



2007 Survey of Sexual and Reproductive Health of Sex Workers in Thailand

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Foreword

Sex work in Thailand has a long history and its existence related to many factors. One of the main factors is associated with developmental factors. The poverty contributed to a flow of internal migrants into the sex industry while economic growth provided men with the means to purchase sex. The internationalization of the Thai economy that took place in the last three decades was not confined to manufacturing but also to the service industry including sex tourism. The promotion of tourism of the country, when taken in conjunction with a tacit acceptance of the sex workers, has been the rapid expansion of the sex industry. This also led to the change in the nature of the location as well as the service providers creating a new dimension in the industry.

In the period where AIDS epidemic is a major concern, sex workers are viewed both as at risk of receiving HIV and also spreading the disease to their clients. Their reproductive health and access to proper health care are of importance in this regard.

In order to address the evolving situation of sex industry, the Institute for Population and Social Research (IPSR), Mahidol University together with the Service Workers in Group (SWING) conducted a survey on 'Sexual and Reproductive Health of Sex Workers' in four major cities where the sex industry is reported to be highest in Thailand. This survey was structured to provide up-to-date information about sex workers regarding their socio-economic background, their access to health care, health care seeking behaviour, and their sexual and reproductive health well-being.

This study is a unique collaboration between IPSR as an academic institution and SWING as a peer educators group for sex workers under support and guidance by UNFPA Thailand. With this unique collaboration, the results of the study will reflect the real situation that will not easily be obtained in other type of studies. The information from this study will be useful for service providers and policymakers to understand sex workers' health care seeking behavior and their accessibility to health care in order to reduce their risk and vulnerability to HIV infection and other health problems. We would like to thank all the individuals and organizations who participated in the survey to make the study succeeded.



Churnrurtai Kanchanachitra, Ph.D.

Director of Institute for Population and Social Research,
Mahidol University

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- Public Health Office of Muang Chiangmai District, Chiangmai
- Venereal Disease Center under the Chiangmai Provincial Office
- Disease Prevention and Control Office, Chiangmai
- Empower Foundation (facilitating and helping in data collection in Chiangmai)
- Public Health Office of Muang Songkhla District, Songkhla
- Public Health Office of Sadao District, Songkhla
- Sadao District Police Station, Songkhla
- Aob-oon Clinic in Dan Nok area (the Health Clinic is attached to the Sripracha Health Clinic which is shared with the Padangbaesar Hospital)
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- Municipal Administrative Office for assisting in data collection
- Sai-Ngam (local NGO) for their support in data collection in Songkhla

Other than that we would like to thank the Service Worker in Group (SWING) for their active participation and involvement in mapping the establishments, designing the questionnaire, interviewing the respondents as well as providing support to respondents for their reproductive health needs during data collection. We highly admire dedication and energy of peer educators at SWING in working tirelessly throughout the study from the beginning. Many thanks to Ms. Kullawee Siriratmonkon of IPSR for all project management.

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Associate Professor Dr. Philip Guest
 Assistant Professor Dr. Aree Prohmno
 Dr. John Bryant
 Ms. Surang Janyam
 Ms. Dusita Phuengsamran



Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioural Surveillance Survey
HIV	Human Immunodeficiency Virus
IPSR	Institute for Population and Social Research
MOPH	Ministry of Public Health
NGOs	Non Governmental Organizations
RTIs	Reproductive Tract Infections
R&R	rest and relaxation
SRH	Sexual Reproductive Health
SRHSW	Sexual Reproductive Health in Sex Workers
SSS	Sex Establishments and Sex Workers
STI	Sexually Transmitted Infections
SWING	Service Workers In Group
UNFPA	United Nations Population Fund



Chapter 1

Introduction

This report presents the results of a study of sex workers in selected areas of Thailand. The study, which included both quantitative and qualitative components, was implemented in the first six months of 2007 and focused on the reproductive and sexual health of sex workers. The study was restricted to female sex workers. It is hoped that similar research with male sex workers will be carried out.

In this introductory chapter we provide a brief overview of the situation of sex work in Thailand. We then explain the objectives of the study. In Chapter 2, the research methods used in the study are described, while in Chapter 3 we provide an overview of the structure of sex work employment. The results of the analysis are presented in Chapters 4 through 10. Chapter 11 provides program and research recommendations based on the results of the study.

■ 1.1 Sex work in Thailand

Thailand, like many other countries, has a thriving sex industry. The history of sex work in Thailand is long and is associated with a number of developmental factors (see Boonchalaksi and Guest 1994). The supply of women for the sex industry was fueled in the 1980s by export-led development policies that were conducive to high levels of female migration as urban employment opportunities for women expanded and rural employment opportunities declined. Many female rural-urban migrants were confronted with low-paid urban jobs that left them with a limited amount of disposable income to remit to their rural families, in a situation of rising expectations. These processes have helped sustain a flow of internal migrants into the sex industry while economic growth provided men with the means to purchase sex in an increasingly complex industry.

As demand for cheap labor in Thailand increased in the 1990s, many of the factors operating in the 1980s that increased the internal migration of females in Thailand were duplicated in the migration of foreign labor, most of it undocumented, into Thailand. As Piper (2002), notes, foreign migrant women is usually channeled into low paid and unskilled service sector occupations (see also Truong, 1996). Sex work has been one area

where these women can make an acceptable income and this has been a major factor in motivating women from neighboring countries to migrate to Thailand to engage in sex work (Alburg and Jensen, 1998).

The internationalization of the Thai economy that took place in the last three decades of the 20th Century was not confined to manufacturing. The service sector was also viewed as an important sector for development. The Thai government has promoted a policy of aggressive promotion of tourism over this period. Warr (1998) noted that the promotion of tourism has been very effective in generating foreign exchange. He also concludes that one of the consequences of the promotion of tourism, when taken in conjunction with a tacit acceptance of the sex industry, has been the rapid expansion of the sex industry (see also Troung, 1996).

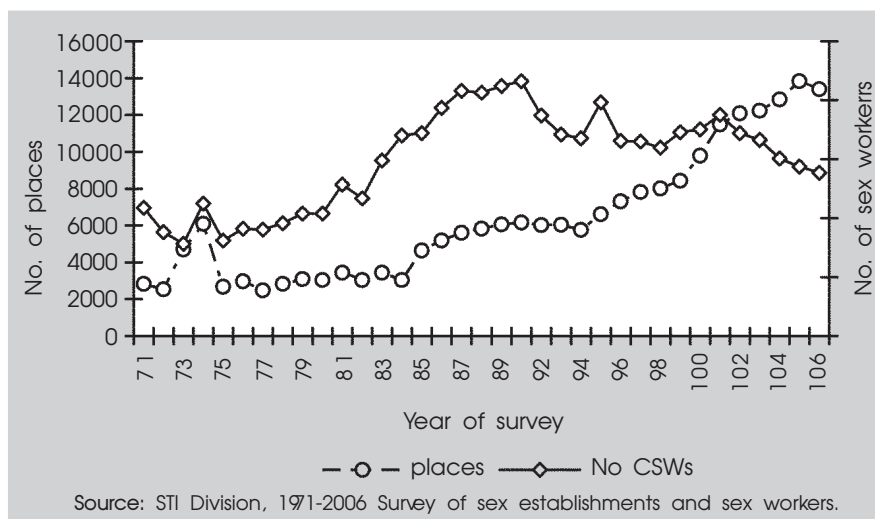
Over the last two decades the sex industry in Thailand has undergone rapid transformation. One dimension of this transformation has been changes in the locations in which sex services are provided. Three decades ago, brothels were the main location of the sex industry. Now this has changed to beer bars, karaoke parlors, and massage parlors. Another dimension of the transformation has been in the markets served. Although Thai men remain the main customers of sex workers in Thailand, international tourism has opened up new opportunities for sex work.

When the rest and relaxation (R & R) market for sex work based on the US military came to end in the mid 1970s, new markets were cultivated. There were increases in the number of tourists from Malaysia coming to the south of Thailand and this resulted in the development of a large sex industry in the South, much of it focused on border areas. Similarly, Pattaya on the east coast of Thailand was transformed from a small fishing town in the 1970s to a metropolitan area that attracts a large number of international tourists and that has a thriving and internationally renowned sex industry.

Although it is not possible to accurately estimate the number of sex workers in Thailand, it is likely that official estimates underestimate the actual number by 3-4 times (see Boonchalaksi and Guest 1994). This underestimation is a result of the difficulties in identifying sex workers who either are not establishment-based (free lance) or who are working in establishments that offer other services. Given the shift away from brothel-based sex work it can be expected that the degree of underestimation of the number of sex workers has increased over recent years.

The official number of sex workers that is obtained through an annual listing of sex workers and their establishments by the Ministry of Public Health is shown in Figure 1.1 for the period 1971-2005. This listing is undertaken through tracing sources of infection of sexually transmitted infections (STIs).

Figure 1.1 Census of sex establishments and sex workers (SSS) in Thailand, 1971-2006



The data suggest an increasing trend in numbers from the 1970s through the 1980s, then a somewhat lower and stable level in the 1990s, and finally a declining trend in the first few years of the 21st Century. The number enumerated in 2006 was 55,355. As noted above, these declines may not be accurate and probably reflect recent transformations in the Thai sex industry. A more reasonable estimate of the number of sex workers active at any one time in the industry is between 200,000 and 300,000.

The annual listing of sex workers and establishments classifies sex workers into 25 categories. Provincial data by type of establishment is available and was used as the initial sampling frame for the study. In Table 1.1 we show recent regional trends in the numbers of sex workers and establishments. According to this data, the highest numbers of sex workers and establishments is found in Bangkok and the Central region with, in 2005, these two regions containing over two-thirds of sex workers enumerated.

Table 1.1 Number of sex establishments and number of sex workers by region, 2006

	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
	# of sex establishment					# of sex workers				
BKK	2059	1993	2163	2195	2129	25116	23096	18689	16554	15423
Central	3677	3781	3859	4387	4362	21667	21680	19876	21616	20853
N. East	1888	2001	2314	2396	2256	5344	5157	4696	5098	4475
North	1464	1370	1458	1718	1591	4156	4159	3522	3670	3563
South	3002	3084	3053	3137	3060	12691	12383	13389	10525	11041
Total	12090	12229	12847	13833	13398	68794	66475	60172	57463	55355

Source: STI Division, 2006 Survey of sex establishments and sex workers (SSS).

Of the 25 types of sex work listed, karaoke, beer bar and traditional massage comprised 26, 17 and ten percent respectively of the total number of sex workers. The five provinces with the highest number of sex workers were: Bangkok Chonburi, Phuket, Songkhla and Chiang Mai (40, 33, 6, 5, and 4 percent of the total respectively)

The Code of Entertainment Sectors 1999 and the Code of Prohibition of Prostitution 1997 are contradictory. In Thailand it is illegal for a woman to work as a sex worker, according to the Code of Prohibition of Prostitution 1996, while it is not illegal for bar owners to do such business, under the Code of Entertainment Sector 1999. The contradictions have contributed to the structure of sex work employment and working conditions. The two codes have empowered the 'others' over sex workers in the sex industry. Sex workers are practicing an illegal activity, while 'others' are not undertaking any illegal activity. The 'others' in this sense can be bar owners, brothel owners, clients or even policemen. These structural and policy factors contribute to social and health vulnerability of sex workers.

Because of the HIV epidemic in Thailand, there has been considerable focus on HIV and HIV risk behaviours among sex workers. Sex workers are included in sero-surveillance of HIV, and also included in the regular behavioural surveillance. Although HIV prevalence among sex workers appears to be declining, the changing context of sex work in the past two decades of the AIDS epidemic in Thailand suggests that the number of undocumented sex workers is rising and many of them cannot be reached for the routine HIV sentinel surveillance survey.

HIV is also not the only threat to the health of sex workers. According to NGOs dealing with sex workers reported in the sex workers working group meeting on 12th September,

2006 a large number of sex workers lack access to universal health care coverage (*30 baht health scheme*) as they were reluctant to transfer their registration to destination provinces from fear that they may risk being exposed to local authorities.

Existing studies/data about sex workers typically view sex workers to be the source of the spread of disease. Thus, most available data, including those from BSS (Behavioural Surveillance Survey) are related to their risks for transmitting HIV infection to others. To date, no study has addressed sex workers from a social and health perspective to explore their reproductive health and rights. Such an approach is important because this population has high turn-over rate in their work. Sex workers are a critical underserved transient population who requires attention to address their sexual and reproductive health concerns.

Changes in the structure of health services also suggest that sex workers are now provided with more limited health care options than was previously the case. More than half of the provincial STI clinics formerly affiliated with the provincial health offices were dissolved as result of the MOPH's reform in the past years. This change has significantly weakened the provision of health services to sex workers who previously able to access health care to these specialized clinics.

Because sex workers often work in environments where they find it difficult to access sexual and reproductive health (SRH) information and services, it is important to identify the best ways to facilitate sex workers to acquire the information and skills to make the choices to best protect their SRH. While there has been a program focus on sex workers designed to address issues related to HIV, there has been much less attention to other SRH issues.

■ 1.2 Objectives

The current study of sex workers is designed to provide up-to-date information about sex workers regarding their socio-economic background, their access to health care, health care seeking behaviour, and their SRH well-being, in order to assist policymakers and program managers in evaluating and designing strategies for improving SRH of sex workers who are an underserved population with limited access to health care. Additionally, it is hoped that the research will help address the needs of women in sex work for accurate information and knowledge to empower them to reduce their vulnerability to poor SRH resulting from the nature of their work.

In particular, the study has the following objectives:

- Collect general demographic and socio-economic data about sex workers
- Collect data related to the SRH of female sex workers.

- Collect data on knowledge and attitudes of sex workers about sexually transmitted infections and HIV, and evaluate patterns of recent behaviour regarding condom use.
- Collect data on fertility, family planning, sexual health, prevalence and treatment of STIs, prevalence of intimate partner violence and sexual exploitation and their access to health care and their utilization of health service.

Chapter 2

Research methodology

2.1 Research team

The research team consisted of the staff from the Institute for Population and Social Research (IPSR), Mahidol University, and the non-governmental organization Service Workers In Group (SWING), with substantial advice from UNFPA. IPSR is one of the largest social science research organizations in Thailand, and has extensive experience conducting research on sex workers. SWING is a Thai NGO working with male and female sex workers in Bangkok and Chonburi. Its activities include providing classes on English and safe sex, distributing condoms, and arranging discounted medical examinations. A detailed description of contributions by IPSR, SWING, and UNFPA to the Sexual and Reproductive Health of Sex Workers study is given in Table 2.1.

Table 2.1 Summary of responsibilities of main organizations involved in study

Organization	Responsibilities
Institute for Population and Social Research, Mahidol University	<ul style="list-style-type: none">• Study design and questionnaire• Training of supervisors and interviewers• Monitoring fieldwork• In-depth interviews• Data entry• Data analysis• Writing report
Service Workers In Group (SWING)	<ul style="list-style-type: none">• Input to study design and questionnaire• Mapping field sites• Identifying local NGOs to assist with data collection in Songkhla and Chiang Mai• Supervisors and interviewers in Chonburi and Bangkok• In-depth interviews• Transcription of in-depth interviews• Input to data analysis and report
UNFPA	<ul style="list-style-type: none">• Choice of topics• Advice and peer review for study design, questionnaire, analysis, and report

■ 2.2 Study sites

The study was conducted in the provinces of Bangkok, Chonburi, Chiang Mai, and Songkhla. According to the STI Division of the Ministry of Public Health, these four provinces had the greatest number of female sex workers in 2006. As can be seen in Table 2.2, the four provinces cover a wide geographical range, and diverse types of clients. In each province, local governmental and non-governmental organizations assisted with interviewing, and with introducing the research teams and interviewers to the establishment owners and sex workers.

Table 2.2 The study sites

Province	Region of Thailand	Characteristics of sex industry	Interviewers
Bangkok	Center	Highly differentiated. Serves Thai and foreign customers	SWING
Chiang Mai	North	Mainly Thai customers. Includes massage parlors and brothels	District Health Officers and Health Volunteers
Chonburi	East	Heavily bar based, especially in Pattaya where customers are mainly foreigners. Many freelance sex workers.	SWING
Songkhla	South	Many brothels, especially in border locations	Sai Ngam*

*Empower Foundation is a NGO working with sex workers and assisted with field coordination in Chiang Mai. Sai Ngam is a group of individuals working with sex workers and people living with HIV.

■ 2.3 Questionnaire development

The choice of topics to be included in the questionnaire was made by UNFPA. The IPSR team constructed a draft questionnaire, based on these topics, drawing from a previous study of sex workers in Thailand (Boonchalaksi and Guest 1996). The draft questionnaire was reviewed by staff from UNFPA, translated into Thai, and pre-tested on a single sex worker in Bangkok. The questionnaire was then revised, and presented to a meeting including representatives from UNFPA, the Ministry of Public Health, and NGOs. The

questionnaire was revised once more, and pre-tested in Chonburi Province, before the final revision.

The final version of the questionnaire consisted of ten sections inquiring about the personal background of the respondents, partnerships, social network, sexual and reproductive health knowledge and behaviours, access to health services, and expectations for the future. Most questions were closed-ended, with respondents choosing among set responses, though 'other' responses were also allowed. The full questionnaire is given in Annex A of this report.

Guidelines for in-depth interviews, and forms for gathering data on the characteristics of establishments, were also constructed (see Annex B).

■ 2.4 Composition of the sample

The target sample size was approximately 800. We attempted, so far as was feasible, to make this sample representative of sex workers within the four provinces. The target number of respondents in each province was chosen to be approximately proportional to the number of sex workers in each province, as reported in statistics from the STI Division, Ministry of Public Health. As discussed in Chapter 3, sex workers operate in a variety of settings, which we classify into brothels, massage parlors, a-go-go bars, beer bars, karaoke bars, and freelance. Within each province, we attempted to make the distribution of respondents by establishment type match the actual distribution of sex workers by establishment type. We originally intended to use the STI Division statistics to estimate the actual distribution of sex workers by establishment type. However, inspection of the statistics suggested that the sex workers working in bars or working freelance had been substantially under-enumerated. We therefore adjusted the distribution by establishment type, based on the experiences of SWING and of members of the IPSR research team who had previously done research on sex work. Although this adjustment process was necessarily subjective, in our judgment it was preferable to using a sampling frame that we knew to be seriously biased.

■ 2.5 Choosing areas and mapping and listing establishments

Having established the intended composition of the sample, we chose areas with substantial concentrations of sex workers where we would conduct the survey. For each type of sex worker, there is geographical variation in prices and clientele: for instance,

brothels in some areas cater to wealthy foreign tourists, while brothels in other areas cater to poorer seafarers. We attempted to select areas with high-price establishments and areas with low-price establishments, approximately in proportion to the distribution of workers.

The next step was to construct maps indicating the location of all sex work establishments (or, in the case of freelance sex workers, places where sex workers sought customers) in the selected areas. For each establishment shown on the maps, we obtained information on the type of establishment, price range, and number of sex workers.

The fieldwork was carried out by staff of SWING and other local NGOs, as described in Table 2.2. All fieldworkers had experience working with sex workers at the target areas. The first stage of the mapping was carried out during day time. The mapping teams constructed sketches of the streets, listed establishments, and marked their locations. The second stage was carried out at night, when most establishments were open. The teams visited the establishments, introduced themselves to the owners or managers, and sought information about the number of female sex workers. In some cases the maps were revised as a result of information gained during the second visits. For instance, some premises that operated as salons during the day operated as karaoke bars at night.

■ 2.6 Selection of establishments from lists

Using the lists and maps, we randomly selected establishments where interviews would be conducted. Because we anticipated significant numbers of non-responses, we selected 40 percent more establishments than would be required to obtain 800 interviews in the absence of non-response.

■ 2.7 Training of interviewers and supervisors

There were four data collection teams. Each team consisted of two experienced field supervisors and 5-6 interviewers. All field supervisors had previous experience working as field supervisors with IPSR projects on sexuality and reproductive health. The interviewers were recruited from the governmental and non-governmental organizations listed in Table 2.2. All had experience working with sex workers, and some in Bangkok and Chonburi were former sex workers themselves.

The IPSR and SWING staff provided a three-day training workshop for each data collection team. The workshop included the following: the aims of the survey; sensitization to gender

and sexuality; interviewing techniques; a detailed question-by-question explanation of the questionnaire; practice interviews in the field; and instructions on sampling.

■ 2.8 Field work

Field work was carried during February and March 2007. An official letter from IPSR was sent to provincial health offices in advance to request approval to conduct the survey. Interviewers presented a copy of the approval letter from the provincial health offices at each establishment when asking permission to conduct interviews at the establishment. In Chiang Mai and Songkhla, establishment owners and managers often initially refused. To help overcome their reluctance, we asked local people known to the owners, such as police, health volunteers, or researchers, to introduce the interviewers to the establishments.

The field supervisors provided local authorities and local community groups with information on the purpose and methodology of the survey. The data collection team verified the boundaries of the target areas as they appeared in the mapping in order to validate the sampling listing, and made arrangements to visit the establishments. The survey teams then visited establishments to identify sex workers. The field supervisors obtained permission from the owner or authorized person to conduct the survey in the selected establishment. If permission to interview was granted, the supervisor randomly selected sex workers and assigned them to the interviewers. The interviewers explained the aims of the survey to the respondents, and asked for verbal consent. Respondents were told that they could stop the interview at any time, or decline to answer particular questions. If consent was given, then face-to-face interviews of the sex workers were carried out.

Table 2.3 Participation by establishments

Participation, or reason for non-participation	Bangkok	Chiang Mai	Chonburi	Songkhla
• Participated	50	43	54	55
• Refused access	18	24	5	13
• Closed or changed type	–	2	14	11
• Did not employ sex workers	–	4	4	4
Total	68	73	77	83

Table 2.3 shows numbers of establishments that were included in the lists described in Section 2.5 and were approached to participate in the survey. A significant minority of

establishments had changed their operations since the time of the mapping, or claimed that they did not employ sex workers. The establishments that refused access tended to be those where other activities, apart from sex, were provided; for example, karaoke bars.

Table 2.4 Participation by sex workers

Participation, or reason for non-participation	Bangkok	Chiang Mai	Chonburi	Songkhla
• Complete questionnaire	246	150	261	158
• Began questionnaire, but declined to continue	0	27	37	0
• Refused to begin questionnaire	75	11	55	5
Total	321	188	353	163

Table 2.4 shows participation statistics for women whose establishments agreed to participate. Most of those who began the questionnaire but declined to continue declined at the point where the questionnaire asked about sex work. These women argued that they were not in fact sex workers. Many of these women may in fact have sold sex on occasion, but do not view themselves as sex workers.

■ 2.9 The sample

Tables 2.5 and 2.6 show the final composition of the sample. The decision of whether to categorize an establishment as a brothel or massage parlor, or whether to call it an a-go-go bar, beer bar, or karaoke bar was sometimes arbitrary, though the distinction between establishments such as brothels and massage parlors, and establishments was often clearer.

Table 2.5 Distribution of establishments by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
Brothel	1	10	0	33	44
Massage	4	6	0	1	11
A-go-go	16	1	2	0	19
Beer bar	17	14	26	3	60
Karaoke	9	9	24	13	55
Freelance	3	3	2	5	13
Overall	50	43	54	55	202

Table 2.6 Distribution of respondents by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
Brothel	1	32	0	100	133
Massage	36	58	0	6	100
A-go-go	57	2	16	0	75
Beer bar	73	40	96	8	217
Karaoke	25	12	80	25	142
Freelance	54	6	69	19	148
Overall	246	150	261	158	815

■ 2.10 Qualitative data

In addition to the survey, the researchers conducted 20 in-depth interviews. Survey respondents were selected for further in-depth interviews if their survey responses raised issues relevant to reproductive health programs and policies. For instance, respondents were chosen if they had experienced symptoms of STIs but had not sought treatment. Wherever possible, in-depth interviews were conducted away from the respondents' place of work and, if respondents gave their permission, were tape recorded.

■ 2.11 Data entry and analysis

All questionnaires were checked in the field by supervisors. Data were entered using the program EpiData, which allowed extensive validity checking and consistency checking. Responses to open-ended questions were entered verbatim, and then coded, based on codes developed by the researchers.

Tapes from the in-depth interviews were transcribed. The researchers searched for information on key themes such as condom use and access to health services.

■ 2.12 Study limitations

Sex work is illegal in Thailand. This severely hampers any effort to draw a probability sample. Even though we invested considerable time in mapping sex establishments in order to obtain an accurate sampling frame, it cannot be stated that the sample we obtained is representative of either sex workers or the establishments in which they work. Many bar owners were very reluctant to participate in this study for the fear of their establishment being identified as a sex establishment. The connections that we forged with community organizations in the study sites reduced this problem, but care must still be taken in interpreting data as being representative of sex workers in the sites.

The working conditions of sex workers limited data collection. It was quite difficult for some type of bars to arrange interviews. For example, staff might be with customers. The locations for interviews also caused problems. Women could not be absent from their place of work and there were often many people at the place of interview. This caused delays in interviewing and potentially affected the quality of data.



Chapter 3

Structure of Sex Worker Employment

This chapter presents some background information on working conditions for sex workers. It draws heavily on the experiences of SWING, particularly the director, who has been working on issues related to sex work for nearly 20 years.

■ 3.1 Beer bars

Women working in beer bars are required to encourage customers to buy drinks. Bars typically require workers to generate at least 100-120 drink sales a month. The drinks can be alcoholic or non-alcoholic. Generally, the workers get 30 baht per drink, on top of their base salary. However, if they are unable to reach the target, workers are charged around 40 baht for each drink under the target. The first task of each worker is to persuade clients to buy as many drinks as possible.

The next step is to persuade the clients to take them out for sex—to 'off' the client. For each 'off', the clients must typically pay the bar around 300-400 baht. The worker receives around 100 baht from this amount. The client and worker then negotiate the type of sexual services to be provided. The sex worker receives all of the money negotiated, and does not need to make any further payments to the bar. Many bars have a rule that workers must have at least 4-10 'offs' per month, with penalties of around 400 baht per 'off' short of the target.

In some areas, such as Pattaya, beer bars are open from before noon to one a.m. In many cases, workers may work in shifts: from ten a.m. to seven p.m. and from six p.m. to one a.m. If a worker arrives late at work, three baht is deducted from her salary for each minute. Workers generally have only two days off a month, with deductions of 400 baht for extra days. In the case of sickness, a prescription from a clinic must be shown; otherwise 300 baht is deducted from the salary for each day sick. Workers are seldom allowed to stop working on holidays, Fridays and Saturdays, when demand is high. If they do, as much as 1,000-1,500 baht is deducted from their salaries.

In some bars, particularly in Bangkok, a worker must have an STI test every time they 'off' a client, or pay a penalty of 200 baht. Some bars also require workers to present results from HIV tests when they collect their pay. If the worker tests positive she receives no pay and is fired.

■ 3.2 A-go-go bars

A-go-go bars differ from beer bars in having a stage for go-go dancing and sometimes sex shows. Each sex worker who works in the bar must dance on the stage or 'floor', while some are selected for the sex show. Bars design outfits for the women to wear on the 'floor'. Women who do not wear the outfits are fined by the bar, generally 100 baht. The rounds of a-go-go dances are set, and if any worker is not on time or cannot do the whole round, she is charged 50 baht for each round missed.

A-go-go bars are becoming less common. They are generally converting to beer bars or pubs to avoid having difficulties with police. For example, there are almost no a-go-go bars in Chiang Mai, although there were many a few years ago. Also, in Pattaya, many a-go-go bars have changed to the beer bar format.

Most of the rules for those working in a-go-go bars are similar to those working in beer bars, except that they are sometimes more strict. For example, pay is often reduced by 3-5 baht per minute late for work. Like in beer bars, workers typically only have two days off per month. Again, the salary will be reduced 400 baht for each extra day off. Also, under no circumstances are the sex workers allowed to stop working on holidays, Fridays and Saturdays. If they miss work on those days, their salary may be reduced by as much as 1,000-1,500 baht. Workers are generally not allowed to eat during working hours.

Rules concerning the number of drinks and fines for not meeting targets are similar to beer bars, as are the rules for 'off' with clients. Some a-go-go bars require workers to pay 20,000 baht or more if they want to leave the bar with a client for a long period of time, i.e., to have a longer-term relationship with the client.

The rules for STI and HIV tests are similar to beer bars. Similar to beer bars, workers are fired with no pay if they test positive for HIV.

■ 3.3 Massage parlors

Women working in massage parlors do not receive a salary, but instead receive a portion of fees paid by clients. Women in large massage parlors generally receive 50 percent of

the fee, while women in smaller parlors receive 40 percent. Payments per episode can sometimes reach as high as 2,000-3,000 baht in massage parlors. Women in massage parlors are required to have sex more often than women in bars.

The rules in massage parlors are more relaxed compared to those of the beer bars and a-go-go bars. Working hours are from ten a.m. to eleven p.m. The workers can take 'menstrual leave' without advance notice, but must apply for other days off.

Many massage parlors provide their workers with free in-house medical check ups, screening mainly for STI and HIV. HIV blood tests are generally administered every three months. Women testing positive are fired.

■ 3.4 Brothels

Working in a brothel is similar to working in a massage parlor in that the worker is paid a portion of the fees, with no base salary. In a brothel, sex is the only service being sold (in contrast to massage parlors and bars). However, fees are typically lower than for women in massage parlors. In general, a brothel worker cannot refuse any client who chooses them. Many brothels provide accommodation for their workers, and some establishments do not allow the sex workers to live off the premises, in order to have them available for work at any time of day or night. If they are taken out of the brothel for sex services, they normally have to return to the brothel within a certain time limit or be fined around 300 baht.

Although working hours vary, most brothels are open from 4 p.m. to 1 a.m. In some areas, there are 'day-time' brothel and 'night-time' brothels. Many women work for both types of brothels, in order to earn more money.

■ 3.5 Karaoke bars

Karaoke bars display considerable variation in structure and clientele. The higher the class or grade of the bar is the indicator for the higher earnings for the women. On the outskirts of Bangkok and in some areas of other provinces, karaoke bars resemble restaurants with machines for the customers to sing karaoke songs. This outward appearance can make sex work at the establishment less visible. The main task of the female employees is to entertain the customers by serving drinks, sitting nearby, and choosing and singing karaoke songs with the customers.

Most bar owners are not involved in decisions related to their female employees having sex with customers outside work hours. This means that there are no rules in such entertainment places specifically related to the number of “offs” to make in a month, and there are no rules related to STI screening and HIV testing.

The women working in karaoke bars sometimes see themselves as freelance sex workers, for many of them do not receive a salary from the bars, but only receive a small commission from the drinks the customers buy for them, and from tips. However, some karaoke bars pay a salary for some of their employees, who may or may not be sex workers. The salary depends on the class of the bars, and ranges from 3,000 to 10,000 baht per month. In karaoke bars in downtown Bangkok, some female sex workers can earn around 20,000 - 30,000 baht per month, an income that is comparable to those who work in massage parlors. Earnings are much less in provincial areas.

■ 3.6 Freelance

Freelance sex workers work in streets, parks and other public places, and also in restaurants, pubs, and bars. Some women mix freelance work with other sex work, or other non-sex work. Although freelance workers based in restaurants and bars may have to pay fees to the owners, freelance workers in general do not have to conform to the many rules for working hours, dress, targets, or STI testing that are faced by other types of sex workers. At the same time, freelance workers lack the physical security provided by brothels, massage parlors, and bars.

Some women begin freelance work because they have been fired from other establishments for being too old or because they tested positive for HIV. Many freelance workers are earning money for specific purposes, such as paying for children’s education, parents’ health care, or family expenses. Many enter freelance sex work because they do not earn enough in their regular job.

Although freelance sex workers have more control over their time than other types of sex workers, they have less access to information and services for STIs, including HIV. They are not compelled to have STI screening after each sex with clients, or to have regular HIV blood tests.

Chapter 4

Socio-Economic Profile of Sex Workers

The average age of respondents, shown in Table 4.1, is 28.3 years. Only twelve respondents (1.5 percent) were aged less than 18 at the time of the survey. Seven of these respondents were freelance workers, and five worked in beer bars or karaoke bars; none worked in brothels or massage parlors. A somewhat higher proportion of respondents—9.4 percent—were aged less than 18 when they first had sex for money. Qualitative data suggest that, after first selling sex while young, sometimes for a large sum, many respondents leave the sex industry and then return at older ages¹.

Table 4.1 Mean age of respondents, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	28.4	23.0	26.6	-	27.9
Beer bar	29.1	28.7	28.2	30.2	28.7
Brothel	-	29.5	-	28.4	28.7
Freelance	30.5	32.5	31.3	27.7	30.6
Karaoke	24.2	22.3	23.9	28.6	24.7
Massage	27.1	28.6	-	37.0	28.6
Overall	28.5	28.5	27.6	28.8	28.3

The small number sex workers aged less than 18 in sex work establishments is, at least in part, a reflection of government policy. Police maintain lists of the names and ages of sex workers in their district, and interviews with sex workers suggested that the police enforce minimum ages strictly. Previous research in the 1990s also found strict enforcement of minimum ages (Boonchalaksi and Guest 1996: 46; Lin Leam Lim 1996: 19).

As can be seen in Table 4., over three-fifths of sex workers in 2007 had completed primary schooling, compared with one-fifth in 1992. Although sex workers are slightly more likely to have had no education, and less likely to have had tertiary education, their educational profile is very similar to that of comparably-aged women from the general Thai population.

¹ Boonchalaksi and Guest (1996: 150) report a similar pattern

Table 4.2 Educational attainments of sex workers and the general population

	Sex workers 2007				Overall	Thai women aged 20-29, 2004	Sex workers, 1992
	10-19	20-29	30-39	40+			
None	5.6	5.5	7.4	9.4	6.4	2.5	7.5
Primary	31.0	28.8	58.5	64.1	41.1	31.0	75.5
Secondary	62.0	58.9	28.3	18.7	46.3	53.4	16.0
Tertiary	1.4	6.9	5.8	7.8	6.1	13.1	0.9
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	71	421	258	64	814	na	106

Note - Primary means 'at least some primary'; secondary and tertiary are defined similarly.

Sources - Sex workers 2007: SRHSW; Thai women aged 20-29: calculated from raw data from the 2004 Labor Force Survey; Sex workers 1992: Calculated from Boonchalaksi and Guest (1996: Table 5.2).

Ninety-five percent of respondents stated that they were of Thai ethnicity. Three percent said they were Burmese or Shan; these women were presumably migrants from Myanmar. Other ethnicities reported by small numbers of women were Lao, Cambodian, Chinese, and Malaysian. Few women reported themselves to belong to minorities such as Karen, possibly because they stated their ethnicity as Thai.

Sex workers differ substantially from the general population in their probability of being in a relationship. Table 4.3 compares results for respondents in the SRHSW with results from the 2004 Labour Force Survey. The SRHSW survey referred specifically to married or de facto partners, while the Labour Force Survey simply asked if people had been 'married' (*dtaeng ngan*). However, Thais generally interpreted 'married' to include de facto partners, so the two sources are comparable. With the exception of women aged 15-19, sex workers are much less likely to currently be in a relationship than Thai women in general. However, they are much more likely to have ever been in a relationship.

Table 4.3 Percent of respondent who currently have a partner or have ever had a partner

Age	Currently married / has partner		Ever married / had partner	
	Sex workers	All women	Sex workers	All women
15-19	49.3	12.5	93.0	13.0
20-29	32.8	59.7	93.8	62.8
30-39	38.0	80.9	94.6	87.1
40+	23.4	76.7	100.0	92.0
Overall	35.1	65.0	94.5	63.0

Sources: Results for sex workers calculated from SRHSW; results for all women calculated from 2004 Labour Force Survey data.

Among sex workers currently in a relationship, the median length of the relationship was 3.2 years. Overall, 91 percent of the partners are Thai. Most of the remainder is European or American, though 17 percent of respondents in Songkhla reported that they had Malaysian partners. Less than two-thirds currently live with their partners. Almost 90 percent of respondents receive financial assistance from their partners, while only 55 percent provide financial assistance. The younger a respondent is, the less likely she is to co-reside, the more likely she is to receive assistance, and the less likely she is to provide assistance.

Table 4.4 Percent of respondents living with (main) partner, receiving assistance from partner, and providing assistance to partner

Age	Lives with partner	Receives assistance	Provides assistance
10-19	54.3	94.3	45.7
20-29	60.6	89.1	55.9
30-39	65.3	85.7	54.1
40+	86.7	73.3	80.0
Overall	62.8	87.7	55.3

Among sex workers, and to some extent among the general Thai population, it is common to have ongoing sexual relationships involving less commitment than legal or de facto marriage. We asked respondents if they had any 'special relationships', aside from any fulltime partners (*khun yang khop gap khrai bpen phisaet ik reu mai*). As can be seen in Table 4.5, the answers were remarkably similar for those with and without main partners. One-third of respondents reported having one or more 'minor' partners. Almost 15 percent had two or more such partners. Financial flows for minor partners were much more

one-sided that for main partners: 80 percent of secondary partners provided financial assistance to respondents, but only twelve percent of secondary partners received financial assistance from respondents (results not shown in table.)

Table 4.5 Percent distribution of respondents by number of minor partners

Number of secondary partners	No main partner	Has main partner	Overall
0	65.3	67.6	66.1
1	20.6	18.3	19.8
2	8.0	8.1	8.0
3	3.8	4.2	3.9
4	1.5	1.1	1.4
5+	0.8	0.8	0.7
Overall	100.0	100.0	100.0
Respondents	528	286	814

Except among those aged under 20, most respondents have children (Table 4.6).

In Table 4.6 the most common number of children among those aged less than 40 is one. However, only 12.4 percent of respondents live with a child (Table 4.7). Evidently most sex workers place their children in other people's care. The qualitative data suggest that the most common caregivers are the children's grandparents. The sex workers themselves typically live alone or with friends. Only a minority live with family members.

Myself and my partner work at the same a-go-go bar in Pattaya. We also live at the workplace with our one year-old son. My mother stays with us here to look after our son. (Gaye, aged 26 years, a-go-go bar, Pattaya)

I live here on the third floor of this building with other workers. I have one daughter living with my parents in Sisaket province. I left my daughter when she was five years old. My mother wanted me to find a farang husband, so I returned to work again. I visit my family once a year. (Yoong, aged 25 years, karaoke, Bangkok)

Table 4.6 Percent distribution of respondents by number of children, by age of respondent

Children	10-19	20-29	30-39	40+	Overall
0	80.3	43.1	21.3	17.2	37.4
1	19.7	40.2	36.0	20.3	35.5
2	0.0	14.8	28.7	39.1	19.8
3	0.0	1.9	10.9	18.8	5.9
4	0.0	0.0	1.6	1.6	0.6
5+	0.0	0.0	1.6	3.1	0.7
Overall	100.0	100.0	100.0	100.0	100.0
Respondents	71	420	258	64	813

Table 4.7 People that respondents live with, by age of respondent (Percent)

Lives with	10-19	20-29	30-39	40+	Overall
(Lives alone)	33.8	40.3	51.6	54.7	44.4
Friends from work	43.7	37.0	30.2	31.2	35.0
Partner	26.8	19.8	24.8	20.3	22.0
Children	1.4	9.5	16.3	28.1	12.4
Other relatives	7.0	11.4	10.1	6.2	10.2
Parents	7.0	6.2	5.0	3.1	5.6
Other friends	4.2	5.5	1.2	0.0	3.6
Other relatives of partner	1.4	1.7	1.6	1.6	1.6
Parents-in-law	0.0	0.7	1.2	1.6	0.9
Lives at place of work	2.8	0.2	0.0	0.0	0.4

Note - respondents could choose more than one response.

Respondents report monthly incomes that are very high compared with women working in other industries in Thailand. The median income for women in the SRHSW is 15,000 baht per month (Table 4.8). In contrast, in 2004 the mean monthly wage for Thai women aged 20-29 with a primary education was 3,900 baht, and for women with a secondary education was 5,000 baht.² Sex workers appear to be paid a considerable premium to compensate them for the risks and stigma of their occupation.

² Calculated from the raw data from the 2005 Labour Force Survey

Table 4.8 Median earnings month (000 baht) from sex work and any other duties

Earnings	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	19.0	27.5	20.0	-	20.0
Beer bar	20.0	15.0	15.0	8.0	15.0
Brothel	-	10.0	-	12.0	12.0
Freelance	20.0	11.5	15.0	9.5	15.0
Karaoke	10.0	6.8	20.0	10.0	15.0
Massage	30.0	20.0	-	10.0	25.0
Overall	20.0	15.0	15.0	10.0	15.0

Among sex workers, however, there is considerable variation in earnings. As can be seen in Table 4.9, approximately one-fifth earned less than 10,000 baht per month while another fifth earned over 30,000 baht.

Table 4.9 Earnings per month (baht) from sex work and any other duties at establishment

Earnings (baht)	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
0-4,999	1.3	3.7	6.1	7.7	8.0	0.0	4.9
5,000-9,999	9.3	14.9	26.5	16.2	23.9	5.2	16.9
10,000-19,999	38.7	34.0	44.7	35.2	29.7	26.8	34.8
20,000-29,999	24.0	27.0	14.4	16.2	20.3	21.6	20.9
30,000-49,999	21.3	15.3	8.3	20.4	15.9	34.0	18.0
50,000-99,999	5.3	5.1	0.0	4.2	2.2	12.4	4.5
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	75	215	132	142	138	97	799

A common image of sex workers is that they are unable to leave the industry because of debts. While this may be true of some workers, only 40 percent of respondents have any debts (Table 4.10). Consistent with the qualitative data, many respondents report that they are responsible for the debts of family members (Table 4.11). However, once again, these people are a minority.

I have three sons, ages 21, 17, 15 years. I receive 9,000 baht a month since I started working here four years ago. I've never change places of employment, I guess because the owner (mamasan) is very kind to her workers. She lends money to the workers without charging any interest. We just give her a pack of cigarettes when paying back the loan. I earn extra money from clients too. I want to work for another year or so to pay off my house and a car. (Tip, aged 39, a-go-go bar, Pattaya)

...I have worked here for five months. I miss my four year-old son a lot. My son stays with his father, my ex-husband, in Tak Province. We broke up because my ex-husband had a new woman. Anyway, I earn enough to pay for visits to my son five days per month. I also pay for a hotel there and stay with my son the whole five days. No, I do not stay with my ex-husband. The whole trip costs about 10,000 baht. Altogether, I have sent 30,000 baht to my parents and have saved 100,000 baht. (Noi, aged 36, beer bar, Pattaya)

Table 4.10 Percent of respondents reporting that they have debts, by age of respondent

Establishment	10-19	20-29	30-39	40+	Overall
A-go-go	25.0	41.5	42.9	66.7	42.1
Beer bar	18.2	30.1	50.0	61.5	38.8
Brothel	57.1	34.8	40.4	44.4	38.6
Freelance	22.2	33.3	55.3	61.5	43.9
Karaoke	24.1	39.3	52.2	50.0	38.6
Massage	0.0	35.7	58.1	11.1	39.8
Overall	25.4	35.0	49.6	51.6	40.1

Table 4.11 Percent of respondents reporting that they are responsible for debts of family members, by age of respondent

Establishment	10-19	20-29	30-39	40+	Overall
A-go-go	50.0	30.0	39.3	66.7	36.0
Beer bar	40.0	46.0	35.4	23.1	40.4
Brothel	71.4	53.6	40.4	22.2	47.7
Freelance	11.1	33.3	48.9	34.6	35.8
Karaoke	27.6	36.9	43.5	25.0	35.7
Massage	100.0	36.4	33.3	11.1	34.4
Overall	32.9	40.9	39.7	28.1	38.8

Over 80 percent of respondents report that they have managed to pay down debts (if any) or save money during the last month (Table 4.12). These results provide further evidence of the financial rewards of sex work. As with any population, however, there is variation in financial security: during in-depth interviews some respondents reported having difficulties with money.

... I will turn 18 years old in five months. I can not take more than 20 clients per month. It is my limit, the maximum number of clients my body can handle. I earn a maximum of 15,000 baht per month, but not very often. I have no savings and I have to support my family and my child. (Gai, aged 17, freelance, Bangkok)

It depends very much on the season. Most of my clients are Thai or Burmese seafarers. This month I have not earned anything at all, not a single client. I don't have money to pay for the rent yet. I have a partner living in Bangkok who helps pay the mortgage, about 5,000 baht per month. (Sao, aged 27, brothel, Songkhla)

Table 4.12 Percent of respondents reporting that have saved money or paid off debt during the past four months, by age and type of establishment

Establishment	10-19	20-29	30-39	40+	Overall
A-go-go	100.0	80.5	89.3	100.0	85.5
Beer bar	70.0	85.6	85.2	84.6	84.7
Brothel	71.4	95.6	80.0	77.8	87.6
Freelance	64.7	79.2	80.9	68.0	76.1
Karaoke	67.9	78.6	87.0	100.0	78.4
Massage	100.0	96.4	87.1	77.8	91.8
Overall	70.6	86.0	84.3	77.8	83.5
Respondents	68	413	255	63	799



Chapter 5

Nature and Conditions of Employment

There is enormous variation in the length of time that women reported they had been working as sex workers. Thirty percent had been working for less than a year, and 25 percent had been working for at least 4 years; the median time was 2 years and the mean 3.5. Brothel and freelance workers reported the longest times in the sex industry, and karaoke and a-go-go bar workers the shortest.

Time spent as a sex worker can, however, be difficult to define. The in-depth interviews and focus groups identified many cases where people had left and then returned to sex work. For some such cases, the only reliable way to measure time spent as sex workers would be to collect full life histories.

Won had worked at a brothel for four months before she started a relationship with a regular partner three years older than her. The partner bought her from the brothel owner for 30,000 baht. She left Songkhla to live with her partner in Malaysia and stayed there for three years. While staying with this man, she did not work. After she left him, she returned to Songkhla to join a new brothel. She has worked at the present establishment for seven months. (Won, 24 years, brothel, Songkhla)

Pin was introduced to the karaoke bar after having worked in several restaurants. She worked in the bar for two years. She then left the sex industry and used her savings to start up a laundry business with her partner. Two years later, she broke up with her partner and sold the shop. She then found her present job at a brothel earning 300-400 baht per day. She plans to work at this place for 4-5 months before getting a new job in a laundry. She is hoping to earn at least 3,000 baht a month from the laundry service, plus a further 4,000 baht from working as a waitress two nights a week. (Pin, 23 years, karaoke, Chiang Mai)

Yoong's first job was helping her aunt run a small restaurant in Kanchanaburi. At age 15 her mother took her to work as a sex worker in a café in suburban Bangkok. She spent several months at the café. During this time she had a regular client who later became her partner. She left the café and went to work as receptionist at a jewelry shop with her partner. The relationship lasted for a year. She became pregnant and left work, staying with her partner until she had the baby. Later, she broke up with her partner and went back to her home town to stay with her parents for five months. At her mother's suggestion, she then left for Phuket to find a foreign husband. While there, she worked at a bar run by a friend of her mother. She enjoyed her time in Phuket, but she spent a lot of money, so her mother told her to find work in Bangkok. She moved back to Bangkok and has worked in several karaoke bars in Bangkok and surrounding provinces during that time. (Yoong, 26 years, karaoke, Bangkok)

Many sex workers are searching for men who are willing to form long-term relationships where the man supports the respondent (mee khon lieng). Forming a relationship is a common reason for leaving the sex industry permanently or temporarily.

Tip began selling sex at a beer bar at age 34. She left the beer bar one month later and joined a snooker bar where she worked for four months before moving in with a regular client. The client wanted to live permanently with her. They first stayed in a hotel for a few weeks before they moved to rent a condominium. Her partner asked her to stop working in the sex industry. Their relationship lasted for three years; eventually they broke up. She returned to sex work at a beer bar for one and a half months and left the industry again, this time returning home because of family problems. While staying at home, she received financial support from a new partner whom she met at the second beer bar. Since then, she returned to Pattaya and started work at a restaurant. (Tip aged 39, a-go-go bar, Pattaya)

Responses to the survey questions on entry into sex work suggest that economic necessity was by far the most important reason for entering sex work, and that coercion or deception were uncommon. Eighty percent of respondents gave 'needed money' as the reason for starting sex work, and only two percent said that they had been forced or tricked. A further four percent named problems with family or partner, and two percent said that they enjoyed this sort of work. These findings are subject to two qualifications. The first is that, despite their best efforts, described in Chapter 2, the interviewers were

unable to reach women whose employers refused access, and these women are disproportionately likely to have experienced coercion during their entry into sex work. A second qualification is that survey questions give an incomplete picture of complex motives.

Forty-six percent of respondents reported that they had been introduced to sex work by friends; 38 percent said that they approached the employers themselves; and further five percent said that they had been introduced by family members. Only five percent said that they had been introduced to sex work by the owner of the sex work establishment or by an agent.

As can be seen in Table 5.1, a significant minority of respondents (22 percent) had worked at more than one establishment during the twelve months before the survey was administered. Moreover, four percent of respondents reported that they had worked in two different provinces during the previous year, and one percent had worked in more than two provinces (results not shown in table.) Data from the survey question on “reasons for moving” were difficult to interpret, but the qualitative data suggest that sex workers move to provinces where pay is higher. For instance, some respondents in Songkhla had moved there from Chiang Mai because of higher wages in Songkhla. Also new workers at an establishment can often attract more customers than the original workers, and this factor encourages staff turnover. Demand at some establishments varied by season, with peaks at New Year and troughs during the rainy season. Some workers would leave the sex industry during slow periods.

Table 5.1 Percent distribution of respondents by number of places in which respondent has worked in past year, by type of establishment

Number	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
1	76.3	77.2	75.8	77.0	80.0	83.8	78.1
2	13.2	4.6	11.4	1.4	8.6	8.1	7.0
3	10.5	13.7	10.6	13.5	7.1	5.1	10.7
4	0.0	4.1	2.3	5.4	3.6	1.0	3.2
5+	0.0	0.5	0.0	2.7	0.7	2.0	1.0
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	76	219	132	148	140	99	814

In focus groups and interviews, respondents stated that accompanying clients to locations outside the establishment could be dangerous. This included visits to hotels, as sex workers could not rely on hotel security for assistance. The results in Table 5.2 indicate

that sex workers, aside from those at massage parlors, must expose themselves to risks associated with leaving the establishment. Overall, only 21 percent have sex with clients at the establishment itself. In massage parlors sex typically takes place in rooms that are the same location for massage.

Women in one brothel in Songkhla stated during in-depth interviews that they were required to have sex with clients at a guesthouse belonging to the brothel owner. Others in Songkhla said that they were permitted to solicit clients at bars, provided they paid fees to the brothels where they were based. Practices such as these explain why a surprisingly small proportion of brothel workers have sex at the brothels themselves (and also illustrate the lack of sharp distinctions between different types of sex worker.)

There are rooms upstairs, but if clients prefer to go out, they can take us to a guest house which belongs to the owner. (Pang, aged 17, brothel, Songkhla)

Work hours are from 2pm to 11pm. Some workers stay at the brothel, but they are not allowed to keep a key. The workers can go out to have drinks or to find a client in pubs near by. If the workers go out with the clients, they are supposed to pay 500 baht to the brothel owner. (Won, 24 years, brothel, Songkhla)

Table 5.2 Place where respondents have sex with clients, by type of establishment

Location	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
At a normal hotel	75.0	84.9	59.5	54.7	32.4	12.1	56.5
At this establishment	1.3	1.0	25.2	2.7	30.9	87.9	21.0
At a short-stay hotel	22.4	13.7	15.3	41.2	34.5	0.0	21.7
At client's house	1.3	0.5	0.0	0.7	1.4	0.0	0.6
In a car	0.0	0.0	0.0	0.7	0.0	0.0	0.1
Other	1.3	0.5	2.3	2.7	27.3	0.0	5.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	76	218	131	148	139	99	811

As can be seen in Figure 5.1 and Table 5.3, the peak work times and the average number of hours worked vary according to the type of sex work. Women based in karaoke bars work much later than women based in massage parlors. A-go-go bar workers have the

shortest hours, on average, and massage parlor workers the longest hours. During interviews and focus groups, many respondents reported that working late at night was one of the disadvantages of their job. They also reported that, apart from freelance workers, their employers set definite times during which they had to be at work.

Work hours are between midday until 11 pm. About two days a week I go out with friends to find clients after work. We normally go to pubs or discos which are open until 2 a.m. I have not slept for two days because I have been out with clients. (Pen, 19 years, massage parlor, Songkhla)

Workers have to be at work before 2 p.m. Otherwise, money will be deducted from their pay. (Won, 24 years, brothel, Songkhla)

The bar opens at 6 p.m., and the workers must arrive before then. The penalty for coming late is one baht per minute. The workers can take two days off per months with pay. For every day on top of this, 600 baht is deducted from the worker's salary. (Noo, 36 years, a-go-go bar, Bangkok)

Figure 5.1 Percent of respondents working, by time of day and type of establishment

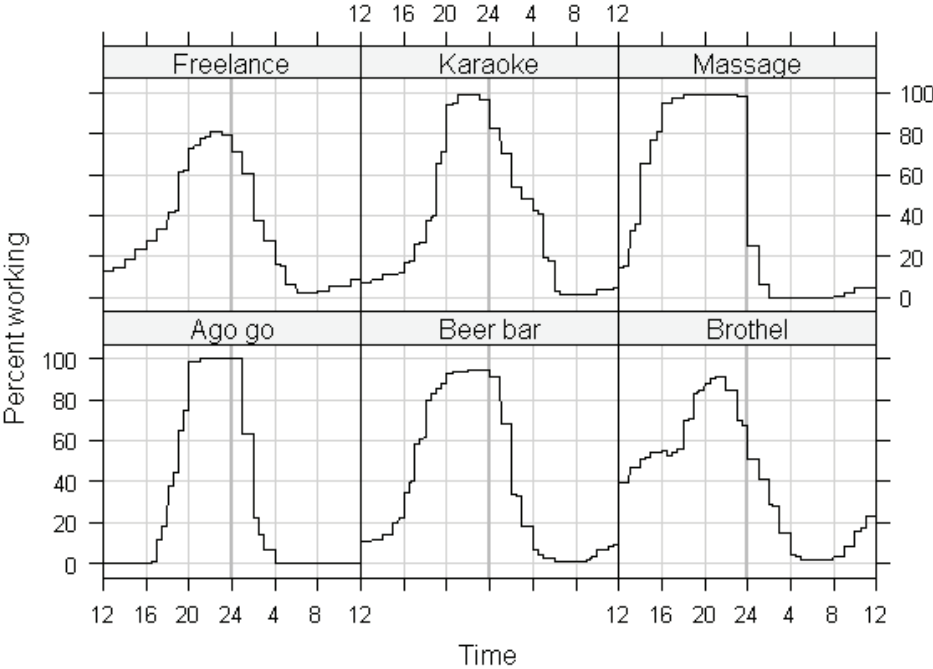


Table 5.3 Mean hours working, by type of establishment

Establishment	Mean hours
A-go-go	7:08
Beer bar	9:22
Brothel	9:50
Freelance	7:55
Karaoke	9:05
Massage	10:13
Overall	9:02

Paid days off work are relatively rare. Many workers cease sex work while they are menstruating, though 36 percent of respondents reported that they inserted sponges or other objects into their vaginas so that they could continue during menstruation.

Table 5.4 shows results from questions measuring the extent of solidarity, which were adapted from a survey of sex workers in Brazil.³ Respondents were asked the extent to which they could rely on colleagues for assistance with (i) money problems, (ii) visiting the doctor, (iii) a place to stay, and (iv) violence at work. In Table 5.4, respondents are grouped according to establishment type: brothels and massage parlors versus a-go-go bars, beer bars, and karaoke bars versus freelance workers. Overall, levels of solidarity are highest among workers in massage parlors and brothels, and lowest among freelance workers. All types of workers were less confident that they could rely on co-workers for assistance with money than with assistance with doctors, accommodation, and violence.

Table 5.4 Percent of respondents who 'totally agree' or 'more or less agree' that they can rely on their colleagues for assistance

Type of assistance	Massage parlors and brothels	A-go-go bars, beer bars, and karaoke	Freelance
Money	58.9	51.6	41.2
Going to doctor	66.2	65.6	47.3
Place to stay	71.9	63.3	50.7
Violence at work	67.1	64.0	54.1

³ Horizons/ PIM/FIO DA ALMA/SEPED, *Study of the Impact of Community Development HIV/AIDS/STI Risk Reduction among Sex Workers in Rio de Janeiro Brazil*.

Table 5.5 shows respondents' contacts with families. Overall, 40 percent see their families everyday. Only 8 percent never have any contact.

Table 5.5 Percent distribution of respondents by number of times per month contact their families , by type of establishment

Times	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Never	8.1	3.5	8.7	13.3	13.0	4.2	8.3
Less than 4	8.1	11.6	15.0	20.3	13.0	9.4	13.3
At least 4, less than 10	33.8	31.7	40.9	32.8	27.5	32.3	32.9
At least 10, not everyday	8.1	9.0	0.0	2.3	8.0	0.0	5.0
Everyday	41.9	44.2	35.4	31.2	38.4	54.2	40.6
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	74	199	127	128	138	96	762

Chapter 6

Risk Behaviours

In this chapter we explore several behaviours, including substance use and sexual behaviour that could result in negative health consequences for sex workers. Although 15.6 percent of respondents report that they have tried amphetamines, perhaps the most striking feature of the statistics on illicit drugs presented in Table 6.1 is that drug use appears to be relatively uncommon. Usage is presumably under-reported, and drug users may be under-represented in the sample. However, the overall finding that drug addiction is not a problem for most sex workers was borne out by the qualitative data.

Although Gae's mother was a drug addict, Gae herself had never tried drugs before becoming a sex worker. In the last three months Gae had tried ecstasy and ice with the encouragement of clients. If a client wanted to take her out and spend the night together or play cards, the two of them would often use drugs to stay awake. (Gae, 26 years, a-go-go bar, Pattaya)

Table 6.1 Percent of respondents who have tried drugs, by type of establishment

Drug	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Amphetamines	17.1	10.9	18.2	14.2	22.9	13.1	15.6
Marijuana	15.8	13.6	9.1	10.8	12.9	14.1	12.5
Ice	6.6	3.2	6.1	4.7	5.7	5.1	4.9
Ecstasy	7.9	3.2	6.8	2.0	2.1	8.1	4.4
Valium	7.9	1.8	1.5	5.4	2.1	2.0	3.1
Heroin	2.6	1.8	1.5	0.7	2.1	2.0	1.7
Cocaine	2.6	1.8	0.0	0.7	0.7	3.0	1.3

Alcohol use is more common, and indeed is part of the job description for some sex workers. Over 60 percent of respondents had been drunk at least once in the previous month (Table 6.2), and 20 percent had been drunk most days or every day. In many establishments, sex workers are paid per drink that a customer consumes, and encouraging customers (referred to in Thai as to cheer beer) often means drinking

alongside them. Some women reported they were allocated targets of at least 60 drinks sold per month. We explored whether respondents were drinking to increase their confidence in working by asking if, during the past month, respondents had ever used drugs or alcohol to 'give them confidence to work'. Fourteen percent of respondents reported that they had (results not shown in table.)

Table 6.2 Number of times getting drunk in past month

	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Never	31.6	30.0	24.2	44.9	41.4	51.5	36.5
Once	13.2	7.7	3.8	6.1	4.3	9.1	6.9
Some days	27.6	36.4	49.2	35.4	35.7	28.3	36.4
Most days	10.5	16.4	16.7	10.2	12.9	9.1	13.3
Every day	17.1	9.5	6.1	3.4	5.7	2.0	7.0
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	76	220	132	147	140	99	814

As shown in Table 6.3, the median number of times that respondents had had sex with clients during the previous month was 15. Numbers differed substantially, however, by the type of establishment. Freelance workers and those based in brothels and massage parlors reported much higher frequencies than sex workers in other establishments.⁴

Table 6.3 Median number of times having vaginal sex with clients during past month, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	5.0	23.5	6.0	-	6.0
Beer bar	5.0	8.0	7.0	2.5	5.0
Brothel	-	65.0	-	15.0	20.0
Freelance	37.0	11.5	20.0	10.0	20.0
Karaoke	4.0	5.0	24.0	10.0	11.5
Massage	42.5	33.0	-	2.0	35.0
Overall	9.0	25.0	15.0	14.0	14.0

⁴ Three apparent exceptions A-go-go workers in Ching Mai, massage parlor workers in Songkhla, and karaoke bar workers in Chonburi. However, the first group only contains two respondents and the second only six, so these results should not be accorded much weight.

Some women reported extremely high frequencies having vaginal sex during the previous month. Table 6.4 shows the percent of respondents reporting more than 50 episodes. Almost all of the women in this category are freelance or direct sex workers; the main exception is, once again, karaoke workers in Chonburi.

Table 6.4 Percent of respondents having vaginal sex with clients more than 50 times during past month

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	0.0	0.0	0.0	-	0.0
Beer bar	1.4	0.0	1.0	0.0	0.9
Brothel	-	64.5	-	10.0	22.9
Freelance	43.4	0.0	18.8	0.0	24.7
Karaoke	0.0	0.0	41.2	4.0	24.3
Massage	44.4	26.3	-	0.0	31.3
Overall	16.3	23.5	18.0	7.0	16.4

The lower frequency of sex among workers in establishments such as bars and karaoke partly reflects the fact that their duties (and source of income) include other things besides sex, such as selling drinks, singing, dancing, and performing shows. Although there is substantial variation from establishment to establishment, and between individuals within the same establishment, these sex workers generally have greater discretion to refuse sex. In massage parlors and brothels, once a client has chosen a sex worker, the worker has little choice but to comply. Moreover, direct sex workers, like freelance workers, generally do not receive significant income from other tasks at the establishment. Some respondents in a-go-go bars and beer bars catering to foreigners reported that some customers would hire them every night for the duration of their stay, which may contribute to the low number of sexual episodes among these women.

Some establishments set a minimum number of times that sex workers are supposed to have sex. Money is deducted from their pay if they do not achieve their quota, and they receive bonuses if they exceed the quota. (As mentioned earlier, similar rules sometimes apply to drink sales.) Some respondents reported that the quotas were strictly enforced (kot lek).

Na works at an a-go-go bar and receives 8,000 baht a month. Employees at the bar must have sex with clients at least eight times per month, in addition to their duties dancing and selling drinks. If the sex worker does not meet the quota, 600 baht is deducted from the monthly salary for each

episode less than the quota. If a worker exceeds the quota, she receives 100 baht for each extra episode. Similarly, the workers must sell at least 50 drinks per month. For each sale above this number, a worker receives a bonus of five baht. (Na, 35 years, a-go-go bar, Bangkok)

Respondents were often reluctant to perform oral sex, and many would refuse to perform anal sex. Tables 6.5, 6.6, and 6.7 show proportions having anal sex, oral sex, or masturbating clients at least once during the previous month. Only three percent of respondents reported having anal sex during the previous month; 60 percent reported having oral sex; and 75 percent reported masturbating clients.

Many clients ask me to perform oral sex and anal sex. I sometimes agree to perform oral sex but never anal sex. It depends on how clean the clients are. The clients ask but never force me to. (Pen, 19 years, massage, Songkhla)

Table 6.5 Percent of respondents who had anal sex with a client during the past month

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	1.7	0.0	6.2	-	2.6
Beer bar	9.7	2.4	1.0	0.0	4.1
Brothel	-	0.0	-	1.0	0.8
Freelance	3.7	0.0	7.2	5.6	5.4
Karaoke	0.0	11.1	2.5	0.0	2.2
Massage	8.3	0.0	-	0.0	3.0
Overall	5.3	1.4	3.4	1.3	3.2

Table 6.6 Percent of respondents who have had oral sex with a client during the past month

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	62.1	100.0	62.5	-	63.2
Beer bar	71.2	61.9	63.5	62.5	65.8
Brothel	-	25.8	-	37.4	34.6
Freelance	38.9	66.7	76.8	38.9	57.8
Karaoke	28.0	77.8	68.8	25.0	54.3
Massage	100.0	91.2	-	33.3	90.9
Overall	61.8	67.3	68.6	36.8	60.2
Respondents	246	147	261	155	809

Table 6.7 Percent of respondents who have masturbated a client during the past month

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	72.4	100.0	81.2	-	75.0
Beer bar	79.5	73.8	87.5	62.5	81.3
Brothel	-	68.8	-	49.5	54.2
Freelance	88.9	50.0	89.6	27.8	80.0
Karaoke	40.0	77.8	86.2	32.0	67.6
Massage	91.7	93.0	-	83.3	91.9
Overall	77.6	79.7	87.3	46.2	75.0

As is apparent in Tables 6.8-6.10, condom use among sex workers falls short of the government target of 100 percent, but is nevertheless high. The estimates in Table 6. are derived from the question "In the last five times you had vaginal sex with a client, how many times did you use a condom?", which followed a question on the number of times having vaginal sex in the previous month⁵.

Table 6.8 Frequency of using condoms during vaginal sex with clients, by type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	94.6	100.0	100.0	-	95.9
Beer bar	92.2	97.6	97.3	100.0	95.8
Brothel	-	100.0	-	99.0	99.2
Freelance	97.4	93.3	94.7	100.0	96.3
Karaoke	96.0	100.0	96.0	100.0	97.0
Massage	100.0	100.0	-	100.0	100.0
Overall	95.5	99.1	96.4	99.4	97.2

Note - The results have been adjusted upwards to correct for a faulty interpretation of the question in some cases: see the footnote five for details. Total number of observations is 801.

⁵ During pre-fieldwork training, we instructed interviewers that the question on condom use was not restricted to the previous month. However, we evidently did not stress this point sufficiently. In most cases where the respondent was reported to have had sex one, two, three, or four times during the previous month, they were also reported to have used a condom that number of times, and were almost never reported to have used a condom five times. Cases such as these accounted for the vast majority of apparently incomplete condom use. We decided to recode people as having 100 percent condom use if the number of times using condom equalled the number of times having sex during the previous month. We carried out similar adjustments for condom use during anal and oral sex. Table 6.8, Table 6.9, and Table 6.10 all present measures of condom use that have been adjusted in this way.

Table 6.9 Frequency of using condoms during anal sex with clients (adjusted)

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	100.0	-	100.0	-	100.0
Beer bar	85.7	0.0	100.0	-	77.8
Brothel	-	-	-	100.0	100.0
Freelance	46.7	-	100.0	100.0	84.0
Karaoke	-	100.0	50.0	-	66.7
Massage	100.0	-	-	-	100.0
Overall	81.4	50.0	90.0	100.0	83.6

Note - The results have been adjusted upwards to correct for a faulty interpretation of the question in a small number of cases: see footnote five for details. Total number of observations is 28.

Table 6.10 Frequency of using condoms during oral sex with clients (adjusted)

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	80.6	100.0	76.0	-	80.4
Beer bar	71.2	83.1	84.6	60.0	78.6
Brothel	-	87.5	-	85.8	86.1
Freelance	93.3	100.0	83.0	85.7	86.6
Karaoke	80.0	85.7	91.6	92.0	90.0
Massage	85.6	95.7	-	100.0	91.7
Overall	80.3	91.2	85.8	84.6	85.0

Note - The results have been adjusted upwards to correct for a faulty interpretation of the question in a small number of cases: see the text for details. Total number of observations is 486.

Inspection of Tables 6.8-6.10 suggests that sex workers based in brothels and massage parlors have slightly higher condom use than sex workers in other establishments and freelance workers. For vaginal and oral sex, we investigated the relationship between type of establishment further using multivariate regression, which allowed us to control for several confounding factors and to assess whether the observed associations might have arisen by chance.⁶ We omitted anal sex from this analysis, because there were only 28 cases. The models provided strong evidence that direct sex workers were more likely than indirect or freelance workers to use condoms during vaginal sex ($p=0.017$), and provided somewhat weaker evidence that direct workers were more likely than indirect and freelance workers to use condoms during oral sex ($p=0.067$).

⁶ Our models controlled for the age of the respondent, whether or not the respondent was in her first year of sex work, the number of years of schooling she had received, her monthly income, and the number of times she had had sex during the past month. None of these control variables turned out to be significant for explaining condom use in vaginal and anal sex. The p-value for direct sex workers being more likely to use condoms during vaginal sex was 0.017 the p-value for direct sex workers being more likely to use condoms during oral sex was 0.067.

Table 6.11 Percent of respondents who have ever had a client who did not want to use condoms

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	75.4	100.0	87.5	-	78.7
Beer bar	68.1	76.2	63.5	62.5	67.4
Brothel	-	83.9	-	80.0	80.9
Freelance	81.5	100.0	66.7	84.2	75.7
Karaoke	60.0	30.0	58.8	88.0	62.1
Massage	83.3	63.2	-	50.0	69.7
Overall	74.2	70.9	64.4	79.7	71.5
Respondents	244	148	261	158	811

A number of follow-up questions dealt with reasons for not using condoms. Table 6.11 shows the percent of respondents who had ever encountered a client who refused to use a condom. Examination of the data presented in Table 6.11 and multivariate analysis show no evidence that client refusal to use a condom varied by type of establishment.

In the survey, and in focus groups and in-depth interviews, we asked respondents why clients did not want to use condoms. The most common reason by far was that it reduced the pleasure felt by the client. In some cases, clients stated that they could not reach orgasm when wearing a condom. Clients would also often claim to be disease free. Some respondents reported, however, that they believed there are men infected with HIV or other STIs who would deliberately try to infect sex workers out of spite or to exact revenge.

I did not use condom with one of my clients because I was sure he wanted to establish a long-term relationship. So I slept with him without a condom at that time. I got an itchy vagina afterward, which I think was because I hadn't used a condom. (Pen, 19 years, massage, Songkhla)

I always use a condom except for some regular clients. I keep telling myself to always use condoms no matter who the client is. Actually, I don't like condoms myself but, as a sex worker, it is better to use them. Clients do not normally want to use condoms. I always use a condom for the first few times. But I stop using condoms with regular clients when we become close. It shows that I trust him and he trusts me. (Tip aged 39, beer bar, Pattaya)

The first place I worked was a beer bar in Pattaya. My first client was a farang (Westerner), but I do not know his nationality. The client knew that I was new and inexperienced. He told me that he did not want to use a condom... Clients have many tricks not to use condom. One farang client said that he wanted to marry me. He took me to a clinic to have a blood test, and he also had a test. He then said that I looked clean and there was no need to use condom. But I refused and insisted that he use one.
(Noo, 36 years, beer bar, Bangkok)

Table 6.12 shows the steps taken by respondents the last time a client did not want to use a condom. Only 5.7 percent of respondents reported that they eventually agreed to have (penetrative) sex without a condom. This figure is broadly consistent with the condom use rates reported in Tables 6.8-6.10, since not all sex workers encountered clients who refused to use condoms during the previous time reference period. No brothel workers and only 1.4 percent of massage parlor workers report that they had sex without a condom. Direct sex workers were, on average, less likely than indirect or freelance workers to refuse sex altogether. Instead, they tended to be more successful in persuading clients to have sex with a condom.

Table 6.12 Response last time clients did not want to use condom, by type of establishment

Response	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Refuse sex	57.6	53.4	57.9	59.8	74.7	40.6	57.6
Persuade to use	30.5	25.0	42.1	28.6	19.5	52.2	31.8
Had sex no condom	5.1	12.2	0.0	7.1	3.4	1.4	5.7
Had sex externally	6.8	8.1	0.0	3.6	1.1	5.8	4.3
Other	0.0	1.4	0.0	0.9	1.1	0.0	0.7
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	59	148	107	112	87	69	582

As can be seen in Table 6.13, fully 12.5 percent of respondents had experienced some sort of condom failure during the past week. The failure rate is high enough, and non-use of condoms uncommon enough, that condom failure may be a more important risk factor for HIV and other STIs than non-use. Table 6.13 suggests that there is no systematic difference between direct sex workers and other sex workers in rates of condom failure.⁷

⁷ A statistical model similar to those described above confirms this finding. The statistical model implies, not surprisingly, that the probability of experiencing a failure rises with the number of sexual episodes in the past week. It also strongly suggests ($p=0.003$) that the probability of experiencing a failure declines with numbers of years of schooling received by the respondent.

Table 6.13 Percent of respondents who had condoms break or slip during past week, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
A-go-go	7.3	0.0	6.2	-	6.8
Beer bar	9.9	9.5	8.3	12.5	9.2
Brothel	-	12.5	-	22.0	19.7
Freelance	16.7	16.7	8.7	0.0	10.6
Karaoke	4.0	0.0	22.5	32.0	19.4
Massage	2.8	8.8	-	16.7	7.1
Overall	8.9	9.5	12.6	20.3	12.5

Table 6.14 shows the proportions of sex workers who use condoms when having sex with their partner (for those who have partners.) Sixty-nine percent of respondents never use condoms. This leaves the majority of sex workers and their partners at risk of contracting a sexually transmitted infection or experiencing an unwanted pregnancy. The fact that direct sex workers are disproportionately likely to use condoms at work but not with regular partners suggests that the high condom use at work is characteristics of the establishments rather than a characteristic of the workers. Qualitative data indicate that not using a condom is used as a gesture of trust or seriousness between sex workers and their partners. Sex workers will stop using a condom as a way of signaling that the relationship is no longer that of client and sex worker. Similarly, men will ask sex workers to stop using condoms on the grounds that the two of them have established a long-term relationship.

Table 6.14 Frequency of using condom when having sex with partner

Frequency	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Never	75.8	61.8	65.9	80.3	64.6	68.5	69.2
Sometimes	6.1	10.3	2.3	8.2	12.5	7.4	8.1
Most times	0.0	0.0	0.0	1.6	2.1	1.9	1.0
Always	18.2	27.9	31.8	9.8	20.8	22.2	21.8
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	33	68	44	61	48	54	308

Finally, Table 6.15 shows source of condoms for sex clients. While the majority of women reported that either themselves or their clients pay for the condoms, only eight percent of them obtained condoms from their establishment.

Table 6.15 Source of condoms for sex with clients

Establishment	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
I pay for it	56.9	37.2	43.6	45.3	35.9	61.6	44.3
Clients pay for it	36.1	43.3	9.8	40.5	45.8	2.0	32.0
Get free from other places	1.4	12.1	27.8	14.2	8.5	26.3	15.2
Get free from establishment	5.6	7.0	18.8	0.0	9.9	10.1	8.4
Do not use condoms	0.0	0.5	0.0	0.0	0.0	0.0	0.1
No response	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	72	215	133	148	142	99	809

Utilization of Health Care Services

7.1 Access to the Universal Health Coverage Scheme

For the last five years Thailand has had a universal health care scheme, often referred to as the universal health care scheme. All Thais, and registered cross-border migrants, are eligible for inclusion in this scheme. However, to avail themselves of the scheme, participants are required to register with a hospital and receive treatment at that hospital. Usually that hospital is in the area where they hold household registration.

As can be seen from Table 7.1, although over two-thirds of the women surveyed were covered by the universal health care scheme, almost 60 percent were not registered for the scheme in the place where they were working. This essentially means that they had to bear the full costs of health care. A further 22.5 percent reported that they had no health insurance at all.

Table 7.1 Percent of respondents covered by universal health care scheme by sector of employment

Type of insurance	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
None	17.1	20.0	25.8	21.6	19.3	33.3	22.5
Universal health care scheme (registered)	18.7	7.7	14.4	13.5	6.4	14.1	11.4
Universal health care scheme (unregistered)	56.0	60.9	53.0	57.4	66.4	41.4	57.1
Social security	6.6	13.2	4.5	6.1	5.7	8.1	8.0
Private insurance	0.0	0.9	0.0	1.4	0.0	0.0	0.5
Bar/brothel insurance	0.0	0.0	1.5	0.0	0.0	1.0	0.4
Company card	0.0	0.5	0.0	1.4	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sex workers are largely responsible for payment of their own medical expenses. In response to a question related to who paid for the treatment costs of their most recent episode of vaginal discharge, almost 90 percent paid themselves while only 1.2 percent reported that the owner of the establishment where they worked bore the cost of treatment.

Geep has worked as a sex worker for only four months and since then she has persistent symptoms of vaginal discharge. Sometimes the discharge is green and causes itchiness. Although she holds a 30-baht health card, she registered in Ubonratchathani Province and cannot use the card in Chiang Mai. She self-treats, and buys both oral tablets and a suppository from the drugstore. Over the last four months, she self-treated five episodes of vaginal discharge. She spent about 400 baht for medicine for each episode. (Geep, 15 years, freelance, Chiang Mai)

Oo was five months pregnant but she never visited the doctor for pre-natal check-ups. She said she did not have money to pay for the doctor. (Oo, 16 years, freelance, Bangkok)

7.2 Use of medicine

In Chapter 6 it was reported that levels of ever-use of illegal drugs was low, with no more than 15 percent reporting ever-use of any single illegal drug. However, there were high levels of use of alcohol. There were also relatively high levels of use of other legal drugs (see Table 7.2). Overall, 69 percent of respondents reported using pain relievers in the four months before the survey. Of greater concern was the heavy use of antibiotics, with almost one-half of the sample stating that they had used antibiotics in the previous four months. The use of drugs to control weight and to “tighten” the vagina was reported by slightly over ten percent of women working in massage parlors.

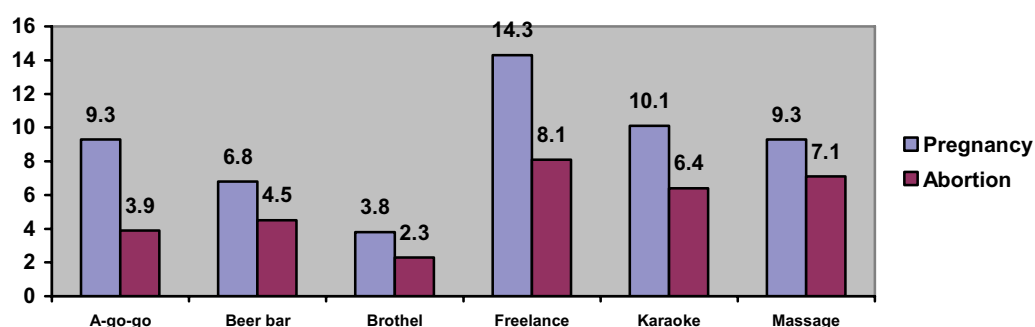
Table 7.2 Percent of respondents reporting use of medicines in the previous four months, by type of medicine and sector of employment

Type of medicine	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Pain relievers	71.1	67.7	70.5	71.6	67.1	67.7	69.1
Antibiotics	55.3	41.8	55.3	50.7	38.6	53.5	47.7
Allergy medicine	28.9	25.5	22.7	20.9	15.0	33.3	23.7
Drug to control period	14.5	13.2	17.4	14.2	6.4	15.2	13.3
Weight loss product	6.6	10.0	7.6	4.1	7.1	13.1	8.1
Sleeping pills	7.9	9.1	3.0	9.5	3.6	8.1	7.0
Anti-anxiety pills	13.2	4.5	3.8	10.1	2.1	8.1	6.3
Drugs to "tighten" vagina	2.6	5.0	4.5	6.1	3.6	10.1	5.3

7.3 Pregnancy, abortion and contraception

Women working in the sex industry must protect themselves against unwanted pregnancy as well against sexually transmitted infections. In Figure 7.1 we show the percent of women who had experienced a pregnancy and an abortion since commencing sex work.

Figure 7.1 Percent of sex workers experiencing a pregnancy and an abortion since starting sex work



Overall, 8.8 percent had experienced at least one pregnancy and 5.4 percent had experienced an abortion. Although the data do not allow us to estimate the actual proportion of pregnancies resulting in abortion, the results suggest that approximately 60 percent of pregnancies resulted in abortion. Qualitative data also suggest that many sex

workers undergo repeat pregnancies and abortions. Furthermore, some of the reported abortions occurred after the first trimester,

...Over the last three years, I have gotten pregnant eight times. Three pregnancies were with the customers and the rest were with my partner. To terminate pregnancies, I always use the tablets which I bought from a drugstore. My friend told me about the medicine; it was actually a stomach medicine but I can't remember the name, and is inserted into the vagina. For the last pregnancy, it was four months gestation, I took seven tablets. (Dao, 24 years, karaoke, Chiang Mai)

... I had an abortion last month, I thought it was only two months but according to the doctor at the clinic in Sukhumvit area it was three months. This was my second pregnancy since I have worked in the industry. The doctor refused to perform an abortion and suggested that I should go to the hospital. I went to the private hospital and the doctor told me that I was four months pregnant. I paid 7000 baht for the cost of abortion. (Yoong, 26 years, Karaoke, Bangkok)

Given the relatively young ages of sex workers and their high levels of vaginal sex, the low levels of pregnancy can only be achieved through high levels of effective contraceptive use. Although contraceptive use was almost universal, with only 2.6 percent of women reporting no use of contraception, the method that was most commonly used for contraception was the condom, with three-quarters of women reporting condom use (see Table 7.3). This was followed by 35 percent reporting use of the contraceptive pill, ten percent female sterilization and nine percent injectables.⁸

⁸ Respondents could report current use of more than one contraceptive

Table 7.3 Percent of respondents using contraceptives by type of contraceptive and sector of employment

Type of contraceptive	A-go- go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
None	3.9	1.4	0.0	8.1	1.4	1.0	2.6
Condom	84.2	76.8	74.2	68.9	76.4	77.8	75.7
Contraceptive pill	28.9	37.7	37.9	31.8	24.3	51.5	35.2
Female sterilization	7.9	10.9	14.4	12.2	7.9	2.0	9.8
Injectables	11.8	6.8	8.3	6.8	15.7	4.0	8.7
Emergency contraception	2.6	1.8	0.0	0.0	0.0	1.0	0.9
Norplant	0.0	0.9	0.8	0.7	0.7	1.0	0.7
Infertile	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Withdrawal	0.0	0.0	0.0	0.7	0.0	3.0	0.5
IUD	0.0	0.5	0.0	0.0	1.4	0.0	0.4
Calendar	0.0	0.0	0.0	0.7	0.0	0.0	0.2
Herbs	0.0	0.0	0.0	0.0	0.7	0.0	0.1
Female condom	0.0	0.5	0.0	0.0	0.0	0.0	0.1
Diaphragm/foam/jelly	0.0	0.0	0.0	0.0	0.0	0.0	0.0

The condom was a primary method of contraception for women from all types of establishments. Of those using the condom as their source of contraception, 84 percent were only using the condom. Condoms have a relatively low rate of effectiveness as contraception. The use of oral contraceptives was highest amongst women working in massage parlors and this may reflect the higher incomes of this group of women. The reported use of emergency contraception is low. Because of relatively high levels of condom breakage, and some situations where women are not able to use condoms, increased access to emergency contraception may be desirable.

The main source of contraception was pharmacies, with 41 percent of women obtaining their most recent supply of contraceptives from this source. A further 19.5 percent obtained their contraceptives from a general store, 11.1 percent from a government hospital and 6.6 percent from a private clinic. Only five percent reported obtaining their supplies from where they worked.

7.4 Sexually transmitted infections

Perhaps the greatest threat to women working in the sex industry is exposure to STIs. While HIV has attracted the most program and research attention, it is typically not the most prevalent STI among sex workers. Because this study did not test for STIs we rely on self-reports of vaginal discharge as an indicator of STIs. Not all vaginal discharge is related to STIs, or indeed to other non-sexually transmitted reproductive tract infections (RTIs). But reported levels of vaginal discharge and how they were treated provides us with some indication of the extent to which sex workers are seeking and receiving health care.

Table 7.4 Percent of respondents who experienced a vaginal discharge during the past year, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	37.9	50.0	50.0	--	40.8
Beer bar	38.4	37.2	42.1	37.5	39.7
Brothel	--	18.8	0.0	51.0	43.2
Free lance	29.6	66.7	37.7	26.3	34.5
Karaoke	28.0	50.0	42.5	48.0	41.4
Massage	33.3	40.4	--	33.3	37.4
Overall	34.6	36.7	41.5	46.2	39.4
Respondents	246	150	260	158	814

Overall, approximately 40 percent of the women surveyed reported experiencing a vaginal discharge during the previous twelve months (see Table 7.4). Reported levels did not vary appreciably among different sectors of employment, or among provinces. The highest level by sector of employment was for brothel workers (43.2 percent) and the lowest level was for freelance sex workers (34.5).

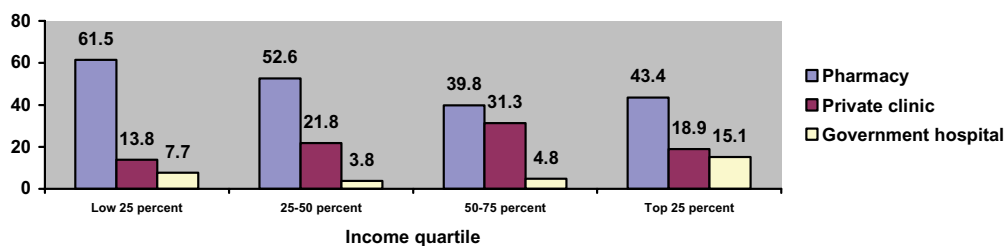
For the majority of women, vaginal discharge was serious enough that they sought treatment for the condition. Overall, 89.4 percent sought treatment (see Table 7.5). In all sectors of employment, and in all locations, over 80 percent sought treatment for their last episode of vaginal discharge.

Table 7.5 Percent of respondents who sought treatment for most recent episode of vaginal discharge, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	95.5	100.0	100.0	--	96.8
Beer bar	89.3	81.2	97.5	33.3	89.7
Brothel	--	100.0	--	84.3	86.0
Free lance	87.5	75.0	88.5	100.0	88.2
Karaoke	85.7	60.0	82.4	100.0	84.5
Massage	91.7	100.0	--	100.0	97.2
Overall	90.6	88.9	90.7	86.3	89.4
Respondents	85	54	108	73	320

The major location of treatment for the most recent episode of vaginal discharge was a pharmacy, with almost 50 percent of those reporting seeking treatment stating that they visited a pharmacy (see Table 7.6). A further 22 percent reported seeking treatment at private clinics and seven percent went to government hospitals for treatment. The high use of pharmacies is concerning as women will be treated without an accurate diagnosis, resulting in either non-treatment of STIs or over-treatment of non-STIs with antibiotics.

Figure 7.2 Location of treatment for last episode of vaginal discharge by income quartile per episode of sex



The use of pharmacies for treatment was greatest for sex workers in the sectors where median incomes were lowest (brothel, freelance, karaoke and beer bar). Women in massage parlors were more likely to use services available at the place of employment. Over 40 percent of women in the a-go-go sector reported going to private clinics for treatment. This relationship also holds when we divide the respondents into quartiles based on income earned from sex (see Figure 7.2). The use of pharmacies for treatment is most common among the low-income quartiles, while the use of private clinics and government hospitals is more common for those in the higher-income quartiles.

Table 7.6 Percent of respondents reporting source of treatment for most recent episode of vaginal discharge by sector of employment

Source of treatment	A-go- go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Pharmacy	23.0	48.7	61.2	62.2	53.1	37.1	49.7
Private clinic	43.3	29.5	10.2	20.0	18.4	11.4	22.0
Government hospital	3.3	9.0	6.1	4.4	12.2	2.9	7.0
Health center	0.0	1.3	10.2	2.2	8.2	2.9	4.2
Establishment	13.3	0.0	0.0	2.2	2.0	11.4	3.5
General store	3.3	2.6	8.2	0.0	0.0	0.0	2.4
Private hospital	6.7	5.1	0.0	2.2	0.0	0.0	2.4
STI clinic	3.3	0.0	2.0	2.2	2.0	5.7	2.1
Traditional healer	0.0	0.0	2.0	0.0	2.0	0.0	0.7
Associated with establishment	0.0	0.0	0.0	0.0	0.0	2.9	0.3
Other	3.3	3.8	0.0	4.4	2.0	25.7	5.6
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	30	78	49	45	49	35	286

Treatment costs can be high, with the median cost of treating the last episode of vaginal discharge reported at 1,000 baht for those who went to a private hospital, compared to 400 baht at a private clinic, 200 baht for services provided by the establishment, 140 baht for a government hospital and 100 baht for pharmacy treatment. However, cost was reported to be the main reason for choice of service provider by only 5.8 percent of women (see Table 7.7).

Table 7.7 Percentage distribution of main reason for choice of service provider for most recent episode of vaginal discharge by location of service

Reason	Establishment (place of employment)	Pharmacy	Govt. Hospital	Health center	Private Clinic	Overall
Treatment effective	11.1	32.1	27.8	45.5	38.7	33.0
Close by	11.1	30.7	22.2	9.1	30.6	28.3
Convenient hours	33.3	14.3	5.6	9.1	3.2	11.2
Friendly service	0.0	5.0	22.2	18.2	14.5	9.2
Rapid service	0.0	10.0	0.0	0.0	8.1	7.9
Cheap	0.0	6.4	16.7	18.2	0.0	5.8
Private	11.1	1.4	5.6	0.0		2.5
Establishment provides service	33.3	0.0	0.0	0.0	1.6	1.7
Overall	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	9	140	18	11	62	240

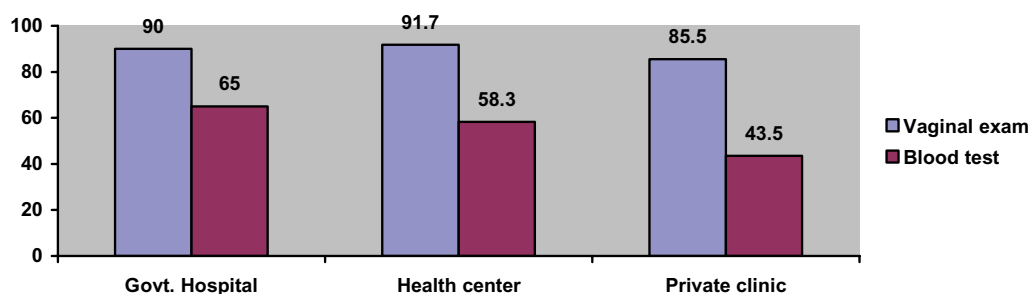
Much more important than cost was perceived effectiveness of the treatment (33.3 percent), close location (28.3 percent), convenient hours (11.2 percent) and friendly service (9.2 percent). The perceived effectiveness of treatment is paramount. One participant in a focus group discussion with sex workers in Pattaya related how she traveled to a private clinic near Bangkok every month for treatment for what she believed to be an STI, because she felt that the treatment was much better. One woman also said:

"Sometimes we go to the health center because it is cheap - but they do not do internal examination" (FGD discussion group participant, Pattaya).

Diagnosis of STIs is complex, requiring a blood test for syphilis and HIV, vaginal examination and laboratory test of swabs. This survey was unable to determine if laboratory tests were performed, only if a vaginal examination took place. The data from the survey, however, suggest that most women who do seek treatment for vaginal discharge at a health center do receive vaginal examinations (see Figure 7.3). Overall, 88 percent of women who sought treatment at the three locations shown in figure 7.3 were provided with a vaginal examination, while only 56.7 percent were provide with blood tests. The percent of women who received a blood test when they attended a private clinic for treatment is the lowest at 43.5 percent. It may be possible that high levels of use of antibiotics

discussed earlier in this chapter may be related to a combination of high levels of reported levels of vaginal discharge in combination with treatment at pharmacies and inadequate diagnosis at hospitals and clinics. When asked if they had undergone a blood test in the last six months for diseases (not HIV) that could be spread by sex, one-half said they had been tested (see Table 7.8).

Figure 7.3 Percent of women seeking treatment for vaginal discharge at government hospital, health center and private clinic, who received vaginal examination or blood test



The proportion that had experienced a test was highest for women working in massage parlors, where 89.9 percent reported having had a test. Almost two-thirds of a-go-go workers surveyed had been tested, and 58.3 percent of brothel workers had been tested. In contrast, only 31.4 percent of karaoke workers and 40.2 percent of beer bar workers reported being tested.

Table 7.8 Percent of respondents who reported having been tested for an STI within last six months, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	62.1	100.0	62.5	--	63.2
Beer bar	46.6	52.4	29.2	50.0	40.2
Brothel	--	87.5	--	49.9	58.3
Free lance	40.7	50.0	41.2	57.9	43.5
Karaoke	24.0	20.0	33.8	36.0	31.4
Massage	94.4	93.0	--	33.3	89.9
Overall	53.7	73.8	35.8	47.5	50.4
Respondents	246	149	260	158	813

There is a clear negative relationship between the proportion that experienced an STI test and income earned from sex. Almost 60 percent of those in the bottom quartile of income earned per sex act reported having had a STI test, compared to 42.9 percent of

those in the top income quartile. It is likely that this relationship is a function of control that establishments can bring to bear on their workers, and also the presence of government STI centers that, for the last two decades, have attempted to enforce STI testing among sex workers. Many establishments, particularly brothels, worked with the Ministry of Public Health to provide regular STI testing for sex workers. However, with the closing of many of the STI centers, this service is not available in many areas, and the level of testing for STIs in some parts of the industry may have declined. Other establishments provided compulsory STI testing for employees on the premises (massage parlors) or in private clinics contracted by the establishment (a-go-go). Thus, while many of the workers in these high-paid sectors receive STI tests, the more successful workers may be able to evade these tests. We were told in the in-depth interviews that some of the women who go for compulsory tests in private clinics simply pay the clinic staff to indicate on the card that they had tested negative, even though no testing had been done.

In Table 7.9, we can see that almost one-half of the a-go-go workers who had been tested for STIs had received their tests at private clinics, and 43.6 percent of massage parlor workers who had been tested had received their tests at their place of employment. In contrast, over 80 percent of brothel workers who had been tested, had received their tests at either a government hospital, STI clinic or health center.

Table 7.9 Percent of respondents reporting source of STI test in last six months by sector of employment

Source of test	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Private clinic	49.2	46.2	14.0	21.5	36.5	13.8	29.2
Government hospital	11.5	26.9	26.9	35.5	29.7	3.2	22.8
STI clinic	9.8	13.4	13.4	18.3	6.8	31.9	19.2
Health center	3.3	0.0	0.0	11.8	13.5	2.1	9.9
Establishment	14.8	1.7	1.7	0.0	0.0	43.6	9.7
Private hospital	9.8	5.9	5.9	9.7	10.8	2.1	6.4
NGO	1.6	4.2	4.2	3.2	0.0	3.2	2.2
Not know	0.0	0.8	0.8	0.0	1.4	0.0	0.4
Other	0.0	0.8	0.8	0.0	1.4	0.0	0.4
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	61	119	107	93	74	94	548

As much of a concern as the one-half of respondents who did not receive an STI test in the previous six months, is the 45.7 percent of beer bar workers, the 47.9 percent of karaoke workers, and the 36.7 percent of freelance sex workers, who had never received an STI test. Of the 266 respondents who had never had an STI test, 35 percent perceived themselves at not being at risk. A further 21.2 percent stated that they did not want to know the result, 11.9 percent said that the hours of clinics were not convenient, 10.1 percent said they were embarrassed or too shy, while a further 10.1 said they did not know they needed to be tested. Clearly there is a need to provide women with knowledge about the importance of testing.

Table 7.10 presents the main reported reasons for the most recent STI test. The most commonly reported reason was 'no symptoms, but worried'. Interestingly, the next most commonly reported reason, which was stated by one-third of respondents, was that the establishment they worked in required that they be tested. This percentage was 55.7 percent for a-go-go workers and 77.2 percent for massage parlor workers. A further 14.4 percent of women underwent a test because they had possible symptoms of an STI.

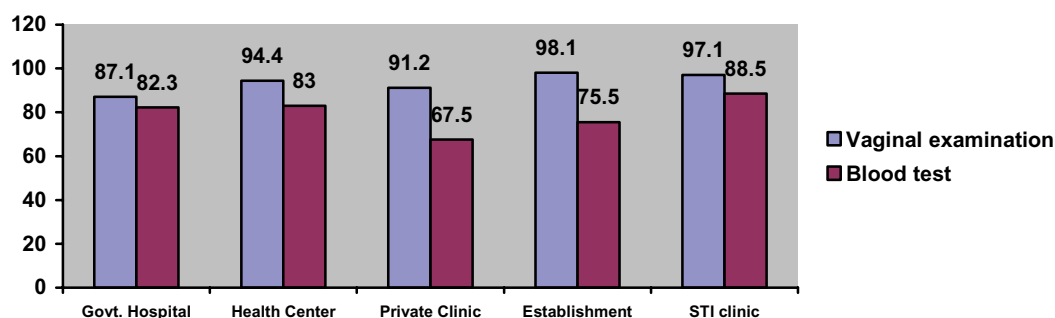
Table 7.10 Percentage distribution for reported main reason for the most recent STI test by sector of employment

Reason for test	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
No symptom, but worried	24.6	39.0	63.6	58.2	42.5	15.2	41.9
Establishment requires	55.7	29.7	21.5	3.3	23.3	77.2	33.8
Possible symptoms	14.8	16.9	8.4	22.0	23.3	3.3	14.4
Regular check	3.3	5.9	2.8	4.4	2.7	3.3	3.9
Suggested by partner or client	0.0	3.4	0.9	6.6	4.1	0.0	2.6
Pregnancy or childbirth	1.6	3.4	1.9	2.2	2.7	0.0	2.0
Other	0.0	1.7	0.9	3.3	1.4	1.1	1.5
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	61	118	107	91	73	92	542

In Figure 7.4, we show the proportion of women who received a vaginal examination and blood test during their most recent STI test. The information is shown for the main sources of testing. STI clinics have the highest levels of both vaginal examinations and blood

testing. Levels of vaginal examination are lowest in government hospitals, while in private clinics only 67.5 percent of women received a blood test during their most recent STI test.

Figure 7.4 Percent of women receiving vaginal examination or blood test at their last STI test, by location of test



While compulsory testing for STIs, either by establishments or by the government, should be viewed with a great deal of caution because of possible violations of the rights of sex workers, there is an urgent need to increase the percentage of women who have access to affordable and quality STI testing services. Building a demand for testing is an important step in increasing the levels of testing. This could be best done by linking information about STIs to HIV when providing behaviour change communication to women. However, once the demand has been established it is important that adequate services are available. This could mean improving or reestablishing government services, and working with the private sector to improve the quality of care that it provides.

7.5 HIV

Awareness of, and behaviour regarding HIV testing is also much higher than for STI testing. Only 16.8 percent reported that they had never had a HIV test, with the highest proportions, approximately one-quarter, found for women working in the beer bar and karaoke sectors. The main reasons for not having had a HIV test were 'too far away' (38 percent), 'do not know where to go' (15.3 percent), 'staff not friendly' (15.3 percent), 'no symptoms' (10.9 percent) and 'too embarrassed or too shy' (10.9 percent). It is evident from these responses that in order to achieve even higher coverage of HIV testing, more emphasis need to be placed in improving access to testing and improving quality of care.

Approximately 57 percent of respondents had been tested for HIV in the previous six months (see Table 7.11). Although this percentage is seven percentage points higher than that reported for STIs, the pattern by sector of employment and province are very similar for both HIV and STI, suggesting that many women are tested for HIV and other STIs at the same visit. As with STIs, those most likely to be tested are women working in a-go-go or in massage parlors.

Table 7.11 Percent of respondents who reported having been tested for HIV within last six months, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	62.1	100.0	62.5	--	64.0
Beer bar	45.8	61.0	42.7	37.5	47.0
Brothel	--	87.5	--	54.0	62.1
Free lance	48.1	50.0	53.6	57.9	52.0
Karaoke	44.0	20.0	52.5	36.0	45.7
Massage	100.0	92.9	--	33.3	91.8
Overall	58.0	76.2	50.0	40.0	57.2
Respondents	245	147	260	158	810

In Table 7.12 we show the source of the most recent HIV test. The source for approximately 32.3 percent was a government hospital, followed by private clinic (26.9 percent), STI clinic (13.4 percent) and establishment (place of employment) (10.0 percent). The place of employment was the main source for testing for massage parlor workers, while government hospitals were most important for women in the brothel, freelance and karaoke sectors.

Although levels of knowledge of HIV and the proportion that access HIV testing are much higher than for STIs, more effort is required to increase access to friendly and confidential HIV testing services. If this can be undertaken in conjunction with building knowledge of other STIs and improving access to other STI services, the vulnerability of sex workers to contacting STIs can be reduced.

Table 7.12 Percent of respondents reporting source of HIV test in last six months by sector of employment

Source of test	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Private clinic	26.9	39.0	19.3	28.9	22.4	17.5	26.9
Government hospital	23.9	37.8	27.2	41.4	49.5	4.1	32.3
STI clinic	10.4	6.7	24.6	10.9	7.5	23.7	13.4
Health center	3.0	0.0	24.6	7.8	4.7	0.0	6.6
Establishment	20.9	1.2	0.9	0.0	3.7	48.5	10.0
Private hospital	11.9	12.8	3.5	9.4	10.3	4.1	6.6
NGO	3.0	1.8	4.2	1.6	0.0	2.1	1.3
Not know	0.0	0.0	0.0	0.0	0.9	0.0	0.1
Other	0.0	0.0	0.0	0.0	0.9	0.0	0.3
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	67	164	114	128	107	97	677

Sexual and Reproductive Health Knowledge and Behaviour

■ 8.1 Knowledge and awareness of STI and HIV

Given the high proportion of sex workers who reported vaginal discharge and the very high proportion of these women who sought treatment for their vaginal discharge (see Chapter 7), it might be expected that most sex workers would have knowledge of STIs. However, as can be seen in Table 8.1, only 56.8 percent of surveyed women reported having heard of STIs. Levels of knowledge were lowest for women working in a-go-go, beer bars, and karaoke establishments and those working as freelance sex workers. The level of recognition of STIs was much higher for women working in brothels and massage parlors. These latter two types of establishments are often the focus of public health interventions because they are easier to access as they are generally acknowledged as providing sex services. Other establishments can be more difficult to access. This may be a factor in the higher levels of recognition of STIs that was observed in brothels and karaoke establishments.

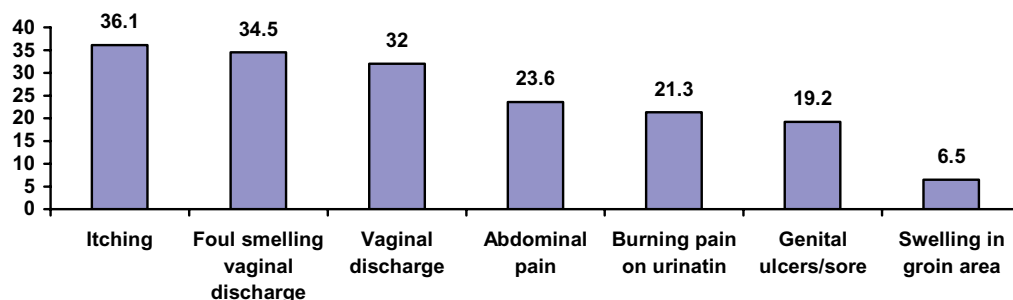
Table 8.1 Percent of respondents who had ever heard of sexually transmitted infections, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	51.7	50.0	43.8	--	50.0
Beer bar	47.9	79.1	40.6	87.5	52.3
Brothel	--	75.0	--	72.0	72.7
Free lance	48.1	66.7	55.2	52.6	52.7
Karaoke	56.0	70.0	30.0	80.0	46.4
Massage	66.7	71.9	--	100.0	71.7
Overall	52.4	74.0	41.3	72.8	56.8
Respondents	246	150	259	158	813

In contrast to recognition of the term "STIs", 99.5 percent of the women surveyed had heard of HIV. The low levels of knowledge of the term STIs, was not a function of the term used. Local terms for STIs were used and similar results confirming low levels of knowledge were confirmed in the qualitative research and with other questions in the survey. In the focus group discussion with sex workers in Pattaya, most of the sex workers could not name even one type of STI, except HIV, and reported that they are not told about other types of STIs when they receive health examinations.

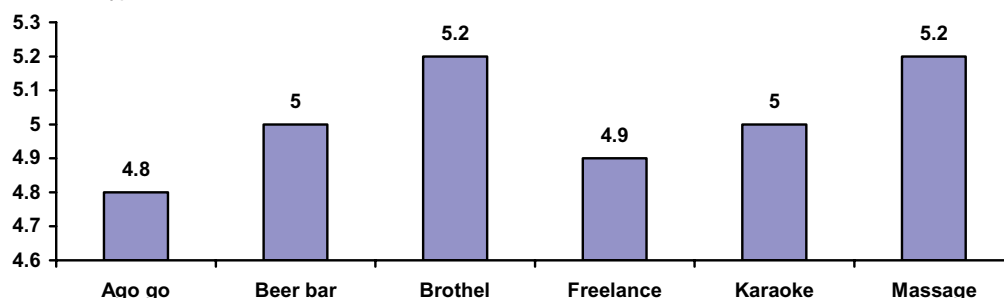
In the survey, women were asked to list symptoms of STIs. Approximately, one-third reported 'itching' as a symptom, 'foul smelling vaginal discharge' was reported by one-third, and one-third reported 'vaginal discharge' (see Figure 8.1). Knowledge is concentrated in a relatively small sector of the sex worker population, with the majority of sex workers unaware of symptoms of STIs.

Figure 8.1 Percent of respondents knowing symptoms of STI



In contrast to STIs, the knowledge of HIV among sex workers can be viewed as high. Of the six standard questions related to transmission of HIV, the mean number of correct responses was 5.0 (see Figure 8.2). Women in the brothel and massage parlor sectors had the highest mean number of correct responses at 5.2. As noted earlier, these two sectors have been the focus of public health interventions for HIV. But even the lowest mean number of correct responses, recorded for a-go-go workers, was 4.8. There was no relationship between income levels of sex workers and levels of knowledge, indicating that high levels of knowledge related to HIV have reached almost all sex workers.

Figure 8.2 Mean numbers of correct responses to six questions about HIV transmission by type of establishment



■ 8.2 Practices affecting reproductive health

Because of the nature of their employment, sex workers may engage in behaviours that have the potential to affect their health. One area of concern is the insertion of objects into the vagina during menstruation in order to block the flow of menstrual blood so that they are able to continue to receive customers. The most commonly used object is a sponge, which may be left in the vagina for several days. Also during our in-depth interviews we were told of instances where the sponge was not able to be retrieved through normal methods and had to be flushed out by water.

Table 8.2 Percent of respondents who insert objects in vagina during menstruation, by province and type of establishment

Establishment	Bangkok	Chiang Mai	Chonburi	Songkhla	Total
A-go-go	50.0	50.0	50.0	--	50.0
Beer bar	38.4	14.6	37.5	50.0	33.9
Brothel	--	12.5	--	35.0	29.5
Free lance	31.5	33.3	46.4	42.1	39.9
Karaoke	8.0	11.1	47.5	40.0	36.7
Massage	38.9	30.4	--	16.7	32.7
Overall	38.9	21.2	43.7	36.7	36.1
Respondents	246	146	261	158	811

This practice was found in all locations and in all segments of the sex industry. The highest levels were reported by a-go-go workers; with 50 percent reporting the insertion of objects during menstruation, and the lowest level was reported by women working in brothels. The pressure to seek customers means that many women will work through their menstruation. Actions to provide information on how to do this, if required, in the safest way need to be undertaken.

...Sometimes if I worked during my periods, I used look gai (a round sponge inserted into the vagina) before sleeping with clients. I bought look gai from the drugstore at a cost of 35 baht each. I disposed of the sponge once I used it. (Ying, 21 years, brothel, Songkhla)

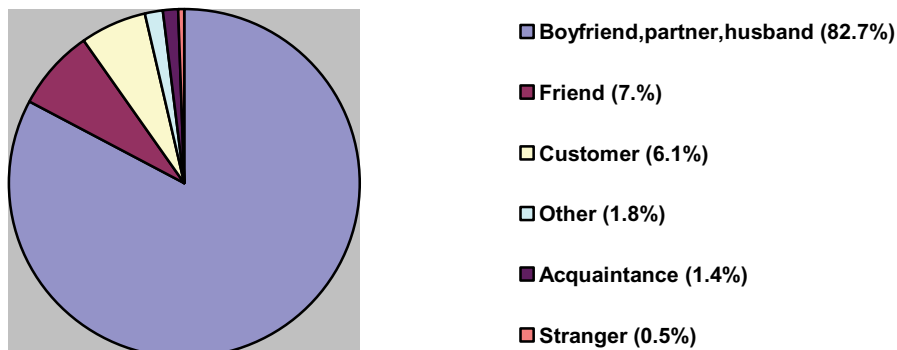
Chapter 9

Sexual and Reproductive Health Rights

A growing area programs working with sex workers is strengthening the sexual and reproductive health rights of sex workers. Without the knowledge of their rights and the means to implement their rights, sex workers will not be in a position to actively work towards protecting their sexual and reproductive health.

There is a popular belief that most sex workers are trafficked into sex work at young ages and have no choice about working in the sex industry. In contrast, most of the research on sex workers in Thailand, suggest that most women make a voluntary decision to enter sex work and often do so after a failed marriage. This study found that the majority of sex workers experienced their first sex between the ages at 15-24 (69 percent) and that only 8.4 percent had first sex before the age of 15. Furthermore, as shown in Figure 9.1, 82.7 percent had their first sex with a boyfriend/partner/husband while only 6.1 percent had first sex with a customer. Furthermore, only 9.4 percent reported that they first received money for sex before the age of 18, with the median age of first receiving money for sex being 23.

Figure 9.1 Percentage distribution of relationship with first sexual partner



Overall, approximately 19 percent reported that first sex was against their will (see Table 9.1). For those women whose first sex was with a customer, one in five reported that first sex was against their will. However, a much higher proportion of first sex that was against the will of the women was reported where first sex was with a friend or other person.

Table 9.1 Percent reporting that first sex was against their will, by age at first sex and partner for first sex

Age at first sex	Boyfriend Husband	Customer	Acquaintance	Friend	Other	Stranger	Overall
10-14	16.0	0.0	0.0	80.0	100.0	100.0	25.4
15-19	14.6	27.8	50.0	44.7	42.9	50.0	18.8
20-24	11.1	21.4	--	57.1	100.0	--	16.6
25+	5.6	18.2	--	100.0	--	--	13.3
Overall	13.8	20.4	45.5	50.0	73.3	75.0	18.8
Respondents	669	49	11	60	15	4	810

Only a relatively small proportion of sex workers had their first sex with a customer and, of these, 20 percent had first sex against their will. However, in their daily experience as sex workers, most suffer a range of abuses. In Table 9.2 we show the percent of sex workers who experienced a variety of different forms of abuse in the seven days prior to the survey. Overall, 21.6 percent reported being yelled at, 14.6 percent being paid less than they agreed, 12.4 percent reported not being paid at all, 11.5 were forced to perform a sex act that they did not want to, 4.6 percent were hit and 2.3 percent reported that they were asked to do other work that they did not desire to do.

The data from the qualitative research indicates that most of the abuse suffered by sex workers is at the hands of customers. However, abuse by staff at their place of work and by fellow sex workers, are also common. Levels of abuse appear to be much greater among women who may have less support from their place of employment, or in the case of freelance sex workers, have no place of employment. Massage parlor and brothel workers report the least of any type of abuse. In both of these establishments, payment is typically paid to the establishment rather than to the sex workers, and sex usually occurs either at the place of work or at a place that is arranged by the establishment; therefore, help is available if trouble arises. In contrast, freelance sex workers report very high levels of all forms of abuse, probably because they are in a vulnerable and isolated situation when they seek clients and when they have sex with clients. In our focus group discussions with sex workers, the dangers of working as a freelance sex worker were well known and were seen as the main reason why sex workers did not want to work as freelancers. Abuse suffered by sex workers can have both direct and indirect influences on their health

Table 9.2 Percent of respondents reporting abuse related to their work in the previous seven days, by type of abuse and sector of employment

Abuse	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Yelled at	26.3	22.3	12.1	31.1	24.3	11.2	21.6
Paid less than agreed	13.2	17.7	0.8	39.2	5.7	3.1	14.6
Not paid	7.9	15.5	4.6	32.4	3.6	2.0	12.4
Sex acts they did not want	10.5	7.7	8.3	24.3	7.9	11.2	11.5
Hit	5.3	2.7	2.3	10.8	4.3	2.0	4.6
Other work they did not want	1.3	2.3	1.5	6.2	0.7	1.0	2.3
Respondents	76	220	132	148	140	99	815

Almost 15 percent of sex workers, most of them freelance sex workers, said that they had no one from whom they could request assistance if faced with problems in their work. Most (43.7 percent) said that they would turn to friends, while 40 percent said that they would request assistance from the owner of the establishment where they worked, or the manager of the establishment (16.0 percent) or the mamasan of the establishment (7.7 percent). Only 3.8 cited the police as a source of assistance.

In Table 9.3 we show the perceptions of sex workers about how police and government health workers treated them compared to others. The analysis is restricted to those who had contacts with police and government health workers in the previous year and where the police or health workers knew that the respondent was a sex worker.

Table 9.3 Percentage distribution of sex workers' perceptions of treatment compared to others by police and government health workers by province

Treatment	Bangkok	Chiang Mai	Chonburi	Songkhla	Overall
Police					
Better	12.9	0.0	7.1	7.1	8.4
Same	67.7	100.0	50.0	85.7	68.7
Worse	19.4	0.0	42.9	7.1	22.9
Overall	100.0	100.0	100.0	100.0	100.0
Respondents	31	10	28	14	83
Health worker					
Better	30.8	8.1	4.5	4.2	9.9
Same	69.2	91.9	95.5	94.7	89.7
Worse	0.0	0.0	0.0	1.1	0.3
Overall	100.0	100.0	100.0	100.0	100.0
Respondents	52	99	66	95	312

Apart from Chonburi, where almost one-half of sex workers who had had interactions with police in the previous year felt that they were treated worse than others, there was little difference in the proportions reporting that they were treated better than others or worse than others. Although it is not clear why there were high levels of perceived bad treatment by police in Chonburi, it may be that sex workers are more stigmatized in a context where they are providing sexual services to mainly foreigners. In terms of government health workers, almost 90 percent of sex workers felt that government health workers who knew they were sex workers treated them the same as others. Surprisingly, almost ten percent felt that government health workers treated them better than others. These findings suggest limited amounts of discriminatory behaviour practiced against sex workers by police and health officials.

Chapter 10

Expectations for the Future

As might be expected, the main attraction of sex work is the earnings. Given their limited levels of human capital, sex work provides most sex workers much greater earnings than they could expect in other occupations. In each of the sectors of sex work, over 50 percent stated that they liked the earnings (see Table 10.1). The only other areas where more than five percent of the respondents reported that they liked their work were in being their own boss, and the friends they have at work.

Table 10.1 Percent of respondents reporting what they liked about sex work by sector of employment

Like	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Earnings	57.9	55.5	68.9	62.8	55.0	74.7	61.5
Being own boss	7.9	11.8	12.9	12.2	17.1	11.1	12.5
Friends	11.8	13.6	4.5	10.8	11.4	4.0	9.9
Meeting many people	3.9	5.9	3.0	0.0	5.7	1.0	3.6
Do not like anything	1.3	0.9	0.0	4.7	0.7	1.0	1.5
Dancing or singling	5.3	0.9	0.0	0.7	1.4	0.0	1.1
Drinking and drugs	2.6	0.5	0.8	0.7	0.7	0.0	0.7
Working hours	0.0	0.0	1.5	0.7	0.0	0.0	0.4
Having sex	0.0	0.9	0.8	0.0	0.0	0.0	0.4
Like everything	0.0	0.9	0.0	0.0	0.7	0.0	0.4

Table 10.2 Percent of respondents reporting what they did not like about sex work by sector of employment

Not like	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Sex	39.5	25.5	15.2	33.1	30.0	37.4	28.7
Risk of HIV	6.6	17.7	35.6	18.2	12.1	10.1	17.8
Risk of violence	1.3	5.5	18.2	8.8	2.1	7.1	7.4
Clients are dirty, drunk, or rude	0.0	8.2	8.3	4.7	5.7	11.1	6.7
Risk of STI	3.9	3.2	15.9	3.4	5.7	1.0	5.5
Drinking	1.3	1.4	3.0	0.0	0.0	3.0	1.3
Earnings	0.0	0.9	0.8	0.0	2.9	1.0	1.0
Working hours	2.6	0.5	0.0	0.7	1.4	2.0	1.0
Police	0.0	1.8	0.0	2.7	0.0	0.0	1.0
Risk of pregnancy	0.0	0.0	0.8	0.7	2.1	0.0	0.6

In Table 10.2 we show the reasons given for disliking their work as sex workers. The main reason for disliking sex work was having sex. This was the main reason reported by respondents in each sector of sex work except for those working in the brothel sector. For women working in the brothels, risk of HIV was the main reason for disliking sex work. Health concerns, both in terms of HIV and STIs were among the main reasons given for disliking sex work, and indicate the importance that sex workers attach to their health.

Less than 50 percent of respondents knew how long they wanted to continue as sex workers. By sector, the highest proportion who knew how long they wanted to continue as sex workers was found for women working in the massage sector (59.6 percent) while the lowest proportion was found for those working in the beer bar sector (38.6 percent). Among those who knew how long they wanted to continue, the median number of years they wanted to continue working as sex workers was one year, with a-go-go, beer bar, freelance and massage parlor workers reporting a median of two years (see Table 10.3). Increasing age was associated with increased median length of intending to continue as a sex worker.

Table 10.3 Median number of years intending to continue working as a sex worker by age and type sex work sector

Sex sector	10-19	20-29	30-39	40 and over	Overall
A-go-go	2.0	2.0	2.0	3.5	2.0
Beer bar	1.0	2.0	2.0	2.0	2.0
Brothel	0.2	1.0	1.0	1.0	1.0
Freelance	1.0	2.0	2.0	2.5	2.0
Karaoke	0.2	0.9	1.0	0.2	0.5
Massage	2.5	2.0	2.0	2.0	2.0
Overall	1.0	1.0	2.0	2.0	1.0
Respondents	39	193	119	30	381

While it is not known how many of these women will be able to implement their intentions to leave sex work, the relatively high proportions who state that they will leave in a short period of time is indicative of the very high levels of turnover of sex workers in the industry.

Table 10.4 Percent of respondents reporting what they would like to do after leaving sex work, by sector of employment

Intention	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Start a small business	64.5	73.2	61.4	68.9	56.4	79.8	67.6
Marry a foreigner	3.9	14.1	4.5	10.1	2.1	1.0	7.2
Other work	6.6	6.8	5.3	5.4	5.0	2.0	5.4
Study	5.3	1.8	2.3	2.7	8.6	5.1	3.9
Agriculture	9.2	4.1	0.0	6.1	0.0	1.0	3.2
Factory work	0.0	2.7	0.8	4.7	4.3	1.0	2.6
Retire	2.6	1.4	1.5	2.7	2.9	2.0	2.1
Marry a Thai	0.0	1.4	2.3	0.7	2.1	0.0	1.2
Look after children	2.6	0.5	0.8	0.7	2.1	0.0	1.0

Table 10.5 Percentage distribution of respondents reporting where they would like to live after leaving sex work, by sector of employment

Location	A-go-go	Beer bar	Brothel	Freelance	Karaoke	Massage	Overall
Place or origin	58.9	67.3	89.0	55.7	70.0	56.5	67.1
Present place	32.9	20.6	3.9	25.0	20.8	38.0	21.9
Overseas	0.0	6.5	3.1	5.7	0.0	0.0	3.4
Not know	4.1	0.9	3.1	3.6	3.3	3.3	2.7
Bangkok	2.7	1.9	0.8	7.1	1.7	0.0	2.5
Home of partner	1.4	1.9	0.0	0.0	0.0	0.0	0.7
Other	0.0	0.9	0.0	2.9	4.2	2.2	1.7
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Respondents	73	214	127	140	120	92	766

The majority of respondents reported that they would like to start a small business when they leave sex work. Overall, two-thirds provide this response (see Table 10.5). A further 7.2 percent stated they wanted to marry a foreigner and 5.4 percent wanted to go into other work.

Table 10.5 indicates that most of the respondents would either like to live back at their original place of residence (67.1 percent) or at their present location (21.9 percent). A further 3.4 percent would like to live overseas.

Conclusions and Recommendations

This report presents the results of a study of female sex workers in selected areas of Thailand. The study, which included both quantitative and qualitative components, was implemented in the first six months of 2007 and focused on the sexual and reproductive and health (SRH) of sex workers. This chapter briefly summarizes the findings of the study and provides policy, programme and research recommendations.

The study found few sex workers under the age of 18. Compared to studies of sex workers in the past, it appears that sex workers are becoming older and more educated. The average age of respondents in the sample, 28.3 years, is over five years higher than the average age of 23.1 found by Boonchalaksi and Guest (1998: 46) in their small 1992 survey of 106 women in Bangkok massage parlors and brothels. Similarly, 9.4 percent of respondents in our survey, compared to one-third in Boonchalaksi's and Guest's (1996: 150) survey, were under 18 when they first sold sex for money. Boonchalaksi's and Guest's sampling methodology was similar to ours, so it is unlikely that the difference in ages is simply an artifact of the methods used. Rather, it appears that there has been a large increase in the average age of sex workers during the past 15 years.

Almost one-half of respondents lived alone, 65 percent had at least one child, but only twelve percent currently lived with a child. One-third of respondents had one or more 'secondary' partners - a category in between client and partner - who generally provide financial support to the sex workers. Median monthly earnings were around four times higher than the median for women of their age and education (who did not work in the sex industry). Approximately 40 percent of women had debts of their own, and 38 percent took responsibility for debts of family members. Eighty percent of women had managed to reduce debts or save money during the previous month.

Many women reported looking for long-term relationships with men (including foreigners). This is seen as a route out of the sex industry. Non-use of condoms can be a strategy to

demonstrate commitment in a relationship. Twenty-two percent of respondents had worked in at least one other sex industry establishment, and four percent had worked in at least one other province. Demand is seasonal - highest at New Year, and lowest during the rainy season. Some women enter and leave the industry according to the seasons. Most women have sex with clients away from the establishment, though sometimes the hotels are owned by the establishment. Having sex outside is seen as dangerous. Solidarity among workers is highest among brothel-based sex workers, and lowest among freelance workers

Quantitative data suggests low drug use, other than alcohol. Only 15 percent report ever trying amphetamines, the most common drug. Qualitative data supports this finding. Twenty percent of workers got intoxicated most days or every day. The main reason is that selling drinks is part of their work. Few report that they get drunk in order to be able to do sex work. Qualitative data indicate that drunkenness can lead to high-risk behaviours such as non-use of condoms.

The median number of times having vaginal sex with clients in the previous month was 14, though 16 percent had vaginal sex more than 50 times. Sixty percent had had oral sex at least once during the previous month, but only three percent had had anal sex. Condom use was 97 percent for vaginal sex. Although reported levels of anal sex were low, condom use was lowest for anal sex compared to vaginal or oral sex. Use rates were higher among brothel-based sex workers and sex workers in massage parlors than among sex workers in other establishments or freelance sex workers. This relationship was observed with and without controls for age, education, time in the industry, income, and number of times having sex. Having clients refuse to use condoms appeared to be just as common among brothel and massage parlor workers; but massage parlor workers were more successful in persuading clients to use condoms. It is important to note that condom use was high among all groups. Almost 13 percent of respondents had had condoms slip or break during the past week. The majority of women never used a condom with their regular partners.

Although over two-thirds of the women surveyed were covered by the universal health care scheme, almost 60 percent were not registered for the scheme in the place where they were working. A further 23 percent reported that they had no health insurance at all. Almost seventy percent of women reported using antibiotics in the four months before the survey. Although less than ten percent of women reported having experienced a pregnancy while working as a sex worker, it appears that most of these pregnancies are aborted. Most contraceptive protection is through condom use. Forty-one percent of

women obtained their most recent supply of contraceptives from a pharmacy. Only five percent reported obtaining their supplies from where they worked. A high proportion of women reported inserting sponges into their vagina in order to be able to work during menstruation.

Approximately 40 percent of the women surveyed reported experiencing a vaginal discharge during the previous twelve months, and of these women almost 90 percent sought treatment for the discharge. The main source of treatment was a pharmacy. Those in the lowest paid sectors were the most likely to seek treatment at a pharmacy.

Only 57 percent of surveyed women reported having heard of STIs. The level of recognition of STIs was much higher for women working in brothels and massage parlors. These latter two types of establishments are often the focus of public health interventions because they are easier to access as they are generally acknowledged as providing sex services. Knowledge of HIV was almost universal. Approximately one-half of women reported having had an STI test in the previous six months. This contrasts with 57 percent who had an HIV test in the previous six months. Awareness of, and behaviour regarding, HIV testing is also much higher than for STI testing. Only 16.8 percent reported that they had never had a HIV test. The main reasons for not having had an HIV test were 'too far away' (38 percent), 'do not know where to go' (15.3 percent), 'staff not friendly' (15.3 percent), 'no symptoms' (10.9 percent) and 'too embarrassed or too shy' (10.9 percent). It is evident from these responses that in order to achieve even higher coverage of HIV testing, more emphasis needs to be placed in improving access to testing and improving quality of care.

Only eight percent of the women reported that they experienced first sex before the age of 15. Over 80 percent of women had their first sex with a regular partner; less than six percent experienced their first sex with a customer. Although 20 percent who reported that their first sex was with a customer stated that the sex was against their will, this proportion was not substantially different to the overall figure of 19 percent that said that their first sex was against their will. In the seven days before the survey, 22 percent of respondents reported being yelled at, 15 percent being paid less than they agreed, twelve percent reported not being paid at all and 11.5 percent were forced to perform a sex act that they did not want. Levels of abuse appear to be much greater among women who may have less support from their place of employment, or in the case of freelance sex workers, have no place of employment. Levels of discrimination by officials appear to be low.

Based on the above findings we make the following recommendations:

1. As noted in Chapter 4, sex establishments appear to hire very few workers under 18, at least partly due to police policy of registering workers and taking measures against establishments that hire under-age workers. This pressure should be maintained.
2. Despite improvement in opportunities for other work, sex work still pays about 3-4 times more per month than alternatives. Most women can save money or pay off debts from their earnings. Also, many see a prospect of finding a rich husband/partner. Few women are forced or tricked to enter sex work; most enter because of economic motivations. There is a need to accept that programs to deter women from entering sex work are unlikely to be effective in a context where economic opportunities are limited. The thrust of sex worker policy is better placed on protecting women in the sex industry.
3. A significant number of women have been in the sex industry for a short period of time. Outreach programs must make sure that they reach these women, and not just the established, longer-term workers
4. Many respondents reported that they have to leave the establishments to have sex with clients, and that leaving the premises is dangerous. Some also report that they cannot rely on hotel security for assistance. There is a need to work with local authorities to ensure that women are provided protection when needed.
5. The work hours of women in sex work varies significantly by time of day and by season. Interventions and provision of health care services need to take this into account.
6. There is a need to ensure that programmes include freelance sex workers and those women working in establishments where there are non-sex services being sold, such as bars. These women tend to have lower levels of condom use, and lower levels of knowledge of STIs than do other types of sex workers.
7. While condom use in vaginal sex is generally high with clients, specific information is needed about the risk of anal sex; promotion of condom use for anal sex should be included in BCC interventions. Similarly, condom use with regular partners is low, leaving sex workers and their partners at risk.

8. Higher rates of condom use for sex between sex workers and long-term partners would reduce risks of HIV and other STIs. However, non-use of condoms is one way that sex workers and their partners establish trust or mark the beginning of a long-term relationship. To be effective, interventions need to take into account the meanings given to non-use
9. Although reported levels of illicit drug use are low, use of alcohol is widespread; the resulting drunkenness can lead to high-risk behaviour. For many the high use of alcohol is structural, resulting from the need to have customers buy them drinks. Programmes need to work with establishments to reduce pressures on women to drink during their work hours.
10. Although the majority of sex workers participate in the universal health care scheme, most cannot use the scheme because they are not registered in the province of the place they work. Efforts need to be made to ensure that sex workers can use the universal health care scheme to cover their health care costs wherever they work.
11. Further research needs to be undertaken on the high level of medications taken by sex workers. This includes the high levels of use of antibiotics, pain relievers, allergy medication, as well as the nature of drugs taken to control menstrual periods.
12. Condoms are the main form of contraceptive used by women. Those women who do become pregnant while working as a sex workers usually abort their pregnancy. There is a need to ensure that women have access to effective contraception (including access to emergency contraceptives).
13. Only eight percent of women obtained their condoms from their place of work. This is a major change compared to ten years ago. There must be renewed efforts to work with establishments to provide affordable and acceptable condoms to sex workers.
14. Slippage/breaks in condoms appear to be common. There needs to be research undertaken on the usage and quality of condoms, and use and quality of lubricants.
15. There is a need to assess to what extent practices undertaken by sex workers to enable them to work during menstruation (as well as the use of vaginal tightening agents) have negative impacts on their health (and which may potentially increase risk of HIV infection).

16. As a public health measure, the provincial health office should provide friendly and confidential SRH services for sex workers, including free HIV and STI testing and STI treatment. These need to be appropriate to sex workers' working hours, location of workplace and need for privacy. Services should include specific laboratory diagnosis for gonorrhea and chlamydia, which at present are not provided.
17. The provincial health office should work with establishment owners to ensure that sex workers are encouraged to have regular check-ups; but these should not be mandatory. Results of tests should be confidential and not revealed to establishment owners.
18. The level of knowledge of STIs is very low. Knowledge is highest in those sectors such as massage parlors, where public health interventions have targeted sex workers. Greater effort needs to be made to increase the level of knowledge of sex workers about STIs and service options for quality diagnosis and treatment
19. There is a need to increase demand for voluntary STI testing. This could be best done by linking information about STIs to HIV when providing behaviour change communication to women, and providing information about the availability of testing
20. Sex workers reported high levels of a variety of forms of abuse. Abuse suffered by sex workers can have both direct and indirect influences on their health. Interventions with industry gatekeepers, clients and sex workers are required in order to reduce the amount of abuse and violence that sex workers suffer.
21. The methodology of the study was reliant on the knowledge of sex workers. Sex workers need to be involved in the design, planning, implementation, monitoring and evaluation of any SRH interventions for sex workers.

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Annex A
Questionnaire
Sexual and Reproductive Health Survey
of Sex Workers (SRHS) in Thailand
2007

Carried out by the Institute for Population and Social Research, Mahidol University

Funded by the United Nations Population Fund

January 2007

INDIVIDUAL CONSENT FORM

Hello, my name is [xxxx]. I work for a research project that is undertaking research on women working in the various sectors of the entertainment industry. The aim of the study is to learn about women's sexual and reproductive health and life experiences. I would like to talk to you about your life and your health.

I'm going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. I won't write your name on this form, and your name will never be used in connection with any of the information you give. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your answers to these questions will help us better understand your life, including your health and fertility. I would be very grateful if you could take about 30 minutes to answer the questions.

If you have any questions about the research, please contact Dr Aree Prohmno at the Institute for Population and Social Research, telephone 02 441 0201 ext. 224 or Kulawee Siriratamongol ext. 304, or Dusita Puengsamran, ext. 316.

Do you have any questions?

Do you think you would like to participate in the survey?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

- ☐ DOES NOT AGREE
☐ AGREES

INTERVIEWER: _____

DATE: _____

Record start time: _____

Questionnaire structure:

Section 1: Socio-economic characteristics	8 questions
Section 2: Partnership	13 questions
Section 3: Social networks	9 questions
Section 4: Sex work	16 questions
Section 5: Risk behavior	10 questions
Section 6: Health care behavior and health expense	21 questions
Section 7: Sources of SRH information and services, barriers to use of SRH services	13 questions
Section 8: Sexual and Reproductive Health Rights	14 questions
Section 9: Socio-economic status	10 questions
Section 10: Expectations	6 questions
Total number of questions	120 questions

INTERVIEWER RECORD BASIC INFORMATION ON THE RESPONDENT:

Type of establishments: ☐ Karaoke ☐ Restaurants ☐ Traditional massage

☐ Massage Parlour ☐ Beer Bar ☐ Ago-go

☐ Freelance FSWs

☐ Other _____

Area of sex

establishment _____

Province: ☐ Bangkok ☐ Chonburi ☐ Chiang Mai ☐ Songkhla

Section 1: Socio-economic characteristics

I'd like to start by asking you about your background

No.	Questions and filters	Coding categories	Skip to
Q101	How old are you? (In completed years)	Age..... [] years No response99	
Q102	In what province were you born? IF NOT BORN IN THAILAND WRITE THE COUNTRY OF BIRTH	Specify province No response99	
Q103	To what ethnic group do you belong?	Thai 1 Shan2 Burman3 Chinese4 Lao5 Cambodian.....6 Other [specify]8 No response9	
Q104	How many older siblings do you have who are still alive?	[] siblings No response99	If none, write 00
Q105	How many younger siblings do you have who are still alive?	[] siblings No response99	If none, write 00
Q106	Have you ever attended school?	Yes 1 No2 No response9	To Q201
Q107	What is the highest level of school you have completed?	Not completed Pathom 6 1 Pathom 62 Mattayom 33 Mattayom 64 Higher than Mattayom 65 No response9	
Q108	How many years have you studied, including both formal and non-formal school?	Number of years [] No response99	

Section 2: Partners

No.	Questions and filters	Coding categories	Skip to
Q201	Do you currently have a partner/husband (<i>faen, sami, khu</i>)?	Yes 1	To 203
		No 2	
		No response 9	
Q202	If not, have you ever had a partner/husband?	Yes 1	To 208
		No 2	
		No response 9	
Q203	How long ago did the relationship between you and your partner/husband begin?	Specify [] months	
		Specify [] years	
		No response 99	
Q204	Do you currently live with your partner/husband?	Yes 1	
		No 2	
		No response 9	
Q205	What is your partner/husband's nationality?	Thai 1	
		Other [specify] 2	
		No response 9	
Q206	Does your partner/husband help you financially?	Yes 1	
		No 2	
		No response 9	
Q207	Do you help your partner/husband financially?	Yes 1	
		No 2	
		No response 9	
Q208	Apart from this partner/husband, do you have special relationships with anyone else?	Yes 1	
		No 2	To Q212
		No response 9	
Q209	If yes, how many other boyfriends (<i>faen</i>) do you have?	Number of other partners []	
		No response 99	
Q210	How many of these boyfriends help you financially?	Number []	
		No response 99	
Q211	How many of these boyfriends do you help financially?	Number []	
		No response 99	
Q212	Do you have any children?	Yes 1	
		No 2	To Q215
		No response 9	
Q213	How many living children do you have?	Total children []	
		No response 99	
Q214	How many of these children live with you?	Co-resident children []	
		No response 99	
Q215	Apart from any partner and children, who else do you live with? CAN SELECT MORE THAN ONE	No one a	
		Friends at work b	
		Other friends c	
		Parents d	
		Relatives e	
		Parents of partner f	
		Relatives of partner g	
		Other (specify) h	
		No response i	

Section 3: Social networks

In this research, we are collecting information about the reproductive health of women. Sex work can affect women's reproductive health. The questions below ask about your work, particularly having sex for money. Are you still comfortable answering these questions? If you are, we'll continue.

I am now going to read several phrases and you may totally agree, more or less agree, agree very little or disagree with what I say.

No.	Questions and filters	Coding categories					Skip to
		Tot-ally agree	Agree more or less	Agree some what	Dis-agree	No response	
Q301	You can count on friends who also have sex for money (<i>peuen thi khai borikan meuen kan</i>) if you need money.	1	2	3	4	9	
Q302	You can count on friends who also have sex for money if you need someone to go to the doctor or hospital with you.	1	2	3	4	9	
Q303	You can count on friends who also have sex for money if you need a place to stay.	1	2	3	4	9	
Q304	You can count of your friends who also have sex for money to help you with a client in the case of violence.	1	2	3	4	9	
Q305	In the past month, how often did you have contact with your family at place of origin (<i>khrob khrua thang ban</i>), for instance by telephone or visiting?	Every day 1 Every week 2 Once 3 Not at all 4 Other (specify) 5 No response 9					

Section 4: Sex work

No.	Questions and filters	Coding categories	Skip to
Q401	At what age did you first start doing this sort of work?	Age in years [] Don't know 88 No response 99	
Q402	What was the main reason you first did this sort of work? CAN SELECT ONLY ONE	Family is poor 1 Need money for siblings 2 Need money for my children 3 Need to earn lots of money 4 Forced to 5 Deceived 6 Other (specify) 7 Don't know 8 Not answer 9	
Q403	Who first introduced you to this sort of work? CAN SELECT ONLY ONE	Decided myself 1 Friends 2 Agent 3 Owner of brothel/bar 4 Other (specify) 5 Don't know 8 Not answer 9	
Q404	Since you first began doing this sort of work, how many establishments or places have you worked in (including the current establishment/place)?	WORK IN BARS, BROTHELS Number of establishments ... [] No response 99 FREELANCE WORK Number of places [] No response 99	If the combined total from both sorts of work is 1 go to Q410
Q405	In the past 12 months (1 year), have you worked in any other places/establishments? DO NOT INCLUDE PLACES THAT A CLIENT TOOK A RESPONDENT TO. INCLUDE FREELANCE WORK	Yes 1 No 2 No response 9	To Q410
Q406	If so, how many different places have you worked in during the past 12 months?	FOR RESPONDENTS WORKING IN BARS, BROTHELS Number of establishments ... [] No response 99 FOR FREELANCE WORKERS Number of places [] No response 99	

No.	Questions and filters	Coding categories	Skip to
Q407	What was your main reason for coming to this place? CAN SELECT ONLY ONE	Want to earn more 1 Want to change to a bigger establishment 2 Want to move to other provinces..... 3 Got fired from the old place..... 4 The old place was bad..... 5 Friends invited me to change 6 Old place closed..... 7 More customers in new place 8 Problems with friend at old place 9 Problems with boss at old place..... 10 Other (specify) 11 No response 99	
Q408	During the past 12 months (1 year), have you had sex for money in any other provinces? DO NOT INCLUDE PROVINCES THAT THE RESPONDENT VISITED WHEN TRAVELING WITH A CUSTOMERS	Yes 1 No 2 No response 9	To Q410
Q409	If so, how many provinces have you had sex for money in?	Number of provinces [] No response 99	
Q410	How long have you worked in this place?	Months [] Years [] No response 99	
Q411	Where do you normally have sex with your clients?	Here (at this bar/brothel)..... 1 At a short-stay hotel..... 2 At a cheap ('cricket') hotel 3 At a normal hotel 4 In a car 5 At client's house 6 In public place..... 7 Other [specify] 8 No response 9	
Q412	What time do you normally start work?	Time [] (24 Hour time)	
Q413	What time do you normally finish work?	Time [] (24 Hour time)	
Q414	How many days off work do you normally have per month?	[] days No response 99	

Section 5: Risk behaviors

No.	Questions and filters	Coding categories					Skip to
		Drug	Yes	No	DK	NR	
Q501	<p>Some people have tried a range of drugs. You might have tried some of the following drugs. If so, which ones? (Include drugs that the respondent has tried only once.)</p> <p><i>(Read list)</i></p> <p>Other (specify) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>- Heroin</p> <p>- Marijuana</p> <p>- Cocaine</p> <p>- E</p> <p>- K</p> <p>- Ice</p> <p>- Valium</p> <p>- Ya-ba</p> <p><i>(Amphetamine)</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p>	<p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p>	
Q502	In the past month, have you ever used drugs or alcohol to give you confidence to do your work?	Yes.....	1				
		No	2				
		No response	9				
Q503	During the past month, how many times have you been drunk?	Every day	1				
		Most days	2				
		Some days	3				
		Once	4				
		Never	5				
		No response	9				
For questions Q504-Q510, if the respondent has not had any customers in the past 30 days, write 000							
Q504	<p>In the past month, how many times have you had vaginal sex with clients?</p> <p>DO NOT INCLUDE PARTNERS/HUSBANDS</p>	<p>Number of times.....[]</p> <p>No response</p>	999				If none, write 000 and go to Q506
Q505	<p>In the last 5 times you had vaginal sex with clients, how many times did you use condom?</p> <p>IF CONDOM NOT USED AT ALL, RECORD 00</p>	<p>Number of times.....[]</p> <p>No response</p>	999				
Q506	<p>In the past month, how many times have you had anal sex with clients?</p> <p>DO NOT INCLUDE PARTNERS/HUSBANDS</p>	<p>Number of times.....[]</p> <p>No response</p>	999				If none, write 000 and go to Q508
Q507	<p>In the last 5 times you had anal sex with clients, how many times did you use a condom?</p> <p>IF CONDOM NOT USED AT ALL, RECORD 00</p>	<p>Number of times.....[]</p> <p>No response</p>	999				
Q508	<p>In the past month, how many times did you have oral sex with clients?</p> <p>DO NOT INCLUDE PARTNERS/HUSBANDS</p>	<p>Number of times.....[]</p> <p>No response</p>	999				If none, write 000 and go to Q510

No.	Questions and filters	Coding categories	
Q509	In the last 5 times you had oral sex with clients, how many times did you use a condom? IF CONDOM NOT USED AT ALL, RECORD 00	Number of times.....[] No response 999	
Q510	In the past week, how many times did you masturbate clients?	Number of times.....[] No response 999	If none, write 00
Q511	When you have sex with a client, who normally requests to use a condom?	Myself 1 Clients 2 Both 3 Cannot remember 8 No response 9	
Q512	Where do you normally get condoms for using with clients?	Don't use condoms 1 Get free from the establishment 2 Get free from other places 3 Clients pay for it 4 I pay for it 5 No response 9	
Q513	Have you ever had a client who didn't want to use a condom during vaginal or anal sex?	Yes..... 1	To Q516
		No..... 2 No response 9	
Q514	The last time a client didn't want to use a condom, what did you do?	Persuaded them to use a condom 1 Used a condom without the client's knowledge 2 Had sex without a condom 3 Refused to have sex 4 Used a female condom 5 Had sex externally, without a condom 6 Other (specify) 7 No response 9	
Q515	Why didn't your client want to use a condom that time?	Condoms reduce the pleasure..... 1 Condoms are expensive..... 2 Client drunk..... 3 Client allergic to condoms..... 4 Client said they didn't have any diseases..... 5 Other [specify] 6 No response 9	

No.	Questions and filters	Coding categories	
Q516	During the past week, have you had a condom break or come off during sex with a client?	Yes..... 1 No..... 2 Haven't used condom in past week. 3 Haven't had sex with client in past week 4 No response 9	
Q517	When you have sex with a husband/partner, how often do you use a condom?	Always..... 1 Most times 2 Sometimes 3 Never 4 Don't have partner at the moment... 5 Can't remember..... 8 No response 9	

Section 6: Health care behavior and health expenditure

No.	Questions and filters	Coding categories	Skip to
Q601	During the past 12 months, have you experienced any vaginal discharge? IF THE RESPONDENT HAS BEEN WORKING FOR LESS THAN ONE YEAR, ASK ABOUT THE TIME SINCE SHE STARTED WORK	Yes 1	To Q611
		No 2 No response 9	
Q602	If so, did you seek medical treatment, take medicines, or apply creams to treat the discharge?	Yes 1 [specify]	To Q611
		No 2 No response 9	
Q603	Where was the most recent place you sought medical treatment or bought medicine for vaginal discharge? CAN SELECT ONLY ONE	General store..... 1 Drug store 2 Traditional healer..... 3 Private clinic 4 Health center..... 5 Government hospital..... 6 Private hospital 7 Other (specify)..... 8	
Q604	What was the main reason you sought treatment from this place? REFERS TO VISIT DESCRIBED IN Q603 CAN SELECT ONLY ONE	Cheap 1 Treatment is effective 2 Friendly service 3 Private / discreet 4 Rapid service 5 Nearby 6 Convenient hours..... 7 No response 9	
Q605	What was the charge for the treatment, including the cost of any medicine and tests?	[] Baht Can't remember 8888 No response 9999	
Q606	Who paid for the treatment?	No charge..... 1 Paid myself 2 Bar/brothel owner 3 Bar manager..... 4 Mama san..... 5 Friends 6 Husband/partner..... 7 Parents 8 Other (specify)..... 88 No response 99	

No.	Questions and filters	Coding categories	Skip to
Only ask Q608 - Q610 with respondents who answered 'Private clinic', 'Health center', 'Government hospital', 'Private hospital' in Q603			
Q608	When you received treatment, did the health worker give you a vaginal examination?	Yes 1 No 2 No response 9	
Q609	When you receive treatment, did the health worker take some of your blood?	Yes 1 No 2 No response 9	
Q610	Do you feel that the staff at the clinic / health center / hospital the health worker spoke politely to you?	Yes 1 No 2 No response 9	
Q611	During the last 4 months, have you taken any pills or medicines, apart from medicines for treating vaginal discharge?	Yes 1	To 613
		No 2 No response 9	
Q612	Which of the following types of medicines have you taken on your own in the last 4 months READ ALL OPTIONS. CAN CHOOSE MORE THAN ONE	Pain relievers a Antibiotics b Anti-anxiety pills c Allergy medicine d Sleeping pills e Weight loss products f Medicine to control periods g Medicine to tighten the vagina h Other (specify) i No response j	
Q613	What contraceptive methods are you <u>currently</u> using? CAN CHOOSE MORE THAN ONE	None a	To 615
		Contraceptive pill b Injectables c Implants (Norplant) d IUD e Diaphragm / foam / jelly f Calendar / mucus method g Female sterilization h Condoms i Herbs j Emergency contraception k Infertile l Other (specify) m Don't know n No response o	
Q614	The most recent time you bought or received a contraceptive, where did you get it from?	General store 1 Drug store 2 Private clinic 3 Health center 4 Government hospital 5 Private hospital 6 Traditional healer 7 Provided by establishment 8 Provided by partner 9 Provided by friend 10 Other (specify) 11	All answer skip to 616

No.	Questions and filters	Coding categories	Skip to
Q615	If you are not using any contraceptive at present, why not?	Pregnant 1 Infertile 2 Allergic 3 Not know of any method 4 Not know where to get method 5 Too costly 6 Other [specify] 7 No response 9	
Q616	Since starting sex work, have you ever been pregnant? (Includes being pregnant to husband/partner)	Yes 1 No 2 No response 9	To 619
Q617	If so, did any of these pregnancies not end in a birth?	Yes 1 No 2 No response 9	To 619
Q618	How many of these pregnancies did you abort? (Include abortion pill, self-administered abortions, and abortions in clinics.)	Number of induced abortions .. [] No response 99	
Q619	Some people put something into their vagina to absorb blood if they sleep with clients during their periods. Have you ever done this?	Yes 1 No 2 No response 9	
Q620	Have you ever had plastic surgery on your body? (Include self-administered and done by someone else)	Never a Breasts b Nose c Face d Eyes e Removing ribs f Hip enlargement g Vagina h Other i No response j	
Q621	Are you covered by any health care schemes or do you have a health care card? CAN SELECT MORE THAN ONE	30 baht scheme a Social Security Scheme b Private company insurance c Bar/brothel health insurance d Card from private company e Other f None f No response g	
Q621	ONLY ASK IF COVERED BY 30 BAHT SCHEME Have you registered for the 30 baht scheme in this district?	Yes 1 No 2 No response 9	

Section 7: Sexual and reproductive health knowledge and use of services

No.	Questions and filters	Coding categories			Skip to
Q701	Have you ever heard of diseases that can be transmitted through sexual intercourse (STIs)?	Yes	1		
		No	2		
		No response	9		
Q702	Can you describe any symptoms of STIs in women ? DO NOT READ OUT THE SYMPTOMS Other.....		Mentions	Does not mention	
		Abdominal pain	1	2	
		Vaginal discharge	1	2	
		Foul smelling discharge	1	2	
		Burning pain on urination	1	2	
		Genital ulcers/sores	1	2	
		Swelling in groin area	1	2	
		Itching	1	2	
Q703	Can you describe any symptoms of STDs in men ? DO NOT READ OUT THE SYMPTOMS		Mentions	Does not mention	
		Discharge from penis	1	2	
		Burning pain on urination	1	2	
		Genital ulcers/sores	1	2	
		Swelling in groin area	1	2	
		Itchiness	1	2	
		Other (specify)	1	2	
Q704	Have you ever had a checkup for sexually transmitted infections?	Yes	1		
		No	2		
		No response	9		To 710
Q705	When was the last time you had STI check-up?	Less than six months ago	1		
		Six months to one year	2		
		More than one year ago.....	3		
Q706	Where did you go for your most recent STI check-up?	STI clinic	1		
		Private clinic	2		
		Health center	3		
		Government hospital.....	4		
		Private hospital	5		
		NGO.....	6		
		Provided by bar / brothel	7		
		Other (specify).....	8		
		No response	9		

No.	Questions and filters	Coding categories	Skip to
Q707	Why did you have the STI checkup?	Bar/brothel requires tests 1 Husband/partner has an STI..... 2 Had possible symptoms of STI..... 3 No symptoms, but worried about STI 4 Other (specify) 5 No response 9	
Q708	Did the health worker examine your vagina?	Yes 1 No 2 No response 9	
Q709	Did the health worker take some of your blood?	Yes 1 No 2 No response 9	
Q710	ONLY RESPONDENTS WHO HAVE NEVER HAD A STI TEST, OR HAVE NOT HAD ONE WITHIN THE LAST YEAR If you have not had an STI check- up within the last year, what are the reasons? CAN SELECT MORE THAN ONE	Don't know where to go a Not at risk/don't need b Too far away c Too costly d Embarrassed, too shy e Worried that health service not confidential f Inconvenient hours..... g Staff not friendly h Don't want to know i No symptoms j Other (specify)..... k	
Q711	Have you ever heard of a disease called HIV or AIDS?	Yes 1 No 2 No response 9	
Q712	Can a condom protect you from HIV?	Yes 1 No 2 Don't know 8 No response 9	
Q713	Can a person get HIV from mosquito bites?	Yes 1 No 2 Don't know 8 No response 9	
Q714	Can a person get HIV by sharing a meal with someone who is infected?	Yes 1 No 2 Don't know 8 No response 9	
Q715	Can a person get HIV by getting injections with a needle that was already used by someone else?	Yes 1 No 2 Don't know 8 No response 9	
Q716	Do you think that a healthy- looking person can be infected with HIV, the virus that causes AIDS?	Yes 1 No 2 Don't know 8 No response 9	

No.	Questions and filters	Coding categories	Skip to
Q717	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	Yes 1 No 2 Don't know 8 No response 9	
Q718	I don't want to know the result, but have you ever had a blood test for HIV?	Yes 1 No 2 No response 9	To 722
Q719	When was the last time you had a blood test for HIV?	Less than six months ago 1 Six months to one year 2 More than one year ago 3 Never 4 No response 9	To 722
Q720	Where did you last go for a blood test for HIV?	STI clinic 1 Ordinary private clinic 2 Health center 3 Government hospital 4 Private hospital 5 NGO 6 Provided by bar / brothel 7 Other (specify) 8	
Q721	Why did you take the HIV test?	Brothel/bar requires tests 1 A sexual partner was HIV-positive.. 2 Had possible symptoms of HIV 3 Don't have symptoms, but worried about HIV 4 Other (specify) 5 No response 9	
Q722	ONLY RESPONDENTS WHO HAVE NEVER HAD AN HIV TEST, OR HAVE NOT HAD ONE WITHIN THE LAST YEAR If you have not had an HIV test within the last year, what are the reasons? CAN SELECT MORE THAN ONE	Don't know where to go a Not at risk/don't need b Too far away c Too costly d Embarrassed, too shy e Worried that health service not confidential f Inconvenient hours g Staff not friendly h Don't want to know i No symptoms j Other (specify) k	
Q723	Have you ever received information on HIV and STIs aimed at sex workers?	Yes 1 No 2 No response 9	To 725

No.	Questions and filters	Coding categories			Skip to
Q724	If so, where did you get the information from? CAN ANSWER MORE THAN ONE	STI clinic a General private clinic..... b Health center c Government hospital..... d Private hospital e NGO..... f Provided by establishment g Other (specify) h No response i			
Q725	Have you had any of the following symptoms in the vaginal or anal area in the last 4 months (read all options):	Yes	No	No response	
	a. Lesions	1	2	9	
	b. Warts	1	2	9	
	c. Itchiness	1	2	9	
	d. Lower abdominal pain	1	2	9	
	e. Pain when urinating	1	2	9	

Section 8: Sexual and Reproductive Health Rights

No.	Questions and filters	Coding categories			Skip to
Q801	How old were you when you had sex with a male for the first time (not necessarily for money)	Age..... [-] Cannot remember..... 88 No response 99			
Q802	With whom did you first have sex?	Boyfriend/partner/husband 1 Friend..... 2 Customer..... 3 Other (specify)..... 4 No response 9			
Q803	Was the first sex voluntary?	Yes (I was willing to have sex)..... 1 Yes (I did not want to have sex or I was forced)..... 2 Not sure..... 3 No response 9			
Q804	In the last seven days, have any of the following happened to you at work? (Read all options)	Yes	No	No response	
	Yelled at	1	2	9	
	Hit	1	2	9	
	Forced to perform sex acts you did not want to perform	1	2	9	
	Not paid	1	2	9	
	Paid less than agreed	1	2	9	
	Made to do other things you didn't want to do	1	2	9	

No.	Questions and filters	Coding categories	Skip to
Q805	When you have problems concerning your work who can you go to for help? CAN CHOOSE MORE THAN ONE	Bar / brothel owner a Bar / brother manager b Mama San c Police d Friends e Partner/husband f NGO.....g Parents/familyh Don't have anyonei No responsej	
Q806	ONLY ASK RESPONDENTS WHO HAVE HAD SEX WITH CLIENTS DURING LAST 7 DAYS When sleeping with clients over the last seven days, how have you felt?	[Specify]	
Q807	During the past year have you had any contact with the police?	Yes 1	To 810
		No 2	
		No response 9	
Q808	If yes, did the police know that you are a sex worker?	Yes, they did 1	To 810
		No, they didn't..... 2	
		Not sure..... 3	
		No response 9	
Q809	If yes, how did this affect their behavior towards you	Treated better than other people 2 Treated worse than other people 3 No effect 1 No response 9	
Q810	During the past year have you had any contact with government health workers?	Yes 1	To 901
		No 2	
		No response 9	
Q811	If yes, did they know that you are a sex worker?	Yes, they did 1	To 901
		No, they didn't..... 2	
		Not sure if they knew 3	
		No response 9	
Q814	If yes, how did this affect their behavior towards you	Treated better than other people 2 Treated worse than other people 3 No effect 1 No response 9	

Section 9: Socio-economic status

No.	Questions and filters	Coding categories	Skip to
Only ask Q901 - Q903 if the respondent works in a bar or brothel. Otherwise go to Q904			
Q901	Do you have any duties <i>at this establishment</i> , apart from sex work?	Yes 1 No 2 No response 9	To 903
Q902	What are your other duties at this establishment? CAN SELECT MORE THAN ONE	Massage a Serving food b Singing c Dancing d Sex show e Other [specify] f No response g	
Q903	How do you normally get paid for having sex? CAN SELECT MORE THAN ONE	Paid directly by client a Paid percentage of fee paid by client for taking respondent out b Percentage of drinks bill c Paid per day by establishment d Paid per month by establishment e Tips from clients f Payment per show g Special bonuses h Other [specify] i	
Q904	On average, how much do you earn per month? FOR RESPONDENTS WHO WORK IN A BAR OR BROTHEL, INCLUDE INCOME FROM WORK LISTED IN Q902	[] baht No response 99999	
Q905	How much of the money you earn at this establishment comes from having sex?	All 1 Most 2 Some 3 No response 9	
Q906	Do you have any other work, aside from your work at this establishment?	Yes 1 No 2 No response 9	To 909
Q907	If so, what do you do?	[specify]	
Q908	In the last month, how much did you earn from the job(s) listed in Q907?	[] baht No response 99999	
Q909	Are your earnings the major source of income for your family (place of origin)?	Yes 1 No 2 Don't know 8 No response 9	
Q910	Are your earnings the major source of income for the people you are living with now?	Yes 1 No 2 Don't know 8 No response 9	

No.	Questions and filters	Coding categories	Skip to
Q911	Do you have any debts?	Yes 1 No 2 No response 9	
Q912	Do you have to pay off the debts of any family members?	Yes 1 No 2 No response 9	
Only ask Q913 if the responded answered Yes in Q911 or Q912. Otherwise go to Q914			
Q913	During the past four months, have you been able to reduce the size of these debts?	Yes 1 No 2 No response 9	
Q914	During the past four months, have you been able to save any money?	Yes 1 No 2 No response 9	

Section 10: Expectations

No.	Questions and filters	Coding categories	Skip to
Q1001	What things do you like the most about working in this establishment? CAN CHOOSE MORE THAN ONE	Earnings a Working hours b Meeting many people c Having many friends..... d Drinking and drugs e Having sex f Being my own boss g Other (specify) h Don't know i No response j	
Q1002	What things you dislike the most about working in this establishment? CAN CHOOSE MORE THAN ONE	Earnings a Working hours b Drinking c Having sex d Risk of violence e Risk of contracting STI..... f Risk of contracting HIV/AIDS g Risk of becoming pregnant..... h Other (specify) i Don't know j No response k	
Q1003	How much longer do you expect to keep doing sex work?	[] months [] years Don't know 88 No response 99	
Q1004	What would you like to do after sex work? CAN SELECT MORE THAN ONE	Start a small business..... a Marry a Thai b Marry a foreigner..... c Retire completely..... d Study further e Other (specify) f Don't know g No response h	

No.	Questions and filters	Coding categories	Skip to
Q1005	Where would you like live after you finish sex work?	At my present location..... 1 At my place of origin..... 2 Overseas..... 3 Other (specify) 4 Don't know 8 No response 9	

The End: Thank you very much for spending your valuable time to complete this questionnaire.

After this interview, there may be a chance that you are selected by our team to participate in another interview that contains some more details in-depth. Would you mind if I contact you again for this?

[] YES

[] NO

Record time when finish: _____

Annex B

In-depth Interview Question Guideline for Female Sex Workers

History of sex work (15 minutes)

1. How did you get into sex work? How did you learn about this job at the first time? From whom?
2. Any movements since you started this work? From which place to which place? Reasons for moving? Length of time work in the previous place before moving?
3. Are there any rules concerning to wage and payment? How often did you get paid?
4. (For those who experienced violence) What kind of violence, verbal, physical or sexual, have you ever experienced? By whom? How did you solve the problem?
5. Who are your clients? What do you think about each type of your clients? Do you know their reasons visiting sex establishments?
6. (For those with some health problems or probably having sexually transmitted infections) Could you tell me about the infection or health problem, please? What are the causes? How do you resolve the problem? Self-care or medical treatment?

Condom use (10 minutes)

7. Reasons for use or not use condom. With whom do you normally use condoms, and with whom do you not use? Reasons? What do your clients think about condom use?
8. Have you ever heard about the female condom? If yes, have you ever used it? What do you think about female condom? Is it good for women? What would you suggest about the female condom?

Health care service (25 minutes)

9. When you see a doctor or health service provider, how do you feel about disclosing your career as sex work? What are your experiences in contacting health care service providers (both for general health care and special care, i.e. sexually transmitted infection and HIV)?
10. Since you have been working as a sex worker, what kind of health care, screening and treatment have you have ever used? Where? What would you say about the service received? What are you impressed or not impressed about the service received from each place?
11. What are the health care services or screening that you would like to receive? What would you suggest for the provision of such services? Who should be the service providers?
12. What do you think about your rights on health security? For example, if you have the Gold Card (30 baht card), do you have any problem using the card? Do you feel any difference when contacting a provider for general health care service versus when contacting for some special treatment, especially screening and treatment for sexually transmitted infections?



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