.8	3.9	0.9	0.6
Total	100.0	100.0	100.0	100.0	100.0
Number	251	118	203	428	363

Note: Percentage may not round to 100 because of rounding error

However, for SWs working in the brothel sector public health officials are the most important source of information about the 100% condom programme, with 38.2 percent stating public health officials as the major source of information while 35.1 percent cited television as the major source. The ability of public health officials to gain cooperation from brothel owners, a target of the 100% condom programme, appears to be effective in providing knowledge about the programme to SWs.

The data displayed in the previous tables 5.9 and 5.10 also indicate that informal sources of information do not seem to have played a major role in the dissemination of information about the 100% condom programme. For example, fellow workers and friends are the major sources of information for only approximately five percent of women who state they know about the programme. Employers and employees of sex establishments are an inconsequential source of information. Although this might appear surprising given the objectives of the programme to educate staff of SEs about the 100% condom programme, it was shown in Chapter 4 that most of the IEC efforts have been directed at SWs rather than the staff of SEs. It appears that further efforts may be required to have employees more effectively transfer their knowledge to the SWs working in their establishments.

5.5 Experience of Condom Use

The objective of the 100% condom programme is to achieve use of condoms in all commercial sex encounters. Data from the Ministry of Public Health indicate levels of use of condoms by SWs well in excess of 90 percent. Data from the current survey, shown in Table 5.11, suggest that levels of use of condoms in commercial sex are indeed very high.

Almost all (97.3 percent), of the women surveyed reported that they used condoms in all sex encounters with casual customers during the year prior to the survey. Most of the commercial sex workers (80 percent) had regular customers, and almost 93 percent of women reported always using condoms during sex with regular customers. Not only is knowledge of the benefits of condom use high among the SWs it is also apparent that the level of condom use is high in commercial sex encounters.

Table 5.11 Percentage Distribution of Reported Regularity of Condom Use with Specified Partners over the Previous Year

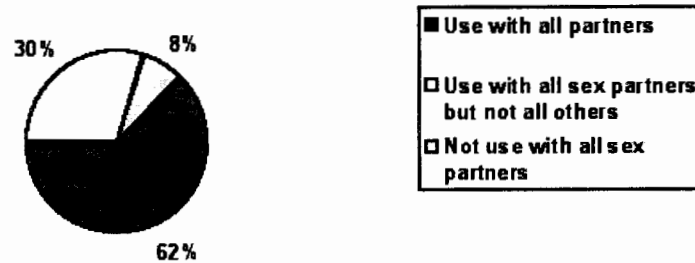
Type of Partner	Regularity of Use					Total	Number
	Never Used	Almost Never Used	Sometimes Used	Almost Always Used	Always Used		
Husband	77.4	2.5	6.9	1.6	11.5	100	433
Lover	46.6	3.7	15.5	1.7	32.5	100	354
Fiancee	16.7	16.7	0.0	0.0	66.7	100	6
Male friend	12.7	0.9	7.9	3.5	75.1	100	229
Regular customer	1.0	0.4	3.0	3.2	92.5	100	1,614
Casual customer	0.1	0.1	1.2	1.4	97.3	100	1,929
Male sex worker	0.0	0.0	0.0	0.0	100.0	100	19
Other	6.0	0.0	4.3	0.9	88.9	100	117

Note: The base number for each type of partner is the number of SWs who report having had sex with that particular type of partner in the previous year

Of some concern, however, is the lower levels of use by SWs in sex encounters with partners other than customers. Many SWs are either in established relationships or have casual sexual encounters with male friends or acquaintances. For example, in the year prior to the survey, over 20 percent of respondents reported sexual relations with a spouse, almost 20 percent reported having sex with a lover, a further 11 percent reported having sex with a male friend and almost 6 percent had sex with a male acquaintance. As the assumed emotional distance of the relationship widens the level of condom use declines. For example, while 75 percent reported always using a condom during sex with a male friend, 32.5 percent reported always using a condom with their lover and only 11.5 percent reported always using a condom with their husband. As many of the commercial and non-commercial sexual relationships are concurrent, the possibilities of the spread of HIV from commercial sexual relationships to non-commercial sexual relationships through inconsistent condom usage with non-commercial sexual partners must be viewed as an area that requires attention.

The possible extent of this problem can be gauged from the data presented in Figure 5.5. While 62 percent of respondents always used condoms with all sex partners during the previous year, 30 percent reported always using condoms with all commercial sex partners but not always with all other partners and the remaining 8 percent did not always use condoms with all sex partners. Therefore, almost 40 percent of SWs were involved in some sexual encounters during which condoms were not used in the year prior to the survey.

Figure 5.5
Percentage Distribution of Sampled SWs by Regularity
of Condom Use by Type of Partner



With overall levels of condom use high for all SWs it is not surprising to find very little variation in condom use among SWs according to their sector of employment (see table 5.12). For casual customers, over 95 percent of SWs reported always using a condom during the last year, with 99.4 percent of women working in massage parlors reporting that they always used a condom with this type of customer. For regular customers there was greater variation by sector of employment. While almost 98 percent of women in massage parlors said that they had always used a condom during the previous year when having sex with their regular customers, the levels were slightly under 90 percent for women in the hotel, bar/karaoke and restaurant sector. It is instructive to note that in the two most highly organized sectors -- the massage parlor and the brothel sectors -- levels of condom use are highest, with both casual and regular customers. This suggests that IEC efforts, which have been concentrated on these organized sectors because of the ease of access to women working in these sectors, can be very effective. But it also suggests that more effort needs to be directed to those sectors where it is more difficult to reach the workers.

Table 5.12 Percentage Distribution of Reported Regularity of Condom Use with Regular and Casual Customers by Type of Sex Establishment

Type of Sex Establishment	Regularity of Use					Total	Number
	Never Used	Almost Never Used	Sometimes Used	Almost Always Used	Always Used		
Regular Customer							
Brothel	0.7	0.3	4.5	2.1	92.4	100	291
Hotel	3.7	0.0	5.6	5.6	85.2	100	108
Bar/Karaoke	1.4	0.0	4.6	4.1	89.9	100	218
Massage Parlor	0.3	0.2	0.5	1.0	97.9	100	576
Restaurant/Other	1.2	1.0	3.8	5.7	88.4	100	421
Casual Customer							
Brothel	0.0	0.3	1.9	1.1	96.7	100	362
Hotel	0.0	0.0	1.4	2.8	95.8	100	143
Bar/Karaoke	0.0	0.0	2.2	2.2	95.7	100	276
Massage parlor	0.0	0.0	0.3	0.3	99.4	100	637
Restaurant/Other	0.2	0.0	1.2	2.2	96.5	100	511

Although women working in massage parlors are the most likely of all to use condoms with customers, a relatively high percentage (39 percent) had unprotected sexual encounters in the year prior to the survey (see table 5.13). In comparison, 35 percent of women working in the brothel sector and 34 percent of those in the restaurant/other sector had episodes of unprotected sex. Massage parlor workers, compared to women in other sectors, are more likely to be involved in non-commercial sexual relationships, and it is in the non-commercial sexual relationships where there are low levels of condom use. In contrast, women in the hotel, bar/karaoke and restaurant/other sectors, are less likely to engage in non-commercial sexual activity, but have lower levels of condom use, compared to SWs in other sectors, in commercial sex. There is a need to target different sectors with different forms of IEC related to condom use.

Table 5.13 Percentage Distribution of Always Using Condoms by Broad Type of Sex Partner and by Type of Sex Establishment

Type of Establishment	Type of Use and Type of Partner			Total	Number
	Always use with all partners	Always use with all sex partners but not all others	Do not always use with all sex partners		
Brothel	64.6	26.8	8.6	100	373
Hotel	58.5	28.6	12.9	100	147
Bar/Karaoke	57.1	32.5	10.4	100	289
Massage Parlor	61.1	36.7	2.1	100	656
Restaurant/Other	66.4	22.5	11.1	100	530

However, existing levels of knowledge of the 100 percent condom programme do not appear to be related to consistency of condom use (see table 5.14). There are very small differences in levels of consistency of condom use according to whether or not the respondent had knowledge of the 100 percent condom programme. It is likely that in Thailand, because of the many different condom promotion efforts that have been undertaken to improve levels of condom use, knowledge of the 100 percent condom programme is no longer a valid indicator of overall knowledge of the benefits of condom use to reduce HIV/AIDS.

Table 5.14 Percentage Distribution of Always Using Condoms by Broad Type of Sex Partner and by Knowledge of 100 Percent Condom Programme

Knowledge of 100 Percent Condom Programme	Type of Use and Type of Partner			Total	Number
	Always use with all partners	Always use with all sex partners but not all others	Do not always use with all sex partners		
Know of Programme	62.4	30.1	7.6	100	1,363
Do not know of Programme	62.5	29.4	8.1	100	632

Condom use can be measured over various reference periods. In the analyses presented above, the reference period employed was one year. There may be problems with such a long reference period in that respondents may over-generalize when reporting levels of condom use. With such a long reference period it is also difficult to obtain detailed information about the circumstances surrounding condom use. In the survey, therefore, respondents were also asked

about the mean number of customers during their last working day, and the circumstances of condom use with these customers (see table 5.15).

Table 5.15 Mean Number of Customers on Last Working Day by Type of Condom Use and Type of Establishment

Circumstances Of condom use	Type of Sex Establishment					Total	Number
	Brothel	Hotel	Bar and Karaoke	Massage Parlor	Restaurant and Other		
Not persuade – Put on by self	0.76	0.49	0.40	0.31	0.44	0.45	1,987
Not persuade – Put on by SW	1.27	1.58	0.93	1.56	1.33	1.35	1,987
Have to persuade to use	0.35	0.42	0.26	0.06	0.27	0.23	1,987
Refused to use condom	0.03	0.00	0.04	0.00	0.04	0.02	1,987
Total	2.41	2.49	1.63	1.93	2.08	2.06	1,987

The overall level of refusal of customers to use a condom was very low. Of the average number of customers of 2.06 percent, less than 1 percent (mean 0.02 percent) refused to use a condom. The proportion of customers who refused to use a condom were highest in the bar/karaoke and restaurant/other sectors. No refusals were reported by customers of women working in the massage parlor sector. Whether this is a result of different types of customers in the massage parlor sector compared to other sectors, or because of the greater institutional support for condom use in the massage parlor sector is not clear. Clearly, however, it is important to know the reasons for these differences and more research is required in this area.

There is a hardcore group of customers, slightly exceeding 10 percent, who had to be persuaded to use a condom. As with those who refused to use condoms, this group of customers is by far the lowest in the massage parlor sector, with less than 3 percent of customers having to be persuaded to use a condom. This compares with over 15 percent of customers of women working in the hotel sector who had to be persuaded to use a condom. Women in all sectors still require to be proficient at negotiating condom use with their male customers, although it does appear that they are very successful in these negotiations. One way in which this negotiation can be directly undertaken is by the SW to put the condom on the customer. In approximately two-thirds of commercial sexual

encounters it is the SW who puts the condom on the customer. Among women in the massage parlor sector approximately 80 percent put the condom on the customer.

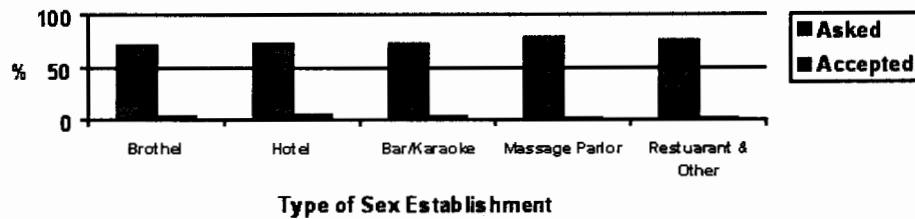
For those customers who do not want to use a condom, extra money can be offered to induce the SW to have sex without a condom. The results of the survey suggest that there remains a small percentage of SWs (approximately 3.5 percent) who are willing to forgo condom use if extra money is offered (see table 5.16). For most of these women, however, whether they would accept the offer of extra money would depend on who the customer was. Knowledge of the 100 percent condom programme seems to have little affect on whether or not a SW would accept the offer of extra money.

Table 5.16 Percentage Distribution of SWs by Response to Question Whether they would Accept a Customer if he Offered Extra Money to have sex Without a Condom: by Knowledge of 100% Condom Programme

Acceptance of Customer if they Offer Extra Money	Knowledge of 100 Percent Condom Programme	
	Have no Knowledge	Have no Knowledge
Not accept	96.5	96.4
Accept	0.9	1.4
Accept depending on who	2.3	1.6
Accept depending on amount	0.3	0.3
Other	0.0	0.2
Total	100	100
Number	1363	633

Approximately 75 percent of SWs reported having been asked to accept extra money in return for the customer not wearing a condom. This percent varies little by sector of employment (see figure 5.6). Only 2.6 percent of respondents reported that they had ever accepted such an offer, with the percentage highest in the hotel sector (5.4 percent) and lowest in the massage parlor sector (1.1 percent).

Figure 5.6
Percent of SWs Ever Asked Not to Use Condom in return for Extra Money and Percent Who have Accepted



The majority of SWs (60.2 percent) reported that they did not pay for the condoms they used. Almost two-thirds reported receiving condoms from STI centers of government hospitals (see table 5.17). This source for condoms was most important for women in the brothel, hotel, and restaurant/other sectors. Among massage parlor workers, drugstores were the most frequently cited source of condoms. Health centers were also an important source of condoms for massage parlor workers. It is interesting to note that sex establishments are not major sources of supply. The government sector is a very important source of condoms for SWs, especially for those women who work in sectors where customers appear least likely to be willing to use condoms.

Table 5.17 Percent of SWs who Normally Obtain Condoms at Specified Outlets: by Type of Sex Establishment

Type of Sex Establishment	Outlet							
	Drug store	Health Centre	Clinic or Private Hospital	Other SW	Grocery	STI Center or Government Hospital	Sex Establishment	Other
Brothel	4.8	13.1	0.0	0.3	1.9	78.3	10.5	8.8
Hotel	13.6	4.1	0.0	0.0	0.7	91.2	1.4	6.1
Bar/Karaoke	18.3	13.1	1.0	1.4	16.6	69.3	7.2	10.3
Massage Parlor	50.6	21.0	0.9	0.0	18.1	45.3	16.3	4.6
Rest/Other	8.1	17.7	0.4	0.6	4.2	74.3	8.3	7.0
Total	23.3	16.3	0.6	0.4	9.9	66.0	10.7	7.0

Note: Respondents could cite more than one usual source of condoms

5.6 History of STIs and Place of Treatment

The presence of STIs, as well as being an indicator of inconsistent condom use, is also a co-factor for contracting HIV. The Ministry of Public Health has

used reported levels of STIs as one of their indicators of the success of the 100% Condom Programme (see Chapter II). Analysis of STI data from the Ministry of Public Health, presented in Phase I of this project, show rapid decreases in reported levels of all forms of STIs. In the survey we asked the respondents about their experience of STIs. It should be cautioned that the responses are self-reports. Many of the women may have not been aware of an occurrence of an STI, many may not be able to identify the specific type of STI that they contracted, and many of the reported STIs may result from other causes rather than sexual activity-- this is particularly true of the category of itching or soreness of the genital area, and of genital sores. The reported levels of ever having experienced a particular infection is show in Table 5.18. These reported levels are very similar to those reported for the previous year.

Table 5.18 Percent of SWs who have Experienced Sexually Transmitted Infection (STI) by Type of Infection and Type of Sex Establishment

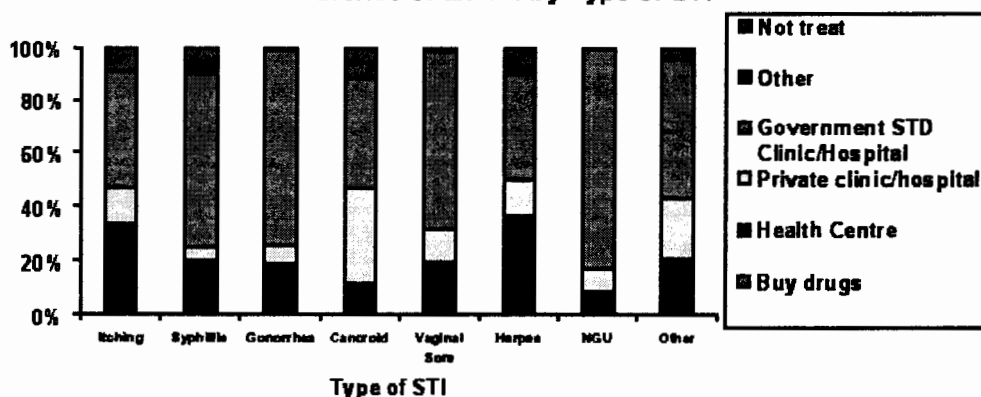
Type of STI	Type of Establishment					Total
	Brothel	Hotel	Bar/Karaoke	Massage Parlor	Restaurant/Other	
Itching of genitals	21.4	20.4	22.1	19.4	22.8	21.1
Syphilis	1.3	2.0	1.7	0.5	0.8	1.0
Gonorrhea	4.3	0.7	6.6	3.0	8.5	5.1
Chancroid	1.6	0.7	1.4	0.5	0.6	0.9
Vaginal Sore	4.3	4.1	2.4	1.5	5.1	3.3
Genital Herpes	0.5	0.7	0.0	0.9	1.5	1.5
NGU	0.5	0.0	2.4	0.6	1.9	1.2
Other	3.2	2.0	5.2	5.0	4.7	4.4
Any form of STI	31.6	27.2	35.5	29.0	37.3	32.5

Itching or soreness of the genitals was the STI most commonly reported by respondents. While only 32.5 percent of respondents reported that they ever contracted an STI, 21.1 percent reported that they had experienced itching or soreness of the genital area. No other STI was reported by more than 5 percent of the respondents, with Gonorrhea, with 5.1 percent, being reported second most frequently after itching of the genital area. Slightly over 3 percent reported experiencing genital sores and 1 percent said that they had ever had Syphilis. In general, there are no major differences in levels of STIs among the different sectors of the sex industry. Women in the indirect sectors -- bar/karaoke and

restaurant/other -- have the highest reported levels of ever-experiencing an STI and this is mainly a result of higher reported levels of Gonorrhoea. Surprisingly, given their reported lower levels of condom use, women in the hotel sector have the lowest levels of reported STIs, with very low levels of Gonorrhoea. This may be a result of lower levels of testing for STIs of women in this sector rather than lower incidence rates.

A major concern of public health officials in Thailand, as elsewhere, is that declines in the levels of STIs are a reflection of changing treatment patterns, with a shift in treatment from government facilities (the source of most STI data) to self-treatment or treatment in private facilities. Among the respondents in this survey, treatment at government STI clinics or hospitals was the main source of treatment for their last occurrence of an STI (see figure 5.7). Sixty five percent who had Syphilis, 73.3 percent with Gonorrhoea, 66.7 percent with genital sores and 82.6 percent reporting NGU reported that they used government facilities for treatment. Only for itching, genital sores and herpes were there significant levels of self-treatment through buying drugs. More than 5 percent also did not undertake any treatment for conditions such as chancroid (11.8 percent), itching (8.6 percent) or herpes (6.7 percent). Private facilities were not a major source of treatment for any STI except chancroid -- an STI that was reported by very few women. It appears that for most of the main STIs treatment is sought at government facilities, and therefore the STI statistics, which are based on those treated at government facilities, have wide coverage for SWs. The high level of self-treatment for genital sores and herpes is a concern and requires further investigation.

Figure 5.7
Percentage Distribution of Source of Treatment for Last Occurrence of an STI by Type of STI



5.7 Knowledge of HIV and AIDS

Knowledge of HIV/AIDS is very widespread in the Thai population, especially among those groups such as sex workers who are considered to be at high risk of contracting the disease. In the current survey, 99.9 percent of respondents said that they had heard of AIDS. When asked to list the sources of information about AIDS, most respondents listed multiple sources. In Table 5.19 the percent of women who mentioned each source is shown in parentheses while the source of information first mentioned is shown without parentheses. We assume that the source first listed by a respondent is the source that has made most impact on them, and hence is most easily remembered. We also realize however, that because the interviewers may have been perceived to be working for the Ministry of Health (they were introduced to establishments by a local health official), the likelihood of responding that health officials were the first source of information may have been increased.

Table 5.19 Percent of Respondents who have heard of AIDS by Source of Information: First Source Mentioned and Ever-Mentioned

Source of Information on AIDS	Type of Establishment					Total
	Brothel	Hotel	Bar/Karaoke	Massage Parlor	Restaurant/Other	
Radio	2.4 (15.8)	5.4 (27.9)	5.2 (22.4)	5.0 (20.9)	5.9 (23.2)	4.8 (21.3)
TV	25.3 (58.7)	33.3(65.3)	40.5 (66.9)	47.1(74.5)	40.2 68.7)	39.2(68.2)
Newspaper	5.7 (20.6)	6.1 (16.3)	5.2 (23.4)	7.8 (33.2)	6.3 (27.9)	6.5 (26.8)
Billboard	1.3 (7.8)	1.4 (7.5)	1.7 (8.3)	0.5 (8.5)	0.4 (6.2)	0.9 (7.7)
Poster	2.7 (7.2)	1.4 (5.4)	2.4 (9.3)	1.5 (8.8)	1.7 (6.8)	1.9 (7.8)
Family	1.9 (3.8)	0.7 (2.0)	1.0 (3.1)	1.5 (2.7)	1.3 (2.8)	1.4 (3.0)
Friend	14.0 (31.9)	12.2(30.6)	9.7 (26.6)	5.0 (20.7)	8.9 (25.7)	8.9 (25.7)
Health Official	36.1 (56.0)	36.7(59.9)	28.4 (49.7)	28.4(53.2)	31.4 (54.5)	31.3(54.1)
Employer	0.0 (1.3)	0.0 (0.0)	0.3 (2.1)	0.0 (0.5)	0.2 (0.4)	0.1 (0.8)
Establishment worker	0.8 (1.9)	0.7 (1.4)	0.7 (1.7)	0.2 (1.4)	0.2 (0.9)	0.4 (1.4)
CSW	0.5 (2.1)	0.0 (0.7)	0.0 (0.7)	0.0 (0.6)	0.4 (0.9)	0.2 (1.0)
Customer	2.7 (7.2)	1.4 (4.1)	0.7 (2.4)	0.3 (2.9)	0.9 (2.3)	1.1 (3.9)
Other/Not remember	6.5 (15.9)	0.7 (8.9)	4.2 (11.4)	2.6 (8.8)	2.3 (8.3)	3.3 (10.4)
Total	100	100	100	100	100	100
N	371	147	289	654	528	1,989

Note: This question was multiple response. The numbers in parentheses indicate the percentage who mentioned the specified source. The other numbers in the table refer to the percent who mentioned the specified source first when asked the questions. The interviewer did not provide the list of sources to the respondent.

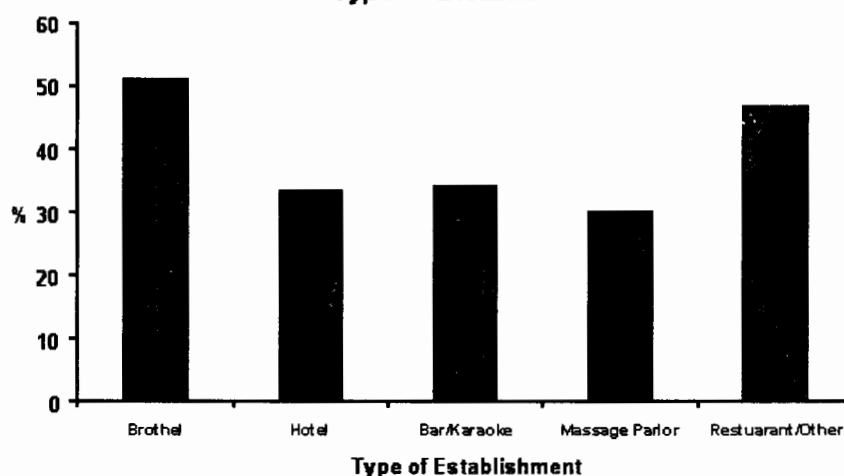
Health officials were the first source of information listed by almost one third of respondents and were listed as a source of information by over one half of

all respondents. It is clear that health officials are a major source of information for SWs about HIV/AIDS. However, the source of information mentioned first by the highest percentage of respondents (39.2 percent) and mentioned by most respondents (68.2 percent) was television. Television has been used to spread information about HIV/AIDS in Thailand for several years. In addition to short announcements on television that warn of the risk of AIDS, there have also been drama series where AIDS has been part of the story line. The effectiveness of television in providing information about AIDS is increased because of the structure of the sex industry in Thailand, where in many types of sex establishments the workers watch television while waiting for customers.

Apart from friends, who were mentioned as a source of information by one-quarter of respondents and as the first source of information by 8.9 percent of respondents, formal channels of communication (health officials, television, newspapers and radio) are mentioned much more frequently than informal channels. Information was rarely obtained from the place of employment (apart from friends who may have been working in the same establishment). There is little variation among types of sex establishments in the sources of information about AIDS. It should be noted that the pattern of responses for knowledge of AIDS is very similar to patterns of knowledge of the 100% condom programme (see tables 5.9 and 5.10).

Although AIDS is widespread in Thailand it still remains hidden for many people. Only 40 percent of respondents in the SW sample stated that they knew, or had known, of someone with HIV/AIDS. Almost 15 percent said that they had an acquaintance with HIV/AIDS, almost 11 percent said they had a friend with the disease, 5.4 percent had a family member or relative with HIV/AIDS and 12 percent knew of someone else with the disease. Women working in brothels were most likely to report that they know of someone with HIV/AIDS, followed by women working in the restaurant/other sector (see figure 5.8). There were only small differences among respondents in the in the percent who reported knowing someone with HIV/AIDS.

Figure 5.8
Percent of Respondents who Knows Someone with AIDS by
Type of Establishment



It might be expected that knowing someone with HIV/AIDS would increase the level of consistent condom use. However, this does not seem to be the case. In Table 5.20 the distribution of condom use by risk status is shown for women who know someone with HIV/AIDS and for those who do not know someone with HIV/AIDS. There is basically no difference between the two distributions. Between 7 and 8 percent of both groups had not used a condom with all sex partners during the year prior to the survey. It appears that for a small group of women AIDS is not perceived to be an immediate enough threat, or they are not in a position, to ensure that they use condoms all the time. However, for the vast majority of sex workers knowledge of AIDS has led to 100 percent condom use in their commercial sex relations.

Table 5.20 Percentage Distribution of Risk Status Related to Condom Use by Knowledge of Someone who has AIDS

Risk Status	Knowledge of Someone with AIDS	
	Know	Don't Know
Always use condom with all sex partners	63.3	61.8
Always use condom with all commercial sex partners but not all others	29.5	30.1
Do not always use condom with all commercial sex partners	7.2	8.1
Total	100.0	100.0
Number	782	1,212

CHAPTER VI

Young Males: Condom Use and STIs

6.1 Demographic and Socio-economic Characteristics

The young male population is defined as males aged 20-29 years old living in a provincial municipal area. The sample has a mean age of 23.9 years old and median age of 24 years. Nearly half have secondary education; a fourth have completed a primary level (grade 6) while another fourth has a college level of education. Only five percent did not complete a primary level of education. Younger males (20-24 years old) have higher education than older males (25-29 years old), as more than one-fourth of younger group were students (see Table 6.1).

More than one-fourth of men were working in the service sector (27 percent), while 16 percent were students. About the same proportion (15 percent) were working as mechanics. Other occupations, each of which comprise ten percent or less, were labourer, civil servant, and sales.

The majority had monthly incomes of 3,000 baht or more, with a mean income of about 6,300 baht. The minimum income was 300 baht per month and the maximum 300,000 baht per month (only 8 persons). Older men had twice the income of younger men.

Nearly half of the sample were migrants. Of these, one fourth were recent migrants (moved less than one year before the survey) and another one fourth had migrated for 5 years or more. The migration patterns are similar for younger and older men. Migration status is expected to have some influence on marital status and sexual behaviour.

Although two-thirds of men were single, three-fourths of single men already having sexual experience. A higher proportion of older men are married compared to younger men. Similarly, the percentage of older single men who had sexual experience is higher than that for younger men.

Table 6.1 Percentage distribution of men by age and characteristics.

Characteristics	Age		Total
	20-24	25-29	
Education			
Less than primary	3.8	5.5	4.5
Primary	22.4	28.6	25.0
Secondary	41.6	44.3	42.8
College	32.2	21.6	27.7
Total	100.0	100.0	100.0
Cases	2345	1725	4070
Occupation			
Agriculture	2.3	3.7	2.9
Labour	9.1	12.0	10.3
Services	24.8	30.4	27.2
Sale	5.5	9.9	7.4
Mechanic	14.8	16.4	15.4
Civil servant	5.8	13.9	9.2
Student	27.1	1.7	16.3
Looking for work	7.8	4.4	6.3
Owner	2.9	7.7	4.9
Total	100.0	100.0	100.0
Cases	2342	1724	4066
Monthly income*			
< 3,000 baht	23.8	6.1	16.3
3,000 - 4,999 baht	38.9	28.7	34.6
5,000 - 7,999 baht	25.1	35.2	29.4
8,000 baht +	12.2	30.0	19.8
Total	100.0	100.0	100.0
Cases	2250	1674	3924
Mean	4,855.68	8,226.99	6,293.90
SD	5,100.06	13,373.30	9,693.43
Min	300.00	300.00	300.00
Max	100,000.00	300,000.00	300,000.00

(cont.)

Table 6.1 (Cont.)

Characteristics	Age		Total
	20-24	25-29	
Years in province			
less than one year	12.5	9.8	11.3
1 - 4 years	23.5	22.2	22.9
5 years or more	9.0	13.8	11.0
Born here	55.1	54.2	54.7
Total	100.0	100.0	100.0
Cases	2345	1726	4071
Marital status			
Single	79.7	46.5	65.6
Married	19.3	50.8	32.6
Widowed	0.1	0.3	0.2
Divorced/ Separated	0.9	2.4	1.5
Total	100.0	100.0	100.0
Cases	2345	1725	4070

* Note: excluded no income and no answer

6.2 Sexual Behaviour

Sexual behaviour in this section refers to frequenting sex workers (SW). Although visiting SWs is often considered normal practice for young Thai men, the survey found that one-third of respondents had no experience with SWs and another 15 percent have no sexual experience at all. Of those who had experience with SWs, more than two-thirds had last visited a SW more than a year before the survey. Compared to previous surveys, which show much higher levels of visiting sex workers, it can be concluded that fewer and fewer men visit SWs.

Among younger men, only two-fifths had ever frequented a SW, but more than two-thirds of older men had visited a SW. Ever married men were most likely to have visited a SW during the last year, while currently married men were least likely to have visited. This is true for both young and old men although the level of visiting SWs is higher for the older men (see Table 6.2).

Table 6.2 Percentage distribution of men frequenting SWs by age and marital status.

Marital status/Age	Frequenting SW					Cases
	Within last year	More than a year	Never frequent	No sexual experience	Total	
20-24						
Single	14.6	21.2	34.7	29.4	100.0	1866
Currently married	11.3	39.8	48.9	-	100.0	452
Ever married	17.4	39.1	43.5	-	100.0	23
Total	14.0	25.0	37.5	23.5	100.0	2341
						p < .001
25-29						
Single	28.1	38.1	20.5	13.3	100.0	797
Currently married	9.1	60.0	30.9	-	100.0	878
Ever married	36.2	46.8	17.0	-	100.0	47
Total	18.6	49.5	25.7	6.2	100.0	1722
						p < .001
All (20-29)						
Single	18.7	26.3	30.5	24.6	100.0	2663
Currently married	9.8	53.2	37.0	-	100.0	1330
Ever married	30.0	44.3	25.7	-	100.0	70
Total	16.0	35.4	32.5	16.1	100.0	4063
						p < .001

Note: Excluded no answer and do not know condom

6.3 Awareness of the 100% Condom Use Programme

About two-thirds of men had heard of the 100% Condom Programme. There is no age differential in awareness of the 100% Condom Use Programme (see Table 6.3). Men had learned about the 100% Condom Use Programme from many sources, with television the most popular source of information, with four out of five men citing it as a source. The radio is about half as popular as television followed by newspaper/magazine. Health personnel were quoted as the source of information for only 15 percent of those who were aware of the programme.

Table 6.3 Percentage distribution by awareness of 100% Condom Programme by age.

Age	Know or ever heard of 100% Condom Programme				Cases
	Yes	No	No answer	Total	
20-24	64.6	35.3	0.1	100.0	2345
25-29	67.7	32.2	0.1	100.0	1726
Total	65.9	34.0	0.1	100.0	4071

p = 0.109

Cut-outs was mentioned as a source of information by only 12 percent of those who aware of the programme, while poster and friend were referred to by eight percent and five percent respectively. Other sources, were less frequently mentioned (only one percent each). Almost all of the sources were mentioned as frequently by both the young and old groups of men, with the exception of radio, which seems to be more popular among the younger generation (see Table 6.4).

Table 6.4 Percent of men who know of 100% Condom Programme by source of information and age.

Sources	Age		20-29
	20-24	25-29	
Television	82.9	81.5	82.3
Radio	41.3	33.8	38.1
Newspaper/ magazine	25.6	28.7	27.0
Health personal	13.6	15.8	14.6
Cut-out	12.9	10.8	12.0
Poster	8.7	6.8	7.9
Friend	5.5	3.8	4.8
Family/ relatives	0.5	0.9	0.7
CSW	0.4	0.8	0.6
Employer	0.1	0.3	0.2
Brothel's personnel	0.3	0.4	0.3
Male frequent CSW	0.2	0.3	0.2

Up to seven sources of information on the 100% condom programme were cited by those who know about the programme. However, two-thirds of them mentioned only two sources of information. The majority ranked television as their first source of information while radio was their second choice. Other sources were more varied in their rankings (see Table 6.5).

Table 6.5 Percent of men who know of 100% Condom Programme by rank of source of information and age.

Source and age	Rank of source				
	1	2	3	4	5+
Television					
20-24	66.3	15.1	1.5	-	-
25-29	64.8	15.1	1.4	0.1	0.1
Total	65.7	15.1	1.4	0.0	0.0
Radio					
20-24	14.7	23.4	3.1	0.1	-
25-29	12.5	18.6	2.7	0.2	-
Total	13.8	21.3	2.9	0.1	-
Newspaper/magazine					
20-24	4.0	10.2	10.8	0.6	0.1
25-29	6.8	12.7	8.6	0.4	0.1
Total	5.3	11.3	9.8	0.5	0.0
Health personnel					
20-24	6.7	4.8	1.2	0.7	0.2
25-29	8.7	5.1	1.5	0.3	0.1
Total	7.6	5.0	1.3	0.5	0.1
Cut-out					
20-24	2.6	4.9	3.9	1.3	0.2
25-29	2.3	3.8	3.2	1.3	0.2
Total	2.5	4.4	3.6	1.3	0.1

6.4 Knowledge, Attitude and Experience of Condom Use

In Thailand, knowledge of condom use is almost universal, with levels of knowledge increasing after the AIDS epidemic began in the late 1980s. In this survey, interviewers were instructed to show condoms to the respondents when inquiring about knowledge of the condom. There were seven men who did not know about condoms and saw it for the first time during the interview (see Appendix Table C6.1). These seven are excluded from the analysis in this section.

Although knowledge of condom is universal, one alarming finding is that 42 percent of men do not know that condoms have an expiry date. This ignorance could be harmful if they use the expired product. Nine of ten men who reported awareness of the condom expiration date stated that is clearly shown on the cover. The remaining men said that they could tell about the expiry date from the condition of a condom and its colour. Age has a negative effect with knowledge of the expiry date of condoms, with the older the man the lower the level of knowledge (see Appendix Table C6.2 and C6.3).

One-third of men stated that they had never used a condom. However, 87 percent of those who had never used knew where they could get condoms. The most frequently cited source of condoms was from a partner, followed by drug store, health centre, grocery, and government hospital (see Table 6.6).

Table 6.6 Percent of men who ever used condom by source of condom and age.

Source	Age		Total	
	20-24	25-29		
Partner	88.8	84.7	87.5	p = 0.027
Drug store	56.6	55.1	56.1	p = 0.080
Health centre	38.2	35.5	37.4	p = 0.081
Grocery	25.5	18.3	23.2	p = 0.003
Government hospital	22.3	15.3	20.0	p = 0.002
Government STI clinic	7.7	8.6	8.0	p = 0.061
Private clinic	5.5	5.4	5.5	p = 0.087
Private Hospital	3.3	2.8	3.1	p = 0.082
SE	2.0	1.5	1.8	p = 0.076
CSW	0.3	0.6	0.4	p = 0.052

Questions concerning condom use during the last 12 months were asked in relation to various types of partner. It is observed that condoms were largely used outside marriage (see Table 6.7). Nearly all men who had sexual encounters with SWs, direct or indirect, regular or temporary, female or male, reported use of condoms. Hence, the 100% Condom Programme which aims to promote the usage of condom with SWs could be considered as successful when considering the very high percentage of use (96 – 99 percent).

Table 6.7 Percent of males ever used condoms, percent using condoms every time of those who ever used, by type of partner in the last 12 months.

Partner	Ever used condom	Use condom every time
Wife	19.6	11.5
Minor wife ^a	54.5	66.7
Fiance ^a	50.0	37.9
Girl friend	54.8	40.3
Friend	76.0	66.2
Other woman	86.4	78.4
Direct regularly SW	98.6	89.0
Indirect regularly SW	95.6	84.6
Direct temporary SW	96.5	94.3
Indirect temporary SW	97.0	93.9
Male ^a	77.8	57.1
Male SW ^b	3/3	2/3

Note : a: less than 50 cases

b: only 3 cases, number is a ratio see details in Tables C6.5 - C6.15

For casual sexual activities, at least half of respondents had used condoms in the last 12 months. The more distant the emotional closeness of their partners, the more likely that condoms were used. Therefore it can be implied that the more distant the relationship the higher the perception of the risk. Risk refer to chances of getting someone pregnant, contacting STIs, and contracting other infectious diseases. The main reason for condom use with a wife, minor wife, fiancée, or girlfriend is to prevent pregnancy. With the exception of using condoms with their wife, other significant reasons of using condoms are protection from AIDS, other infections, and STIs. The main reason for condom use with a friend, other woman, man, and SW is for AIDS prevention, followed by preventing other infections and STI prevention. Very few men reported pregnancy prevention as their reason for condom use (see Table 6.8)

Table 6.8 Percent of men who ever used condoms in the last 12 months by reason of use and type of partner.

Partner	Prevention from					Number of Users
	Pregnancy	STIs	AIDS	Infections	Others	
Wife	87.0	4.2	3.1	5.7	7.6	262
Minor wife ^a	55.6	27.8	16.7	44.4	5.6	18
Fiancée ^a	79.3	-	10.3	13.8	6.9	29
Girl friend	70.5	10.3	17.4	20.9	4.5	516
Friend	29.5	21.5	45.6	37.6	3.7	601
Other woman	14.4	26.3	55.6	37.7	2.7	514
Direct regularly SW	1.4	20.5	64.4	34.2	2.7	73
Indirect regularly SW	1.5	13.8	61.5	44.6	3.1	65
Direct temporary SW	1.8	33.7	57.0	36.2	5.0	279
Indirect temporary SW	1.0	22.3	68.2	38.2	3.7	296
Male ^a	-	23.8	61.9	28.6	4.8	21
Male SW ^b	-	-	2/3	2/3	-	3

Note: Can answer more than one

a: less than 50 cases

b: ratio of cases

The effectiveness of condom protection lies not only in using condoms but also the regularity of usage. Always using condoms can be considered sufficient protection, especially against STIs, AIDS, and other infections. The percentage using condoms every time varies with the type of partner (see Table 6.7). The range of using condoms with SWs, where the main aim is to protect against AIDS, infectious diseases, and STIs, is between 85 percent to 94 percent. The percentages are lower for other woman (78 percent) and friend (66 percent), where the aim of using a condom is for pregnancy prevention as well as disease prevention. For fiancée and girlfriend, where pregnancy prevention is the main concern, about 40 percent reported using condoms every time they has sex. Only one-tenth of men reported using condoms regularly with their wives. It can be said that motivation for protection against STIs, AIDS, and other infections leads to more frequent use of condoms and greater regularity of use.

The decision to use condoms largely depend upon oneself, as more than two-thirds of men reported that it was their own decision. Among other persons who had suggested condom use, SWs were the most likely (15 percent – 20 percent). The role of health personnel is less apparent, with 10 percent of respondents saying that they suggested condom use, and commercial sex

establishment (SE) is negligible (less than 2 percent) (see Table 6.9). These results suggest that men should be a major target group in condom use promotion.

Table 6.9 Percent of men who ever used condom in the last 12 months by type of person who recommended and type of partner.

Partner	Person who recommended							Number of users
	Oneself	Spouse	Partner	Friend	Health staff	Brothel owner	Other	
Wife	74.4	7.3	-	7.6	11.5	-	8.4	262
Minor wife ^a	66.7	-	5.6	22.2	16.7	-	16.7	18
Fiancée ^a	89.7	-	3.4	3.4	3.4	-	3.4	29
Girl friend	77.7	-	5.6	7.2	6.4	-	10.5	516
Friend	76.9	-	2.0	9.8	7.3	-	11.0	601
Other woman	80.0	0.2	3.3	8.2	6.2	-	9.1	514
Direct regularly SW	67.1	-	20.5	12.3	8.2	1.4	4.1	73
Indirect regularly SW	73.8	-	15.4	7.7	4.6	1.5	7.7	65
Direct temporary SW	69.5	-	16.5	7.9	6.8	1.8	9.0	279
Indirect temporary SW	74.7	-	16.2	5.4	5.4	0.7	9.1	296
Male ^a	81.0	-	4.8	-	14.3	-	-	21
Male SW ^b	2/3	-	-	-	1/3	-	-	3

Note: Can answer more than one

A: less than 50 cases

B: ratio of cases

Drug stores are the major source of condoms, being reported as the source by nearly half of men who used condoms. Health centres ranked second (21 percent) followed by grocery stores (19 percent). Other outlets are SEs (13 percent), government STI clinics/hospital (12 percent), SWs (5 percent), and private clinic/ hospitals (1 percent) (see Table C6.16). The cost of condoms is quite high, one condom costs about 10 baht (mean is 9.54 baht, median is 9.00 baht).

6.5 History of STIs and Place of Treatment

Most men know about STIs, with a slightly higher proportion of older than younger men who had heard of STIs (see Table 6.10). Those who had heard of STIs were asked seven statements to test their knowledge of how to protect themselves from contracting STIs. The majority of men provided the correct answers. Nine out of ten agreed that not being promiscuous or not having sexual intercourse with an infected person would protect them from STIs. Always using a condom was quoted by 84 percent. However, seven tenths still think that using the same toilet with an infected person will contribute to contracting STIs. Moreover, a large proportion of men (29 to 33 percent depending on the statement) still had incorrect information. Incorrect information included taking

medicine after intercourse, washing after intercourse, and taking medicine before intercourse (see Table 6.11). It should be noted that age has no association with knowledge, with the exception of “no sexual intercourse with infected person” where it appears that younger men have higher levels of knowledge than do older respondents.

Table 6.10 Percentage distribution of men by knowledge of STI and age.

Age	Whether know or ever heard of STI		Total	Cases
	Yes	No		
20-24	98.4	1.6	100.0	2345
25-29	99.3	0.7	100.0	1726
Total	98.8	1.2	100.0	4071
				p = 0.008

Table 6.11 Percent of men who agree with following statements about protection against STI, by age.

Statements	Age		20-29	
	20-24	25-29		
No sexual intercourse with infected person	92.1	89.0	90.8	p = 0.001
Always use condom	84.9	82.3	83.8	p = 0.124
Not being promiscuous	94.9	94.2	94.6	p = 0.477
Taking medicine after intercourse	32.0	34.9	33.2	p = 0.197
Washing after intercourse	30.2	33.7	31.7	p = 0.088
Taking medicine before intercourse	28.0	29.3	28.6	p = 0.315
Not using bathroom with infected person	69.9	71.2	70.4	p = 0.735

Only 3.1 percent of men stated that they had contacted an STI in the last 12 months. The most common complaint was itchiness, which two percent of all men reported, most of whom had been cured. Other STIs were gonorrhoea and NGU, which infected less than one percent of men (see Table 6.12).

Self-treatment is widely practised for those infected. Buying prescription drugs from drugstores was reported by one-third of men. Private clinics or private hospitals are the second choice for place of treatment. Health centres, STI centres or public hospitals were also mentioned as places of treatment. However, no treatment is also common, especially in treatment of itching (see Table 6.13).

Table 6.12 Percentage of men by episodes of STI infection in the last 12 months and type of STI.

Types of STI	Ever had infected		Number of times Mean	Still infected	
	Percentage	Cases		Percentage	Cases
Itchiness	2.2	88	2.5	2.3	2
Syphilis	0.0	2	1.0	1/2	1
Gonorrhoea	0.5	21	1.7	1/21	1
Ulcer	0.0	1	1.0	0.0	0
Cancroid	0.1	4	1.0	1/4	1
Herpes	0.1	4	1.8	0.0	0
NSU/U	0.2	10	1.2	0.0	0
Others	0.1	6	1.3	1/5	1
Total	3.1	123			

Table 6.13 Percentage distribution of men who had itchiness by type of treatment and age.

Age	Type of treatment					Total	Cases
	Bought drug	Health Centre	Clinic/ private hospital	Gov't hospital	No treatment		
20-24	33.3	7.8	5.9	2.0	51.0	100.0	51
25-29	35.1	5.4	13.5	5.4	40.5	100.0	37
Total	34.1	6.8	9.1	3.4	46.6	100.0	88 p = .587

6.6 Knowledge of HIV and AIDS

Knowledge of AIDS is practically universal. Only two respondents reported that they did not know about AIDS, while another four persons did not answer the question. Television was the main source of knowledge, mentioned by 88 percent of men who had heard about AIDS. The second and third sources most frequently cited were radio and newspaper/magazine (mentioned by half of respondents). Cut-outs, friends, health personnel, and posters were also cited by one-fifth of men (see Table 6.14)

Table 6.14 Percent of men learning about AIDS by source of information and age.

Sources	Age		20-29
	20-24	25-29	
Television	88.2	88.4	88.3
Radio	56.8	50.8	54.2
Newspaper	51.1	51.7	51.4
Cut-out	23.7	22.3	23.1
Friend	19.8	21.9	20.7
Health personal	20.3	19.7	20.0
Poster	21.4	17.7	19.9
Family/relatives	2.9	2.1	2.6
CSW	0.5	0.5	0.5
Employer	0.2	0.2	0.2
Brothel's personnel	0.2	0.2	0.2
Male frequent CSW	0.2	0.2	0.2

In terms of ranking of sources of information, television was the most popular source, with more than half reporting this as their first choice. The second most popular source was the radio, followed by newspaper/magazine. This pattern of importance of sources of information does not differ among age groups (see Table 6.15).

The AIDS epidemic is widespread, as three out of ten men reported having seen AIDS patients. More than half of AIDS patients they had seen were persons they knew, either their friends or their relatives. A larger proportion of older men reported having seen AIDS patients than had younger men. This is because twice as much of the older men's friends had contacted AIDS (see Table 6.16).

Table 6.15 Percentage distribution of men learning about AIDS by source of information, rank and age.

Source and age	Rank of source				
	1	2	3	4	5
Television					
20-24	52.5	28.2	6.0	1.1	0.2
25-29	54.2	27.3	5.9	0.9	0.2
Total	53.2	27.8	6.0	1.0	0.2
Radio					
20-24	17.0	25.3	11.4	2.5	0.5
25-29	13.3	24.3	11.3	1.5	0.3
Total	15.4	24.9	11.4	2.1	0.5
Newspaper/ magazine					
20-24	10.8	16.2	20.8	3.0	0.3
25-29	12.2	18.0	18.7	2.4	0.5
Total	11.4	17.0	19.9	2.7	0.4
Cut-out					
20-24	2.4	4.4	7.2	7.7	1.9
25-29	2.4	4.2	6.3	7.5	1.8
Total	2.4	4.3	6.8	7.6	1.9
Friends					
20-24	3.6	5.0	5.9	3.3	1.9
25-29	4.7	5.6	6.0	3.5	2.0
Total	4.1	5.2	6.0	3.4	1.9
Health personnel					
20-24	6.1	4.9	4.3	2.7	2.2
25-29	7.1	4.0	3.9	3.4	1.1
Total	6.5	4.5	4.2	3.0	1.7
Poster					
20-24	2.3	4.2	5.6	4.8	4.5
25-29	2.0	3.4	4.8	3.9	3.6
Total	2.2	3.9	5.3	4.4	4.0

Table 6.16 Percent of men who had seen a person with AIDS patient by Relationship status and age.

Relationship status	Age		20-29	
	20-24	25-29		
Relative	2.8	2.5	2.7	p = .777
Friend	5.5	10.6	7.7	p < .001
Acquaintance	9.2	10.9	9.9	p = .200
No relationship	12.2	12.5	12.3	p = .898
Had seen	28.9	33.9	31.0	p = .003

6.7 Conclusion

The sample employed in the analysis presented above consists of urban men aged 20-29 years old, with a mean age of 23.9 years. The majority had completed a primary level of education, were single, and were working in the service sector. Only 16 percent had no sexual experience.

Slightly over one half of men had ever frequented a SW, of which only one third frequented sex workers within the last year. Nonetheless, two thirds of men had heard of the 100% Condom Use Programme. Television was the most common source of information, followed by radio.

Although knowledge of condoms is universal, 42 percent of men were not aware that condoms have an expiry date. Condoms were largely used outside marriage. The decision to use condoms mainly depended upon the respondent. Drugstores were the major source of condoms.

In the previous 12 months, nearly all men who had sexual encounters with a SW reported ever use of condoms. Yet, only half of those who had non-commercial sexual activities had used condoms. The percentage using condoms every time with SWs was high but lower for use with other partners. Motivation for protection against STIs, AIDS, and other infections leads to more frequent use of condoms and greater regularity of use.

Most respondents know about STIs and the majority had correct knowledge about STIs. Only 3 percent of men had contracted a STI in the 12 months before the survey and most of them were cured. Self-treatment is widely practised by those infected.

Knowledge of AIDS was universal. Television was the major source of knowledge, followed by radio and newspaper/magazine. Three out of ten men had seen persons with AIDS.

CHAPTER VII

The Relationship between Programme Input and Condom Use

7.1 The Need to Test the Causal Linkage

As clearly presented in previous chapters, condom use as reported by sex workers and young Thai men is at a very high level, possibly a result of the successful HIV/AIDS campaign. The use of condoms among sex workers is as high as 97 percent with casual customers and 92 percent with regular customers. The factors underlying this high level of condom use among sex workers could include the individual characteristics of the young men and sex workers, and inputs to the 100% condom programme on the part of the Ministry of Public Health. As elaborated in Chapter 2, the programme inputs are all essential to the success of the programme and are shown to be at very high levels, being equally high for all four regions and all sampled provinces.

These programme inputs include demand creation and campaigns, the availability and accessibility of condoms, the level of staffing, the efficiency of management, target setting and evaluation, a programme of health examinations and mobile clinic on STIs and HIV/AIDS, and outside support and collaboration especially from the Ministry of Interior and sex establishments. Although the input variables are at a high level, there is variation among these different elements with, in some provinces some input measures being stronger than in other provinces.

Although these programme inputs coincide with the nearly universal use of condoms among the sex workers, the exploration of the causal link between the programme effort and condom use is necessary. The findings presented in previous chapters indicate that there could be a relationship between programme inputs and condom use, however, further analysis is required to provide evidence suggesting a causal link. It must be cautioned that the lack of variation in both the inputs (programme) and output (condom use) variables makes it difficult to establish a relationship. At this stage of the development of the 100% condom programme, with the increased public awareness of the benefits of condom use, it is very difficult to conclusively establish a linkage between programme inputs and condom use. The ideal stage to undertake such an evaluation would have been a

year or two after the establishment of the 100% condom programme, or during the initiation of the programme.

7.2 The Contextual Model

As noted above, statistical analysis on this issue is difficult because of the almost universal use of condoms. Nevertheless, the analysis of condom use among sex workers with clients who are regular customers is possible because the likelihood of the use of condoms with such clients is slightly lower than with other clients, with an overall level of around 92 percent. The figure also varies by type of sex establishment, ranging from about 85 percent among sex workers in hotels to about 98 percent among those in massage parlors. The model to test the significance of the determinants of this small amount of variation includes various programme inputs and characteristics of the sex workers and the clients.

For the programme input variables, the presence of an active programme of health checks, and availability of mobile clinics for STIs and HIV/AIDS, are excluded from the analysis because there is limited provincial variation in the values of these two variables.

Logistic regression is employed to test the significance of the impact of the programme input variables on the use of condoms among sex workers with their regular customers. The model is based on the logic of contextual analysis, with two levels of analysis. On level is the individual, which comprises the characteristics of sex workers. At the same time, data at the provincial level, including the programme inputs, are linked to the individual level data file of the sex workers. This contextual approach allows for the analysis of the condom use among sex workers in relation to the context of the programme at the provinces where the women reside. It provides an estimate of the effects of programme inputs after controlling for characteristics of the women and the socio-economic setting of the provinces. Interaction between the individual and the programme can be investigated to examine if the effects of the programme vary according to the characteristics of sex workers.

7.3 The Results on the Linkage

Table 7.1 presents the logistic regression analysis of the impact of the programme input variables on the complete use (always use) of condoms. The analysis is presented controlling for sex workers characteristics including age,

marital status and number of children, and for work characteristics which include duration of time worked at current establishment, number of customers in the previous week, and payment per service. The economic setting of the province, measured by per capita income of the province, is also included. Two of the five programme inputs at the provincial level are significant determinants of complete condom use. These are the “collaboration” and support from the Ministry of Interior and the sex establishments, and the province as the location of a “regional center” of the national AIDS prevention programme. The results indicate that increased collaboration leads to higher levels of the complete use of condom among sex workers with their regular customers. Also it is revealed that the provinces that are regional centers of the national AIDS prevention programme are characterized by higher levels of use.

Since collaboration with sex establishments is very important for a successful programme, and as collaboration could conceivably vary among types of sex establishments, further analysis was undertaken to investigate the interaction between the programme inputs and the type of sex establishment in which women were employed. Table 7.2 presents the logistic regression results of the impact of the programme input variables on the complete use of condom with regular customers among sex workers, controlled for sex workers characteristics and type of sex establishment. The type of sex establishment includes brothel, hotel, bar/karaoke, massage parlor, and restaurant and other.

The results in Table 7.2 show that the type of establishment is significantly related to the use of condom with regular customers. Women working in massage parlors are characterized by the highest level of use -- significantly higher than the reference group of women in brothels. The programme inputs per se, are not found to be associated with the level of use in the main effects. The interaction between these programme inputs and the type of establishment is, however, related to the success of the programme. This finding is in accordance with what we would expect from the analysis to this point. All five interaction terms between the four programme input variables and the status of being the regional center, and the type of establishment which include brothel, hotel, bar/karaoke, massage parlor, and restaurant/other, are significantly related to the use of condom among sex workers with their regular customers.

The input of campaigning is more effective among sex workers who work in the hotel sector compared to those who work in the brothel sector. The availability and accessibility of condoms, on the other hand, is significantly related to complete condom use among sex workers in the brothel sector

compared to those working in the hotel or massage parlor sectors. This is because for massage parlor workers in particular, condoms are mainly obtained from private sources, while brothel workers depend on the condoms supplied by the programme. The management by the provincial team of the AIDS prevention programme is also found to be significantly associated with complete condom use among sex workers who work in the restaurant and other sex establishment sector compared those working in the brothel sector. This is because it is only with good and effective management can the programme access indirect sex workers. Lastly, the programme in provinces that are regional centers tends to have stronger impacts among sex workers in the massage parlor than in the brothel sector. In summary, programme effectiveness is shown to have very clear and consistent results when we consider the different programme inputs according to the type of sex establishment where women work. Different aspects of the programme inputs are significant, but differ according to the type of different sex establishment.

7.4 Summary

The analyses of the causal relation between programme inputs from the 100% condom programme and the use of condoms are presented in this chapter. Caution in interpreting the results is required because the level of condom use is at a very high level. The investigation is therefore limited only to the use of condoms among sex workers with their regular customers, and not with casual customers, where the reported level of use is almost universal. Two programme inputs that are at a very high levels across all 24 provinces under study are excluded from the analysis because of lack of variation. The remaining four input measures and the status of being one of the regional centers are included in the model.

Logistic regression is used to examine the effects of the programme inputs on the measure of condom use after controlling for various characteristics of sex workers and type of establishment. The model is estimated using a “contextual approach” taking into account the characteristics of the sex workers and the provincial characteristics at the same time. Interactions between the two levels are also investigated.

It is revealed that after controlling for the characteristics of the sex workers and the per capita income of the province, two programme inputs are significant determinants of condom use. One is collaboration and outside support. This includes the effort from the provincial governor (Ministry of Interior

involvement) and the collaboration with other agencies and sex establishments. Another significant factor is whether a province is the location of one of the regional centers of the national AIDS prevention programme. These two input factors are positively related to high levels of condom use among sex workers, pointing to the success of the 100% condom programme.

Analysis in more detail, suggests that all aspects of the programme significantly contribute to the success of the programme. Interaction terms between the different programme inputs and the type of sex establishments are significantly related to the level of condom use. For example, successful demand creation and campaigns tend to be more important among sex workers in the hotel sector compared to the brothel sector, whereas the availability and accessibility of condom is more important to contributing to high levels of condom use in the brothel sector. The success of the programme among sex workers in the restaurant and other sector depend most on the staffing levels of the programme and the efficiency of the management, target setting and evaluation. All these significant interaction terms clearly indicate both the success and the dynamism of the 100% condom programme in Thailand.

Table 7.1 Logistic Regression Coefficients of the Impact of Programme Input Variables on the Complete Use of Condom with Regular Customers Among Sex Workers Controlled for Sex Workers' Individual Characteristics and Work Characteristics.

Independent Variables	Coefficient	Significance Level
Individual Level		
Sex Workers' Individual Characteristics		
Age	.0010	.9255
Marital Status		.3003
Currently married (reference category)		
Single	.4235	.1197
Widowed	.0044	.9882
Divorced/Separated	-.0340	.8465
Number of Children	-.1990	.0037***
Work Characteristics		
Duration at Current Establishment	.0117	.0002****
# of Customers / Previous Week	3203	.0000****
Payment per Service	.0001	.3215
Provincial Level		
Programme Input Variables		
Campaign	-.0822	.4172
Accessibility	-.2063	.1379
Management	.0325	.7644
Collaboration	.1363	.0158**
Being A Regional Center	.3061	.0740*
Setting Variable		
Provincial Per Capita Income	3.5E-06	.9984
Constant	.8644	.3847

Model Chi-square = 10.632 df = 6 Significance = .1005

N = 1399

* p < .10

** P < .05

*** p < .01

**** p < .001

Table 7.2 Logistic Regression Coefficients of the Impact of the Programme Input Variables on the Complete Use of Condom with Regular Customers Among Sex Workers Controlled for Sex Workers' Individual Characteristics and Type of Sex Establishment.

Independent Variables	Coefficient	Significance Level
Individual Level		
Sex Workers' Individual Characteristics		
Age	.0084	.4302
Marital Status		.6339
Currently married (reference category)		
Single	.1905	.4730
Widowed	.0082	.9775
Divorced/Separated	-.0929	.5989
Number of Children	-.1539	.0215**
Type of Sex Establishment		.0024***
Brothel (reference category)		
Hotel	2.7821	.5092
Bar/Karaoke	3.3934	.2723
Massage Parlor	7.9144	.0093***
Restaurants / Others	-1.0365	.7211
Provincial Level		
Programme Input Variables		
Campaign	.3370	.1598
Accessibility	.4715	.2315
Management	-.0985	.6356
Collaboration	.0099	.9519
Being A Regional Center	.0372	.9252
Setting Variable		
Provincial Per Capita Income	.0003	.8895
Interaction between Programme Input Variables and Type of Establishment		
Campaign and Type		.0299**
Campaign by Hotel (over Brothel/low Campaign)	1.86	.0327**

(cont.)

Table 7.2 (cont.)

Independent Variables	Coefficient	Significance Level
Campaign by Bar/Karaoke (over Brothel/ low Campaign)	-.5096	.1246
Campaign by Massage Parlor (over Brothel/low Campaign)	-.4462	.1558
Campaign by Restaurants (over Brothel/low Campaign)	-.1422	.6656
Accessibility and Type		.0003****
Accessibility by Hotel (over Brothel/low Accessibility)	-2.5456	.0410**
Accessibility by Bar/Karaoke (over Brothel/low Accessibility)	-.4488	.4067
Accessibility by Massage Parlor (over Brothel/low Accessibility)	-1.4599	.0022***
Accessibility by Restaurants (over Brothel/low Accessibility)	.0136	.9760
Management and Type		.0248**
Management by Hotel (over Brothel/low Management)	-.7748	.2423
Management by Bar/Karaoke (over Brothel)	.1696	.5319
Management by Massage Parlor (over Brothel)	-.2377	.3977
Management by Restaurants (over Brothel)	.4223	.0630*
Collaboration and Type		.0077***
Collaboration by Hotel (over Brothel/low Collaboration)	.1584	.6455
Collaboration by Bar/Karaoke (over Brothel)	-.1324	.5582
Collaboration by Massage Parlor (over Brothel/low Collaboration)	.4297	.0307**
Collaboration by Restaurants (over Brothel)	-.0796	.6868

(cont.)

Table 7.2 (cont.)

Independent Variables	Coefficient	Significance Level
Regional Center and Type		.0049***
Regional Center by Hotel (over Brothel/not Regional)	2.1020	.2142
Regional Center by Bar/Karaoke (over Brothel)	-.3137	.5987
Regional Center by Massage Parlor (over Brothel)	1.5272	.0056***
Regional Center by Restaurants (over Brothel)	-.0042	.9933
Constant	- 2.1724	.4087

Model Chi-square = 130.632 df = 35 Significance = .0000

N = 1495

* p < .10; ** P < .05; *** p < .01; **** p < .001

Notes: For interactions the significance level reported for the overall interaction relates to the test of the null hypothesis that interaction term (e.g. Regional Center and Type) does not significantly contribute to a reduction in the log likelihood.

The reference group for each set of interactions is shown in full next to the first category. For example, for the interaction between regional center and type of sex establishment, the reference category is 'brothel/not regional'.

CHAPTER VIII

The Success of the 100 % Condom Programme in Thailand: Policy Implications and Recommendations

The 100% Condom Programme was initiated in Ratchaburi province in 1989 to prevent both STIs and HIV transmission by promoting condom use at all times when having sex with sex workers. After the programme was shown to be successful it was expanded to cover other provinces. By mid-1992, every province in Thailand reported having implemented the programme. After the implementation of the programme, reported rates of condom use among sex workers increased substantially while the incidence rates of most STIs also declined. Both the reduction in STIs and increase in condom use are claimed to be the cause of limitation of the extent of the increase in the incidence of HIV.

However, the efficacy of 100% Condom programme and the accuracy of the data showing a decline in the incidence in STIs remain to be proved. High reported rates of condom use among sex workers may not be accurate. As education programmes increase the amount of awareness of the need to use condoms, the likelihood of responding in the affirmative to a question on condom use increases, even in the absence of use. For the decline in STIs, it has been argued that the decrease is a function of the coverage of the data collection system. The STI data are obtained from government clinics, which exclude STI patients who seek treatment from private facilities or engage in self-treatment by purchasing drugs from pharmacies, or who don't treat themselves at all. It is, therefore, necessary to assess the current situation of the programme at the local level and also to investigate the decline of the incidence of STIs.

The methodology used in this study comprises analysis of secondary data, in-depth interviews with officials of the Ministry of Public Health (MOPH) at both central and provincial level, and cross-sectional surveys. Twenty-four provinces were randomly selected to be the study sites. Seven groups of respondents were interviewed: sex workers (1,996), males age 20-29 (4,071), sex establishment owners (219), drug stores (224), provincial level offices (24), provincial medical offices (24), and regional communicable disease control centres (10)

The results are presented in six areas as follows: (1) programme inputs and programme effort of each province, (2) trends in antibiotic and condom sale by

drug stores (3) sex establishment owners, (4) condom use and STIs history of sex workers, (5) condom use and history of STIs of males and (6) multivariate analysis.

8.1 Summary

All except one sampled province had a policy on the 100 percent Condom Programme. Policies covered support and distribution of condoms, encouraging condom use among sex workers and their clients, providing knowledge of STIs, AIDS and condom use, and health examinations for sex workers. The only province that has no specific policy on the 100 percent Condom Programme reported that they included strategies of the programme with other STIs and AIDS activities. Moreover, some Regional Centers adopted specific strategies in order to reach the objectives of the 100 percent Condom Programme. Examples of these activities are creation of a relationship between sex workers and owners of sex establishment to encourage condom use, and training officials at the regional level in the areas of estimation of condom needs and storage of condom. Pricing policies also have been used to promote condom use. For example, a fee of 500 Baht would be charged if STIs was detected or half price medical fee would be offered if no STI was found. At the provincial level, additional attempts had been made to encourage condom use, for example, providing free condoms in every hotel room, checking quality of condoms two times per year, and sex education for male clients.

There are no problem in terms of availability and accessibility of condoms as reported by The Regional Office of Communicable Disease Control (RCDCs) and The Provincial Public Health Office (PPHOs). RCDCs get condoms directly from the MOPH and distribute them to PPHOs as requested. Condoms are then distributed to sex workers by PPHOs free of charge. The frequency and amount of distribution depends on the characteristics of the provinces. Provinces with high levels of tourism and industry are likely to order large amounts. However, there are shortages according to the size of condoms. Size 49 was over-supplied while size 52 was more in demand. In addition, quality problems of condoms such as being easily broken, no choice of taste, color and smell were also reported by most of RCDCs and PPHOs.

Most RCDCs (8 out of 10) set a target of condom use as high as 90 to 100 percent, while 19 PPHOs had targets between 70 to 100 percent. Most RCDCs and PPHOs were close to meeting their targets even though they did not reach the 100 percent level. Based on self-evaluation of the effectiveness of the programme,

almost all of RCDCs and PPHOs stated that the effectiveness of the programme was moderate to high.

The 100% Condom Programme also receives collaboration from individuals and organizations, including the governor of the province, police, and owners of sex establishment. From the survey, almost two-thirds of sex establishments (SEs) reported attending meetings arranged by the MOPH. However, only 47 percent of SEs reported that they held meetings to discuss health issues with sex workers in their establishments. These results indicate that health officials have an important role in providing education to sex workers about how to protect themselves against STIs and HIV/AIDS. Health officials routinely visit sex establishments to talk about health issues (93 percent of SEs report these visits). The visits also occur frequently, with over 50 percent of establishments reporting that the visits take place at least once a month. The attitude of SE operators towards condom use in most of the establishments surveyed is positive. Almost 95 percent of owners/managers of SEs stated that their workers should wear condoms, especially with casual customers. Nevertheless, only 82 percent of SE operators said that they would refuse to provide service to a customer if he requested not to use condom. Establishments, while showing general concern about condom use and STI prevention, do very little to actively try to promote condom use. In many establishments condom use is considered the responsibility of sex workers alone. Costs of treatment for STIs is also usually borne by sex workers and most have to refrain from providing sex services, with no subsistence allowance, if they contract an STI.

Strategies implemented and collaboration among agencies are important factors that contribute to the success of the 100% condom programme in most of the provinces. Levels of success as measured by the incidence of STIs and rate of condom use show that most of the provinces in this study attained high levels of achievement in both declines in STIs and increases in the levels of condom use.

In order to investigate the previous qualitative findings that condom use has been increasing while the incidence of STIs has been declining, an assessment of STI drug sales and condom sales over the past five years were obtained from 224 sampled pharmacies. The study found that 93 percent of pharmacies in the Northeast, 78 percent in the North, 90 percent in the Central and 87 percent in the Southern region reported that STI drug sales were less than they were in the past 5 years, while 52 percent of pharmacies reported higher and much higher levels of condom sales. The South had the highest proportion, at 67 percent, of pharmacies reporting higher condom sales, followed by the Central region (56 percent), the

North (47 percent) and the Northeast (37 percent). The decline in STI drugs sales and increase in condom sale as reported by pharmacies is confirmed by data collected from sex workers and males aged 20-29.

The survey conducted for sex workers focused mainly on direct sex establishments such as brothels, hotels, and massage parlors. Only when the target sample size could not be obtained were indirect establishments such as restaurants included in the sample frame. A total of 1,996 sex workers in five broad sectors of sex establishments; brothel, hotel, bar/karaoke, massage parlor, and restaurant/other, were interviewed. There is considerable variation in the distribution of sample sex workers by sex establishments among the four regions and this reflects real variations of forms of sex establishments among the regions. It also reflects differences in availability of sex workers in different provinces. In Northeast, for example, massage parlors were the major source of sex workers, while restaurants were important sources for the Central and South regions and brothels for the North (figure 5.2). The distributions show that for the Central and the South region, direct sex workers were not available to meet target sample size, thus indirect sex workers had to be drawn.

There is high turnover of sex workers especially in the brothel and bar/karaoke sectors, where over 50 percent of workers had been working in their current establishment for six months or less and less than 20 percent had been working for more than 2 years. Workers in the hotel sector worked for a lengthy period of time (see Figure 5.4). The rapid turnover of workers creates difficulties in providing sustained educational information to workers.

The number of customers of sex workers varies among sectors and also varies considerably within sectors. Women in the hotel and brothel sectors have a median of three customers per day while in the other three sectors the median is two customers per day. The median income of sex workers ranges from 100 baht per customer for brothel workers to 530 baht for women working in massage parlors. The monthly income earned by sex workers, even in the lowest paid sector, is much higher than could be earned in other forms of employment available to young women with low levels of education.

The study investigated the extent that sex workers have heard of the 100% condom programme and found that 68 percent of sex workers reported that they had heard of this programme. The South had the highest percent of knowledge of the programme (84 percent) while the North had the lowest at 57 percent. Levels of knowledge of the programme were generally lowest among women in the

massage parlor sector. Television and health officials are the major sources of information about the 100% condom programme. Television is a more important source for massage parlor and bar/karaoke girls, while health officials are a major source of information for brothel workers.

Not only is knowledge of condom use high among sex workers, the level of condom use is also high in sex encounters. Almost all (97 percent) of women surveyed reported that they used condoms in all sex encounters with casual customers and almost 93 percent reported always using a condom with regular customers. It is worth noting that levels of condom use are highest with both casual and regular customers for workers in massage parlors and brothels. Attention has to be paid to the lower level of condom use by sex workers in sex encounters with partners other than customers. There is possibility of the spread of HIV from commercial sexual relationships to non-commercial sexual relationships through inconsistent condom usage with non-commercial sexual partners. Spread of HIV can also occur in the opposite direction i.e. from non-commercial to commercial sex partners through the same bridge. From Figure 5.5, 62 percent of respondents always use condoms with all sex partners, 30 percent reported always using condoms with all commercial sex partners but not always using with all other partners and 8 percent did not always use condoms with all sex partners. Therefore, almost 40 percent of sex workers were involved in some sexual encounters during which condoms were not used in the year prior to the survey. However, there are very small differences in levels of consistency of condom use according to whether or not the respondents had knowledge of the 100% condom programme.

Some customers may refuse to use condoms but the overall level was very low (less than 1 percent) in every sex establishment sector. Extra money can be offered to induce sex workers to have sex without a condom. The survey data reveals that a small percentage of sex workers (3.5 percent) are willing to forgo condom use if extra money is offered. Sources for condoms for massage parlor workers are drug stores and health centers, whereas STI centers of government hospitals were the main source for the brothel, hotel and restaurant/other sectors.

The incidence of STIs has been used as one of the indicators of the success of the 100% condom programme. In this study, 33 percent of respondents reported experience of some form of STI, with itching of genitals (21 percent) the most common symptom. Government facilities are the main source of treatment for STIs for SWs. Only for genital itching and herpes is self-treatment through buying drugs the main source of treatment.

Knowledge of HIV/AIDS is almost universal in the Thai population. In the survey, 99.9 percent of respondents said they have heard of AIDS. Television followed by health officials are cited as the main sources of information for women in most type of establishments. Contrary to the belief that knowing someone with HIV/AIDS increases the level of consistent condom use, the data shows that there is no difference in levels of reported condom use between those who know and do not know someone with HIV/AIDS. However, for the vast majority of sex workers knowledge of AIDS has led to 100% condom use in their commercial sex relations.

This study also collected data about sexual behaviour, condom use, and STI history from males aged 20-29 years old living in provincial municipal areas. A total of 4,071 respondents were interviewed, of which 2,345 were aged 20-24 and 1,726 were aged 25-29 years. About two-thirds of the sampled men were single and nearly half were migrants. The majority (35 percent) had a monthly income of between 3,000 and 4,999 baht and the mean income was 6,300 baht.

The results suggest a reduction in the frequency of visiting sex workers. One-third of men in the study had no experience with a sex worker and 15 percent have no sex experience at all. Of those who had experience with sex workers, two-thirds had last visited a SW over a year before the survey. Visiting sex workers was most likely for ever-married men, with 30 percent of ever-married men having visited sex workers in the year before the survey compared to 9.8 percent of currently married men and 18.7 percent of single men. Older men (25-29) were more likely to have visited a SW than were younger men (20-24) in every marital status.

Knowledge of the 100% condom programme among men is almost at the same level as among sex workers. About two-thirds of men know or had ever heard about the programme compared with 68 percent of SWs. Television was the main source of information about condom promotion programme (82.3 percent, while health personnel was cited as a source of information by only 15 percent. Knowledge of condoms is also almost universal for men. Only seven men saw a condom for the first time when the interviewers showed them a condom during the interview. Knowledge of the expiration date of condoms is not satisfactory, with 42 percent of men not knowing that condoms have an expiry date.

Condoms are almost always used with SWs for men age 20-29, with the percent using condoms with sex workers exceeding 95 percent. The rate of

condom use decreases as the relationship between partners become closer. Only 19.6 percent of men use condoms with their wife, but increases to about 50 percent when having sex with a minor wife, fiancée, and girl friend. The less familiar the casual sex partner, the higher the percentage using a condom. The percent of men who reported using condoms with a friend and other women is 76 percent and 86.4 percent respectively. Reasons for using condoms also differed by the type of sexual partner. The main reason for using condoms with a wife, minor wife, fiancée, and girl friend is to prevent pregnancy. On the other hand, the reason to use condoms with a friend, other woman, man, and SW is for prevention of AIDS, other infections and STIs.

The regular use of condoms remains relatively low with regular SWs and casual sex partners. Inconsistency of condom use can lead to the risk of transmission of disease from one partner to another. As noted earlier, the rate of condom use with non-commercial sex partners is comparatively low and visiting sex workers still exists among Thai men. These features of Thai society, when combined with less than 100 percent protection provided by condoms, means that the chance of HIV/AIDS or STI transmission remains. Efforts have to be made to encourage regular condom use, especially with all types of sex workers.

The majority of men (65 percent) buy condoms from either drug stores or grocery stores. The high percentage buying condoms suggest that price is not a major obstacle in obtaining condoms. However, about 20 and 12 percent of men obtain condoms from health centres and STI clinic/government hospital respectively. Obtaining condoms from sex establishments and SWs account for only 13 and 5 percent respectively. This can be interpreted as indicating that free condoms are still necessary for some men.

Knowledge of STIs and HIV/AIDS is almost universal. However, there are some incorrect beliefs about how to contract the disease. About 70 percent of men think that using the same toilet with an infected person will lead to contracting an STI. Other incorrect beliefs about prevention from STI transmission include taking medicine after or before intercourse, and washing after intercourse, and together account for 30 percent of responses.

Even though there are some false beliefs about STI prevention, the percent having contracted an STI in the last 12 months is only 3.1 percent. The most common symptom was itchiness. Self-treatment was widely practice for those infected and a private clinic or a private hospital was the second main choice

for treatment. However, no treatment, was the most frequent practice when contracting an STI, and accounted for 47 percent of responses.

The success of the 100% condom programme is a result of several factors, operating both at the individual and provincial levels. This paper analyzed the relations between condom use among sex workers with regular customers and programme inputs, controlling for characteristics of sex workers and the socio-economic setting of the provinces. The data indicate limited variation in condom use with temporary customers. There was also little variation in the programme inputs of mobile STIs and HIV/AIDS clinic of all 24 provinces and these variables were therefore excluded from the analysis.

Logistic regression was used to analyze the relationship between condom use and its determinants. After controlling for various characteristics of sex workers and the per capita income of the province, two important programme inputs were identified as significantly related to condom use. These inputs were collaboration with the provincial governor and other agencies, especially sex establishments, and the province as the location of one of the regional centers of the national AIDS prevention programme. When analyzed with respect to the different sex establishment, the data show that all five aspects of the programme variables are determinants of condom use with regular customers. For example, demand creation and campaigns are important for SWs in the hotel sector while availability and accessibility of condoms are more important for brothel sector workers. For sex workers in the restaurant sector, staffing and the efficiency of the management, target setting and evaluation are important in promoting condom use.

In summary, we can say that the 100% condom programme appears to have been very successful. The rate of condom use is very high for both sex workers and males aged 20-29. The levels of STIs also show a declining trend, especially for males – who exhibited a very low level of STIs in the last 12 months. Based on the results of the logistic regression analysis we can conclude that the success of the programme is a result of all five programme inputs, but the degree of importance of each varies according to the type of sex establishment. Although the success of reaching a high level of condom uses with sex workers is encouraging, there are still some areas that need to be considered. The major concerns are inconsistency in condom use and the low level of condom use with non-commercial sex partners. Several recommendations are provided below.

8.2 Recommendations and Policy Implications

1. The 100% condom programme aims at promoting condom use with commercial sex partners, and the overall rate of condom use with this group is indeed high. However, condom use with other sex partners for both sex workers and males are relatively low and inconsistent. The study found that as the emotional distance of the relationship widens the level of condom use increases. Thus, the closest relationship is the most vulnerable to the risk of contracting disease. It is necessary to increase the awareness of sex workers to use condom every time with every sex partner, not only with customers.

For young males, it is recommended that 100% condom programme should expand to cover promotion for males to use condoms on a regular basis with all sex partners, which includes using condoms with non-sex workers. National promotion campaign can be done through television and health personnel, which are the most efficient ways to reach the target populations. Each province might also initiate specific activities to promote condom use for their male populations.

Because the reason of condom use for men when having sex with their close partners is to prevent pregnancy, the promotion programme can emphasize use condom as a form of contraception that has the dual role of preventing both pregnancy and transmission of diseases.

2. It is necessary to continue the activities implemented by the government to maintain the high level of condom use among sex workers. The strategies that contribute to the success of the programme are ensuring the supply of condoms to sex workers and regular visits to sex establishments by health officials. However, there is some variation in the degree of importance of free condom supply for sex workers. Women working in the brothel, hotel and restaurant sectors are the most likely to request condoms from the government STI centre, while massage parlor workers use condoms from drug stores. The government can adjust the amount of condom supply to distribute to each sex establishment according to their need. It is interesting to learn that sex establishments are not a major source of condoms for sex workers and several of these establishments charged for the condoms provided. Thus, it is necessary to provide condoms directly to sex workers. Moreover, condoms should be provided according to the demand of customers, especially the size that is more in demand – i.e. size 52.

There is a high turnover of sex workers, thus regular visits of health personnel to sex establishments can ensure that new workers are exposed to information on HIV/AIDS and STIs prevention. The education programme should also extend to sex establishment operators in order to encourage them to pay more attention to condom use and actively promote condom use.

3. High rates of condom use should go together with using good quality condoms effectively. This study found that knowledge of the expiration date of condom is very low among males. If expired condoms are used chances of breakage or tears increase. Thus, it is recommended that information such as the expiry date of condoms, how to use and dispose of condoms properly, and storage of condoms to ensure good quality, should be put in the package of every condom supplied by the Ministry of Public Health and also other condoms available on the market. Some information is already available on the package, yet people pay little attention to the instructions. The Ministry of Public Health, in collaboration with condom manufacturers, should produce free leaflets and initiate campaigns on good quality of condoms to the general population.

4. When purchasing condoms the price of condoms is a major concern for most customers. Most choose condoms that have a moderate price, and only six percent prefer the more expensive condoms. If the government introduces strategies to reduce the price of condoms -- such as a VAT exemption or price subsidies -- this may promote condom use.

5. The different components of the 100% condom programme operated differently in the different types of sex establishments. Therefore the government should further tailor their programme to the needs of each type of establishment.

Reference

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APPENDIX A

Table A1.1 Number of target population and actual cases by population and province.

Province	SW		Male		SE		Pharmacy	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Central								
Kanchanaburi	100	100	200	181	13	12	10	10
Ratchaburi	100	80	200	88	9	9	10	10
Royong	100	100	200	188	17	16	10	10
Samutprakan	100	100	200	184	10	10	10	10
Samutsongkhram	100	53	200	162	6	6	10	6
Saraburi	100	76	200	195	8	7	10	10
North								
Chiangmai	100	100	200	183	14	14	10	10
Nakhonsawan	100	100	200	155	11	11	10	11
Nan	100	40	200	144	4	4	10	9
Phayao	100	58	200	113	8	7	10	10
Phitsanulok	100	63	200	169	6	6	10	10
Tak	100	62	200	134	6	3	10	8
Northeast								
Khonkaen	100	100	200	198	6	6	10	10
Nongkhai	100	41	200	186	9	9	10	10
Sakonnakhon	100	83	200	203	13	13	10	10
Surin	100	100	200	183	9	9	10	10
Ubonratchathani	100	100	200	182	11	9	10	10
Udonthani	100	100	200	183	12	9	10	10
South								
Chumphon	100	100	200	119	12	9	10	10
Krabi	100	92	200	201	13	11	10	10
Nakhonsithammarat	100	100	200	180	10	10	10	10
Pattani	100	100	200	180	12	9	10	10
Phangnga	100	37	200	180	8	8	10	10
Phuket	100	100	200	180	8	8	10	10
Total	2,400	1,993	4,800	4,071	236	215	240	228

Table A1.2 Population of 24 Sampled Provinces

Province	Number of Population					Population Density pop/km ²
	Total	Urban		Rural		
		Number	%	Number	%	
Central						
Kanchanaburi	744,933	54,410	7.30	690,523	92.70	38.23
Ratchaburi	798,076	84638	10.60	713,438	89.40	153.58
Rayong	477,895	96600	20.21	381,295	79.79	134.54
Samutprakan	926,110	82743	8.93	843,367	91.07	922.33
Samutsongkhram	206,979	42313	20.44	164,566	79.56	496.70
Saraburi	570,683	127061	22.26	443,622	77.74	159.57
North						
Chiangmai	1,552,766	167,945	10.82	1,384,821	89.18	77.22
Nakhonsawan	1,116,803	143,613	12.86	973,190	87.14	113.00
Nan	473,115	22,821	4.82	450,294	95.18	41.24
Phayao	517,257	21,828	4.22	495,429	95.78	81.65
Phitsanulok	846,630	88,442	10.45	758,188	89.55	78.28
Tak	450,153	47,923	10.65	402,230	89.35	27.44
Northeast						
Khonkaen	1,652,030	165,687	10.03	1,486,343	89.97	151.75
Nongkhai	873,313	45,566	5.22	827,747	94.78	119.10
Sakonnakhon	1,057,674	50,143	4.074	1,007,631	95.26	110.10
Surin	1,297,182	33,656	2.59	1,263,526	97.41	147.68
Ubonratchathani	1,696,795	154,406	9.10	1,542,389	90.90	108.10
Udonthani	1,456,154	151,463	10.40	1,304,691	89.60	124.13
South						
Chumphon	432,867	43,875	10.14	383,992	89.86	72.04
Krabi	330,094	21,064	6.38	309,030	93.62	70.10
Nakhonsithammarat	1,488,947	150,429	10.10	1,338,518	89.90	149.75
Patani	572,191	55,215	9.65	516,976	90.35	294.88
Phangnga	224,500	17,830	7.94	206,670	92.06	53.82
Phuket	207,777	60,653	29.19	147,124	70.81	382.62

Table A1.3 Gross Provincial Product of 24 Sampled Provinces

Province	Per Capita Income	Total (Baht)	Gross Provincial Product			
			Industry (%)	Agriculture (%)	Service (%)	Others (%)
Central						
Kanchanaburi	58,726	39,581,470	17.41	16.67	10.29	55.63
Ratchaburi	57,454	44,469,199	36.48	13.34	9.16	39.75
Rayong	168,324	83,657,080	23.25	16.64	4.85	55.27
Samutprakan	189,182	174,615,170	60.35	6.82	6.02	26.23
Samutsongkhram	40,223	8,084,849	15.01	15.75	12.47	56.77
Saraburi	115,420	61,057,231	47.35	5.30	5.30	42.05
North						
Chiangmai	49,614	71,394,737	17.27	10.52	21.91	50.29
Nakhonsawan	34,887	38,175,097	17.69	21.97	12.01	48.31
Nan	26,232	11,489,532	1.51	21.92	15.94	60.62
Phayao	25,791	12,869,527	5.17	22.66	16.81	55.34
Phitsanulok	34,530	27,485,761	8.72	20.27	14.60	56.40
Tak	36,052	12,726,254	6.84	20.85	11.56	60.74
Northeast						
Khonkhan	34,879	60,201,156	20.34	10.66	15.82	53.18
Nongkhai	23,579	20,286,213	11.81	22.18	11.87	54.14
Sakonkakhon	21,206	21,291,112	5.68	21.36	14.09	58.88
Surin	19,004	24,270,413	4.99	23.44	15.88	55.69
Ubonratchathani	23,419	38,407,155	7.88	16.22	15.86	60.04
Udonthani	26,762	37,894,948	10.51	17.99	16.79	54.69
South						
Chumphon	49,325	20,765,549	5.32	45.45	9.81	39.41
Krabi	57,809	18,036,910	2.72	57.98	13.43	28.87
Nakhonsithammarat	33,617	52,744,943	7.33	30.80	12.17	49.70
Patani	46,133	26,895,370	3.32	55.53	7.88	33.27
Phangnga	62,596	14,772,643	3.14	61.92	7.88	27.05
Phuket	143,949	27,062,408	12.16	15.22	28.95	43.66

Table A1.4 Religion and Location of 24 Sampled Provinces

Province	Border Area	Military Base	Religion			
			Buddhist	Islam	Christ	Other
Central						
Kanchanaburi	Yes	Yes	98.92	0.08	0.46	0.52
Ratchaburi	Yes	Yes	98.68	0.14	0.94	0.24
Rayong	No	Yes	98.61	1.04	0.23	0.12
Samutprakan	No	Yes	97.31	2.08	0.68	0.22
Samutsongkhram	No	No	98.12	0.12	1.40	0.36
Saraburi	No	Yes	98.57	0.19	0.04	0.01
North						
Chiangmai	Yes	Yes	95.73	0.36	2.24	1.49
Nakhonsawan	No	Yes	99.64	0.09	0.10	0.26
Nan	Yes	Yes	95.79	-	0.74	3.47
Phayao	No	No	98.73	0.02	0.64	0.61
Phitsanulok	Yes	Yes	99.46	0.08	0.16	0.30
Tak	Yes	Yes	98.08	0.42	0.69	0.81
Northeast						
Khonkhan	No	Yes	99.45	0.04	0.14	0.37
Nongkhai	Yes	No	98.95	0.02	0.55	0.48
Sakonnakhon	No	No	96.20	0.02	3.23	0.55
Surin	Yes	No	97.46	-	0.95	1.59
Ubonratchathani	Yes	Yes	99.08	0.01	0.58	0.02
Udonthani	No	Yes	99.18	0.02	0.38	0.42
South						
Chumphon	Yes	Yes	98.80	0.38	0.10	0.72
Krabi	No	No	64.65	34.22	0.04	1.09
Nakhonsithammarat	Yes	Yes	94.53	4.92	0.09	0.46
Patani	Yes	Yes	13.73	85.53	0.03	0.71
Phangnga	No	Yes	79.68	19.20	-	1.12
Phuket	No	No	80.44	18.55	0.21	0.80

Table A1.5 Number of Schools in 24 Sampled Provinces

Province	Kindergarten ¹	Number of Schools		
		Primary ² Schools	Secondary ³ Schools	High ⁴ Schools
Central				
Kanchanaburi	-	442	63	75
Ratchaburi	7	350	55	29
Rayong	10	214	35	15
Samutprakan	42	158	36	20
Samutsongkhram	2	103	19	8
Saraburi	4	326	55	21
North				
Chiangmai	57	851	158	53
Nakhonsawan	13	598	86	33
Nan	6	356	87	21
Phayao	3	237	50	23
Phitsanulok	8	392	99	32
Tak	16	143	45	12
Northeast				
Khonkaen	n.a	n.a	n.a	n.a
Nongkhai	10	437	90	31
Sakonnakhon	74	499	105	40
Surin	1	642	147	47
Ubonratchathani	-	50	6	2
Udonthani	1	23	6	2
South				
Chumphon	7	262	57	13
Krabi	2	205	40	12
Nakhonsithammarat	69	706	175	71
Patani	4	317	70	23
Phangnga	-	156	29	12
Phuket	4	63	11	7

Note: 1. Kindergarten = Schools which have only kindergarten level
2. Primary School = Every school which has up to primary level
3. Secondary school = Every school which has up to secondary level
4. High school = Every school which has up to high school level

Table A1.6 Number of Health Services in 24 Sampled Provinces

Province	Number of Health Service							
	HC	STD	RC	RH	PH	CH	PC	DS
Central								
Kanchanaburi	138	8	-	-	2	4	82	120
Ratchaburi	146	3	1	1	3	14	118	260
Rayong	92	1	-	-	1	10	59	36
Samutprakan	59	6	-	-	1	23	344	250
Samutsongkhram	49	1	-	-	1	3	44	38
Saraburi	127	1	1	1	1	3	45	175
North								
Chiangmai	236	239	1	-	1	163	239	380
Nakhonsawan	178	12	1	1	-	11	33	334
Nan	102	5	-	-	1	-	57	36
Phayao	90	7	-	-	1	-	33	45
Phitsanulok	128	1	1	1	-	4	45	109
Tak	99	8	-	-	2	-	28	-
Northeast								
Khonkaen	212	26	1	1	-	8	188	104
Nongkhai	120	14	-	-	1	1	24	103
Sakonnakhon	151	1	-	-	1	2	28	-
Surin	181	1	-	-	1	3	66	112
Ubonratchathani	280	14	5	1	-	3	70	206
Udonthani	168	-	-	1	-	8	188	104
South								
Chumphon	84	2	-	-	1	5	28	57
Krabi	65	5	-	-	1	1	30	40
Nakhonsithammarat	225	14	1	1	-	4	135	200
Patani	119	1	-	-	1	1	64	52
Phangnga	61	8	-	-	2	1	22	49
Phuket	21	4	-	-	1	5	62	35

HC = Health Center; STD = STD Clinic; RC = Regional Center; RH = Regional Hospital; PH = Provincial Hospital; CH = Community Hospital; PC = Private Clinic; DS = Drug Store

Table A1.7 Number of Tourists, Migrants and Sex Establishments in 24 Sampled Provinces

Province	Number of Sex Establishments	Number of Tourists		Number of Migrants		
		Thai	Foreign	Thai	Foreign	Illegal
Central						
Kanchanaburi	52	1,126,267	238,944	47,118	-	1,777
Ratchaburi	67	-	-	50,186	-	-
Rayong	96	973,334	225,678	29,982	-	8,626
Samutprakan	145	-	-	57,240	1,123	1,395
Samutsongkhram	-	-	-	-	-	-
Saraburi	19	-	-	11,990	3	282
North						
Chiangmai	183	1,545,138	891,209	92,980	2,255	1,187
Nakhonsawan	64	-	-	52,348	-	39
Nan	13	-	-	21,678	198	-
Phayao	44	-	-	28,741	386	388
Phitsanulok	69	974,125	141,811	50,606	712	69
Tak	35	301,324	12,745	25,877	7,595	6,449
Northeast						
Khonkaen	121	871,070	13,900	96,006	-	184
Nongkhai	48	312,734	22,274	47,281	372	257
Sakonkakhon	66	-	-	52,348	-	39
Surin	50	306,177	26,973	25,815	-	699
Ubonratchathani	75	655,162	13,809	104,745	-	721
Udonthani	42	858,173	9,295	79,366	2,109	16
South						
Chumphon	94	-	-	28,587	-	-
Krabi	37	331,372	308,909	25,471	-	85
Nakhonsithammarat	154	517,671	1,607,907	24,840	1,008	-
Patani	56	-	-	24,536	-	-
Phangnga	95	-	-	15,229	12,976	1,300
Phuket	220	664,350	1,607,907	24,840	1,008	-

- no data

APPENDIX B

Table B2.1 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Policy of the 100% Condom Programme in the Past Year

Regional Center Level	Have Policy		If yes, What POLICY									
	Yes	No	1	2	3	4	5	6	7	8	9	
2-Saraburi	1	-	1		1							
3-Chonburi	1	-					1					
4-Ratchaburi	1	-		1		1						
6-Khonkaen	1	-							1	1		
7-Ubonratchathani	1	-	1	1								
8-Nakhonsawan	1	-					1					
9-Phitsanulok	1	-					1					
10-Chiangmai	1	-		1								
11-Nakhonsithamarat	1	-	1		1							
12-Songkhla	1	-	1		1							
Provincial Level												
1-Samutprakarn	1	-		1								
2-Saraburi	1	-				1						
3-Rayong	1	-			1	1						
4-Ratchaburi	1	-					1	1	1			
4-Samutsongkram	1	-					1			1		
4-Kanchanaburi	1	-	1									
5-Surin	1	-		1								
6-Khonkaen	-	1	have many programmes, not only 100% condom use and only supply condoms									
6-Nongkhai	1	-	1								1	
6-Udonthani	1	-			1							
6-Sakonnakhon	1	-		1								
7-Ubonratchathani	1	-			1							
8-Nakhonsawan	1	-										
8-Tak	1	-						1				
9-Phitsanulok	1	-		1				1				
9-Nan	1	-	no specify policy									
10-Chiangmai	1	-		1								
10-Phayao	1	-	1									
11-Nakhonsithamarat	1	-		1								
11-Chumphon	1	-			1							
11-Phangnga	1	-									1	
11-Phuket	1	-							1			
11-Krabi	1	-								1		
12-Pattani	1	-		1								

RCDC's Policy

- 1 Distribute and supply adequate condoms to SWs and SEs
- 2 Encourage condom use among SWs
- 3 Provide knowledge on AIDS and STIs to SWs
- 4 Promote condom use among male clients every time they visit SEs
- 5 Follow policy supervised by the MOPH to encourage 100% condom use among SWs
- 6 Implement directly to the real target group
- 7 Support and train their staff for working in responsible area
- 8 Encourage SWs to come for examination and provide them free condoms

PPHO's Policy

- 1 Follow policy supervised by the MoPH to encourage 100% condom use among SWs
- 2 Distribute and supply adequate condom to SWs and SEs
- 3 Have volunteers among SWs and the owners and train them to train the others
- 4 Provide knowledge on AIDS and STIs to SWs and the owners of SEs
- 5 Support and point out the importance of condom and encourage use
- 6 Provide physical examination for SWs
- 7 Survey and visit all SEs
- 8 Set maximum acceptable rate for STIs, lower than 15%, in each establishment
- 9 Monitor and evaluate condom use among SWs

Table B2.2 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Strategy of the 100% Condom Programme in the Past Year

Regional Center Level	Have Strategy		If yes, What STRATEGY											
	Yes	No	1	2	3	4	5	6	7	8	9	10	11	12
2-Saraburi	1	-		1	1									
3-Chonburi	1	-			1	1								
4-Ratchaburi	1	-				1								
6-Khonkaen	-	1												
7-Ubonratchathani	-	1												
8-Nakhonsawan	-	1												
9-Phitsanulok	1	-	1				1							
10-Chiangmai	1	-						1	1					
11-Nakhonsithammar	1	-				1	1							
12-Songkhla	1	-			1	1				1				
Provincial Level														
1-Samutprakran	1	-		1									1	
2-Saraburi	1	-							1					
3-Rayong	1	-	1											1
4-Ratchaburi	-	1												
4-Samutsongkram	1	-		1				1						
4-Kanchanaburi	1	-			1									
5-Surin	1	-						1	1					
6-Khonkaen	-	1												
6-Nongkhai	1	-	1					1	1					
6-Udonthani	1	-						1	1					
6-Sakonnakhon	-	1												
7-Ubonratchathani	1	-								1				
8-Nakhonsawan	-	1												
8-Tak	1	-						1	1					
9-Phitsanulok	1	-		1							1			
9-Nan	1	-		1	1					1				
10-Chiangmai	1	-	1											
10-Phayao	1	-												1
11-Nakhonsithammar	1	-			1									
11-Chumphon	1	-		1				1		1				
11-Phangnga	1	-												1
11-Phuket	1	-		1					1	1				
11-Krabi	1	-			1									
12-Pattani	1	-	1							1				

RCDC's strategy

- 1 Support condom in each province under control area
- 2 Training staff in each province to know how to estimate need and how to keep and demonstrate condom use
- 3 Provide health and sexual education for SWs
- 4 Distribute condoms to all SWs and encourage them to use condoms
- 5 Encourage SWs to come to STI clinics for physical examination every week or every 2 weeks
- 6 Encourage PPHOs to promote condom use among general male population when visit SWs
- 7 Establish a special project to create relationship with SWs to promote condom use
- 8 Have volunteers to check whether condom used in SE
- 9 Supply adequate condoms to all SEs and ask the owners to insist visitors use condoms every time they have intercourse

PPHO's strategy

- 1 Distribute and supply adequate free condoms to SWs
- 2 Encourage SWs use condom every time and deny service for any client who refuses to use condoms
- 3 Provide free supply of condoms in SE and ensure availability (2 pieces) in every room
- 4 SWs should advice to all visitors about condom use
- 5 Provide knowledge for SWs and the owners both inside and outside establishment
- 6 Make appointment to SWs for physical examination 2 or 4 times per month or provide mobile clinic every week
- 7 Cooperate with police to visit SEs and for ask help when SEs refuse to cooperate
- 8 Arrange meetings to confirm the importance of condom use
- 9 Put condom in a fancy envelope distributed in SEs
- 10 Plan poster signed by the governor to point out that the programme is provincial policy
- 11 Have quality check of condoms twice a year
- 12 Provide sex education for male clients

Table B2.3 Number of Regional Offices of Communicable Disease Control and Provincial Medical Offices with Special Strategy for Preventing STIs

Regional Center Level	Have special strategy to prevent STDs		If yes, what strategy*			
	yes	no	1	2	3	4
2-Saraburi		1				
3-Chonburi		1				
4-Ratchaburi	1		1			
6-Khonkaen		1				
7-Ubonratchathani		1				
8-Nakhonsawan	1		1			
9-Phitsanulok		1				
10-Chiangmai	1					1
11-Nakhonsithamm	1			1		
12-Songkhla		1				
Provincial Level						
1-Samutprakran						
2-Saraburi						
3-Rayong						
4-Ratchaburi						
4-Samutsongkram						
4-Kanchanaburi						
5-Surin						
6-Khonkaen						
6-Nongkhai						
6-Udonthani						
6-Sakonnakhon						
7-Ubonratchathani						
8-Nakhonsawan						
8-Tak						
9-Phitsanulok						
9-Nan						
10-Chiangmai						
10-Phayao						
11-Nakhonsithammarat						
11-Chumphon						
11-Phangnga						
11-Phuket						
11-Krabi						
12-Pattani						

* Strategy to prevent STIs

1 a fee of 500 Bath if STIs detected

2 training for quality of life

3 half price for medical fee (if no STIs found)

4 a special project to create a relationship between SWs and the owners of SEs for condom use and arrange meetings among SWs and the owners of SEs

Table B2.4 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Commitment for Continuing Programme

Regional Center Level	Continue programme		If yes, why (*)													
	Yes	No	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2-Saraburi	1	-														
3-Chonburi	1	-	1													
4-Ratchaburi	1	-	1	1												
6-Khonkaen	1	-	1													
7-Ubonratchathani	1	-	1													
8-Nakhonsawan	1	-	1													
9-Phitsanulok	1	-	1													
10-Chiangmai	1	-	1													
11-Nakhonsithammr	1	-	1													
12-Songkhla	1	-	1													
Provincial Level																
1-Samutprakran	1	-	1													
2-Saraburi	1	-	1	1												
3-Rayong	1	-	1													
4-Ratchaburi	1	-	1													
4-Samutsongrkram	1	-	1	1												
4-Kanchanaburi	1	-	1	1	1											
5-Surin	1	-	1	1	1											
6-Khonkaen	1	-	1	1												
6-Nongkhai	1	-	1	1	1	1										
6-Udonthani	1	-	1	1												
6-Sakonnakhon	1	-	1	1												
7-Ubonratchathani	1	-	1	1							1					
8-Nakhonsawan	1	-	1	1							1					
8-Tak	1	-	1	1							1					
9-Phitsanulok	1	-	1	1							1					
9-Nan	1	-	1	1							1					
10-Chiangmai	1	-	1	1							1					
10-Phayao	1	-	1	1							1					
11-Nakhonsithammr	1	-	1	1							1					
11-Chumphon	1	-	1	1							1					
11-Phangnga	1	-	1	1							1					
11-Phuket	1	-	1	1							1					
11-Krabi	1	-	1	1							1					
12-Pattani	1	-	1	1							1					

*RCDC should continue the program, because
 1 the best way to prevent STIs/ AIDS
 2 can reduce STIs/ AIDS infection rate
 3 SWs who has low income can not buy condoms

* PPHO should continue the programme, because :
 1 the best way to prevent STIs/ AIDS
 2 can reduce STI/ AIDS infection rate
 3 new immigrant will know of use
 4 still have more visitors to SEs
 5 gov't should continue support
 6 there is no medicine to treat HIV/AIDS
 7 also can be contraception
 8 PPHO staffs always change
 9 enough staffs to continue
 10 better method to use
 11 SWs always change
 12 AIDS is still spreading
 13 increase consciousness of SWs
 14 condom more widely available

Table B2.5: Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices Meeting with Sex Workers (SWs) in the Past Year

Regional Center Level	Meeting with SWs		how many		if no, why (code*)					
	yes	no	time	attend	1	2	3	4	5	6
2-Saraburi		1				1				
3-Chonburi	1		24	50-100						
4-Ratchaburi		1							1	
6-Khonkaen		1				1				
7-Ubonratchathani		1				1				
8-Nakhonsawan	1		2	40						
9-Phitsanulok		1					1			
10-Chiangmai		1				1	1		1	
11-Nakhonsithammar	1		1							
12-Songkhla		1							1	
Provincial Level (code **)										
1-Samutprakarn	1		3	30-35						
2-Saraburi		1			didn't give reason why					
3-Rayong	1		2	8-10						
4-Ratchaburi		1						1		
4-Samutsongkram	1		1	147						
4-Kanchanaburi	1		52	5-10						
5-Surin	1		2	40						
6-Khonkaen		1								1
6-Nongkhai	1		4	100						
6-Udornthani	1		1	863						
6-Sakonnakon		1					1			
7-Ubonratchathani		1						1		
8-Nakhonsawan	1		2	531						
8-Tak		1						1		
9-Phitsanulok		1						1		
9-Nan	1		1	45						
10-Chiangmai		1						1		
10-Phayao	1		1	20						
11-Nakhonsithammarat		1						1		
11-Chumphon		1								1
11-Phiangnga		1							1	
11-Phuket	1		104	-na-						
11-Krabi	1		6	15-20						
12-Pattani		1						1		

* RCDC did not have a meeting with SWs in the past year because :

1 no budget

2 each province arrange their own meeting

3 often visit and provide knowledge to SWs in SEs

4 always change staff

5 difficult to bring together all SWs to attend meeting

** PPHO did not have a meeting with SWs in the past year because :

1 no budget

2 no one in charge of this job

3 difficult to bring together SWs to attend the meeting

4 have other programmes for SWs

5 no plan for this year, but have plan for the next year

6 no specific programme to arrange meeting

Table B2.6 Number of Regional Offices of Communicable Disease Control that Cooperated with Provincial Public Health Offices to Arrange Meeting with Owner/ Manager of Sex Establishment in the Past Year

Regional Center Level	meeting with owners		how many/ time	when last meeting	how many owner join	If no, why (code*)													
	yes	no				1	2	3	4	5	6	7							
2-Saraburi		1			1														
3-Chonburi		1				1													
4-Ratchaburi		1																	
6-Khonkaen		1								1									
7-Ubonratchathani		1								1									
8-Nakhonsawan	1		2	June'97	2														
9-Phitsanulok		1				1													
10-Chiangmai	1		1	Apr'97	70														
11-Nakhonsihammar	1		1	1996	don't know														
12-Songkhla		1									1								
Provincial Level																			
1-Samutprakran		1				1													
2-Saraburi	1																		
3-Rayong	1		1	Nov'96	65														
4-Ratchaburi	1		4	na-															
4-Samutsongram	1		1	July'96	13														
4-Kanchanaburi	1		1	1996	28														
5-Surin	1		1	Aug'96	30					1									
6-Khonkaen		1																	
6-Nongkhai		1									1								
6-Udonthani	1		1	July'96	100														
6-Sakonnakhon		1									1								
7-Ubonratchathani	1		1	May'96	65														
8-Nakhonsawan	1		1	June'96	34														
8-Tak	1		1	July'96	70														
9-Phitsanulok	1		1	Nov'96	80														
9-Nan	1		1	Aug'96	10														
10-Chiangmai		1										1							
10-Phayao		1																	1
11-Nakhonsihammarat		1											1						
11-Chumphon	1		1	Aug'96	60														1
11-Phuangnga		1																	
11-Phuket	1		1	Feb'97	40														
11-Krabi	1		1	July'96	52														
12-Pattani	1		1	June'97	19														

* Did not arrange meeting with owners because :
 1 PPHO had already held such meeting, only sent trainer to join and recruit some owners to attend meeting
 2 owners had good cooperation and REC gave enough health education
 3 had no budget for meetings and change of personnel
 4 already had meeting in the previous year

** Did not arrange meeting with owners because :
 1 owners would get bored if meeting were held too often because SW was the real target group
 2 not specifically included in the plan
 3 had no budget
 4 RCDC had arranged such a meeting
 5 provincial social workers had held such meeting
 6 had other projects to do
 7 police should be responsible for the meeting

Table B2.7 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Other Activities to Promote 100% Condom Use

Regional Center Level	Promote condom		If yes, what activity (code*)																		
	Yes	No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
2-Saraburi	1																				
3-Chonburi	1						1														
4-Ratchaburi	1																				
6-Khonkaen	1																				
7-Ubonratchathani	1																				
8-Nakhonsawan	1																				
9-Phitsanulok	1																				
10-Chiangmai	1																				
11-Nakhonsithammarat	1																				
12-Songkhla	1																				
Provincial Level																					
1-Samutprakran	1																				
2-Saraburi	1																				
3-Rayong	1																				
4-Ratchaburi	1																				
4-Samutsongkram	1																				
4-Kanchanaburi	1																				
5-Surin	1																				
6-Khonkaen	1																				
6-Nongkhai	1																				
6-Udornthani	1																				
6-Sakonnakon	1																				
7-Ubonratchathani	1																				
8-Nakhonsawan	1																				
8-Tak	1																				
9-Phitsanulok	1																				
9-Nan	1																				
10-Chiangmai	1																				
10-Phayao	1																				
11-Nakhonsithammarat	1																				
11-Chumphon	1																				
11-Phangnga	1																				
11-Phuket	1																				
11-Krabi	1																				
12-Pattani	1																				

* Activities to promote 100% condom use (RCD)

1 Support and distribute condom in each SE

2 Provide education and introduce condom use

3 Have a special project "Health for you" or "Friend help friend" by regular visit

4 Provide a box containing free condoms in the SE

5 Train students to join the programme to educate SWs

6 Give KY lubricant to sex workers

7 Visit sex establishment to evaluate condom use

8 Have exhibition to promote condom use

* Activities to promote 100% condom use (PPHO)

1 Have a special slogan against AIDS to put in form of SEs

"This house only give service to customer who use condom"

2 Have exhibition, provide health education and distribute document to SWs

3 Distribute condom in hotel room and SEs

4 Give a health card coupon 100 baht every month

5 Encourage SWs to come for physical exam and condom use

6 Put a sticker in SE asking to use condom

7 Present a message on radio and local loud speaker

8 Talk with people infected in order to know the ways to prevent AIDS and STIs

9 Collaborate with provincial social welfare to educate SWs

10 Have a blood check every 3 months

11 Support female condoms

12 Have a good health contest among sex workers

13 Support condom use

14 Visit sex establishments

15 Arrange condoms package available in SE and hotel

16 Have volunteer to check whether condom are used in SEs

17 Have a mobile clinic

18 Have meeting among PPHO, SE, and SWs

19 Give award to SW who are less infected with STIs or use more condoms, or come for regular check

Table 2.8 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Condom Supply Management in the Past Year

Regional Center Level	How many time/box/piece/price get condom fr MoPH					How many time give condom to PMO					How many time give condom to SW				
	Time	Boxes	Pieces	Piece/year	Time	Boxes	Pieces	Piece/year	Time	Boxes	Pieces	Time	Boxes	Pieces	Piece/week
2-Saraburi	6 /yr	15	60,000	350,000	4	155	620,000	2,480,000	-	-	100	-	-	100	1
3-Chonburi	7 /yr	143	572,000	4,004,000	130	10	40,000	5,200,000	-	-	100	-	-	100	-
4-Ratchaburi	6 /yr	209	836,000	5,016,000	40	52	209,000	8,360,000	-	-	200-400	-	-	200-400	1
6-Khonkaen	-	-	-	4,790,000	-	-	-	31,680,000	-	-	2	100	-	100	1
7-Ubonratchathani	6 /yr	392	1,568,000	9,408,000	32	10-40	40000-160000	1280000-1158000	-	-	-	-	-	-	-
8-Nakhonsawan	2 /yr	200	800,000	1,600,000	-	-	as request	-	-	-	8000	-	-	8000	4
9-Phitsanulok	3 /yr	125	500,000	1,500,000	49	17	68,000	3,332,000	-	-	100	-	-	100	-
10-Chiangmai	12 /yr	125	500,000	6,000,000	12	25-30	100000-1200000	1200000-1440000	-	-	-	-	-	-	-
11-Nakhonsithammarat	6 /yr	150	600,000	3,600,000	3	50	200,000	600,000	-	-	100	-	-	100	1
12-Songkhla	8 /yr	20	80,000	640,000	5	2	8,000	40,000	-	-	200	-	-	200	1
Provincial Level															
How many time/box/piece/price get condom from RCDC															
1-Samutprakran	12	20-55	80000-200000	960000-2640000	-	-	-	-	-	-	1	1	100	100	2
2-Saraburi	3	40	160,000	480,000	-	-	-	-	-	-	1	1	100	100	1
3-Rayong	12	20	80,000	946,640	-	-	-	-	-	-	1	-	40	40	1
4-Ratchaburi	12	4	16,000	192,000	-	-	-	-	-	-	1	-	200-500	can ask when run out	1
4-Samutsongkram	6	25	100,000	600,000	-	-	-	-	-	-	1	(1)	100	100	1
4-Kanchanaburi	12	15	60,000	720,000	-	-	-	-	-	-	1	-	100	100	1
5-Surin	12	10	40,000	480,000	-	-	-	-	-	-	1	1	100	100	-
6-Khonkaen	12	10	40,000	480,000	-	-	-	-	-	-	-	-	1000	can ask when run out	-
6-Nongkhai	12	55	220,000	214,800	-	-	-	-	-	-	1	(1)	100	100	1
6-Udornthani	12	26	104,000	1,248,000	-	-	-	-	-	-	1	(1)	100	100	1
6-Sakonnakhon	12	10	40,000	480,000	-	-	-	-	-	-	1	-	20	20	5 days
7-Ubonratchathani	24	25	100,000	2,400,000	-	-	-	-	-	-	1	(2)	200	200	1
8-Nakhonsawan	9	20	80,000	720,000	-	-	-	-	-	-	1	(1)	100	100	2
8-Tak	8	20	80,000	640,000	-	-	-	-	-	-	1	(1)	100	100	1
9-Phitsanulok	6	125	-	680,000	-	-	-	-	-	-	1	(1)	100	100	30 days
9-Nan	12	10	40,000	480,000	-	-	-	-	-	-	1	(1)	100	100	1
10-Chiangmai	12	30-50	120000-200000	1440000-2400000	-	-	-	-	-	-	1	-	500-1000	* give to owner	1
10-Phayao	12	20	80,000	960,000	-	-	-	-	-	-	1	(1)	100	100	1
11-Nakhonsithammarat	4	50	200,000	840,000	-	-	-	-	-	-	1	-	686725	* give to owner	-
11-Chumphon	2	40	160,000	320,000	-	-	-	-	-	-	1	2	200	200	-
11-Phangnga	3	10	40,000	120,000	-	-	-	-	-	-	1	(1)	100	100	1
11-Phuket	2	60	240,000	600,000	-	-	-	-	-	-	1	1	100	100	1
11-Krabi	3	20	80,000	240,000	-	-	-	-	-	-	1	-	400-600	* give to owner	1
12-Pattani	12	4	16,000	192,000	-	-	-	-	-	-	1	(1)	100	100	1

* 1 box = 4,000 pieces
small box = 100 pieces

Table B2.10 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices by Storage of Condoms

Regional Center Level	How store condoms												
	1	2	3	4	5	6	7	8	9	10	11	12	
2-Saraburi				1									
3-Chonburi	1												
4-Ratchaburi		1				1		1					
6-Khonkaen	1	1			1								
7-Ubonratchathani				1	1								
8-Nakhonsawan	1												
9-Phitsanulok			1	1				1					
10-Chiangmai				1									
11-Nakhonsithammarat		1				1	1						
12-Songkhla		1				1		1					
Provincial Level													
1-Samutprakran					1							1	
2-Saraburi					1								
3-Rayong							1		1				1
4-Ratchaburi						1		1					
4-Samutsongkram										1			
4-Kanchanaburi		1				1	1	1					
5-Surin			1	1									
6-Khonkaen			1	1					1				
6-Nongkhai			1	1	1								
6-Udonthani			1	1									
6-Sakonnakhon			1	1	1				1				
7-Ubonratchathani										1			
8-Nakhonsawan	1					1							
8-Tak			1										
9-Phitsanulok	1	1		1					1				
9-Nan						1							
10-Chiangmai			1										
10-Phayao					1								
11-Nakhonsithammarat					1	1							
11-Chumphon		1		1						1			
11-Phangnga					1								
11-Phuket					1								
11-Krabi					1								1
12-Pattani								1					

code* RCDC

- 1 in a storehouse with air conditioning
- 2 on a shelf 10 cm from the floor
- 3 order by row, easy to check
- 4 in normal room (office)
- 5 not remain in stock long enough
- 6 keep 30 cm away from the wall
- 7 not higher than 2.5 metres
- 8 in godown with fresh air

code ** (PPHO)

- 1 in a storehouse with air conditioning
- 2 on a shelf 10 cm from the floor
- 3 in the office
- 4 no condoms in a stock
- 5 in godown or warehouse with fresh air
- 6 away from heat
- 7 use the open box first
- 8 away from humidity not wet water
- 9 keep in underground room
- 10 keep in drug room
- 11 keep in front of rest room
- 12 arrange official to check

Table B2.11 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices by Quality of Condom

Regional Center Level	Have Problem		What problem											
	yes	no	1	2	3	4	5	6	7	8	9	10	11	12
2-Saraburi	1							1	1					
3-Chonburi	1			1				1						
4-Ratchaburi	1			1										
6-Khonkaen	1			1				1						
7-Ubonratchathani	1			1				1						
8-Nakhonsawan		1												
9-Phitsanulok	1			1										
10-Chiangmai	1								1					
11-Nakhonsithammarat	1		1	1										
12-Songkhla	1			1				1	1					
Provincial Level														
1-Samutprakran	1			1				1						
2-Saraburi		1												
3-Rayong	1			1										
4-Ratchaburi	1			1										
4-Samutsongkram	1			1										
4-Kanchanaburi	1			1				1						
5-Surin	1							1						
6-Khonkaen		1												
6-Nongkhai	1			1						1				
6-Udonnithani	1			1				1						
6-Sakonnakhon	1			1				1						
7-Ubonratchathani	1		1	1						1				
8-Nakhonsawan	1			1				1						
8-Tak	1			1				1						
9-Phitsanulok	1			1				1						1
9-Nan		1												
10-Chiangmai	1			1				1					1	
10-Phayao		1												
11-Nakhonsithammarat		1												
11-Chumphon	1			1										
11-Phangnga	1			1										
11-Phuket	1			1								1		1
11-Krabi	1			1										
12-Pattani	1			1				1						

* Problem on quality of condom
 1 Size
 2 Easily broken
 3 low quality/ broken before use
 4 not enough supply for SWs
 5 no new taste/color/smell/package
 6 less lubricant
 7 itching when used
 8 more lubricant
 9 easy to become dry
 10 bad odor
 11 very thin
 12 very thick

Table B2.12 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Sufficient of Personnel in the Programme

Regional Center Level	Who in charge of the programme(*)						If yes, how many	
	1	2	3	4	5	6	Yes	No
2-Saraburi	1	1					1	5
3-Chonburi	1	1	1	1	1	1	1	12
4-Ratchaburi	1	1	1	1	1	1	1	8
6-Khonkaen	1	1	1	1	1	1	(**)	
7-Ubonratchathani						1	1	5
8-Nakhonsawan	1						1	2
9-Phitsanulok	1	1	1				1	4
10-Chiangmai	1	1	1	1				
11-Nakhonsithammarat	1	1					1	1
12-Songkhla	1	1	1	1	1	1	1	10
Provincial Level								
1-Samutprakarn	1	1	1	1			(**)	
2-Saraburi	1	1	1	1	1	1	1	6
3-Rayong	1	1	1	1			1	9
4-Ratchaburi	1	1	1	1			1	4
4-Samutsongrakram	1	1	1	1			1	8
4-Kanchanaburi	1	1	1	1	1	1	1	16
5-Surin	1	1	1	1			1	2
6-Khonkaen	1	1	1	1			1	11
6-Nongkhai	1	1	1	1			1	8
6-Udornthani	1	1	1	1			1	16
6-Sakonnakhon	1	1	1	1	1	1	1	11
7-Ubonratchathani	1	1	1	1			1	2
8-Nakhonsawan	1	1	1	1			1	2
8-Tak	1	1	1	1			1	2
9-Phitsanulok	1	1	1	1			1	15
9-Nan	1	1	1	1			1	10
10-Chiangmai				1	1	1	1	1
10-Phayao	1						1	2
11-Nakhonsithammarat	1						1	2
11-Chumphon	1	1	1	1			1	12
11-Phangnga	1	1	1	1			1	5
11-Phuket	1	1	1	1			1	11
11-Krabi	1	1	1	1	1	1	1	4
12-Pattani	1	1	1	1	1	1	1	3

** Not enough staff have to help others

** Enough in Epidemiology Section/ Enough in Behavior Division Section but not enough in Pharmacy Section

** Enough in Provincial level, but not enough at District Level

* Who is in charge of the programme

1 AIDs and STIs Demonstration Center

2 Pharmacy Section

3 Section of Behavior and Health Development

4 Epidemiology Unit

5 Section of Support and Action

6 Every section working together

Table B2.13 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices by Level of Efficiency of the Programme and the Indicators Used for Evaluate the Success of the Programme in the Past Year

Regional Center Level	Efficiency of the Program			what indicator to evaluate*							
	High	Moderate	Low	1	2	3	4	5	6	7	8
2-Saraburi		1									
3-Chonburi	1			1		1					
4-Ratchaburi		1		1							
6-Khonkaen			1	1	1						
7-Ubonratchathani	1			1	1						
8-Nakhonawan		1		1	1						
9-Phitsanulok	1			1	1						
10-Chiangmai	1			1	1						
11-Nakhonsithamarat		1		1	1						
12-Songkhla		1		1	1						
Provincial Level											
1-Samutprakran	1			1	1						
2-Saraburi		1				1					
3-Rayong		1		1	1						
4-Ratchaburi			*all personnel were new	1							
4-Samutsoengkran	1			1	1						
4-Kanchanaburi		1		1	1	1			1		
5-Surin	1			1	1						
6-Khonkaen		1		1	1						
6-Nongkhai		1		1	1	1					
6-Udonthani		1		1	1	1					
6-Sakonnakhon		1		1	1						
7-Ubonratchathani	1			1	1	1	1				
8-Nakhonawan		1		1	1	1					
8-Tak		1		1	1				1		
9-Phitsanulok	1			1	1	1			1	1	
9-Nun		1		1	1						
10-Chiangmai	1			1	1						
10-Phayao		1		1	1	1			1	1	
11-Nakhonsithamarat		1		1	1						
11-Chumphon		1		1	1					1	
11-Phangnga	1			1	1	1					
11-Phuket	1			1	1	1					
11-Krabi	1			1	1	1			1		
12-Pattani	1			1	1						

* What indicator RCDC used to evaluate success :

1 incidence/ prevalence rate of STIs

2 no. of condom supply

3 AIDS infectious rate in SWs

* What indicator PPHO used to evaluate success :

1 incidence/ prevalence rate of STIs

2 no. of condoms distributed

3 AIDS infection rate in SWs

4 proportion of condom use in commercial sex

5 rate of condom use by number of sexual intercourse

6 number of SEs which join the programme

7 from questionnaire

8 from the surveillance survey

Table B2.1.4 Number of Regional Offices of Communicable Disease Control and Provincial Provincial Public Health Offices with Target Setting for the Programme in the Past Year

Regional Center Level	Set target		If yes		If no, why (*)				% success last year
	yes	no	%		1	2	3	4	
2-Saraburi	1		100						92
3-Chonburi	1		90						90
4-Ratchaburi	1		95						96
6-Khonkaen	1		100				*		99
7-Ubonratchathani	1		100						90
8-Nakhonsawan	1		100						94
9-Phitsanulok	1		90						99
10-Chiangmai	1		-			1			90
11-Nakhonsithamarat	1		100						90
12-Songkhla	1		-		1				90
Provincial Level									
1-Samutprakarn	1		-		1				70
2-Saraburi	1		-		no answer				
3-Rayong	1		80						80
4-Ratchaburi	1		-				1		-na-
4-Samutsongkram	1		90						92
4-Kanchanaburi	1		95						98
5-Surin	1		100						90
6-Khonkaen	1		-		1				-na-
6-Nongkhai	1		100						95
6-Udonthani	1		96						87
6-Sakonnakon	1		100						90
7-Ubonratchathani	1		95						80
8-Nakhonsawan	1		95						97
8-Tak	1		100						90
9-Phitsanulok	1		100						96
9-Nan	1		100						-na-
10-Chiangmai	1		70						70
10-Phayao	1		100						60
11-Nakhonsithamarat	1		80						50
11-Chumphon	1		75						85
11-Phangnga	1		95						90
11-Phuket	1		95						80
11-Krabi	1		-					1	92
12-Pattani	1		100						95

* RCDC didn't set target, because :

- 1 not possible to order condom use among clients because no law exists
- 2 the programme has become part of their routine work

* PPHO didn't set target, because

- 1 didn't have policy
- 2 look at the STI rate instead
- 3 always change staff
- 4 difficult to evaluate

Table B2.1.5 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Evaluation of the Programme in the Past Year

Regional Center Level	Evaluate		If yes, how many times last year						If no, why (*)					
	Yes	No	1	2	4	12	1	2	3	4	5	6		
2-Saraburi		1					1							
3-Chonburi		1									1			
4-Ratchaburi	1		1											
6-Khonkaen		1										1		
7-Ubonratchathani		1					1							
8-Nakhonsawan	1		1											
9-Phitsanulok	1		1											
10-Chiangmai		1								1				
11-Nakhonsithammarat		1									1			
12-Songkhla		1										no answer		
Provincial Level														
1-Samutprakran		1						1						
2-Saraburi		1										no answer		
3-Rayong	1				1									
4-Ratchaburi		1								1				
4-Samutsoongkram	1					1								
4-Kanchanaburi	1				no answer									
5-Surin	1					1								
6-Khonkaen		1										no answer		
6-Nongkhai	1		1											
6-Udonthani	1			1										
6-Sakonkakhon		1										1		
7-Ubonratchathani	1					1								
8-Nakhonsawan	1					1								
8-Tak	1		1											
9-Phitsanulok		1								1				
9-Nan	1		1											
10-Chiangmai	1		1											
10-Phayao	1		1											
11-Nakhonsithammarat		1									1			
11-Chumphon		1								1				
11-Phangnga	1				1									
11-Phuket		1									1			
11-Krabi	1		1											
12-Pattani	1		1											

* RCDC did not evaluate the programme because:

- 1 evaluation was made in the PPHOs
- 2 change of personnel
- 3 the programme was split into many sections
- 4 lack of time in the past year
- 5 lack of budget
- 6 just promoted and moved from VD Center to RCDC

* PPHO did not evaluate the programme because:

- 1 the success could be checked from the reduction of STI incidence rates
- 2 not in charge of the job
- 3 no success in the previous evaluation in the past year
- 4 no set plan because of frequent changes of personnel
- 5 only evaluate condom use

Table B2.16 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Physical Examinations for Sex Workers, Prevalence of STIs and Mobile Clinics in the Past Year

Regional Center Level	Have STD clinic		How many/ service		High prevalence of STD*				Have mobile clinic		If yes, how many time		provide service
	yes	no	Time	Cases	1	2	3	4	yes	no	per mth	per year	
2-Saraburi	1		24519	-	1				1		4		* High prevalence of STI
3-Chonburi	1		8087	751	1				1		10		1 Gonorrhea
4-Ratchaburi	1		1002	166		1			1		1		2 Non-Gonococcal Urethritis (NGU)
6-Khonkaen	1		-	-	1				1		4		3 Syphilis
7-Ubonratchathani	1		15326	1364	1				1		* every 2-3 mth		4 Yeast vaginitis
8-Nakhonsawan	1		2147	64		1			1		2		** For RCDC, if no mobile clinic, why
9-Phitsanulok	1		-	60		not specify				1**			PPHO provided service
10-Chiangmai	1		8105	1617		1			1		8		
11-Nakhonsithammarat	1		1841	1401	1				1		10		
12-Songkhla	1		4018	-		1			1		4		
Provincial Level													
1-Samutprakan	1		7661	3026		1			1		6		
2-Saraburi	1		7131	518	1				1			1-2	
3-Rayong	1		8891	7087	1				1		4		
4-Ratchaburi	1		464	166	1				1			4	
4-Samutsongkram	1		1298	136	1				1		4		
4-Kanchanaburi	1		no report		1				1		3-4		
5-Surin	1		8229	491	1				1		3		
6-Khonkaen	1	1***	-	-	1				1		1		*** For PPHO, if no STI clinic, why
6-Nongkhai	1		374	226	1				1		4		has RCDC's STI clinic
6-Udornthani	1		na-	14208	1				1		4		
6-Sakonnakhon	1		1438	1435	1				1			3-4	
7-Ubonratchathani	1		8,929	608		1			1		4		
8-Nakhonsawan	1		4196	4196		mainly not found			1		4		
8-Tak	1		4860	na-	1				1		1		
9-Phitsanulok	1		na-	344	1				1		1		
9-Nan	1		718	718	1				1		4		
10-Chiangmai	1	1***	-	-		1			1		4		
10-Phayao	1		2642	1321		1			1			2	
11-Nakhonsithammarat	1	1***	-	-		1				1****			
11-Chumphon	1		5475	na-		1			1		1		
11-Phangnga	1		768	na-		1			1		1		
11-Phuket	1		9604	1617		1			1		12		
11-Krabi	1		na-	4375		1			1		10		
12-Pattani	1		1834	1834		1			1		4		

**** For PPHO, if no mobile clinic, why provided by RCDC

Table B2.17 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Budget Support for the 100% Condom Programme

Regional Center Level	Budget support		If yes, how much	Enough		If no, how operate*							
	Yes	No		Yes	No	1	2	3	4	5			
2-Saraburi	1						1						
3-Chonburi	1												1
4-Ratchaburi	1											1	
6-Khonkaen	1												1
7-Ubonratchathani	1						1						
8-Nakhonsawan	1											1	
9-Phitsanulok	1						1						
10-Chiangmai	1												1
11-Nakhonsithamarat	1											1	
12-Songkhla	1											1	
Provincial Level													
1-Samutprakran	1												
2-Saraburi	1		na**	1									
3-Rayong	1											1	
4-Ratchaburi	1											1	
4-Samutsongkram	1												
4-Kanchanaburi	1												1
5-Surin	1		286,600	1									
6-Khonkaen	1												
6-Nongkhai	1												
6-Udonthani	1												
6-Sakonnakhon	1												
7-Ubonratchathani	1												
8-Nakhonsawan	1												1
8-Tak	1												
9-Phitsanulok	1												
9-Nan	1		98,400	no answer									
10-Chiangmai	1												1
10-Phayao	1												1
11-Nakhonsithamarat	1												1
11-Chumphon	1		75,000	haven't use the money									
11-Phangnga	1		60,000	1									
11-Phuket	1		2626600**	1									
11-Krabi	1												1
12-Pattani	1												1

* RCDC had no budget support for the programme

1 ask from AIDS control programme

2 ask from or combine with other activities

3 fiscal budget is enough to manage

4 get support in terms of condom supply

5 get from routine activities

** not identify because working with other activities

* RCDC had no budget support for the programme

1 ask from AIDS control programme

2 ask from or combine with other activities

3 get support in terms of condom supply

4 ask for other special support

5 ask for budget support from RCDC

** not only for 100% condom programme, but combine with AIDS & STIs section

Table B2.18 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices with Governor Support

Regional Center Level	Governor support this program			
	High	Moderate	Low	Others
2-Saraburi				
3-Chonburi				
4-Ratchaburi				
6-Khonkaen				
7-Ubonratchathani				
8-Nakhonsawan				
9-Phitsanulok				
10-Chiangmai				
11-Nakhonsithammarat				
12-Songkhla				
Provincial Level				
1-Samutprakran	1			
2-Saraburi	1			
3-Rayong		1		
4-Ratchaburi				1**
4-Samutsoongkram	1			
4-Kanchanaburi		1		
5-Surin	1			
6-Khonkaen	1			
6-Nongkhai	1			
6-Udonthani		1		
6-Sakonkakhon	1			
7-Ubonratchathani	1			
8-Nakhonsawan		1		
8-Tak	1			
9-Phitsanulok	1			
9-Nan	1			
10-Chiangmai		1		
10-Phayao	1			
11-Nakhonsithammarat		1		
11-Chumphon		1		
11-Phangnga	1			
11-Phuket	1			
11-Krabi			1	
12-Prattani		1		

** newly appointed the Governor

Table B2.20 Number of Regional Offices of Communicable Disease Control Meeting with AIDS Committee at the Provincial Level

Regional Center Level	Meeting with AIDS committee		How many times in the last year												If no, why*	
	yes	no	1	2	3	4	5	6	12	1	2					
2-Saraburi	1															
3-Chonburi	1						1									
4-Ratchaburi	1		<i>could not remember</i>													
6-Khonkaen	1															
7-Ubonratchathani		1														1
8-Nakhonsawan	1		<i>did not count</i>													
9-Phitsanulok	1			1												
10-Chiangmai	1			1												
11-Nakhonsithammarat		1														1
12-Songkhla		1														1
Provincial Level																
1-Samutprakarn																
2-Saraburi																
3-Rayong																
4-Ratchaburi																
4-Samutsongkram																
4-Kanchanaburi																
5-Surin																
6-Khonkaen																
6-Nongkhai																
6-Udornthani																
6-Sakonnakhon																
7-Ubonratchathani																
8-Nakhonsawan																
8-Tak																
9-Phitsanulok																
9-Nan																
10-Chiangmai																
10-Phayao																
11-Nakhonsithammarat																
11-Chumphon																
11-Phangnga																
11-Phuket																
11-Krabi																
12-Pattani																

* If no, why
 1 not invited
 2 not a committee member

Table B2.21 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices that Collaborated with Police for Arranging Meetings in the Past Year

Regional Center Level	Cooperate with Police for meeting		How many time	If no, why (code *)																
	Yes	didn't ask		1	2	3	4	5	6	7	8	9								
2-Saraburi																				
3-Chonburi																				
4-Ratchaburi																				
6-Khonkaen																				
7-Ubonratchathani																				
8-Nakhonsawan																				
9-Phitsanulok																				
10-Chiangmai																				
11-Nakhonsithammarat																				
11-Chumphon																				
11-Phangnga																				
11-Phuket																				
11-Krabi																				
12-Pattani																				

* If not collaborate with Police for arranging meeting, because of:
 1 preferred to build informal relationships with the owners of SE
 2 misinterpreted that the meeting was compulsory
 3 not in charge of such meeting, only distribute condom supply to SWs
 4 afraid that the owners of SE have bad attitudes toward police and more difficult for them to work with
 5 had no budget for such meeting
 6 RCDCs already held such meeting
 7 it's better for police to arrange the meeting by themselves
 8 provincial social workers had held such meeting
 9 used to ask for cooperation but did not get a good response

Table B2.22 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices that Cooperated with Police for Closing Sex Establishment in the Past Year

Regional Center Level	cooperate with Police to close SE		How many time	If no, why (code *)												
	Yes	No		1	2	3	4	5	6	7	8	9	10	11	12	
2-Saraburi		1														
3-Chonburi		1														
4-Ratchaburi		1														
6-Khonkaen		1														
7-Ubonratchathani		1														
8-Nakhonsawan		1														
9-Phitsanulok		1														
10-Chiangmai		1														
11-Nakhonsithammarat		1														
12-Songkhla		1														
Provincial Level																
1-Samutprakran		1														
2-Saraburi	1															
3-Rayong		1														
4-Ratchaburi		1														
4-Samutsongkram		1														
4-Kanchanaburi		1														
5-Surin		1														
6-Khonkaen		1														
6-Nongkhai		1														
6-Udonthani		1														
6-Sakonnakhon		1														
7-Ubonratchathani		1														
8-Nakhonsawan		1														
8-Tak		1														
9-Phitsanulok		1														
9-Nan		1														
10-Chiangmai		1														
10-Phayao		1														
11-Nakhonsithammarat		1														
11-Chumphon		1														
11-Phangnga		1														
11-Phuket		1														
11-Krabi		1														
12-Pattani		1														

code * (RCDC) If no, why

1 RCDC work differently from the police, the owners and SWs will not happy if the police join

2 not have such a policy, RCDC only give good service

3 Prefer to talk/negotiate rather than close

4 This will make RCDC work more difficult and SWs & owners will not cooperate again/ prefer to build informal relationship

5 it should be PPHO duty

6 prefer to be supporter instead of leader to close SES/ not within their authority

7 Disagree with police

8 already received good cooperation with the owners

code * (PPHO) If no, why

1 made their work more difficult

2 there were no SW coming for service if close SE

3 not have such a policy

4 all SES closed under policy of Ministry of Interior

5 already received good cooperation with the owners not need to close

6 can use the old strategy (not specify what is the old strategy)

7 the situation was not serious

8 prefer to build informal relationships with owners

9 not within their authority to do so, only in charge of health

10 it should be police duty; not have authority to do so

11 not received good cooperation with owners

12 obstruct cooperation with the owners and on danger their work

no answer

Table B2.23 Number of Regional Offices of Communicable Disease Control and Provincial Public Health Offices that Received Cooperation from the Owners of Sex Establishments in the Past Year about Meeting and Mobile Clinic

Regional Center Level	mobile clinic		how many visit (times/month)	cooperation with owner		
	yes	no		high	moderate	low
2-Saraburi	1		4	1		
3-Chonburi	1		10	1		
4-Ratchaburi	1		1		1	
6-Khonkaen	1		4	1		
7-Ubonratchathani	1		2-3	1		
8-Nakhonsawan	1		2		1	
9-Phitsanulok		1				
10-Chiangmai	1		8	1		
11-Nakhonsithammarat	1		10		1	
12-Songkhla	1		4		1	
Provincial Level						
1-Samutprakran	1		1		1	
2-Saraburi	1		1-2 time/year		1	
3-Rayong	1		4		1	
4-Ratchaburi	1		4 time/year		1	
4-Samutsongkram	1		4		1	
4-Kanchanaburi	1		3-4		1	
5-Surin	1		3		1	
6-Khonkaen	1		1		1	
6-Nongkhai	1		4		1	
6-Udonthani	1		4		1	
6-Sakonnakhon	1		3-4 time/year		1	
7-Ubonratchathani	1		4		1	
8-Nakhonsawan	1		4		1	
8-Tak	1		1		1	
9-Phitsanulok	1		1		1	
9-Nan	1		4		1	
10-Chiangmai	1		4		1	
10-Phayao	1		2 time/year		1	
11-Nakhonsithammarat		1				
11-Chumphon	1		1		1	
11-Phangnga	1		1		1	
11-Phuket	1		12		1	
11-Krabi	1		10		1	
12-Pattani	1		2		1	

APPENDIX C

Table C6.1 Percentage distribution of men by knowledge of condoms and age.

Age	Know or ever heard of condom		Total	Cases
	Yes	No		
20-24	99.9	0.1	100.0	2345
25-29	99.8	0.2	100.0	1726
Total	99.8	0.2	100.0	4071

Table C6.2 Percentage distribution of men who know or ever heard of condoms by knowledge of condom expiration date and age.

Age	Know that condom has expiry date		Total	Cases
	Yes	No		
20-24	59.9	40.1	100.0	2342
25-29	55.9	44.1	100.0	1722
Total	58.2	41.8	100.0	4046

P = .010

Table C6.3 Percentage distribution of men who had knowledge of condom expiration date by method of knowing and age.

Age	Method of knowing expiration date			Total	Cases
	From cover	Look at condition or colour	No answer		
20-24	90.3	3.4	6.3	100.0	1404
25-29	88.7	2.6	8.7	100.0	963
Total	89.6	3.1	7.3	100.0	2367

p=.046

Table C6.4 Percentage distribution of men who know or ever heard of condoms by condom use and age.

Age	Experience of condom use		Total	Cases
	Yes	No		
20-24	57.2	42.8	100.0	2342
25-29	73.0	27.0	100.0	1722
Total	63.9	36.1	100.0	4046

P<.001

Table C6.5 Percentage distribution of men who ever used condoms with wife in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Some times	Nearly everytime	Every time		
20-24	79.3	3.7	14.8	0.7	1.5	100.0	454
25-29	81.0	2.6	12.7	1.1	2.6	100.0	883
Total	80.4	3.0	13.4	1.0	2.2	100.0	1337

p = .335

Table C6.6 Percentage distribution of men who ever used condoms with minor wife in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	42.9	-	7.1	7.1	42.9	100.0	14
25-29	47.4	5.3	15.8	-	31.6	100.0	19
Total	45.5	3.0	12.1	3.0	36.4	100.0	33

p=.573

Table C6.7 Percentage distribution of men who ever used condoms with fiancée in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	56.0	4.0	28.0	-	12.0	100.0	25
25-29	41.9	-	29.0	3.2	25.8	100.0	31
Total	48.2	1.8	28.6	1.8	19.6	100.0	56

p=.411

Table C6.8 Percentage distribution of men who ever used condoms with girl friend in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	46.6	3.6	24.7	5.3	19.8	100.0	665
25-29	41.6	2.9	21.9	5.8	27.7	100.0	274
Total	45.2	3.4	23.9	5.4	22.2	100.0	939

p=.110

Table C6.9 Percentage distribution of men who ever used condoms with friend in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	25.6	2.8	19.9	3.6	48.1	100.0	497
25-29	21.4	2.7	17.7	4.1	54.1	100.0	294
Total	24.0	2.8	19.1	3.8	50.3	100.0	791

p=.522

Table C6.10 Percentage distribution of men who ever used condoms with other woman in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	16.6	0.8	14.1	3.3	65.1	100.0	361
25-29	9	0.9	16.7	1.7	71.8	100.0	234
Total	13.6	0.8	15.1	2.7	67.7	100.0	595

p=.061

Table C6.11 Percentage distribution of men who ever used condoms with direct regular SW in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	-	-	7.9	5.3	86.8	100.0	38
25-29	2.8	-	5.6	2.8	88.9	100.0	36
Total	1.4	-	6.8	4.1	87.8	100.0	74

p=.683

Table C6.12 Percentage distribution of men who ever used condoms with indirect regular SW in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	6.3	3.1	15.6	6.3	68.8	100.0	32
25-29	2.8	-	5.6	-	91.7	100.0	36
Total	4.4	1.5	10.3	2.9	80.9	100.0	68

p=.158

Table C6.13 Percentage distribution of men who ever used condoms with direct temporary SW in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	5.1	-	5.7	1.3	88	100.0	158
25-29	1.5	0.8	1.5	1.5	94.7	100.0	131
Total	3.5	0.3	3.8	1.4	91	100.0	289

p=.114

Table C6.14 Percentage distribution of men who ever used condoms with indirect temporary SW in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	5.2	0.7	7.5	-	86.6	100.0	134
25-29	1.2	0.6	2.9	0.6	94.7	100.0	171
Total	3	0.7	4.9	0.3	91.1	100.0	305

p=.069

Table C6.15 Percentage distribution of men who ever used condoms with man in the last 12 months by regularity of use and age.

Age	Regularity of using condoms in the last 12 months					Total	Cases
	Never	Seldom	Sometimes	Nearly every time	Every time		
20-24	23.5	5.9	11.8	-	58.8	100.0	17
25-29	20	-	60	-	20	100.0	10
Total	22.2	3.7	29.6	-	44.4	100.0	27

p=.053

Table C6.16 Percent of men who mentioned obtaining condom by outlet.

Outlet	Percent
Drug store	46.0
Health centre	20.8
Clinic/ private hospital	1.2
CSW	4.7
Grocery	18.7
VD clinic/ government hospital	11.8
Commercial Sex Establishment	13.0
Others	15.7

Note: Can answer more than one

APPENDIX D

Provincial Level Questionnaire

1. Number of population in this province according to Registration 1995
(Source of data.....)

Total.....	Male
	Female
Municipal area: Total.....	Male
	Female
Rural area: Total.....	Male
	Female
Population age 20-29: Total.....	Male
	Female

2. Total area..... Square kilometer
(source of data.....)

3. Population density person per square kilometer in 1995
(source of data.....)

4. Income per capita in 1995 baht (source of data.....)

5. Gross Provincial Product in 1995..... baht (source of data.....)

6. Gross Provincial Product by Agriculture..... baht

7. Budget allocated to this province in 1995 by organization
Total..... baht

Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht
Organization.....	Total.....baht

8. Total distance from this province to Bangkok..... kilometers

9. Number of in-migration to this province in 1995.
- | | | | | |
|------------|---------|---------|---------------|---------|
| Total..... | Persons | Thai | Male | persons |
| | | | Females | persons |
| | | Foreign | Male | persons |
| | | | Female | persons |
10. Number of illegal migrants in this province in 1995
- | | | | |
|------------|---------|--------------|---------|
| Total..... | persons | Male | persons |
| | | Female | persons |
11. Percentage distribution of religion affiliate of population in this province in 1995.
- | | |
|----------|---------|
| Buddhist | percent |
| Islam | percent |
| Christ | percent |
| Other | percent |
12. Does this province have border area with neighboring country?
 yes no
13. Does this province have military base?
 yes no if no, how many kilometers of the nearest
military base to this province is located.
14. Number of tourists to this province in 1995.
- | | | |
|---------|-----------|-------|
| Thai | Foreigner | Total |
| Tourist | | |
15. Number of criminal records occur in this province in 1995.
.....
16. Does this province has the following facilities? (answer more than 1)
- | | |
|--|----------------------------------|
| <input type="checkbox"/> train station | <input type="checkbox"/> airport |
| <input type="checkbox"/> bus station | <input type="checkbox"/> port |
17. Does this province has the following transportation? (answer more than 1)
- | | |
|-----------------------------------|---|
| <input type="checkbox"/> tricycle | <input type="checkbox"/> motor tricycle |
| <input type="checkbox"/> mini-bus | <input type="checkbox"/> taxi |
| <input type="checkbox"/> bus | <input type="checkbox"/> other (specified)..... |

18. What time that those transportation are available?

- () all day long
 () some time but irregularly
 () run regularly from to.....

19. Literacy rate in this province in 1995

Male percent

Female..... percent

Total formal school years in 1995

Male..... year

Female..... year

Continuation rate to grade 7 in 1995

Male percent

Female..... percent

Continuation rate to grade 9 in 1995

Male percent

Female..... percent

20. Does this province have this education facilities? (answer more than 1)

Education Yes---- how many

Government

Kindergarten

Primary school

Secondary school

High school

University/College

Other (specified)

Private

Kindergarten

Primary school

Secondary school

High school

University/College

Other (specified)

21. Does this province have these health services?

Health Service	yes---how many
Health center	
STI clinic	
General hospital	
Regional hospital	
Regional Center	
Private hospital	
Private clinic	
Drug store	
Other (specified)	

22. Does this province have these establishments?

Establishment	no	yes---how many	number of sex workers
Brothel			
Hotel			
Bungalow			
Guest house			
Tea house			
Bar beer			
Gay bar			
A-go-go			
Dance bar			
Discotech			
Night club			
Pub			
Karaoke			
Cocktail lounge			
Massage parlor			
Traditional massage parlor			
Sauna			
Coffee shop			
Cafe			
Restaurant			
Beauty salon			
Barber			
Call girl			
Wanderer			
Snooker			
Other (specified)			

23. What are the 5 highest priority policies in this province in 1995?

- Education
- Crime
- Income/Economic
- Health
- Drug
- Accident/Disaster
- Environment
- Tourist
- Industry
- Agriculture
- Other (specified)

24. What are the 5 highest health policies in 1995?

- Primary health care
- Maternal and child health
- Family health
- School health
- Sanitation and environment
- Food and drug
- Communicable disease control
- Sexual transmitted disease control
- Nutrition
- Health promotion
- Accident
- Occupational health
- Service development
- Personal development
- Other (specified)

25. What are the activities implemented about sexual transmitted disease control in the past 3 years? (1994-1996) (three most active activities)

1994	1995	1996
..... Campaign
		Training for government official
		Training for population
		Provide health care service to population
		Provide counseling service
		Condom distribution
		Training for sec worker and owner of sex establishment
		Physical check up and health education for sex workers
		Other (specified)

26. The implementing activities specified in question 25, which organization participated?

Organization	Activities
--------------	------------

27. What are the sexually transmitted disease control activities implemented by Non-government Organization?

Organization	Activities
--------------	------------

28. What are the supports provided from central government to this province in 1995?

Supports	Value in money term
----------	---------------------

29. In the past 5 years, how many condom received and distributed to population?

1992 received	Distributed.....
1993 received	Distributed.....
1994 received	Distributed.....
1995 received	Distributed.....
1996 received	Distributed.....

30. What kind of support from central government does this province needed?

31. Number of sexual transmitted disease infected in the past 5 years.

1992..... cases
1993..... cases
1994..... cases
1995..... cases
1996..... cases

32. Estimated number of HIV infected in the past 5 years.

1992..... cases
1993..... cases
1994..... cases
1995..... cases
1996..... cases

7. When did the provincial AIDs committee set up ?
month year
8. How many times did the Provincial AIDs committee meet in the past year ?
..... times.
9. How many meetings on AIDs did high-ranking officials in the province attend in the past year ?
..... times.
10. How much support does the governor provide to the programme ?
High
Moderate
Low
No support
Others (specify)
11. Have your office cooperated with police for meeting with the owner of sex establishments for the 100% condom programme ?
yes → how many times.....
Has asked but did not get cooperation, because
never ask, because
12. During the past year, did you cooperate with police to close sex establishment ?
yes → how many times.....
no → because.....
13. Have your office arranged meetings with owners / managers of sex establishment for a meeting on 100% condom program in the past year ?
yes → how many times.....
no → because.....
(skip to Q.15)
14. If yes, when did the last meeting occur ?
month year
How many owners / managers joined in the meeting ?
.....persons.

23. What level of cooperation your office get with REC on condom requests in the past year ?

- High cooperation
- Medium cooperation
- Low cooperation
- No cooperation

24. How many times did you receive condoms from REC ?

- Times per year times
- Box per time boxes
- Pieces per time pieces

25. How do you keep condoms after receiving them from the REC ?

- (Specify) 1.....
- 2.....
- 3.....

26. Did you experienced a lack of condoms during the past year ?

- yes → how many times
- Reason of shortage
- no → because.....

27. Do you have any problem about condoms that you distribute for SWs ?

- yes → problems 1. size not appropriate
- 2. easily broken
- 3. low quality
- 4. not enough to distribute to SWs
- 5. no new taste
- 6. others (specify)
- no → because.....

28. How many condoms does your office distribute to a sex worker each time ?

- How many boxes
- How many condoms
- Duration of use (day)

**Questionnaire for The Regional Office of Communicable
Disease Control (RCDC)**

1. When was the 100% Condom Programme initiated in this center?
2. How many provinces in this area are the RCDC responsible for? provinces
List name of provinces 1
 2
 3
 4
 5
 6
 7
 8
 9
3. Is the 100% Condom Programme in your responsible area working efficiently?
 High efficiency
 Medium efficiency
 Low efficiency
 No efficiency
 Others
4. In your office, which sections takes responsibility for the 100% Condom Programme?
 1
 2
 3
 4
5. Do you have enough personnel for the programme?
 yes \longrightarrow how many persons
 no \longrightarrow how many persons
6. When did you take responsibility for this programme?
 Regional Director since month year
 In charge in Pharmacy Section since month year
 In charge in Support and Action Section since month year
 In charge in STIs and AIDs Demonstration Center
 since month year

7. Did you have any policy and strategy related to the 100% condom programme in the past year?

(Interviewer: If the respondent had been in this position for less than a year, ask about the future policy or strategy related to this programme. If there is no plan, but they used to do this work in other province, ask for details of work during that period.)

yes → policy 1.

2.

3.

strategy 1.

2.

3.

no → because.....

8. During the past year, did you ever meet with the Provincial committee on AIDS ?

yes → how many times.....

how many person from your center

no → because.....

9. During the past year, did you ever cooperate with police to close sex establishment ?

yes → how many.....

no → because.....

10. Do you have any strategy for STIs prevention among SWs ?

yes → strategy 1

2

3

no →

11. Did you cooperate with the Health Provincial Office (PMO) to arrange meeting with owners/managers of sex establishments related to the 100% Condom Use Programme in the past year ?

yes → how many times.....

no → because.....

20. What was the level of cooperation from the owner/managers when you visit the SEs ?

- High cooperation
- Medium cooperation
- Low cooperation
- No cooperation

21. Do you have other activities that promote 100% condom use in sex establishments ?

- yes → activities 1.....
 2.....
 3.....
- no → because.....

22. Was your center able to get condoms from MOPH as requested in the past year ?

- yes, can get every time
- no, can not get, because

23. How many times did your office receive condom from MOPH ?

- time / year time
- box / timebox
-condoms

24. Were the condoms that you got from MOPH enough for all the office in your area ?

- enough
- not enough, because 1.....
 2.....

25. Which office did your center distribute condoms to during the past year ?

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

26. How many times did your office distribute condoms?

- time / year time
- box / timebox
- pieces/time..... pieces

27. How do you keep condoms after you get them for MOPH ?

(Please explain, about the place that you keep condom)

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

28. Did you have any problem about the condoms that you distribute for SWs ?

yes → problems

- 1. size not appropriate
- 2. easily broken
- 3. low quality
- 4. not enough to distribute to SWs
- 5. no new taste
- 6. others (specify

.....

no → because.....

29. How much condoms do you distribute to the sex worker each time ?

- How many boxes
- How many condoms
- Duration of use (day)

30. Did your office evaluate the 100% condom programme in the past year ?

yes → how many times

no → because.....

31. Which indicator is used to evaluate the success of the 100% condom programme in your area ?

- Incidence / Prevalence of STI rate
- Number of condom distributed to SWs
- AIDs infection rate in SWs
- Others (specify)

32. Do you think that the 100% condom programme should continue in this area ?

- yes → reason
- 1
- 2
- 3
- no → reason
- 1
- 2
- 3

33. Did your office set a target for the success of the 100% condom programme in the past year ?

yes → how many percent%

no → because.....

34. What level of success of the 100% condom programme was achieved in the past year ?

approximately %

35. Please evaluate the success of the 100% condom programme in this area >

List of Provinces in control area that reach the success (rank from high to low)	The collaboration among 4 groups (rank from high → low)				Reduction of STIs
	Governor	Police	SEs	SWs	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

36. Did the 100% condom programme in your office have budget support in the past year ?

yes → how many..... baht

Was it enough ?

→ yes

→ no what did you do ?.....

no → What did you do ?.....

Finish the interview

Questionnaire for Pharmacy Owners

1. In what year was this drugstore established?
2. What type of drugstore is it?
3. Have you heard of the government's 100% condom policy?
 - Yes → How many years ago did you hear about it?years
 - No → (skip question 5)
4. Have you met with Ministry of Public Health officials about the government's 100% condom policy?
 - Yes → How many times?
 - No
5. Does this drugstore sell condoms?
 - Yes → How many different brands?
 - Which brands
 1.
 2.
 3.
 4.
 5.
 - No → (skip to question 14)
6. What is your best-selling brand?
 - Brand
 - Why is it your best-selling brand?
 -
 -

7. Do you have to introduce the condoms brands while selling them?

Yes → How do you introduce the brands?

1.
2.
3.
4.
5.

No, do not have to → Why not?

8. What is the cheapest price for a condom ? baht
 What is the most expensive? baht

9. Most of the customers who come here to buy condoms are:

Male → What is the average age group? Approximately

Female → What is the average age group? Approximately

10. How many condoms does a customer usually buy (in pieces)? pieces
 How many boxes? boxes

11. Do the customers prefer the cheap or expensive condoms?

- most expensive → because
- medium price → because
- cheapest price → because
- others (identify) → because

12. How many condoms per piece do you sell per month on average?.....
 How many boxes?

13. How do the sales of condoms within the previous year compare to sales within the period of the past five years?

- Much higher → reason
- More → reason
- The same → reason
- Less → reason
- Cannot compare → reason

14. How do the sales of drugs to treat STI's within the previous year compare to sales within the period of the past five years?

- Much higher → reason
- More → reason
- The same → reason
- Less → reason
- Cannot compare → reason

Questionnaire for Sex Establishment Owners/Managers/Gate Keepers

To be completed by Interviewer:

Type of establishment

1. Brothel
2. Massage Parlour
3. Restaurant
4. Nightclub/Cocktail Lounge
5. Other (specify)

1. How many years has this establishment been operating?years
2. How many CSWs work here? SWs
3. How many CSWs from other countries work here? SWs
4. How many other people work here? people
5. What is the average total price paid by customers to the SE? baht
6. On average, how many customers would a worker have per night?
..... customers
7. How many of the SWs have worked here for less than one month? SWs
8. How many of the SWs have worked here for less than six months?
..... SWs
9. Do the workers have regular STI check ups?
 1. Yes (go to 9.1)
 2. No (go to 10)

9.1 How often do they have check ups?

1. More than once a week
2. Once a week
3. 2 - 3 time per month
4. Once a month
5. Less than once a month
8. Not sure

9.2 Where do they get the check ups?

1. Health Department
2. Private Clinic/Hospital
3. Clinic run by the SE
8. Not sure

9.3 Who pays for the check ups?

1. Free service
2. SE pays for them
3. Workers pay for them
4. Workers and SE share costs
8. Not sure

10. Do you arrange meetings with the workers to discuss health issues with them?

1. Yes (go to 10.1)
2. No (go to 11)

10.1 How often do you have the meetings?

1. More than once a month
2. More than twice a year
3. About once a year

10.2 Do you discuss how to protect against getting STIs at the meetings?

1. Yes
2. No

10.3 Do you discuss how to have customers use condoms?

1. Yes
2. No

11. Do health officials arrange meetings outside the SE to discuss health issues with the workers?

1. Yes (go to 11.1)
2. No (go to 12)

11.1 How often do they have the meetings?

1. Once a week
2. More than once a month
3. More than twice per year
4. About once a year
5. Other (specify)
8. Not sure

11.2 Do they discuss how to protect against getting STIs at the meetings?

1. Yes
2. No
3. Not sure

11.3 Do they discuss how to have customers use condoms?

1. Yes
2. No
3. Not sure

12. Do health officials come here to discuss health issues with the workers?

1. Yes (go to 12.1)
2. No (go to 12.1)

12.1 How often do they have the meetings?

1. Once a week
2. More than once a month
3. More than twice per year
4. About once a year
5. Other (specify)
8. Not sure

12.2 Do they discuss how to protect against getting STIs at the meetings?

1. Yes
2. No
3. Not sure

12.3 Do they discuss how to have customers use condoms?

1. Yes
2. No
3. Not sure

13. Do health officials come to talk to you or the other owners/managers about how to teach the workers to protect themselves against STI/AIDS?

1. Yes
2. Yes, but they talk to the women directly, not the owner
3. No

14. Do the workers have to use a condom with every customer?

1. Yes
2. No
3. Up to worker

15. If a customer does not want to use a condom what do you normally do?

1. Refuse him service
2. Let the worker decided what to do
3. Ask the worker to accept him without a condom
4. Other (specify)

16. If you know a worker did not use a condom with a customer, what do you normally do?

1. Tell her the dangers of not using a condom
2. Fine her
3. Nothing
4. Other (specify)

17. Where do the workers get the condoms they use?

1. SE buys and provides them free of charge
2. SE buys and sells them to SWs
3. Health official provide them to SWs
4. SWs buy for themselves
5. Not sure

18. How important do you think it is for a worker to use a condom with the following type of people? Answer very important or not important.

	<u>Very</u> <u>Important</u>	<u>Not</u> <u>Important</u>
1. First time customer	_____	_____
2. Regular customer	_____	_____
3. Spouse	_____	_____
4. Friend	_____	_____

19. If the worker gets an STI, does she stop working until she is cured?

1. Yes (go to 19.1)
2. No (go to 20)

19.1 Does the SE pay for the medical costs of treatment?

1. Yes
2. No
3. Do not know if a worker is infected

19.2 If a worker stops working to cure an STI, does the SE pay for her living expenses?

1. Yes
2. No
3. Do not know if a worker is infected

20. In your opinion, about how often does a SW get an STI on average?

1. More than once a month
2. At least once every 6 months
3. Approximately once a year
4. Less than once a year

Questionnaire for Males aged 20-29 years

Section 1 Personal Characteristics

- 1.1 Date of birth day..... month..... year..... age..... years
- 1.2 Place of birth (province)
- 1.3 Duration of stay in this province years (*if less than 1 year, write 0*)
- 1.4 Marital status
1. single
 2. married
 3. widowed
 4. divorced/separated
- 1.5 What was the highest level of education you completed?.....
- 1.6 What is your current occupation?
- 1.7 What is your monthly income? (approximately) baht

Section 2 Condom Use

2.1 Do you know about/have you heard about condoms?

- 1. Yes
- 2. No (skip to Section 3)

Do you know that condoms have an expiration date?

- 1. Yes
- 2. No

2.3 How do you know ?

.....

.....

.....

.....

2.4 Have you ever used a condom?

- 1. Yes
- 2. No, never

2.5 Do you know of any places to buy condoms?(circle all that apply)

A) drug store	G) private hospital
B) grocery store	H) brothel
C) health center	I) partner
D) government STI clinic	J) sex worker (male/female)
E) government hospital	K) other (specify).....
F) private clinic	.....

2.6 In the last year have you ever used a condom with the following persons how frequent do you use (ask one item at a time):

Interviewer : Ask first column, if answer yes circle 1, if no leave it then ask about condom use in every person answered yes (1)
 - person who never use (answer 2 or 3) in column 1) ask have you ever had sexual contact with these person (circle 2 if ever had in the last year; circle 3 if never had in the last year)

Partner (1)	Condom use (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? only ask person who not answer 'A' in column 5 (6)
Wife 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) wife C) friends D) health personnel E) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) wife does not like them E) because it is my wife F) condoms are expensive G) can not find condom H) drunk I) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Minor wife 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) wife C) minor wife D) friends E) health personnel F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) minor wife does not like them E) because it is my minor wife F) condoms are expensive G) can not find condom H) drunk I) other (specify).....	1. yes, wanted to use 2. no, did not want to use

Partner (1)	Condom use (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? only ask person who not answer 'A' in column 5 (6)
Fiance 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) fiance C) friends D) health personnel E) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) fiance does not like them E) because it is my fiance F) sex partner is clean G) condoms are expensive H) can not find condom I) drunk J) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Girlfriend 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) girlfriend C) friends D) health personnel E) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) girlfriend does not like them E) because it is my girlfriend F) sex partner is clean G) condoms are expensive H) can not find condom I) drunk J) other (specify).....	1. yes, wanted to use 2. no, did not want to use

Partner (1)	Condom use (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? only ask person who not answer 'A' in column 5 (6)
Friend 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) friend (sex partner?) C) friends D) health personnel E) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) because it is my friend F) sex partner is clean G) condoms are expensive H) can not find condom I) drunk J) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Any woman 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) wife/girlfriend C) other woman (sex partner) D) friends E) health personnel F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) woman is clean F) condoms are expensive G) can not find condom H) drunk I) other (specify).....	1. yes, wanted to use 2. no, did not want to use

Partner (1)	Condom use (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? only ask person who not answer 'A' in column 5 (6)
Male partner 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent STIs B) prevent HIV/AIDS C) prevent infection D) other (specify).....	A) yourself B) wife/girlfriend C) sex partne (male) D) friends E) health personnel F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) because it is the same sex partner F) sex partner is clean G) condoms are expensive H) can not find condom I) drunk J) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Male sex worker 1. Yes, used a condom 2. Have had sexual intercourse 3. Never had sexual intercourse	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent STIs B) prevent HIV/AIDS C) prevent infection D) other (specify).....	A) yourself B) wife/girlfriend C) sex partner (male) D) friends E) health personnel F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) because it is the same sex partner F) sex partner is clean G) condoms are expensive H) can not find condom I) drunk J) other (specify).....	1. yes, wanted to use 2. no, did not want to use

2.13 In the following four time period have you have had sex with the following four partners? How many times and how many different partners? (record number in each box)

Type of sex partner	Last week		Last month		Last six months		Last year	
	person	times	person	times	person	times	person	times
regular/direct								
regular/indirect								
non-regular/direct								
non-regular/indirect								

2.14 What was your age at your first visit to a sex worker?
 You wereyears old

2.15 On your first visit did you go by yourself or did others persuade you?

1. by yourself
2. with friends
3. others persuaded you
4. you persuaded others
5. other (specify)

2.16 Before going did you dirnk any alcohol?

1. Yes
2. No
3. cannot remember

2.17 What was the type of sex establishment that you went to?

- | | |
|-------------------|---------------------------|
| 1. brothel | 14. cocktail lounge |
| 2. hotel | 15. massage parlour |
| 3. bungalow | 16. traditional massage |
| 4. guest house | 17. sauna |
| 5. tea house | 18. coffee shop |
| 6. beer house | 19. café |
| 7. gay bar | 20. open air restaurant |
| 8. agogo bar | 21. beauty salon |
| 9. Thai dance bar | 22. men's barber shop |
| 10. discotheque | 23. house of call girl |
| 11. night club | 24. free lance |
| 12. pub | 25. snooker club |
| 13. karaoke bar | 26. other (specify) |

2.18 During the last year, how many time did you visit a sex worker?

1. have not visited a sex worker within the last year (go to Q2.20)
2. remember visiting times

2.19 What was the type of sex establishment that you went to?
(can answer more than one)

- | | |
|-------------------|--------------------------|
| 1. brothel | 14. cocktail lounge |
| 2. hotel | 15. massage parlour |
| 3. bungalow | 16. traditional massage |
| 4. guest house | 17. sauna |
| 5. tea house | 18. coffee shop |
| 6. beer house | 19. café |
| 7. gay bar | 20. open air restaurant |
| 8. gogo bar | 21. beauty salon |
| 9. Thai dance bar | 22. men's barber shop |
| 10. discotheque | 23. house of call girl |
| 11. night club | 24. free lance |
| 12. pub | 25. snooker club |
| 13. karaoke bar | 26. other (specify)..... |

2.20 When was your last visit to a sex worker?

- | | | |
|--|---|-----------------------|
| 1. 1 - 7 days ago | } | → (ask question 2.29) |
| 2. 8 - 30 days ago | | |
| 3. more than one month but not more than 3 month | | |
| 4. 3 - 6 months ago | } | → (ask question 2.28) |
| 5. 7 - 12 months ago | | |
| 6. over one year ago | | |

2.21 How did you decide to go to a sex establishment?

1. by yourself
2. with friends
3. others persuaded you
4. you persuaded others
5. other (specify)

2.22 Before going did you drink any alcohol?

1. Yes
2. No
3. Cannot remember

2.23 What was the type of sex establishment that you went to?

- | | |
|-------------------|---------------------------|
| 1. brothel | 14. cocktail lounge |
| 2. hotel | 15. massage parlour |
| 3. bungalow | 16. traditional massage |
| 4. guest house | 17. sauna |
| 5. tea house | 18. coffee shop |
| 6. beer house | 19. café |
| 7. gay bar | 20. open air restaurant |
| 8. agogo bar | 21. beauty salon |
| 9. Thai dance bar | 22. men's barber shop |
| 10. discotheque | 23. house of call girl |
| 11. night club | 24. free lance |
| 12. pub | 25. snooker club |
| 13. karaoke bar | 26. other (specify) |

2.24 Did you use a condom the last time you went to a sex worker?

1. Yes

2.25 Why did you use a condom? (choose all that apply)

- A) prevent (afraid of) pregnancy
- B) prevent (afraid of) STI's
- C) prevent (afraid of) AIDS
- D) commercial sex worker requested
- E) other (specify)

2. No

2.26 Why did you not use a condom? (choose all that apply)

- A) it was inconvenient
- B) feels unnatural
- C) drunk
- D) woman was clean/no disease
- E) regular customer
- F) did not have/cannot find any condoms
- G) other (specify)

2.27 Did you want to use a condom?

- 1. Yes, wanted to use
- 2. No, did not want to use

Section 3 Sexually Transmitted Diseases

3.1 Do you know/have you heard about STI's? (Syphilis / Gonorrhoea / Genital ulcers / Genital herpes / Anogenital warts / etc.)

1. Yes
2. No (Skip to Q3.6)

3.2 Do you know whether or not the following will prevent STI's?
(ask one item at a time)

	Yes	No	Not Sure
1. not having intercourse with infected person
2. using a condom every time
3. not being promiscuous
4. taking medicine immediately after visiting SW
5. washing oneself every time after intercourse
6. taking medicine before visiting SWs
7. not sharing a bathroom with infected person

3.3 During the last year, did you have any symptoms or infections? If so, how many times did you have it and how did you take care of it?

	Have had symptom	How many times in past year	When was the last time dd/mm/yy	Still having the symptom	How did you treat the last infection
itching /	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
syphilis	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
gonorrhoea	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
herpes	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....
other (specify)	1. Yes 2. No	.....	...../...../.....	1. still have it 2. do not have	.....

Codes : Method of treatment

1. bought myself drugs
2. went to a health center
3. visited clinic/private hospital
4. visited STI clinic/government hospital
5. visited herbal/traditional doctor
6. visited superstitious doctor
7. not treating



If yes, go
on to Q 3.4 - 3.5

- If there has never been any symptoms or STIs (answer 2 in column 2), skip to Q3.6
- If answered 1,5, or 7 for method of treatment, skip to Q3.6
- If answered 2,3, or 4 for method of treatment, go to Q3.4

3.4 How did the doctor cure you?

3.5 Were you asked where you got the infection from a SWs

1. Yes, was asked
2. No, was not asked

3.6 Do you know what medicines will cure STI's?

1. Know
2. Do not know

3.7 What are the medicines?

1.
2.
3.

3.8 Where do you buy the medicine from?

1.
2.
3.

3.9 Do you know about/have you ever heard of AIDS?

1. Yes

2. No

3.10 How did you hear about it? (*choose all that apply and order the answer by putting number in front of the answer*)

- radio
- television
- newspaper/magazine
- bill board
- poster
- family/relative
- friends
- health personnel
- employer
- brothel personnel
- sex worker
- other male visitors to sex workers
- do not remember
- do not know
- other (specify)

3.11 Have you ever seen a person with AIDS with your own eyes? Who was he/she? (*choose all answers that apply*)

- A) yes, he / she is relative
- B) yes, he / she is friend
- C) yes, someone you know
- D) yes, but did not know him/her
- E) yes, specify
- F) have never seen anyone with AIDS

3.12 Do you know about/have you heard of the government's 100% condom policy?

1. Yes

2. No

3.13 How did you hear about it?

- | | |
|---|--|
| <input type="checkbox"/> radio | <input type="checkbox"/> employer |
| <input type="checkbox"/> television | <input type="checkbox"/> brothel personnel |
| <input type="checkbox"/> newspaper/magazine | <input type="checkbox"/> sex worker |
| <input type="checkbox"/> cut out | <input type="checkbox"/> other male visitor to SWs |
| <input type="checkbox"/> poster | <input type="checkbox"/> do not remember |
| <input type="checkbox"/> family/relative | <input type="checkbox"/> do not know |
| <input type="checkbox"/> friend | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> health personnel | |

3.14 Have you ever been given condoms?

1. Yes

2. No

3.15 Who gave them to you?

3.16 (if yes) Did you ever use the condoms you were given?

(if no) Would you use the condoms if you were given any?

1. Yes/would use

2. No/would not use

3.17 Why would you not use the condoms?

Reason: _____

Data Quality Evaluation

Questionnaire for Sex Workers

Section 1 Personal Characteristics

1.1 Date of birthday.....month.....year.....
age..... years

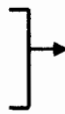
1.2 Place of birth (province)

1.3 What dialect do you speak in your family?

1.4 Duration of stay in this province years (*if less than 1 year, write 0*)

1.5 Marital status (if cohabitante but not register can classified as married

- 1. single
- 2. married
- 3. widowed
- 4. divorced/separated



1.5.1 Do you have lover?
1. Yes
2. No

1.6 How many children do you have? children

1.7 Have you ever work (with paid) not include helping in housework?

- 1. Yes, ever work
- 2. never work

A. List all the work and job description that you had been done
.....
.....
.....

B. When did you start working? years

1.8 When did you start this job (sex worker) and where did you start?

age year
place

98 Never give sex service

finish the interview

Section 2 Work and Condom Use

- 2.1 How long have you been working in this place?
(since starting work here and never move to another place)
have been working here for months
(if less than one month put 'o')

- 2.2 Within the previous week (or last week that you worked)
how many customer that you have served per day?
approximately customer(s) per day.

- 2.3 How many customer that you served yesterday
(or the last day that you have worked)?
Total customer person

- 2.4 How much that you get from visitor?
(divided as follows:)
 - a) you got baht (include tip)
 - b) the owner got baht
 - c) In total, customer have to pay baht

2.5 In the last year have you ever used a condom with the following persons how frequent do you use (ask one item at a time):

Partner (1)	Use of condom (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? ask only person who answer 'A' in column 5 (6)
Husband	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) husband C) friends D) health personnel E) owner of sex establishments F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) husband dose not like them E) because it is my husband F) sex partner is clean G) condoms are expensive H) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Lover	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) lover C) friends D) health personnel E) owner of sex establishments F) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) lover does not like them E) because it is my lover F) sex partner is clean G) condom are expensive H) other (specify).....	1. yes, wanted to use 2. no, did not want to use

Partner (1)	Use of condom (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? ask only person who answer 'A' in column 5 (6)
Fiance	<ol style="list-style-type: none"> 1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable 	<ol style="list-style-type: none"> A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify)..... 	<ol style="list-style-type: none"> A) yourself B) fiance C) friends D) health personnel E) owner of sex establishments F) other (specify)..... 	<ol style="list-style-type: none"> A) do not like them B) feel unnatural C) lost of feeling D) fiance does not like them E) because it is my fiance F) sex partner is clean G) condoms are expensive H) other (specify)..... 	<ol style="list-style-type: none"> 1. yes, wanted to use 2. no, did not want to use
Boyfriend	<ol style="list-style-type: none"> 1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable 	<ol style="list-style-type: none"> A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify)..... 	<ol style="list-style-type: none"> A) yourself B) girlfriend C) friends D) health personnel E) owner of sex establishments F) other (specify)..... 	<ol style="list-style-type: none"> A) do not like them B) feel unnatural C) lost of feeling D) boyfriend does not like them E) because it is my boyfriend F) sex partner is clean G) condoms are expensive H) other (specify)..... 	<ol style="list-style-type: none"> 1. yes, wanted to use 2. no, did not want to use

Partner (1)	Use of condom (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? ask only person who answer 'A' in column 5 (6)
Regular customer	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) husband/lover C) customer D) friends E) health personnel F) owner of sex establishments G) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) because sex partner is regular customer F) sex partner is clean G) condoms are expensive H) other (specify).....	1. yes, wanted to use 2. no, did not want to use
Transient customer	1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable	A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify).....	A) yourself B) husband/lover C) customer D) friends E) health personnel F) owner of sex establishments G) other (specify).....	A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) sex partner is clean F) condoms are expensive G) other (specify).....	1. yes, wanted to use 2. no, did not want to use

Partner (1)	Use of condom (2)	Reasons for use? (can answer more than one) (3)	Who introduced you to condoms? (can answer more than one) (4)	Reasons for not using a condom? (can answer more than one) (5)	Did you sincerely want to use a condom? ask only person who answer 'A' in column 5 (6)
Male Sex Worker	<ol style="list-style-type: none"> 1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable 	<ol style="list-style-type: none"> A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify)..... 	<ol style="list-style-type: none"> A) yourself B) husband/lover C) male sex worker D) friends E) health personnel F) owner of sex establishment G) other (specify)..... 	<ol style="list-style-type: none"> A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) because it is the same sex partner F) sex partner is clean G) condoms are expensive H) other (specify)..... 	<ol style="list-style-type: none"> 1. yes, wanted to use 2. no, did not want to use
General male	<ol style="list-style-type: none"> 1. never 2. seldom 3. sometimes 4. almost always 5. every time 8. not applicable 	<ol style="list-style-type: none"> A) prevent pregnancy B) prevent STIs C) prevent HIV/AIDS D) prevent infection E) other (specify)..... 	<ol style="list-style-type: none"> A) yourself B) husband/lover C) sex partner D) friends E) health personnel F) owner of sex establishment G) other (specify)..... 	<ol style="list-style-type: none"> A) do not like them B) feel unnatural C) lost of feeling D) sex partner does not like them E) sex partner is clean F) condoms are expensive G) other (specify)..... 	<ol style="list-style-type: none"> 1. yes, wanted to use 2. no, did not want to use

2.6 Where did you obtain the condoms from? (choose all that apply)

- | | |
|--------------------------------------|--|
| A) drug store | E) grocery store |
| B) health center | F) governments STI clinic /
government hospital |
| C) private clinic / private hospital | G) sex establishment |
| D) commercial sex worker | H) other (specify)..... |

2.7 How much did the condoms cost (per piece)?

Paid baht

2.8 Have you ever experienced condom breakage?

1. often 2. a few times 3. never

2.9 When was the last time this occurred?
date.....
(or approximately how many day/month/year ago)
.....day.....month.....year

2.10 The last time you experienced a condom breakage why do
you think it occurred?
.....

2.11 Information about condom use yesterday or the last day that you worked:

- a) How many customer that willing to use without any request?
..... person
- b) How many customer use after request? person
- c) How many customer that you put condom on? person
- d) How many customer refuse to use condom? person

2.12 In case that the customer offer bonus if you will not use condom, are
you willing to give service?

- 1 No
- 2 Yes
- 3 Depend on who is the customer
- 4 Depend on the pay
- 5 others (specify)
- 8 never give sex service

2.13 Did the customer ever offer this bonus to you?

1 Yes

2 No

8 never give sex service

2.14 Did you agree?

1 Yes

2 No

When was you last time?

..... days ago

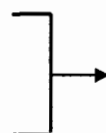
Section 3 Sexually Transmitted Diseases

3.1 During the last year, did you have any symptoms or infections? If so, how many times did you have it and how did you take care of it?

	Have had symptom	How many times in past year	When was the last time dd/mm/yy	Still having the symptom	How did you treat the last infection
itching /	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
syphilis	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
gonorrhoea	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
herpes	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
STI	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....
other (specify)	1. Yes 2. No	.....	..../..../....	1. still have it 2. do not have	.....

Codes : Method of treatment

1. bought myself drugs
2. went to a health center
3. visited clinic/private hospital
4. visited STI clinic/government hospital
5. visited herbal/traditional doctor
6. visited superstitious doctor
7. not treating



If yes, go
on to Q 3.4 - 3.5

3.2 Do you know about/have you ever heard of AIDS?

1. Yes

2. No

3.3 How did you hear about it? (choose all that apply and order the answer by putting number in front of the answer)

- radio
- television
- newspaper/magazine
- bill board
- poster
- family/relative
- friends
- health personnel
- employer
- brothel personnel
- sex worker
- other male visitors to sex workers
- do not remember
- do not know
- other (specify)

3.4 Have you ever seen a person with AIDS with your own eyes? Who was he/she? (choose all answers that apply)

- A) yes, he / she is my relative
- B) yes, he / she is my friend
- C) yes, someone I know
- D) yes, but did not know him/her
- E) yes, specify
- F) have never seen anyone with AIDS

3.5 Do you know about/have you heard of the government's 100% condom policy?

1. Yes

2. No

3.6 How did you hear about it?

- | | |
|---|--|
| <input type="checkbox"/> radio | <input type="checkbox"/> employer |
| <input type="checkbox"/> television | <input type="checkbox"/> brothel personnel |
| <input type="checkbox"/> newspaper/magazine | <input type="checkbox"/> sex worker |
| <input type="checkbox"/> cut out | <input type="checkbox"/> other male visitor to SWs |
| <input type="checkbox"/> poster | <input type="checkbox"/> do not remember |
| <input type="checkbox"/> family/relative | <input type="checkbox"/> do not know |
| <input type="checkbox"/> friend | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> health personnel | |

3.7 Do you think to quit this job?

1. Yes When

reason

2. No reason

APPENDIX E

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