



















Kanya Apipornchaisakul



# Prevention of HIV/AIDS Among Migrant Worker in Thailand 2

(PHAMIT 2):



Institute for Population and Social Research Mahidol University

Supported by

The Global Fund to fight AIDS, TB and Malaria

Through the network of:

The Project for Prevention of HIV/AIDS among Migrant Laborers in Thailand, and in collaboration with the Raks Thai Foundation

# Prevention of HIV/AIDS Among Migrant Worker

in Thailand 2 (PHAMIT 2):

The Baseline Survey 2010

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## Introduction

The Prevention of HIV/AIDS Among Migrant Workers in Thailand Project (PHAMIT - 2) is a continuation of the original PHAMIT Project implemented during 2004-2008. PHAMIT-2 is being implemented from 2010-2014 with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The Raks Thai Foundation (RTF) is the principal implementing agency for the Project in collaboration with eight other agencies including the Foundation for AIDS Rights (FAR), World Vision Foundation Thailand, the Stella Maris Seafarers Center, the MAP Foundation, the Pattanarak Foundation, the AIDS Network Development Foundation, the Social Development Association, and the Bureau of Heath Administration (Ministry of Public Health). The primary target of the Project is to reduce the number of HIV infections through expanded coverage of prevention activities in the target provinces. The intended beneficiaries include those with risk behavior and, in PHAMIT-2, consist of international migrant laborers from Myanmar, Cambodia and Laos who are working in Thailand. The RTF has commissioned the Institute for Population and Social Research (IPSR) of Mahidol University as an independent agency to conduct the baseline survey for the Project in 2010.

IPSR would like to thank Khun Promboon Panitchpakdi, Executive Secretary of RTF for giving IPSR the opportunity to conduct this important survey. IPSR hopes that the data from the PHAMIT – 2 Baseline Survey (2010) will be of value to the Project implementing team and agencies and NGOs who are affiliated with the Project and who will be carrying out the Project tasks until 2014.

S. Penging

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The Research Team also expresses its appreciation to the staff and partner agencies in the 11 operational provinces, including the Raks Thai Foundation offices in Samut Sakorn, Samut Prakarn, Trat, and Surat Thani, the Foundation for AIDS Rights offices in Rayong and Bangkok, the World Vision Foundation Thailand office in Ranong, the MAP Foundation office in Tak, the AIDS Network Development Foundation offices in Nongkhai and Khon Kaen, and the Pattanarak Foundation office in Ubon Ratchathani for their cooperation and assistance in facilitating the field work and providing valuable coordination throughout the period of data collection.

The Team wishes to thank the international migrant laborers who kindly agreed to participate in the Baseline Survey and for sacrificing their valuable time in responding to the Team's questions voluntarily and thoroughly. Their positive and welcoming attitude and toward the Team helped to generate data of high quality which will be very valuable for Project planning and implementation going forward. This information will be used to improve services for the migrant populations and for the Thai communities that interact with them.

Significantly, the Team greatly appreciates the contribution of the Office of Population Technical Assistance Team (OPTA) and Khun Rachitta Na Pattalung and all the members of the OPTA field data collection teams. Acknowledgement also goes to Khun Anthony Bennett for the English translation, and Mr.Brahm Press for his overall editing work.

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> Apichat Chamratrithirong Wathinee Boonchalaksi Charamporn Holumyong Chalermphol Chamchan Kanya Apipornchaisakul

> > The Research Team



# **Executive Summary**

The Prevention of HIV/AIDS Among Migrant Workers in Thailand (PHAMIT) Project, aims to scale up the Comprehensive HIV Prevention Among the most at risk populations (MARPs) by Promoting Integrated Outreach and Networking comprehensive (CHAMPION). The CHAMPION project is supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria. The PHAMIT-2 project intends to expand HIV prevention activities among the most at risk populations targeting foreign migrant workers in Thailand.

### Characteristics and Vulnerabilities of Foreign Migrant Workers

Foreign migrant workers are young. It is notable that their average age is in the early stage of the active reproductive years. Many foreign migrant workers live with their spouse; however, there are significant amounts that are single. Most foreign migrant workers have low levels of education and take unskilled jobs in factories, the fisheries industry, construction, and agricultural sector. Many encounter language barriers. Even though they earn low wages in Thailand, more than half remit money back to their home countries.

### Knowledge of HIV/AIDS

Foreign migrant workers' general knowledge of HIV/AIDS was high. Approximately 90% of them have previously known or heard about HIV/AIDS. Moreover, one fourth of migrant workers have known someone infected with HIV. Knowledge on routes of transmission was inconsistent, with about 60.9 % of them having misconceptions that mosquitoes can transmit HIV. Especially more than half of the Lao migrant workers and more than one third of Burmese migrant workers had a misunderstanding about this.

The survey on knowledge of HIV prevention and routes of transmission using five basic questions based on the Core Indicators from the UN General Assembly Special Session on HIV/AIDS (UNGASS) showed gaps in knowledge on certain topics. Only 24.1 % of the migrant workers sampled had correct knowledge on HIV prevention on routes of transmission, pointing to the continued need to increase awareness and knowledge on HIV prevention among migrant workers.

Barriers to HIV testing include a lack of trust in confidentiality, with 49.4 % of Burmese migrants believing that the results will not be kept confidential. On the other hand, more than 80% of Cambodian migrants felt that the results would be kept confidential.

Knowledge related to condoms was high. Almost all groups of migrant workers knew of and have seen condoms, except for some female Burmese migrant workers. The majority of migrants knew that condoms are used for HIV/AIDS protection, family planning and STI prevention.

### Knowledge and Incidence of STIs and HIV

Knowledge of STIs among migrants was not comprehensive. Even though many migrants know of or have heard about STIs, their knowledge is relatively low when compared with the knowledge related to HIV/AIDS. For example, 45% of male Burmese migrant workers did not have accurate information about STIs.

The self-reported incidence of STI symptoms among foreign migrant workers over the previous year showed that male Cambodian migrant workers (3.5%) had the highest incidence of STIs, followed by male Lao migrant workers (2.0%), while male Burmese migrant workers infected with STIs was quite low (0.4%).

The majority of migrant workers indicated that they would prefer to go to a public hospital for treatment of an STI, and mentioned other health facilities such as a pharmacy, NGO clinic, private hospital, or private clinic as less preferred. Unfortunately, significant amounts of migrant workers, especially Cambodian migrant workers (17%) and male Lao migrant workers (18%), expressed a preference to treat themselves when infected with an STI.



The majority of migrant workers have received information in Thailand that has increased their knowledge on HIV/AIDS. Raks Thai Foundation, World Vision Foundation of Thailand, Foundation for AIDS Rights (FAR), Pattanarak Foundation, and AIDSNET were identified from the sample as NGOs actively providing HIV/AIDS information and services to migrants in Thailand. In general, the majority of migrant workers have received information related to condoms and HIV by NGOs though group outreach sessions, educational campaigns, meetings, and NGOs drop-in centers. The numbers of migrant workers who knew about Voluntary Counseling and Testing (VCT) services was low though, pointing to a gap in knowledge that needs to be filled.

### Migrant Sexual Behavior and Condom Use

More than 60% of migrant workers in the sample have had sexual intercourse. The highest proportion of migrants who had ever had sex was from Laos, followed by Cambodian, and Burmese migrants (78.5, 75.7 and 63.6%, respectively). The survey reported that migrants' age at first sex was young, and that use of condoms among regular partners is low. The proportion of male migrant workers who have sex with non-regular partners is higher than that of female migrant workers, especially among Lao migrant workers (15.9%), followed by Cambodian, and Burmese migrants (10.2, and 5.2%, respectively). The proportion of migrants who did not use condom at all with their non-regular sex partner in the last 12 months is quite high especially among Burmese migrant workers (39%), followed by Cambodian and Laos migrants (both around 11%). While around three-quarters of male migrants from Cambodia and Myanmar use condoms every time with sex workers, there are still roughly 10.2% of male Burmese migrants who do not use condoms at all with sex workers, while 25% of male Lao migrants only use condoms sometimes with sex workers.

### Experience with HIV testing

Approximately half of Burmese and Cambodian migrant workers know about an outlet for HIV screening. However, more than 60% of Lao migrant workers know where to test, and have the highest proportion of the three nationalities that have had an HIV test. Only 5.4% of Burmese migrant workers and 16.4% of Cambodian migrant workers had an HIV test. Higher proportions of female migrant workers know about an outlet

for HIV screening than male migrant workers except among Burmese migrant workers. Moreover among migrants who know of an outlet, public hospitals were the most often cited outlet.

Approximately 50-70% of the migrant workers who had been tested in the previous year had received pre-test counseling. Lao migrant workers had the highest proportion of receiving pre-test counseling, and Cambodian migrant workers had the lowest proportion. Of the Burmese and Lao migrant workers who were tested for HIV, 88% received their test results, whereas the proportion of Cambodian migrant workers who were tested for HIV and received their test results was the lowest at 72.4%.





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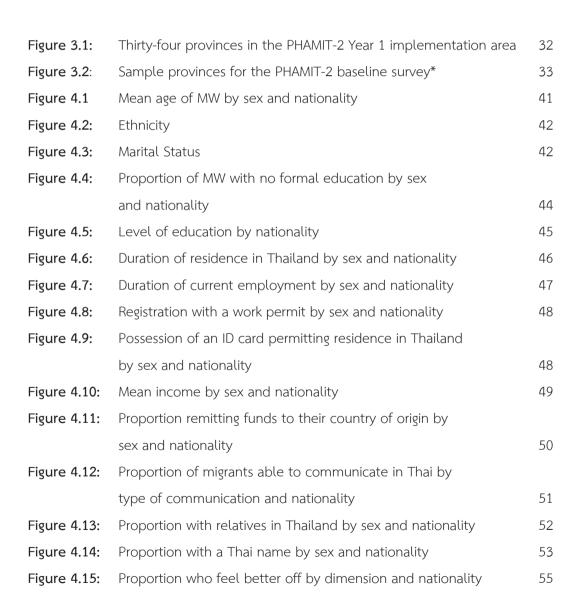
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# **Abbreviations**

BHA Bureau of Health Administration

CHAMPION The Comprehensive HIV Prevention among MARPS by Promoting Integrated

Outreach and Networking Program

DiCs Drop in Centers

FAR Foundation for AIDS Rights

**FSW** Female Sex Worker

**GFATM** The Global Fund to Fight AIDS, Tuberculosis and Malaria

IDU Injecting drug user

KAP Knowledge Attitude Practice

MAP Migrant Assistance Programme Foundation (MAP Foundation)

**MARPS** Most at Risk Populations MHV Migrant Health Worker

MSM Men who have sex with men

MW Migrant Worker

NGO Non Government Organization

**PCM** Provincial Coordinating Mechanism

PR Principal Recipient

PR-DDC PR-Department of Diseases Control

**PHAMIT** Prevention of HIV/AIDS Among Migrant Workers in Thailand Project

**RCC** Rolling Continuation Channel

**RFT** Raks Thai Foundation RH Reproductive health

SR Sub-Recipient

SSR Sub-Sub Recipient

STI Sexually Transmitted Infections VCT Voluntary Counseling Testing

UNGASS United Nations General Assembly Special Session

WHO World Health Organization

**WVFT** World Vision Foundation Thailand







1

# Introduction

- 1.1 Background and rationale
- 1.2 Components and objectives of the project evaluation
- 1.3 Duration of survey implementation

# 1 Introduction

### 1.1 Background and rationale

The Comprehensive HIV Prevention among MARPS by Promoting Integrated Outreach and Networking Program (CHAMPION) focuses on prevention of HIV among female sex workers (FSW), men who have sex with men (MSM), intravenous drug users (IDU), and cross-border migrant workers (MW). Implementation of CHAMPION is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The Raks Thai Foundation (RTF) is the principal recipient of the grant and an implementing partner for prevention activities for MW under the Prevention of HIV and AIDS among Migrant Workers in Thailand Project Phase 2 (PHAMIT-2). Under PHAMIT-2, RTF works with eight partners including World Vision Foundation Thailand (WVFT), Foundation for AIDS Rights (FAR), Pattanarak Foundation, Stella Maris Seafarers Center Songkla, AIDS Network Development Foundation (AIDSNET), MAP Foundation for the Health and Knowledge of Ethnic Labour (MAP) , the Social Development Association (SDA), and the Bureau of Heath Administration, Ministry of Public Health (BHA). The aim of the project is to expand HIV prevention services for migrants from Myanmar, Cambodia and Laos who come to Thailand to seek work. The project strategy is to expand services to MW, and build a sustainable, integrated service provision network.

This project is a continuation of PHAMIT-1 which implemented activities from 2004-2008 with funding from the GFATM. The goal is to reduce new HIV infections by scaling up comprehensive prevention activities for the most at-risk and highly vulnerable populations in Thailand. There are three core objectives: (1) To strengthen and expand integrated HIV prevention services for migrant workers; (2) To create an enabling environment for equitable and sustainable HIV services for migrant workers; and (3) To improve the strategic information system to inform policy reform and programs for migrant workers.

The planned duration of PHAMIT-2 is from 2009 to 2014. As an essential component of the project, PHAMIT commissioned a baseline survey to be conducted in 2010, with the work contracted to an external agency: The Institute for Population and Social Research (IPSR) of Mahidol University.

The baseline survey focused on the current status of HIV prevention among MW with the intention of providing useful data to the implementing partners of PHAMIT-2 for planning and implementation. The data provide a benchmark for assessing project progress, and future rounds will examine the extent to which the PHAMIT-2 implementing partners accessed the target populations and to what extent there was measurable behavior change towards reduced HIV risk among MW in the target areas.

Overall, the 2010 baseline survey provides qualitative and quantitative data that are relevant to the implementation framework of PHAMIT-2 and can be used to guide implementation so that the project maximizes the cost-effectiveness of interventions for the MW populations from Myanmar, Cambodia and Laos.

### 1.2 Components and objectives of the project evaluation

This baseline survey for 2010 is one part of the monitoring and evaluation system of PHAMIT-2. The major components include the following:

- 1. Baseline Survey
- 2. Midterm Evaluation Survey
- 3. Impact Survey

The 2010 baseline survey had the objective: to provide benchmark data and reference points for guiding implementation to achieve the intended project outcomes. The survey measured knowledge, attitudes, and behavior of the MW target populations from Myanmar, Cambodia and Laos that work in Thailand. The results of the baseline survey should also be useful for PHAMIT-2 planning and implementation.

### 1.3 Duration of survey implementation

The essential work for the baseline was conducted over a period of eight months from January through August 2010.





# 2

# Background of the PHAMIT-2 Project

- 2.1 Overview of PHAMIT-2
- 2.2 Target and Objectives
- 2.3 Area of Implementation
- 2.4 Strategy
- 2.5 Implementation Activities
- 2.6 Overview of Project Indicators
- 2.7 Duration of project implementation



### Background of the PHAMIT-2 Project

### 2.1 Overview of PHAMIT-2

PHAMIT-2 is part of the GFATM-funded umbrella program called "Comprehensive HIV Prevention among MARPS by Promoting Integrated Outreach and Networking" or "CHAMPION". CHAMPION focuses on prevention of HIV among female sex workers (FSW), men who have sex with men (MSM), intravenous drug users (IDU), and cross-border migrant workers (MW). CHAMPION was intended to serve as a catalyst to galvanize Thailand's National AIDS Program (NAP) to expand services to the highest-risk populations who are hard-to-reach and have the greatest need for prevention services, yet face obstacles when going to formal service outlets. Thus, the program also emphasizes the role of NGOs who work with the populations with high-risk behavior, to deliver prevention services in the community and act as a link in facilitating access to services by the target beneficiaries.

Responsibility for implementation of CHAMPION was delegated to three principal recipients: (1) Raks Thai Foundation (RTF) for the component with cross-border migrant workers (as an extension of the previous 5-year project); the Department for Disease Control of the Ministry of Public Health (MOPH) for the component with MSM and sex workers, and for health systems strengthening; and PSI Foundation for IDU.



### 2.2 Target and Objectives

The goal of the program is to reduce new HIV infections by scaling up comprehensive prevention activities for the most at-risk and highly vulnerable populations in Thailand. In the case of the PHAMIT-2 Project, the target beneficiaries are cross-border migrant laborers in Thailand.

### There are three core objectives:

- (1) To strengthen and expand integrated HIV prevention services to high-risk and vulnerable populations;
- (2) To create an enabling environment for equitable and sustainable HIV services for high-risk and vulnerable populations; and
- (3) To improve the strategic information system to inform policy reform and programs for high-risk and vulnerable populations.

### 2.2.1 Target Population/beneficiaries

In the initial stage, PHAMIT-2 will be implemented in 115 districts of 34 provinces to deliver prevention services for MW from Myanmar (80%), Laos (10%), and Cambodia (10%) in the following primary occupations:

- 1. fisheries
- 2. seafood processing
- 3. factories
- 4. construction
- 5. agriculture (and related industry)

In PHAMIT-1, interventions were implemented in 18 provinces that have large numbers of migrant laborers along the border with Myanmar or in coastal provinces, mostly in the fisheries industries. In PHAMIT-2, implementation has been expanded to add 14 provinces in addition to the 18 from PHAMIT-1. RTF will implement with partner agencies to deliver HIV prevention interventions to MW in fisheries, factories, construction and agriculture.

PHAMIT-2 plans to reach a total of 203,652 MW within the first two years with a focus on persons age 15 to 49 years. In addition, essential services will be provided to dependents of these MW and communities in which they reside. PHAMIT-2



will link with the Department of Disease Control (DDC) of the MOPH to ensure full coverage of female migrants and MSM working in entertainment establishments which the male MW visit. PHAMIT-2 will coordinate with key persons and groups including associations of employers, health service providers, local administrators and government agencies and mass media in order to maximize access to the MW population as efficiently as possible.

### 2.3 Area of Implementation

Ultimately, PHAMIT-2 will cover 117 districts in 37 provinces (Table 2.1). However, in Year 1, PHAMIT-2 will expand to 34 provinces, including ten pilot provinces that will implement migrant-friendly services with oversight from the Bureau of Health Administration (BHA). These ten provinces include Chonburi, Rayong, Samut Sakhon, Samut Prakan, Tak, Chiang Mai, Pattani, Ranong, Songkhla and Phuket. In the second stage of PHAMIT-2, an additional 22 pilot provinces will be added.

### 2.4 Strategy

The strategy for achieving the target involves expansion of access and coverage of HIV prevention services through increased involvement of Civil Society (i.e., NGOs) and affected persons. At the same time, PHAMIT-2 will establish linkages between the MW and MW support networks with government health services. The staff of these service outlets will have been trained to provide client-friendly services to the MW population in order to best meet their needs. The project will coordinate at the policy levels and with key persons at higher levels to support sustainability of project interventions. In addition, there will be activities to reduce social stigma through the use of mass media to motivate societal change at all levels.



Table 2.1: Implementation Area of PHAMIT-2

	·			
	Province	Number of districts	District	Implementing partner
Centr	al Region			
1	Bangkok	2	Minburi, Nongjok	FAR
2	Nonthaburi	3	Muang, Pak Kret, Bang Bua Thong	WVFT
3	Samut Prakan	3	Muang, Bang Bo, Bang Phli	RTF
4	Samut Songkram	1	Muang	RTF
5	Samut Sakon	3	Muang, Krathum Baen, Ban Phaew	RTF
Easte	rn Region			
6	Chonburi	3	Sattahip, Bang La Mung, Sri Racha	FAR
7	Trad	4	Muang, Laem Ngawp, Koh Chang	RTF
8	Rayong	2	Muang, Klaeng	FAR
9	Sra Kaew	2	Awaits needs assessment prior	RTF
			to Year 2 implementation	1711
10	Chanthaburi	2-	Muang, Tha Mai	RTF
Weste	ern Region			
11	Kanchanaburi	4	Muang, Sangklaburi, Tha Muang, Tha Maka	Pattanarak Foundation
12	Prachuap Kirikan	3	Muang, Pranburi, Bangsaphan	RTF
13	Ratchaburi	3	Muang, Ban Pong, Potharam	Pattanarak Foundation
North	Region			
14	Chiang Rai	6	Muang, Mae Jan, Phan, Mae Sai, Chiang Saen, Chiang Khong	WVFT
15	Chiang Mai	7	Muang, Hang Dong, San Sai, Doi Saket, Mae Rim, San Kampaeng, Chiang Dao	MAP Foundation
16	Tak	4	Mae Sot, Pop Phra, Tha Song Yang, Mae Ramat	WVFT
		1	Mae Sot (Mae Taw Mai)	MAP Foundation
17	Pitsanulok	1	Awaits needs assessment prior	RTF

to Year 2 implementation

IAMIT 2):	vey 2010

	Province	Number of districts	District	Implementing partner			
Northeast Region							
18	Khon Kaen	2	Muang, Chumpae	AIDSNet			
19	Nakorn Panom	4	Muang, That Panom, Ban Paeng,				
			Tha U-then	AIDSNet			
20	Nakorn Ratchasima	3	Muang, Pak Chong, Sung Nern	SDA			
21	Mukdahan	3	Muang, Don Tal, Wan Yai	RTF			
22	Loei	4	Muang, Chiang Khan, Tha Li,				
			Pak Chom	RTF			
23	Srisaket	1	Awaits needs assessment prior				
			to Year 2 implementation	RTF			
24	Nongkhai	2	Muang, Sri Chiang Mai	AIDSNet			
25	Udon Thani	2	Muang, Ban Phur	RTF			
26	Ubon Ratchathani	6	Khong Jiam, Sirithorn, Khemarat,				
			Buntarik, Pibulmagsahan, Natan	Pattanarak Foundation			
Southern Region							

27	Krabi	4	Muang, Khlong Thom,	
			Neua Khlong, Lan Tha	WVFT
28	Chumporn	3	Muang, Lang Suan, Tha Chae	WVFT
29	Trang	4	Muang, Kan Trang, Sikao, Yantakhao	RTF
30	Nakorn Si Tammarat	4	Muang, Khanom, Sichol, Nabon	RTF
31	Pattani	1	Muang	RTF
32	Phang Nga	3	Thai Muang, Takua Pa, Kuraburi	WVFT
33	Phuket	3	Muang, Kathu, Thalang	WVFT
34	Ranong	2	Muang, Kraburi	WVFT
35	Songkhla	5	Muang, Hat Yai, Sadao, Bangklam,	
			Chana	Stella Maris
36	Satun	2	Muang, Langu	Stella Maris
37	Suratthani	3	Muang, Phun Pin, Wiang Sa	RTF
	Total	115	districts	

Key components of the strategy for HIV prevention among MW include behavior change, HIV voluntary counseling and testing (VCT), condom distribution, and patient referral for STI diagnosis and treatment. The PHAMIT-2 Project is responsible for refining the intervention activities so that they match the needs of the MW population. The project will support the strengthening of the strategic information system for use in improving the monitoring of behavior change and HIV infection among MW.

### 2.5 Implementation Activities

Objective 1: Strengthening and expanding integrated HIV prevention for Migrant Workers (MW)

Activity 1.1: Behavior change activities: Accessing the community

### 1.1.1 Recruiting and training field staff and peer educators

The different languages and cultures of the MW present an obstacle to obtaining migrant-friendly health services. Thus, bi-lingual MW peer outreach workers and "migrant health workers" (MHW) will be recruited and trained. These individuals will serve as interpreters and service supporters to ensure that MW receive proper and courteous care in an efficient way. The standard training and capacity building for the peer outreach workers and MHW ensures that complete and accurate information will be delivered to the target population in migrants' languages.

### 1.1.2 Development and delivery of behavior change interventions for migrant workers

The PHAMIT-2 Project has expanded the educational media for use with MW. The new media addresses a wider range of occupations and languages, notably the Lao language. These media are to be disseminated widely through the network by implementing partners and their field staff in the community, drop-in centers (DiC), VCT centers, STI clinics, drug stores, and AIDS treatment clinics. Spots will be aired on the radio and content will be published in newspapers. The media have to be appropriate for the culture and educational level of the



target audience. Some of the media include leaflets, fliers, graphic material, audio media, and basic messages printed on everyday household items that are distributed such as hats, tote bags, etc.

#### 1.1.3 Building and strengthening channels of access to migrant workers, including drop-in centers (DiC)

The Principal Recipient (PR), Sub-recipient (SR), and Sub-SR (SSR) are establishing information and drop-in centers in 36 provinces to support outreach activities to the target communities, and to create a place where migrants can access services and counseling. These DiC will be located in the target community and will be operated as a "friends-help-friends" approach by the field staff and peer outreach team to provide knowledge and access to MW. In addition, the DiC provide a safe space for the MW to build their social network and expand their relationships with staff and volunteers of the project. All DiCs in the project are to provide standard services which are tailored to the needs of the target population, including linkages to public health services.

#### Core activity 1.2: Distribution of prevention supplies: Providing essential prevention supplies to migrant workers

#### 1.2.1 Distribution of condoms and lubricant free of charge to migrant workers

Free condoms will be distributed to the MW in the target areas. The PR, SR, and SSR are responsible for condom distribution through their field staff and outreach workers, who will also place boxes of condoms at the DiC, work sites, in the community, and other places that are convenient for MW to access. Water-based lubricant will also be distributed. Both the condoms and lubricant will be branded as PHAMIT.

#### Core activity 1.3: Behavior change activities: HIV counseling and testing

#### 1.3.1 Increasing uptake of VCT services by MW

The uptake of VCT services by MW from public health facilities will be increased. Field staff and peer outreach workers will help refer MW to VCT services at the DiC or community hospital. Hospitals or health center staff will also provide VCT service on a mobile basis as well through the project DiC to maximize access. The PR will collaborate with the Burea of Health Administration to have district and provincial hospitals provide MW-friendly VCT by using MHW to assist with translation.

#### 1.3.2 Monitoring prevention and care for MW who are HIV-positive: Positive prevention

The Migrant Health Worker (MHW) will assist with the follow-up of MW who are HIV-positive as part of the anti-retroviral therapy (ART) process (Round 1-RCC) to remind them of the need for monthly check-ups, conduct home visits and promote prevention of further transmission. This activity is part of the training curriculum of health providers, field staff and staff of the DiC.

#### Core activity 1.4: Behavior change activities: Diagnosis and treatment of STI

#### 1.4.1 Development and strengthening of the referral network for STI case management

The project will increase STI services to the hospital and health centers for MW by creating linkages through community activities and referral programs. Staff of DiC, field staff and staff of ART clinics will be trained to improve referral of STI cases. Because only the registered MW are eligible to receive annual STI exams and treatment by the MOPH, the PHAMIT-2 Project, through its PR, SR and SSR partners will help fill the service gap for the unregistered MW through the system of outreach, referral and the DiC service that is MW-friendly.



## Core activity 1.5: Strengthening the health care system: Cross-border migrants

#### 1.5.1 Model development for training of health service providers

Development of the training model for health service providers in the government sector is a product of the coordination between the DDC, the BHA and the Department of Medical Services (DMS). The training model includes orientation on the current situation, the environment and the special needs of the MW population. The training builds the capacity of the staff to provide MW-friendly services.

## 1.5.2 Training and creating a sense of partnership with health service providers

The DDC and BHA will conduct training in STI and VCT service for MW, and training on specific components of the national AIDS strategy and plans. It is understood that to communicate effectively with most of the MW an interpreter will be needed, both for training and service provision.

## Objective 2: To create an enabling environment for equitable and sustainable HIV services for migrant workers

## Core activity 2.1: Enabling environment: Strengthening Civil Society and organizational capacity

## 2.1.1 Capacity building of MW to represent their interests at various levels of the HIV response

The project partners will conduct training for MW and related networks to help meet their needs in communicating and negotiating with stakeholders that have influence on HIV related programming and funding. This should also create links for the MW with the network of agencies or other networks such as the network of people living with HIV/AIDS, local governments and migrant networks.



#### 2.1.2 Enabling health promotion and provision of social services to address problems of gender-based violence among migrant workers

The PR and partners work together to deliver activities to strengthen the referral network for gender-based health and social services and provide essential information on reproductive health. The standards and guidelines in providing these services will be reviewed afresh to ensure that they address various gender viewpoints, and MW will participate in the review process. The training and creation of a sense of partnership among the health service providers, local officials, field staff, peer educators and the MW will be conducted by the PR and SR (i.e., FAR) using content that addresses the unique needs of the target population in a gender-sensitive way which considers sexual violence, violation of sex rights of women, and those with sexually diverse lifestyles and who are discriminated against.

#### Core activity 2.2: Enabling environment: Policy development and law

#### 2.2.1 Review and support for improvements in policy and law related to vulnerable and at-risk populations e.g., health insurance for MW

There are two key features of the review of policy related to MW: The subsidy for health service costs (health insurance for MW for both health promotion and treatment), and securing the status of the Migrant Health Workers (MHW). These items will assist higher level officials in their decision-making and strategy formulation related to MW. The BHA is working with NGOs under the CHAMPION Program with the target to increase funds for MW health services, including HIV prevention. The role of the MHW is included in Objective 1 in terms of the need for financial compensation for MHW assigned to all relevant hospitals through the designation by the Ministry of Labor of the "MHW" as an official occupation. The guidelines will be submitted to the National Commission for International Migrants in Thailand which includes representatives from the MOPH, Ministry of Labor and the National Security Office Council.



# 2.2.2 Technical assistance to local organizations and provincial entities, including employers and government officials, to improve policy and resource mobilization for HIV prevention

The Provincial Coordination Mechanism (PCM), established under the Round 1-RCC (excluding the eight provinces added in Round 8) is the focal point for developing the coordination plan at the provincial level to address risk populations, including MW. The plan provides guidelines for local organizations for planning, resource mobilization and implementing activities for risk populations. The MW will work with their employers and employers' associations to identify gaps in the workplace policy which can be addressed to increase coverage of health and safety practices of the labor force, with an emphasis on HIV prevention within and around the worksite.

## Core activity 2.3: Reduction of stigma, and support for human rights in all contexts

2.3.1 Promoting partnership with mass media to motivate the relevant individuals at the local, provincial and public levels to be more responsive to the health needs and human rights of MW

The PR will work with partners to implement activities to increase participation of mass media in supporting MW human rights through convening working meetings with news reporters and editors. The aim will be to raise concern and a wider understanding of stigma and human rights violations. The project will assist the mass media to access the local communities and talk with the target population and others to gain useful information. The outcome should be increased number of news reports, editorials and features with positive content about MW.

2.3.2 Training for law enforcement personnel (police, corrections officers, etc.) to support services for MW

This activity has a broader scope than merely increasing a sense of partnership. It includes the need for direct support from lawyers, law enforcement and others



in the implementation of assistance for MW in the project area or in not obstructing access to services

2.3.3 Arranging or participating in activities at the national and international level to increase public awareness of MW issues

The PR will conduct activities at the national level to encourage the mass media to take wider interest in the project issues. Participants will include representatives from relevant agencies and sectors to increase concern for HIV prevention and understanding for and acceptance of the MW population.

- Objective 3: To improve the strategic information system to inform policy reform and programs for high-risk populations (sex workers, MSM, IDU and MW)
- Core activity 3.1: Strengthening the health care system: The information and surveillance system
- 3.1.1 Strengthening the 2nd generation surveillance and the health management information system, including capacity building of the PR in efficient project management and improving project outcomes

There are four activities to increase the amount of useful data on Project implementation including: (1) Strengthening the second generation surveillance; (2) Establishing a health management information system (HMIS); (3) Improving the monitoring system of project activities, and streamlining the financial inspection; and (4) Strengthening in-depth analysis and application of data to link with policy (to be implemented by the DDC as the responsible agency).

3.1.2 Increasing the capacity of the SR, SSR, community organizations and local health outlets in monitoring quality of the project and applying data to improving project implementation

The PHAMIT-2 PR will coordinate with the other PRs to build capacity for SRs and SSRs in data collection for application to monitoring and improvement of services



and project implementation at various sites such as the clinic and communities. The capacity strengthening will focus on the PCM, the SRs, SSRs, health service organizations and the community.

The PR will improve the various tools used in data collection and monitoring at the level of the SR and SSR. This includes a framework which maps the areas where MW gather, the collection and compilation of data on the labor force at various periods of time, and creation of forms for improved monitoring of coverage of community activities and by the health service outlets. There will be training and a system of mentors to build capacity of the SR, community organizations, NGOs, and local government agencies so that they can conduct monitoring and evaluation including setting targets for outreach to hard-to-reach groups, and other support activities of the Project such as finance and personnel.

At the same time, the three CHAMPION PRs will support the application of data from observation to improve project decision-making by convening working meetings each year to exchange lessons learned among all project partners. The PR will conduct training for local organizations and implementers on data collection, application and analysis to improve project implementation.

#### Core activity 3.2: Action research

#### 3.2.1 Implementing action research

The PHAMIT-2 PR will work with the other PRs to support studies into the following:

- Estimating the size of the risk-behavior population. This population is somewhat hidden and hard-to-reach. The project will use social networking and respondent-driven sampling with technical support from UNAIDS and WHO.
- Studies of sustainability of HIV prevention among high-risk groups, focusing on cost-effectiveness in order to identify the optimal mix of interventions.



#### For the population of MW, the PR will implement the following studies:

- A study of models of financial support for health insurance for unregistered MW
- Cost-effectiveness studies of the health projects for MW

The reports, lessons learned proceedings, and knowledge from various sources on PHAMIT-2 will be published and disseminated to the public, and shared through meetings and other forums including the website www.PHAMIT.org

#### 2.6 Overview of Project Indicators

There are three levels of indicators as follows:

#### 1) Impact indicators

Table 2.2: Impact Indicators for the PHAMIT-2 Project over 5 years

是是20京景	Year 1 2009		Target			
Indicator			Year 3 2011	Year 4 2012	Year 5 2013	
% of migrant workers infected with HIV	Baseline established for 10 sentinel provinces	-	2.24%	-	1.96%	

#### 2) Outcome indicators

#### **ตารางที่ 2.3** ตัวชี้วัดผลลัพธ์โครงการภายในระยะเวลา 5 ปี

	Year	Target			
Indicator	1 2009		Year 3 2011	Year 4 2012	Year 5 2013
% of migrant workers reporting the use of a condom the last time they had sexual intercourse with a non-regular partner	Baseline established through KAP survey and IBBS	-	TBD	-	TBD



#### 3) Output indicators

The indicators of activity outputs for the nine core indicators are classified by objective and core activity as follows:

- Objective 1: Strengthening and expanding integrated HIV prevention for MW
- Activity 1.1: Behavior change interventions: Accessing the community
- Indicator 1.1: Number of MW accessing HIV prevention services
- Activity 1.1: Behavior change interventions: Recruit and train outreach workers and peer educators
- Indicator 1.2: Number of peer educators and outreach workers trained to implement HIV prevention activities for MW
- Activity 1.2: Distribution of prevention supplies: Providing essential prevention supplies to MW (condoms and lubricant)
- Indicator 1.3: Number of condoms distributed free of charge to MW
- Activity 1.3: Behavior change activities: Increasing uptake of VCT
- Indicator 1.4: Number of MW receiving VCT (for HIV) in six months and received the test results
- Activity 1.4: Behavior change activities: Diagnosis and treatment of STI
- Indicator 1.5: Number of MW who received examination, diagnosis and initiated treatment for STIs
- Activity 1.5: Health System Strengthening: Health Workforce
- Indicator 2.1: Number of government health service providers trained in MW-friendly services
- Objective 2: To create an enabling environment for equitable and sustainable HIV services for high-risk individuals
- Core activity 2.1: Strengthening Civil Society and organizational capacity
  Indicator 2.2: Number of community health service providers and NGOs
  trained in gender and sexuality of the risk population (MW)



Core activity 2.3: Enabling environment: Reducing stigma, and support for human rights

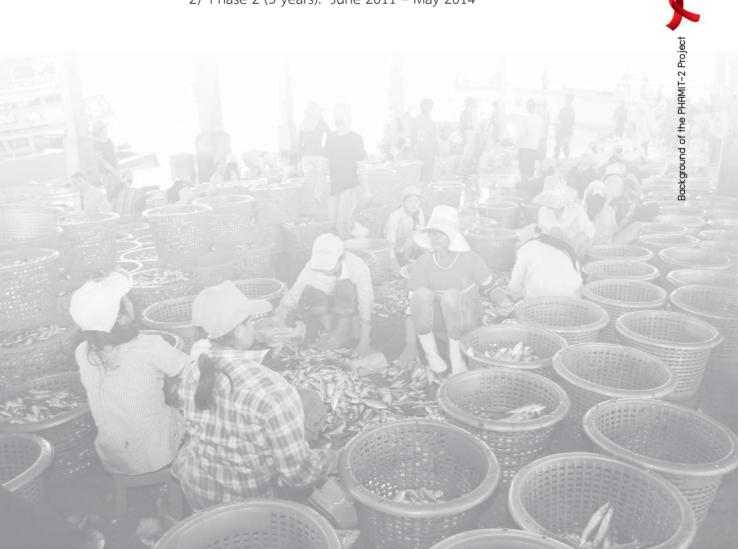
Indicator 2.4: Number of stakeholders at the local, provincial and national level attending the working meeting to promote partnership

Remarks: See additional data from the attached documentation on indicators

#### 2.7 Duration of project implementation

The grant from the GFATM covers a period of 5 years, divided into the following 2 phases:

Phase 1 (2 years): June 2009 – May 2011
 Phase 2 (3 years): June 2011 – May 2014



3

## Methodology

- 3.1 Target Population
- 3.2 Sample size calculation and survey sites
- 3.3 Site selection and sampling methodology
- 3.4 Survey instruments
- 3.5 Data collection, compilation and analysis
- 3.6 Technical Advisory Committee



#### 3.1 Target Population

The target group for this baseline survey covers the population of foreign migrant laborers in Thailand as follows: male and female; age 15 to 49 years; have resided in Thailand at least three months; country of origin is Myanmar, Cambodia or Laos; with or without a work permit; and are working in fisheries, seafood processing, factories, construction, or agriculture in the 34 provinces covered by the PHAMIT-2 Project. Data were gathered through personal interviews with MW who fit these criteria.

#### 3.2 Sample size calculation and survey sites

The 2010 baseline survey had a prescribed sample size of 4,000 persons in ten provinces out of the 34 PHAMIT-2 Project provinces.

#### 3.3 Site selection and sampling methodology

The selection of provinces for the baseline survey used a purposive sampling method. The ten provinces were selected from the 34 project provinces based on the criterion of having the most MW from Myanmar, Cambodia and Laos. While the numbers of undocumented migrants are unknown, the survey team identified provinces with highest number of registered migrants and relied on size estimates from the PHAMIT-2 partner agencies for the total number present.



The following describes the steps in the sampling process:

The 34 provinces were stratified into three categories: (1) Provinces with MW mostly from Myanmar (22 provinces); (2) MW mostly from Cambodia (4 provinces); and (3) MW mostly from Laos (8 provinces).

The ten, purposively-selected provinces, based on the highest estimated number of MW, include six from Stratum 1, two from Stratum 2, and two from Stratum 3.

Yamane's Formula was used to calculate the sample size for each of the ten provinces. The minimum appropriate sample size ranged from 250-400 MW per province. The important consideration in using this formula was to ensure that the sample was representative of the entire population of MW in each of the provinces. At the same time, the survey team had to consider the feasibility of conducting the field work and, therefore, assigned a target quota sample of 400 MW to each of the ten provinces.

The following shows the calculations for Yamane's Formula:

$$1 = \frac{N}{1 + Ne^2}$$

when n = number/size of the sample

N = size of total population

 $e^2$  = measure of variance or error in the sample

In applying Yamane's Formula, the value for e2 should not exceed 5% or, in other words, should have a level of statistical confidence of at least 95%. Table 3.1 shows the resulting sample sizes by province.

Table 3.1: Estimate of the number of MW in the PHAMIT-2 area and appropriate sample size

Province	Estimated number of MW in the province*	Estimated number of MW in the Project implementation area **	Minimum acceptable sample size according to Yamane's Formula	Adjusted sample size
	Stratum 1: Provin	nces with predomin	nately Burmese M	W
Bangkok	254,512	26,000	393	400
Samut Prakan	64,189	50,881	396	400
Samut Sakon	145,846	124,454	398	400
Ranong	48,014	80,000	397	400
Tak	48,235	84,000	397	400
Surat Thani	59,447	5,782	374	400

Stratum 2: Provinces with predominately Cambodian MW

Trad	19,948	30,000	394	400
Rayong	21,199	3,888	362	400

Stratum 3: Provinces with predominately Lao MW

Ubonratchathani	2,863	5,780	374	400
Nongkhai	2,704	810	268	400
Total			3,753	4,000

- \* Office for Migrant Labor Recruitment, Department of Labor Recruitment, Ministry of Labor
- \*\* Estimated based on data from PHAMIT-2 partners in the area during April 2010

The 400 sampled respondents in each of the ten provinces were interviewed using a structured questionnaire. Respondents were sampled irrespective of sex or marital status. Because of the unregistered status of many MW and the lack of a census of all MW in a given province, it was difficult to create the sampling frame. Thus, the survey team used a snowball sampling technique driven by chain-referral, with the first respondent serving as the "seeder" who then referred the team to the various "seeds". The maximum number of seeds allowed for a given area was ten. Thus, each province had 40 sites which were distributed in

proportion to the estimated distribution of the entire MW population at the district and Tambon (sub-district) levels by primary occupation. The resulting sample by occupation and seeder distribution is shown in Table 3.2.

**Table 3.2:** Sample by occupation using the snowball technique at the provincial level

PHAMIT-2	Occupation					Number	
implementati on area in the province	Fisheries	Seafood processing	Construction	Total	Percent (%)	of "seeders"	
District A							
Tambon 1	10,000 (8)	4,000 (3)	2,000 (2)	16,000	33	13	
Tambon 2	6,000 (5)	2,000 (2)	1,000 (1)	10,000	21	9	
District B							
Tambon 1	4,500 (4)	3,500 (3)	1,000 (1)	9,000	19	8	
Tambon 2	3,000 (3)	1,500 (1)	500 (-)	5,000	10	4	
Tambon 3	3,500 (3)	500 (-)	-	4,000	8	3	
Tambon 4	2,000 (2)	1,000 (0.5)	1,000 (0.5)	4,000	8	3	
Total				48,000	100	40 seeders	

Remarks: 1. The number in parentheses ( ) is the number of seeds in each implementation area

2. The number of seeders in each province was set at approximately 40.

From each seeder, ten seeds were derived to obtain the quota sample of 400 in the province.



Figure 3.1: Thirty-four provinces in the PHAMIT-2 Year 1 implementation area

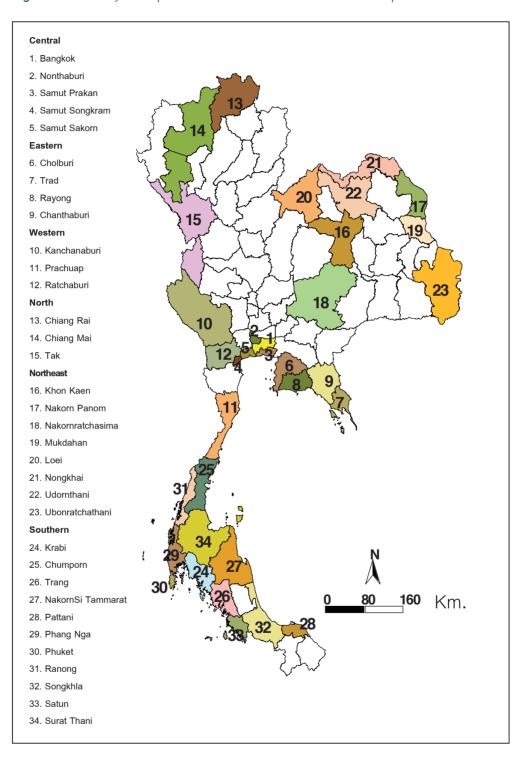
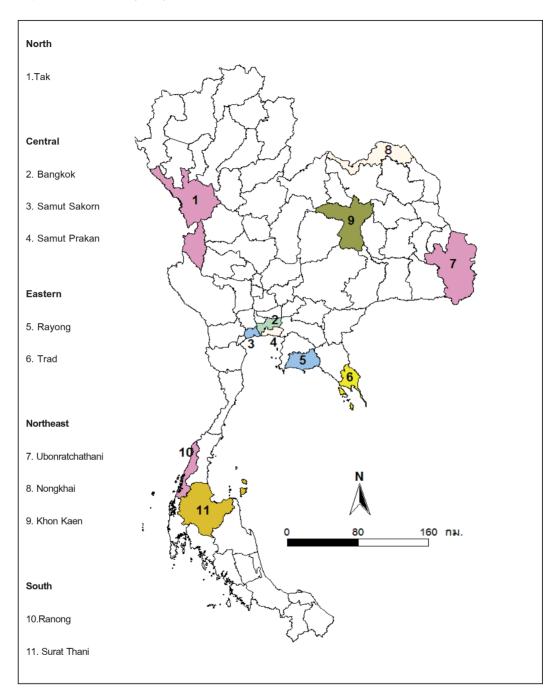


Figure 3.2: Sample provinces for the PHAMIT-2 baseline survey\*



<sup>\*</sup> Originally ten provinces were selected. Section 3.5 explains the increase in the Northeast from two to three sample provinces

This method of sampling allows the data to be analyzed at the provincial level (in most cases), and by sub-group using fractional weighting.

#### 3.4 Survey instruments

The structured questionnaire used for the interviews was produced in four languages: Thai, English, Burmese and Khmer. The questionnaire development process involved a review by staff of PHAMIT-2 partner agencies. The questionnaire included items on general characteristics of the MW, knowledge and behavior questions that are consistent with the UNGASS and GFATM indicators, and other items that will be of use in combination with subsequent survey rounds to assess the achievements of PHAMIT-2.

The questionnaire contained 185 items separated into nine sections as follows:

- Section 1: General characteristics and employment (21 items)
- Section 2: Knowledge and attitude about HIV (32 items)
- Section 3: Condom use and sexual behavior (21 items)
- Section 4: Knowledge, Understanding and Prevalence of Sexually Transmitted Infections (STI) (16 items)
- Section 5: Voluntary Counseling and Testing for HIV (VCT) (17 items)
- Section 6: Exposure to Knowledge and Information about HIV and AIDS (18 items)
- Section 7: Family planning (21 items)
- Section 8: Access to clinical care when ill (11 items)
- Section 9: Social integration (28 items)

#### 3.5 Data collection, compilation and analysis

The field survey teams consisted of a supervisor and interviewers who were bi-lingual in Thai and the language of the MW in the locality. The interviewers were trained to understand the content of the questionnaire. In total there were five data collection teams: three for the Burmese MW and one each for the Lao and Cambodian MW. Each team had technical advisors from the Office for Population Technical Assistance (OPTA). Data from the interview were recorded using hand-held personal data assistants (PDA). The data were edited for accuracy, consistency and completeness before being entered into the database.



54.6

The questionnaire and indicators used for the baseline survey were pre-tested and refined before the actual field work. The coding and editing of the data were conducted in the field on the same day as the interview. Data analysis was conducted using SPSS. The field work was conducted during March and April of 2010. Table 3.3 shows the number of respondents by group and location.

**Table 3.3:** Actual number of migrant workers responding to the baseline survey questionnaire

	3	1 3	, ,				
Province	Planned number of respondents (see Table 3.1)	Actual number of respondents	% of the sample providing data				
Stratum 1: Provinces with MW predominately from Myanmar							
Bangkok	400	224	56.0				
Samut Prakan	400	398	99.5				
Samut Sakon	400	375	93.8				
Ranong	400	401	100.3				
Tak 400	380	95.0					
Surat Thani	400	391	97.8				
Stratum 2: Provinces with predominately Cambodian MW							
Trad	400	399	99.8				
Rayong	400	400	100.0				
Stratum 3: Provinces with predominately Lao MW							

Total 4,000 3,405 85.1

The PHAMIT-2 partners' estimate of the size of the Lao MW population suggested that there were a large number of migrants in some provinces (e.g., Ubonratchathani). However, the dates when the survey teams were in the field coincided with the beginning of the planting season. The result was that many of the Lao MW returned to Laos temporarily at the time of the survey, thus reducing the sample

pool. In addition, a number of the factories which employed Lao MW were not cooperative in allowing access to their workforce for the survey. Thus, a third province was added to Stratum 3 so that the required number of sample

437

400 400

Ubonratchathani

Nongkhai

respondents could be obtained. Accordingly, instead of two provinces with 400 sample respondents each, the resulting sample consisted of three provinces with a combined total of 400 respondents. Therefore, in the analysis phase it is not possible to disaggregate the sample by province for this stratum. In Bangkok, due to the high mobility of the target population and limited cooperation from worksite owners to access the MW, the actual sample interviewed was less than the quota of 400. 3.6 Technical Advisory Committee

For this baseline survey (2010), the research team convened two meetings of the Technical Advisory Committee (TAC) to give advice on the survey plan and on the methodology of the field work before implementation. The TAC included technical experts and statisticians with extensive field research experience including: (1) Dr. Somyot Kittimankong, Chief of the AIDS Cluster of the Bureau for AIDS, TB and STI of the DDC, MOPH; (2) Dr. Taweesap Sriprapasiri, HIV specialist, UNFPA; (3) Assistant Professor and Dr. Montri Sokatiyanurakse, Curriculum Director of the Faculty of Public Administration of NIDA; and (4) Mr. Banphot Timuangsong, statistical specialist, Statistical Methodology Cluster, Bureau for Policy and Technical Statistics, National Statistical Office. The first meeting of the TAC reviewed the proposed area of the baseline survey and the sample, while the second meeting of the TAC was convened to solicit opinions and recommendations based on the results of the baseline in order to inform policy and implementation by the PHAMIT-2 partners.





# 4

# General Characteristics of the Migrant Worker Population

- 4.1 Age and Sex Distribution
- 4.2 Ethnicity
- 4.3 Marital Status
- 4.4 Education
- 4.5 Duration of Residence in Thailand
- 4.6 Occupation and Duration in Current Employment
- 4.7 Registration with a Work Permit and ID Card
- 4.8 Income and Wages
- 4.9: Remittance of Funds to Country of Origin
- 4.10 Ability to Communicate in Thai
- 4.11 Type of Domicile where MW Reside
- 4.12 Networking and Mixing with Thai Society
- 4.13 Social Integration

### General Characteristics of the Migrant Worker Population

The socio-economic and demographic characteristics of the MW population are important in understanding their health status and the factors which enable or inhibit HIV prevention among MW while they live and work in Thailand. This chapter presents the following MW data: age, sex, ethnicity, marital status, education, duration of residence in Thailand, occupation and duration of present employment, possession of a Thai work permit and ID card, income and wages, remittance of funds to country of origin, ability to communicate in Thai, nature of domicile, and social integration.

#### 4.1 Age and Sex Distribution

The MW in this survey are mostly younger males and females in the working ages. The average age is 28 years (see Table 4.1) and this is almost identical for males and females of all three nationalities. The mean age by country ranges from 27 to 29 years. More of the MW are between the age of 20 to 29 years than other age groups (49.6%). The Burmese and Cambodian MW are similar in that more than half are between the ages of 20 and 29 years. One in six is a teenager. Fully 92.0% and 93.5% of the male Burmese and Cambodian MW are below 40 years of age compared with 88.4% and 84.0% of their female counterparts, respectively.

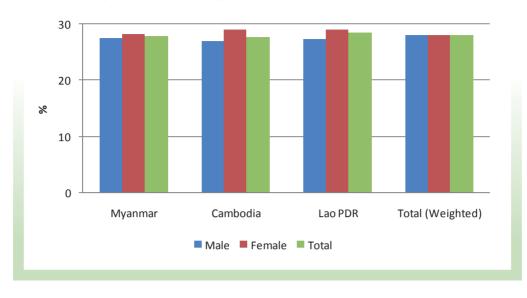


Figure 4.1 Mean age of MW by sex and nationality

The mean age and age distribution of Lao MW are similar to those for the Burmese and Cambodian MW. But it is noteworthy that one-fifth of the Lao MW are teenagers while an additional one-fifth are between the ages of 20 and 25 years, and one-sixth are age 25 to 29. Lao women have twice the proportion of MW above age 40 as Lao men (17% versus 8%).

#### 4.2 Ethnicity

The sample population includes many ethnicities in addition to the three major nationalities. The Burmese MW include the Tawai, Mon, Karen, Pa-oh, Ya Khai, and Shan minorities (see Figure 4.2). The Lao and Cambodian are historically closely related to Thais and have fewer ethnic subgroups represented in the MW population. Over half the female MW and about one-third of the males from Myanmar are of mainstream Burmese ethnicity. The Tawai and Mon sub-groups each comprise about one-fifth of the MW from Myanmar with males outnumbering females.



30.0

20.0

10.0

Rater Mon Burnese Pao Gran and Jack Jake Jake Office 

Male Female Total

Figure 4.2: Ethnicity

### 0

#### 4.3 Marital Status

Many of the MW are unmarried (45.1% overall; see Figure 4.3). These MW come to Thailand when they are younger in order to save money to start a family later. By nationality, the proportions of single MW are 43.6%, 46.9% and 29.5% for Burmese, Cambodian and Lao MW respectively.



Figure 4.3: Marital Status

By sex, more of the male MW are single than their female counterparts. Respectively, 48%, 57% and 40% of male Burmese, Cambodian and Lao MW were single at the time of the survey; while 43.1% of the entire sample was currently married, while 5% were co-habiting. Just under half of Burmese and Lao MW were married and living with their spouse, while 3.2%, and 18.9% were co-habiting, respectively.

Being migrants in a close community contributes to security and co-habitation, especially for the female MW. Fully 54.1% and 66.5% of Burmese and Cambodian female MW lived with their husbands or a cohabitating partner. For the Lao females, 46.3% lived with a husband while 22.3% lived with a non-marital partner.

Having to migrate across borders for work threatens the stability of families and marriages. Overall, 1.4% of the MW in this survey were divorced, with the Lao females having a higher prevalence of divorce/separation (4.5%) than the women from Myanmar and Cambodia. Fully 4.3% of Cambodian female MW were widowed.

#### 4.4 Education

Most of the MW in Thailand came at a young age and work in occupations that do not require much formal education or special skills. Figure 4.4 shows that overall, 8.9% had no formal schooling, with one-fourth of female Cambodian MW lacking formal education. More female Cambodian and Lao MW had no schooling compared with their male counterparts, while the sex differential is less pronounced for the Burmese MW.

**Figure 4.4:** Proportion of MW with no formal education by sex and nationality

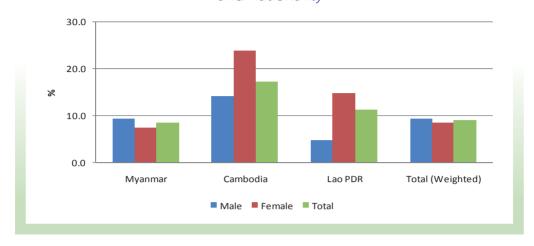


Figure 4.5 shows the distribution for MW with some schooling. The proportions with some primary, secondary and high school are 33.0%, 46.1% and 18.9% respectively. Only a very small proportion had post-secondary education. Over 80% of the Burmese and Cambodian MW had only primary education or less. It is noteworthy that a higher percentage of Lao MW had some high school education (about one-third). Nevertheless, there are gender differentials in educational attainment for all three groups. This is especially clear for MW who have some high school education, where males have higher proportions than females in all three nationalities.

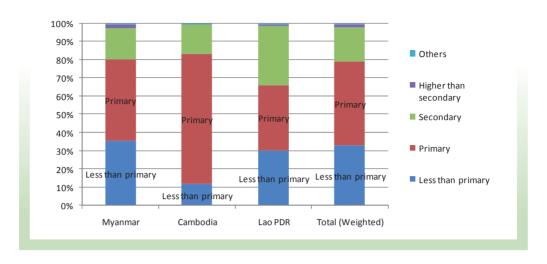


Figure 4.5: Level of education by nationality

#### 4.5 Duration of Residence in Thailand

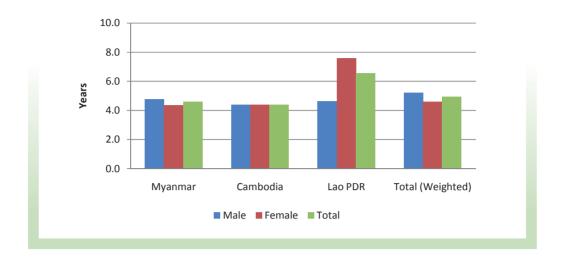
The duration of time that MW have resided in Thailand is related to the extent to which they have adapted to the socio-economic environment. However, the data for duration of residence are limited due to the high mobility of MW. Other researchers that have tried to measure this variable have concluded that the initial intention of the foreign migrants is to spend a long duration in Thailand (Chalamwong, Y., & Prugsamatz, R. 2009; Huguet, J. W., & Punpuing, S. 2005; ILO/Japan-MOL. 2010).

This baseline survey found that MW from the sample had resided in Thailand for an average of 4.9 years (Figure 4.6). It is noteworthy that female Lao MW had an average length of stay of 7.6 years.





Figure 4.6: Duration of residence in Thailand by sex and nationality



This sample of MW is a mix between those who have arrived in Thailand recently and those who have been in the country for many years. It is not an even distribution. The MW from Myanmar, Cambodia and Laos who have been in Thailand for more than ten years comprise 8.6%, 7.7% and 18.9% respectively. The duration of residence in Thailand is similar to the duration of residence in the current province of residence, suggesting limited inter-provincial mobility of this sample. Mobility to other provinces is driven by better job prospects and security.

#### 4.6 Occupation and Duration in Current Employment

Table 4.1 shows a clustering effect for occupation by nationality. Burmese males are concentrated mostly in factories (more than half the total), followed by lower concentrations in construction, fisheries and agriculture. By contrast, the male Cambodian MW are mostly clustered in the fisheries sector (73.8%), with only 9.8% in factories and 3.9% in construction. About three-fourths of the female Cambodian MW are in seafood processing while one-fifth work in factories. Fully 44.7% of the Lao MW work in the agriculture sector while 40.9% are factory workers.

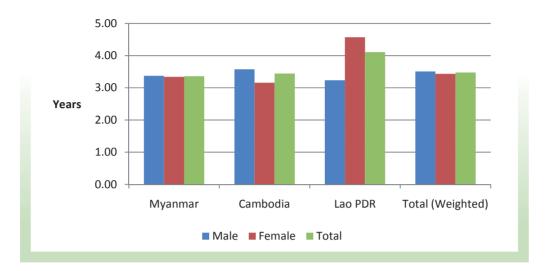


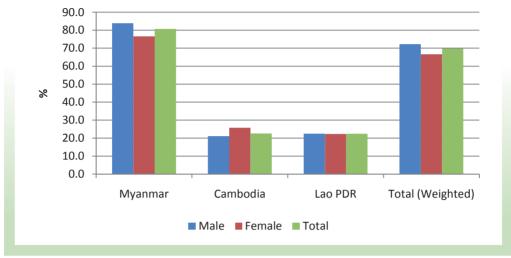
Figure 4.7: Duration of current employment by sex and nationality

The mean duration of current employment is 3.5 years (Figure 4.7) and it is noteworthy that female Lao MW have been working in Thailand the longest (approximately 4.6 years). By contrast, nearly half of male Lao MW have been working in their current job for less than one year. The differentials for duration of employment for Burmese and Cambodian MW by sex are less pronounced.

#### 4.7 Registration with a Work Permit and ID Card

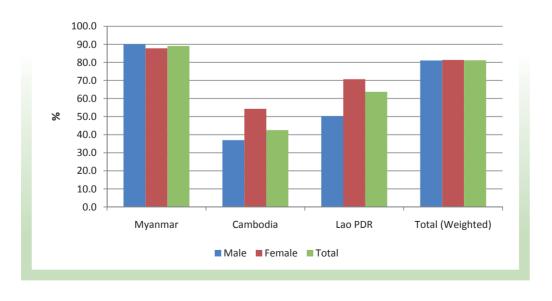
Most (80%) of the MW from Myanmar in this sample had work permits allowing them to work legally in Thailand (Figure 4.8). By contrast, only one-fifth of Cambodian and Lao MW had these documents. Overall, slightly more male MW than females had legal documents (though the reverse is true for Cambodian MW).





Similar to the data for work permits, more Burmese MW have ID cards allowing residence in Thailand than the Cambodian and Lao MW (Figure 4.9). Nearly 90% of the Burmese have ID cards compared to only 63.7% and 42.5% for the Lao and Cambodian MW respectively. Distinctly more Cambodian and Lao women had these permits, while the sex differential is less pronounced for the Burmese.

**Figure 4.9:** Possession of an ID card permitting residence in Thailand by sex and nationality



As shown in Table 4.1, most (72.8%) of the Burmese MW had the Thaw Raw 38/1 type of permit, and about one-fourth had the pink residence cards. By contrast, 64% of the Cambodian MW held pink cards and only 13.9% had the Thaw Raw 38/1 permit. The comparable figures for the Lao MW are 57% and 19.7% respectively.

#### 4.8 Income and Wages

The mean daily income for MW in this sample is similar to the minimum wage for Thai workers. The range is between 151 and 206 baht per day (Figure 4.10). MW, however, have lower income than their Thai counterparts in the same occupation, especially female migrants.

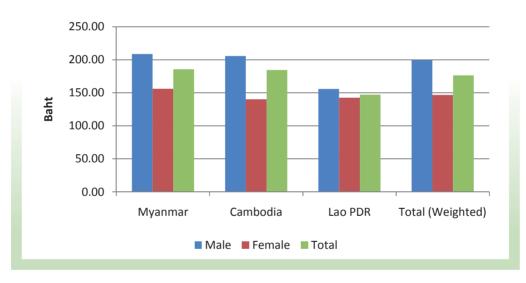


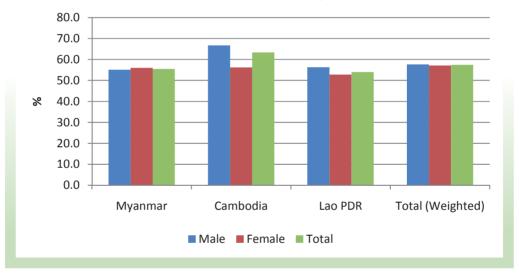
Figure 4.10: Mean income by sex and nationality

There are income differentials by sex and nationality. Generally, Lao incomes are lower than those for Cambodian and Burmese MW, but the latter averages are skewed by the distinctly higher income of the male MW. Table 4.1 shows that there is a large number of MW making less than the minimum wage. Overall, one-fourth (26%) make under 150 baht per day; the proportions by nationality being 20.6%, 30.6% and 36.2% for Burmese, Cambodian and Lao MW respectively. More female than male MW make less than the minimum wage. From two to four times as many male MW as female MW make 201-300 baht per day.

#### 4.9: Remittance of Funds to Country of Origin

Many of the MW who come to Thailand to improve their lives leave family and loved ones behind. Thus, the money they make in Thailand is not only for the MW themselves, but for those left behind. Cash remittance to the country of origin is a common practice for migrants and also has significant impact on the economy of the country of origin. Over half the MW in this sample remitted funds to their families back in the home country (Figure 4.11). The proportions do not differ greatly by nationality as 55.5%, 63.4% and 54.0% of Burmese, Cambodian, and Lao MW all remit funds.

Figure 4.11: Proportion remitting funds to their country of origin by sex and nationality



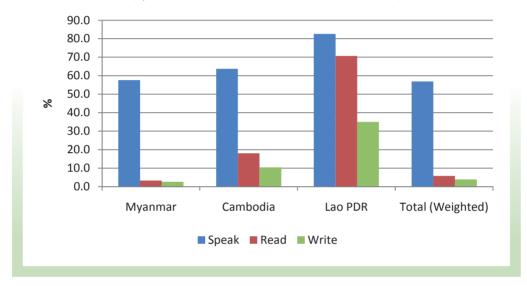
The channels for remitting funds include sending the money through their employer, relatives, and other channels (Table 4.1). There are some differentials by nationality. The Burmese prefer to remit funds via the recruiting agent who helped them obtain a job in Thailand. The Cambodian MW primarily use other channels to remit funds, while the Lao prefer to remit funds through their employer. The method chosen depends on trust and access to the service. It is noteworthy that, while there are banks providing this service, the MW prefer to use non-formal channels to remit funds.



#### 4.10 Ability to Communicate in Thai

Ability to communicate in Thai is an important skill for succeeding in the job market, gathering information, and accessing services including health services. The baseline survey found that most of the sample has limitations in communicating in Thai (Figure 4.12). About half can speak Thai, but only 5.8% can read and 3.9% can write in Thai.

**Figure 4.12:** Proportion of migrants able to communicate in Thai by type of communication and nationality



There are distinct differentials among the three nationalities. The Lao MW have the greater ability to communicate in Thai than the Cambodian and Burmese, with 80% having ability to speak and 70% ability to read Thai. Less than one-fifth of Cambodian MW and fewer Burmese could read Thai (19.1% and 3.2% respectively).

#### 4.11 Type of Domicile where MW Reside

Most of the MW live with a partner, family members or friends/co-workers (Table 4.1). Very few live alone. Lao are more likely than Cambodian or Burmese to live with Thais, which is an indication of their ability to integrate more easily. The Burmese laborers in factories have fixed work hours and, thus, are more confident to seek residence in areas away from the work site (57.8%). Those Burmese working

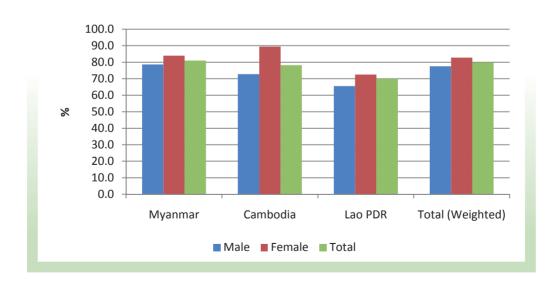
as fishing boat crew or on construction sites are required to reside in the worksite by the nature of their jobs (42.2%). The comparable figure for the male Cambodians is 57.5%. Only one-fifth of the female Cambodian reside on the work site. The same pattern is found for the Lao MW.

### 4.12 Networking and Mixing with Thai Society

Networking is an important factor in determining where the MW ends up and what opportunities he or she finds in the labor market. It also contributes to the ability to access community and public services. Having a relative or acquaintance who is established in the destination community is an important aspect of networking which can ease the transition for a new MW.

Figure 4.13 illustrates the proportion of MW with existing network links in Thailand before they travelled. Most (79.9%) had a relative in Thailand. The fact that fewer Lao MW had relatives in Thailand before they migrated is explained by the fact that Laotians can integrate with Thais more easily and, thus, do not need to rely as much on relatives compared to the Burmese and Cambodian MW. More women than men had relatives in Thailand for all three nationalities.

Figure 4.13: Proportion with relatives in Thailand by sex and nationality





MW from the sample were asked about their participation in Thai cultural events such as religious festivals, cremations, merit-making, New Years Day, etc. The baseline survey found that about two-thirds of MW participate in religious events and merit-making, while about half participate in Thai religious ceremonies such as cremations. The Burmese are more insular, whereas the Cambodian and Lao MW mix more with Thais during these functions.

Having a Thai name is one indicator of social integration of the MW population. Those MW who interact with Thais on a daily basis are more likely to have a Thai name. The survey found that 32.5% had Thai names (Figure 4.14). More Burmese had Thai names than either the Cambodian or Lao MW. Men were more likely than women to have a Thai name except in the case of Lao MW for which the women were slightly more likely than the men to have a Thai name.

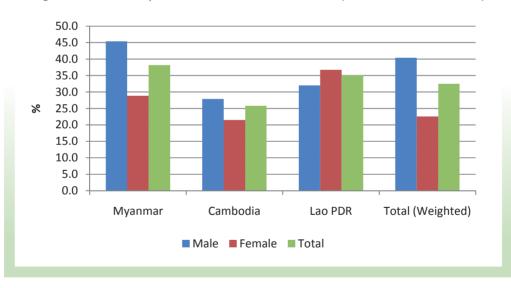


Figure 4.14: Proportion with a Thai name by sex and nationality

Having travelled to Bangkok is another indicator of the degree to which the MW has integrated into Thai society. Just over one-fourth of the sample had been to Bangkok (Table 4.1). Of those who had been, most went with friends or relatives of the same nationality.

### 4.13 Social Integration

The travel across borders has implications for more than just personal income. The MW may experience change in attitudes and social values; many may see greater possibilities for their future. However, this survey found that MW in Thailand face demanding circumstances that make them vulnerable to being taken advantage of or being exploited. As such, it is unclear whether MW's experience in Thailand is a net benefit.

The sample respondents were asked to compare their life in Thailand with their life in their country of origin. Very few felt that they were better off (Figure 4.15).



140 120 100 8.0 ■ Myanmar % ■ Cambodia 6.0 ■ Lao PDR ■Total (Weightec) 4.0 Income Residential Working Access to Health Condition Service environment 14.0 12.0 Myanmar 10.0 8.0 ■ Cambodia 6.0 4.0 Lao PDR 2.0 0.0 ■Total (Weighted)

Figure 4.15: Proportion who feel better off by dimension and nationality

Four dimensions of being "better off" were examined: income, residential environment, personal safety/property security, and social status. All three nationalities had very low ratings for the four dimensions, with none exceeding 5% who felt better off. The Cambodians stand out for feeling marginally more safe and secure in Thailand with better social status.

# 5

## Knowledge and Attitudes about HIV/AIDS and Condoms

- 5.1 Awareness of AIDS
- 5.2 Knowledge of HIV prevention
- 5.3 Knowledge of Routes of HIV Transmission
- 5.4: Correct Knowledge about Antiretroviral Drugs
- 5.5 Self-risk Assessment for HIV
- 5.6: Knowledge of HIV Testing Centers and the Process of Getting Tested
- 5.7 Attitudes toward Gender Roles Related to Sex
- 5.8 Knowledge of Condoms and Access



## Knowledge and Attitudes about HIV/AIDS and Condoms

To succeed in the prevention and control of AIDS it is necessary to build a foundation of proper knowledge, understanding and attitudes about HIV and AIDS. In turn, accurate knowledge and attitudes can lead to safer behaviors. Migrants have more challenges in accessing accurate knowledge than Thais due to language limitations and cultural differences that limit access to health information and services. This part of the baseline survey is important to help PHAMIT-2 address gaps in knowledge and understanding (see Table 5.1).

#### 5.1 Awareness of AIDS

The MW in this sample are well aware of HIV/AIDS, with 90% having ever heard of it. What is more, fully one in four knew of someone infected with HIV (most of who had already died of AIDS). The Lao MW had less awareness of anyone infected with HIV compared with the Burmese and Cambodian MW, which reflects the different history of HIV prevalence in the country of origin.

### 5.2 Knowledge of HIV prevention

It can also be said that knowledge of HIV prevention among this sample of MW is good. They know that HIV can be prevented and that condoms prevent transmission (over 80%). They are also aware that faithful monogamy is another effective way to prevent HIV, especially the Lao MW (93%) and Burmese MW (87%). By contrast, only three-fourths of Cambodian MW had this knowledge. When asked if reducing the number of sex partners, having only one sex partner, and abstinence are effective ways of preventing HIV only 45% - 55% of Cambodians agreed with this compared to 90% for the Lao MW. These differences could reflect cultural norms of the home countries more than exposure and absorption of HIV prevention knowledge.

### 5.3 Knowledge of Routes of HIV Transmission

Complete and correct knowledge of HIV prevention includes understanding of the routes of transmission of the virus. Most of the sample had correct knowledge of these routes: 90% knew that sharing injection equipment is one route; 80% or more knew that transfusion was a route of transmission. Similarly, 80% of Burmese and Cambodian MW knew that HIV is not transmitted by sharing meals with an infected person, slightly higher than their Lao counterparts. Regarding vertical transmission, the Burmese and Lao MW have high correct knowledge (80%), slightly higher than their Cambodian counterparts.

The MW are less knowledgeable about other routes of transmission. For example, only two-thirds to three-fourths knew that someone could look healthy but still be infected with and transmit HIV. The lowest level of knowledge for this item was among male Burmese MW.

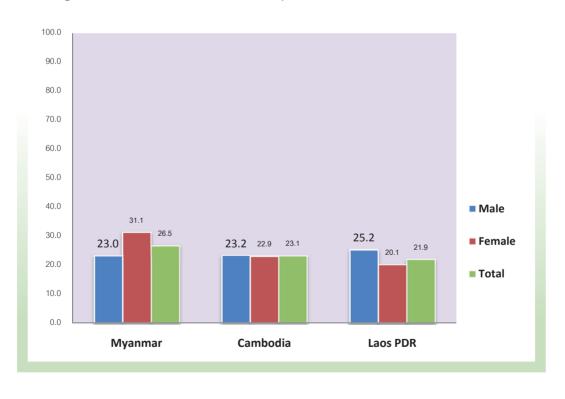
MW are still confused about transmission via mosquito bite, especially the Lao MW (over half had the false belief that one could get infected by mosquito bite), followed by the Burmese (one in three) and the Cambodians (one in four). Fully ten percent of Cambodian and Lao MW believe that HIV can be spread by super-natural means (i.e., curse).



While the MW knowledge level is reasonably good, the PHAMIT-2 Project needs to be sure that the MW can correctly answer the five UNGASS knowledge indicators in order to be confident that the required behavior change will occur. Figure 5.1 shows the percent correct response to these five knowledge items which include: (1) HIV can be transmitted by sharing a meal with an infected person (false); (2) HIV can be transmitted by mosquito bite (false); (3) HIV can be prevented by having a single, faithful sex partner (true); (4) A person who looks healthy can still transmit HIV (true); and (5) HIV can be prevented by using condoms correctly every time a person has sexual intercourse (true).

This survey found that the level of knowledge of the MW in this sample is unsatisfactory: Only one in four or one in five could answer all five items correctly. Lao women had the lowest knowledge score.

Figure 5.1: Percent who correctly answer five UNGASS indicators





### 5.4: Correct Knowledge about Antiretroviral Drugs

Due to the rapid evolution of AIDS therapies, it is possible that there are misunderstandings in the general population and among migrants about antiretroviral (ARV) drugs. Some of the MW from this sample knew that pregnant women could take a course of ARV drugs to prevent vertical transmission (30%). However about 20% believed that AIDS was treatable, and this belief may cause them to be less motivated to practice prevention. The project needs to make a careful distinction between managing HIV infection with ARV drugs and curing the infection, for which there is still no therapy.

#### 5.5 Self-risk Assessment for HIV

MW were asked if they felt they were at risk of HIV. Most of the respondents, and especially the Burmese, felt they had no risk (94.2% of males) (Figure 5.2). Nearly 20% of Lao MW felt they had some risk for HIV compared with 15% for the Cambodians. Among Lao males, over 6% felt they had a lot of risk for HIV.

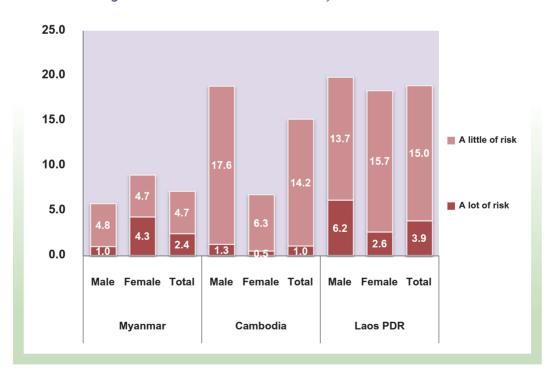


Figure 5.2 Percent who feel they are at risk of HIV

The most common reason cited for feeling at some risk of HIV was a history of having sex with sex workers (in the case of male MW). Another reason was having had sex without a condom, which was the most common reason cited by female MW.

The project needs to make sure that MW do not feel immune to HIV infection, given the high proportions who feel at no risk. Especially as they could encounter risk situations in the future if they are not vigilant.

### 5.6: Knowledge of HIV Testing Centers and the Process of Getting Tested

Knowing where and how to get tested for HIV measures a deeper level of knowledge. Having this knowledge is an indicator that the respondent is mindful of the risk for HIV in their life. This study found that less than half of the combined sample for the three nationalities knew of a place where they could go for HIV testing. The range was from a low of 27% for Cambodian males to a high of 53% for Lao female MW (Figure 5.3).

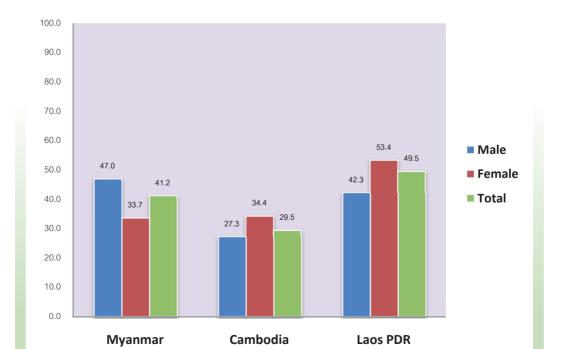


Figure 5.3: Percent who know of local places providing HIV testing

Most of the Burmese MW did not believe that the HIV test results would be kept confidential, while more of the Cambodian MW did believe in the confidentiality of Thai testing (70%).

In sum, this survey showed there are gaps in knowledge of HIV testing sites and confidence in the confidentiality of results. These are crucial areas of awareness for the project to be successful. Also, HIV testing services need to be made more visible and accessible to the MW community.

#### 5.7 Attitudes toward Gender Roles Related to Sex

Correct knowledge is not enough for behavior change to prevent HIV. Gender roles toward sex and sexuality are important variables since prevention of sexually-transmitted infections (STI) requires the cooperation of both partners. An attitude of mutual respect and understanding is the foundation of success in sustained behavior change. In addition, broadmindedness about sex, without bias and social stigma, will increase access to prevention services and safe sex for those who feel marginalized.

This study asked the sample of MW eight questions about the roles of men and women. The survey found that the sample still mostly believes that men should take responsibility for providing condoms. Both male and female Lao MW think that a woman who carries condoms is immoral (57% and 59%). The proportions for the Cambodian MW are 54% and 49% respectively. By contrast, 58% of the Burmese did not think it immoral for a woman to carry condoms. Fully 93% of Lao MW felt that a man who carries condoms shows responsibility, and more Lao MW than Cambodian or Burmese felt that it was acceptable for the woman to suggest that the couple use condoms. This is in sharp contrast to the Burmese and Cambodian MW, among who one-third believe that it is not appropriate for the woman to propose condom use with her partner. Thus, the project needs to address gender roles related to condom carrying and condom negotiation within the couple setting.

This population of MW is rather conservative in that many believe that adolescent males and females should not have romantic relationships while in school (over half to three-fourths). However less than half of the Burmese MW felt this way and, thus, may be somewhat more liberal about their attitudes toward adolescent relationships.

Traditionally in these societies, young women were valued for their virginity and not their other attributes. The extent to which some still feel this way inhibits the provision of sex education to youth as part of HIV and STI prevention programs. Fortunately, few of the MW in this study still hold this antiquated attitude. The proportions of Lao, Cambodian and Burmese MW who do not think a young woman's value is determined by her virginity are 78%, 60%, and 56% respectively. Also, two-thirds of Lao MW think that same-sex relationships are not abnormal, whereas most Cambodian and Burmese disagree (60% and two-thirds respectively). Thus, campaigns to promote safe sex among youth needs to be done carefully and strategically, especially among the Burmese communities in Thailand.

By contrast, most of the Burmese respondents felt that it was acceptable to discuss sexual health with school students (60%) while only one-fourth of the Cambodian and 40% of the Lao MW felt this way. Thus, the project's sex education efforts with the Cambodian population might face more obstacles than with the other nationalities.

### 5.8 Knowledge of Condoms and Access

Knowledge of condoms and accessing condoms is the first step to increasing use of condoms on a regular basis. Almost all the respondents had seen a condom before and knew its purpose. Only the female Burmese MW showed less exposure to condoms, as 15% had not seen one before. Most of the Burmese and Cambodian MW were aware of the dual protection properties of condoms (pregnancy and disease). The Cambodian MW had higher levels of knowledge in this area than the other two groups. Despite their higher general AIDS knowledge, the Lao MW had the lowest level of knowledge that condoms are effective for both contraception and prevention of STI/HIV (25%).



The respondents were able to cite multiple sources where they could obtain condoms. The most common was a drug store (54%, 44% and 40% of Burmese, Cambodian and Lao MW citing this source). Secondary sources include public hospitals and health centers (according to about 38%-39% of the Lao MW, compared with only 16%-22% for the Burmese, and 12% to 16% for the Cambodian MW). One-fifth of the Lao MW also cited convenience stores as a source for condoms while 17% of male Cambodian MW mentioned that commercial sex establishments had condoms. It is noteworthy that 39% of Cambodian MW and 26% of Burmese MW mentioned community-based organizations as the source for condoms (e.g., migrant health volunteer). Also, 19% of Cambodian and 12% of Burmese MW mentioned condom distribution boxes as a source. By contrast, the Lao MW did not think of NGO outlets, migrant health volunteers or condom distribution boxes as sources possibly due to differential access to these programs by the three nationalities (Lao MW were not targeted in PHAMIT-1). The Cambodian and Burmese MW cited the Foundation for AIDS Rights by name as a source of support, as well as World Vision Foundation of Thailand.

In sum, it can be concluded that this population of MW currently has convenient access to condoms when needed. Fully 9% of the Lao MW agreed with this assessment. At the same time, some sub-groups of the Burmese, such as those working as fishing boat crew, may not have as good access to condoms when needed. The project needs to look at this issue more in-depth by occupation, poverty level of the community, and other aspects which may be obstacles to more convenient access to condoms.



# Knowledge, Understanding and Prevalence of Sexually Transmitted Infections (STI)

- 6.1 Knowledge and Understanding of STIs
- 6.2 Prevalence of STIs Based on Self-reported Symptoms
- 6.3 Sources for Treatment of STIs
- 6.4 Preferred Health Service Provider
  if Experiencing Reproductive Health
  Tract Problems

### Knowledge, Understanding and Prevalence of Sexually Transmitted Infections (STI)

At present, campaigns to prevent HIV and AIDS are widespread in the general Thai population, however, there is less attention paid to other STI. While most STI are not fatal, they are a serious threat to health and facilitate the transmission of HIV. Measuring knowledge, understanding and prevalence of STI among the MW population, therefore, provides important data for the project to advocate for policy and services to improve STI case management and reproductive health of MW. Table 6.1 presents results of the survey on this topic.

### 6.1 Knowledge and Understanding of STIs

Despite the fact that most MW have heard of STIs, their STI knowledge is incomplete when compared to AIDS knowledge (Figure 6.1). Most were aware that having an STI increases risk for HIV (90% - 100%).

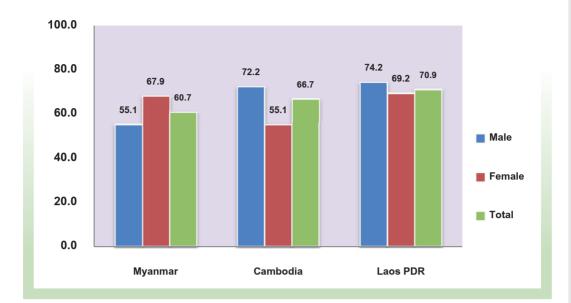


Figure 6.1: Percent with accurate STI knowledge

The respondents were able to describe a number of common symptoms for men and women who have an STI. From 47% to 57% said that when a woman has an STI there will be discharge from the vagina or pain during urination. Female Burmese and Lao MW mentioned nodules on the hands or feet as STI symptoms (41% to 44%). One-fifth to one-fourth cited foul odor from the female genitals when infected. Redness and itching of the genitals was mentioned, swelling in the groin area and rash. More female MW were able to describe these symptoms than male MW.

The MW were also quite aware of the STI symptoms in the man. The most common symptoms cited were burning sensation during urination (64%) followed by urethral discharge (56%, 50% and 45% for the Burmese, Cambodian and Lao MW respectively). One-third of Lao and Cambodian MW cited non-specific pain in the genital area. Others mentioned foul odor near the genitals and swelling of the groin area.

### 6.2 Prevalence of STIs Based on Self-reported Symptoms

The MW were asked about their experience with STI symptoms in the year prior to the interview. The highest level of reported symptoms (discharge, foul odor) was found among the male Cambodian MW (3.5%) followed by male Lao (2.0%), Lao female MW (1.7%) and only 0.3% among the Burmese MW. Less than 2% had other symptoms such as nodules, sores or genital pain. The project should conduct some objective STI prevalence surveys among subgroups of the MW population, starting with males, the Cambodians or those with occupations or living situations that might have higher risk for STI.

### 6.3 Sources for Treatment of STIs

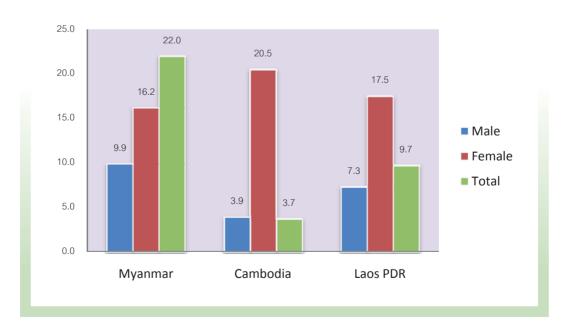
The baseline survey asked MW what they did when they had any of the STI symptoms mentioned above. However, due to the small number of respondents who had STI-like symptoms, the data needs to be treated with caution. Among the 19 Cambodian MW with STI symptoms in the past year, two-thirds self-treated by going to the pharmacy to buy medicine. Only one-fifth of those with symptoms went to a government hospital, 10% went to a health center and another 10% did not go for treatment at all. Among the 15 Burmese MW with symptoms, about half self-treated or did nothing. About one-third went to a government hospital or health center. The data for treatment-seeking behavior of Lao MW are inadequate or incomplete.

The respondents who did go to a clinical facility for treatment were seen by a clinician and did receive counseling. Most were advised to use condoms; some were advised to bring their partner in for an exam (which most declined to do). Most of the MW who saw a clinician were satisfied or very satisfied with the service.

### 6.4 Preferred Health Service Provider if Experiencing Reproductive Health Tract Problems

Most of the MW in this baseline survey would prefer to go to a government hospital if they had reproductive track problems. Fully 75% of female Lao MW would choose the public hospital compared with 71% and 62% of Burmese and Cambodian MW respectively. Few other health service providers were identified by the respondents. Twelve percent of Cambodian male MW would go to a drug store, while 13% of female Burmese MW would go to a private clinic or health center (7%). Ten percent of the Lao MW would visit a private hospital while 4% would choose a private clinic. It is worrisome that 17%-18% of male Cambodian and Lao MW would not seek any treatment, while others would self-treat at home (see Figure 6.2). The tendency not to treat or self-treat symptoms of STIs could be very dangerous. Thus, the project needs to conduct campaigns to motivate the MW to seek proper, professional care when experiencing reproductive tract infections.

**Figure 6.2:** Percent who would Self-treat or Forego Treatment if they had STI Symptoms



# 7

## Exposure to HIV/AIDS Information and Condom Use

- 7.1 Exposure to Information through
  Mass Media: TV, Radio and Newspapers
- 7.2 Exposure to HIV/AIDS Information before Coming to Thailand
- 7.3 Exposure to HIV/AIDS Information in Thailand
- 7.4 Exposure to Information about Condom Use
- 7.5 Exposure to Information about VCT



## Exposure to HIV/AIDS Information and Condom Use

This chapter presents results from the baseline survey on the MW's population exposure to information on HIV and AIDS and condom use. Sources of information are tabulated on topics including condom use and HIV testing services.

### 7.1 Exposure to Information through Mass Media: TV, Radio and Newspapers

The sample was asked how often they saw/heard/read information about HIV/ AIDS from TV/radio/newspapers in the past month. The most common media used was TV, with 46.1% watching daily and 19.2% watching weekly (Figure 7.1). About half of Burmese and Lao MW watch TV daily.

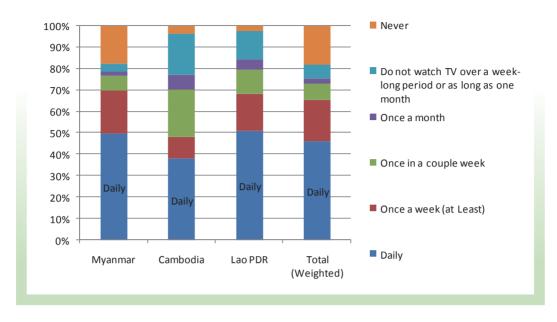


Figure 7.1: Frequency of TV viewing by nationality

Only one-fourth of male Cambodian MW watch TV daily (Table 7.1) and some do not watch TV over a week-long period or as long as one month. By contrast, the female Cambodian MW watch TV more often than the males as two-thirds watch daily. One-fourth of Burmese and Cambodian MW watch TV broadcasts in their native language while all of the Lao watch Thai-language TV.

TV offers the project to reach the widest audience of MW, especially if broadcasts can be produced in both Thai and the MW languages. But since 18% of the MW did not watch TV for an entire month, other media need to be considered.

Fully 62.2% of MW in this sample do not listen to the radio (Figure 7.2), with more than 70% of Burmese and Cambodian MW not exposed to radio at all or at least not in the prior month. By contrast, 20%-25% of the Lao MW listen to the radio daily. Some of the Burmese MW (15.4%) listen to the radio daily or weekly.



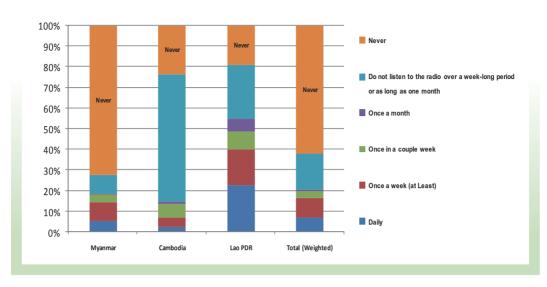


Figure 7.2: Frequency of radio listening by nationality

Most of the Burmese and Cambodian MW who listen to radio listen to stations which broadcast in their language (71.1% and 65.0% respectively). By contrast, 95.5% of Lao radio listeners listen to Thai broadcasts (Table 7.1).

Limited literacy in Thai is an obstacle to exposure to print mass media. In the month prior to the interview, 92.7% had not read a newspaper (Figure 7.3).

100% Never 90% 80% Do not read newspaper over Neve a week-long period or as 70% long as one month Neve 60% Never Once a month 50% 40% Once in a couple week 30% 20% Once a week (at Least) 10% 0% Daily Myanmar Cambodia Lao PDR Total (Weighted)

Figure 7.3: Frequency of reading newspaper by nationality

Nine percent of the Lao MW read Thai newspapers daily or at least once a week, and there is very little readership of Thai newspapers among the Burmese and Cambodian MW. By contrast, 90% of Burmese MW read Burmese-language newspapers while 80% of the Cambodians read Khmer language newspapers.

### 7.2 Exposure to HIV/AIDS Information before Coming to Thailand

Before coming to Thailand, 46.5% of the MW had knowledge of HIV/AIDS (Table 7.1). The highest exposure was for the Cambodian MW (65.6%) and lowest for the Lao (42.4%). More males than female MW received HIV/AIDS information before coming to Thailand (52.8% versus 38.7%).

### 7.3 Exposure to HIV/AIDS Information in Thailand

Most of the MW received information about HIV/AIDS and/or STIs by participating in campaigns or awareness-raising activities after migrating to Thailand (Table 7.1). The type of information received can be classified as STI, HIV, associating with persons living with HIV (PLHA), and self-help after being infected (Figure 7.4). Over half (54.7%) received STI information, 81.8% received HIV/AIDS information, one-third learned about associating with PLHA, and only 22.6% received information about caring for oneself after being infected. The project sources of information include the Raks Thai Foundation (RTF) and World Vision Foundation of Thailand (WVFT).

100.0 90.0 80.0 70.0 60.0 Mvanmar 50.0 Cambodia 40.0 Lao PDR 30.0 Total (Weighted) 20.0 10.0 0.0 STI associating with infected protection of HIV persons living with HIV (PLHA)

Figure 7.4: Exposure by type of information received and nationality

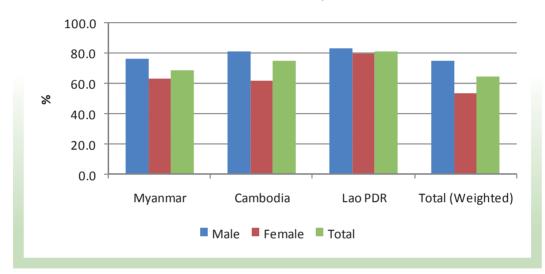
Overall, Burmese MW received more information than the other nationalities on associating with PLHA and caring for oneself if infected. Exposure to information on STI and HIV was of the same level for all three nationalities. Project sources of information for the Burmese MW include RTF and WVFT, while the Cambodians received information from RTF and FAR, and the Lao MW received information from the Pattanarak Foundation and AIDS Network Foundation (Table 7.1). The frequency of exposure to information in this way was about 1 to 3 times in the past 12 months.

The migrant health volunteers (MHV) played an important role in disseminating information about HIV for the Burmese and Cambodian MW. Up to 70% of these MW reported MHV as a source of information. By contrast, for the Lao MW, local public health staff were a more important source of HIV/AIDS information.

### 7.4 Exposure to Information about Condom Use

Overall, most of the MW in this sample had good exposure to condom use information as nearly two-thirds reported receiving information on this topic (Figure 7.5). The Lao MW had slightly more exposure than the Cambodians and Burmese, and males more than females.

Figure 7.5: Exposure to information about condom use by sex and nationality



Mostly, MW received this information through conversation, training activities or from brochures and pamphlets. NGO clinics played a role in disseminating condom-use information for 84% of the sample. Fully 92.1% and 88.5% of the Burmese and Cambodian MW received information this way. Only about half of the Lao MW reported receiving condom use information from NGO clinics.



### 7.5 Exposure to Information about VCT

VCT is the key link in the prevention-to-care continuum. VCT addresses both prevention and, if needed, treatment issues in the same intervention. A potential obstacle to accessing VCT for the MW is lack of correct knowledge of and convenient access to the service. The baseline survey looked at the frequency of exposure to information about VCT and found that most of the sample had not received information on VCT (Figure 7.6). Only 17.4% had received VCT information in the prior 12 months.

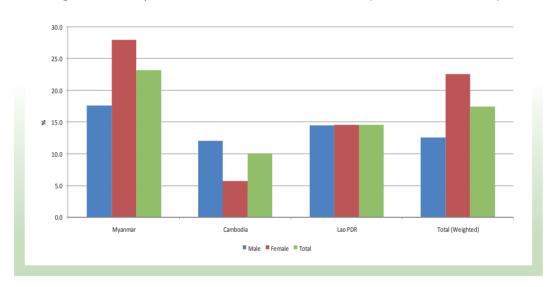


Figure 7.6: Exposure to information about VCT by sex and nationality

lOver one-fifth of the Burmese received information about VCT through group discussion and printed matter (Table 7.1). The Cambodian MW had the least exposure to VCT information at 10% and had received the information through trainings or lectures. About 15% of the Lao MW had received VCT information, also through trainings and lectures. There are sex differentials by nationality on exposure to VCT information.



NGO clinics are a source of information on VCT. About 88.4% of those MW who had received VCT information got this from an NGO clinic. Fully 94.1% and 91.8% of the Burmese and Cambodian MW received their VCT information through NGO clinics, less so for the Lao MW. But more Lao MW received VCT information from public hospitals.



# 8

### Sexual Behavior and Condom Use

- 8.1 Sexual History
- 8.2 Age at First Sex
- 8.3 History of Condom Use by Partner Type
- 8.4 Consistency of Condom Use in the Past 12 Months
- 8.5 Condom Use by Male MW at Last Sex Episode
- 8.6 Access to Condoms
- 8.7 Factors Affecting Condom Use by Migrants



### Sexual Behavior and Condom Use

Outcome indicators such as sexual behavior and condom use provide some of the most significant data to judge an HIV prevention program's achievements. Knowledge and attitudes alone are not well-correlated with sustained reduction of risky behavior. This chapter presents data from the baseline survey on key indicators of sexual risk behavior and condom use among the sample of MW. In addition, data are presented on age at first sex, type of sex partner, and condom use by type of partner. The reasons for not using condoms are explored. The detailed tabulation can be found in Table 8.12 of Appendix A.

### 8.1 Sexual History

Among the three nationalities from the sample, the proportions who have ever had sex are 78.5%, 75.7%, and 63.6% for the Lao, Cambodian and Burmese MW respectively. The weighted average shows that two-thirds of males and 58.0% of female MW have had sex (Figure 8.1).

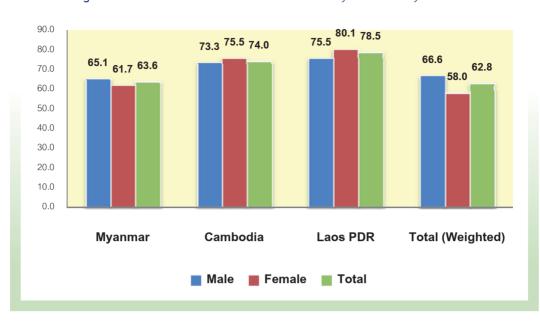


Figure 8.1: Ever had sexual intercourse by nationality and sex

### 8.2 Age at First Sex

The mean age at first sex is 21 years for the Burmese (male and female), 20 years for the Cambodians (males 21 and females 20), and 20 years for the Lao (male and female). Over half the sample had their first sex during the ages of 15-19 years and about one-third had their first sex between the ages of 20-24 years. The proportions who had their first sex under age 18 are 35.0%, 26.4% and 18.4% for the Lao, Cambodian and Burmese MW.

### 8.3 History of Condom Use by Partner Type

This sections reviews data on condom use for MW who ever had sex by regular, casual and commercial sex partner.

#### 8.3.1 Regular partner

Most of the MW in this sample had a regular partner at the time of the survey (85% for Burmese and Lao and 66% for Cambodians). More female MW than male had a regular partner (95.4%, 90.2% and 89.1% for Burmese, Cambodian

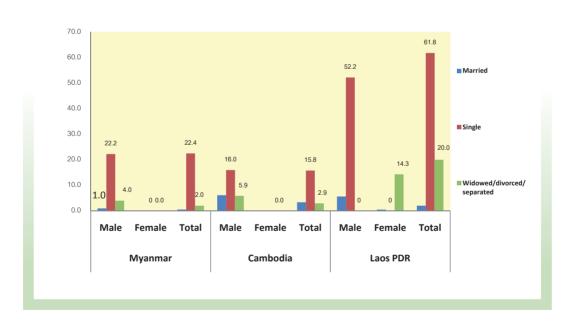
and Lao female MW respectively). Condom use with the regular partner is low: 14.5%, 13.3%, and 24.9% for Burmese, Cambodian and Lao MW.

The most common reason for using a condom with the regular partner was contraception 84.8%, 75.5% and 64.4% for the Burmese, Cambodian, and Lao MW. Those who cited prevention of STI as a reason were 42.5%, 12.2% and 6.1% of Lao, Cambodian and Burmese MW respectively.

### 8.3.2 Casual partner

In the 12 months prior to the survey, 15.9% of Lao males had had sex with a casual partner compared to 10.2% of Cambodian males and 5.2% of Burmese males. Twice the proportion of single male Lao MW had sex with a casual partner in the past year than the Burmese or Cambodian single males (52.2% versus 22.2% and 16.0% respectively) (Figure 8.2).

**Figure 8.2:** History of sex with a casual partner in the prior 12 months by nationality, marital status and sex





The mean number of casual partners among MW who had sex with a casual partner in the previous 12 months was one (1) for all three nationalities. In most cases, the casual partner for males and females was their girlfriend or boyfriend (Figure 8.3).

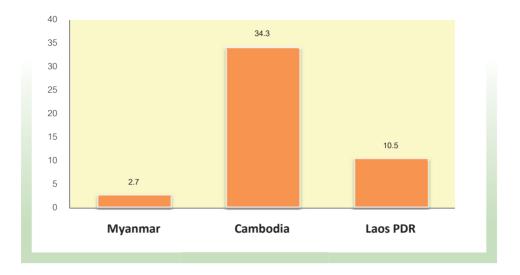
100.0 90.0 ■ No response other 1 70.0 customer 60 N Friend and girlfriend 50.0 ■ friend 30.0 ■ Boyfriend and girlfriend 20.0 **■** girlfriend 10.0 boyfriend 0.0 Male Female Male Female Male Female

Figure 8.3: Type of casual sex partner

8.3.3 Sex worker

Figure 8.4 shows that 34.3% of Cambodian males, 10.5% of Lao males and 2.7% of Burmese males had paid for sex in the previous 12 months. These differences may be attributed to marital status and occupation.

**Figure 8.4:** Percent of migrants who had sex with a sex worker in the past 12 months

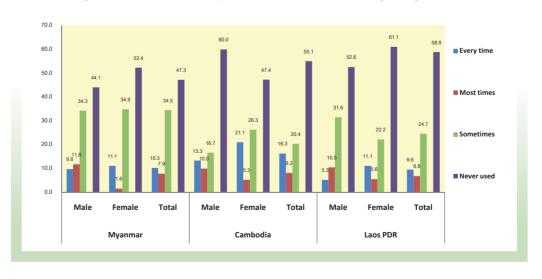


# 8.4 Consistency of Condom Use in the Past 12 Months

# 8.4.1 Condom use with regular partner

Most of the MW never used condoms with their regular partner in the past 12 months; those who did used condoms sporadically (Figure 8.5). Only 16.3% of the Cambodians, 10.3% of the Burmese and 9.6% of the Lao MW used condoms with their regular partner every time.

Figure 8.5: Consistency of condom use with regular partner





## 8.4.2 Condom use with casual partner

Since very few female MW reported having a casual partner in the past 12 months, the condom use data in this section refers to the men. Among Burmese, 39% did not use condoms with their casual partner compared with 11.1% for both Lao and Cambodian males (see Figure 8.6). Importantly, 80% of Cambodian MW used condoms for every sex with a casual partner compared with 55.6% for the Lao, and 31.7% for the Burmese.

83.3 90.0 80.0 70.0 55.6 60.0 50.0 Myanmar 39.0 40.0 31.7 24.4 30.0 22.2 Cambodia 20.0 11.111.1 Laos PDR 10.0 0.0 Most times **Sometimes Every time** Never used

Figure 8.6: Consistency of condom use with casual partner (males)

#### 8.4.3 Condom use with sex workers

Between two-thirds to three-fourths of the sample of male MW reported using condoms every time they paid for sex in the past 12 months (Figure 8.7); while 4% to 25% used condoms irregularly with sex workers.

76.2 75.7 80.0 70.0 Myanmar 50.0 Cambodia 40.0 Laos PDR 25.0 30.0 19.9 20.0 9.5 8.3 10.0 0.7 0.0 **Sometimes Every time Most times** Never used

Figure 8.7: Consistency of condom use with sex workers

# Condom Use by Male MW at Last Sex Episode

Normally, male condom use is lowest with regular partners and highest with commercial sex partners. This is true for Burmese and Cambodian MW, but the opposite is the case for male Lao MW (Figure 8.8). Fully 89% of Lao MW used a condom at last sex with their regular partner (compared with 70% and 54% for Burmese and Cambodian MW). However, only two-thirds of the Lao MW reported using a condom at their last commercial sex episode (compared with 95% for Burmese and Cambodian MW). Condom use at last sex with a casual partner is in the middle, ranging from 76% to 86%. The small sample size for Lao males on this item may account for the unusual findings in this sub-group.

94.7 94.8 100.0 88.8 86.1 90.0 81.3 76.0 80.0 69.6 66.7 70.0 54.5 60.0 Myanmar 50.0 ■ Cambodia 40 O ■ Laos PDR 30.0 20.0 10.0 0.0 Spouse non-regular partner Sex worker

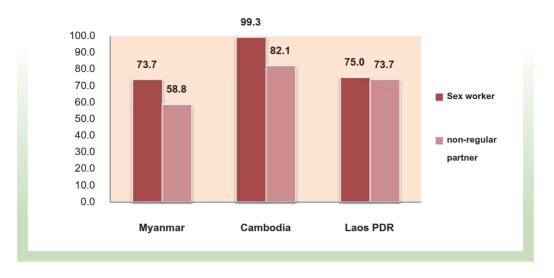
**Figure 8.8:** Condom use at last sex episode by type of sex partner in the past 12 months

# 8.6 Access to Condoms

Having convenient access to condoms when needed is an important factor in supporting consistent condom use. This baseline survey found that most of the male MW had condoms on hand every time they went to visit a sex worker (from three-fourths to 99%). They are less well-prepared when it comes to casual partners as only 59% of Burmese, 82% of Cambodian and 74% of Lao MW had condoms on hand for every sex (Figure 8.9).

Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2):
The Baseline Survey 2010

Figure 8.9: Prepared with condom for every time had sex by type of partner (males)



# 8.7 Factors Affecting Condom Use by Migrants

#### 8.7.1 Intoxication

A principal reason given by the MW for not using condoms is that they were intoxicated, especially with sex workers (Figure 8.10). Though the number of respondents is low, the Lao MW had the highest level of reported substance use prior to commercial sex (83%) compared with 32% and 6% for the Burmese and Cambodian MW. The Lao males also reported being more likely to be intoxicated prior to sex with casual and regular partners (24%) than did the Burmese (10%) and Cambodians (1%). Almost all the male MW reported that prior to having sex they were intoxicated with alcohol (90 to 100%). Other drugs used (but at low levels) included amphetamines and marijuana.

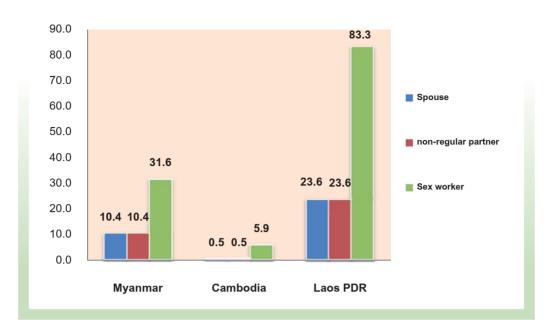


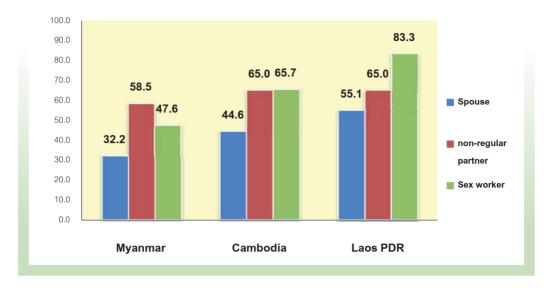
Figure 8.10: Intoxication prior to sex by type of partner (males)

#### 8.7.2 Attitudes towards condoms

The baseline survey asked the male MW if they felt that using condoms reduced sexual pleasure with different types of partners. Figure 8.11 shows that 32%, 45%, and 55% of Burmese, Cambodian, and Lao MW felt that condoms reduce pleasure for sex with regular partners. The corresponding percentages for casual partners are 59%, 65% and 65% respectively. The proportions for commercial sex partners are 48% 66% and 83% respectively.

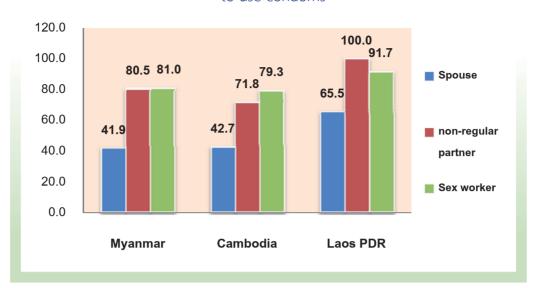
Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2) : The Baseline Survey 2010

Figure 8.11: Percent of male migrants who feel that condoms reduce sexual pleasure by partner type



# 8.7.3 Confidence in condom negotiation skills

Figure 8.12 shows the data for confidence in ability to persuade one's partner to use condoms by type of partner. The data only refers to the male sample. The Lao MW have more confidence in this area for all three types of partners than the other two nationalities. All Lao males felt they could persuade their casual partner to use condoms and 92% felt they could do so with a sex worker. Two-thirds of the Lao MW felt they could persuade their regular partner to use condoms. The corresponding percentages for the Cambodians are 72%, 79% and 43%. The corresponding proportions for the male Burmese MW are 8%, 81% and 42%.



**Figure 8.12:** Confidence of male migrants in ability to persuade sex partner to use condoms

#### 8.7.4 Condom negotiation skills by type of partner

Figure 8.13 shows condom negotiation skills for the male MW with their wife. The questionnaire asked what the respondent would do if their sex partner refused to use a condom. Half to three-fourths would agree to sex without a condom. A third of male and female MW from Myanmar would discuss the matter with their partner and try to persuade them. One-fifth of male and female MW Lao would discuss the matter with their partner, while a quarter of Cambodian females and 13% of the males would do so. Only small percentages for all three groups would refuse to have sex under such circumstances.

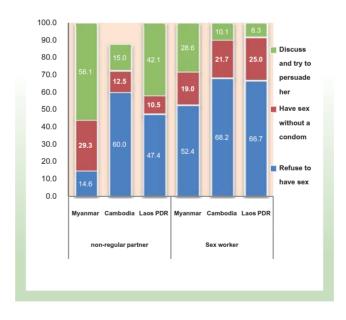
Figure 8.14 shows the condom negotiation methods of male MW from the sample with casual partners and sex workers. One-half to two-thirds would refuse sex with a sex worker if she did not want to use condoms. By contrast, only 15% of the Burmese males would refuse sex with a casual partner who did not want to use condoms compared to 47% of the Lao and 60% of the Cambodian MW. MW are more likely to discuss matters with casual partners than agree to sex without a condom. But only 8% and 10% of the Lao and Cambodian MW would discuss condom use with a reluctant sex worker, while 29% of the Burmese men would do so.

100.0 90.0 Discuss and 80.0 trv to 70.0 persuade her 60.0 50.0 40.0 30.0 20.0 10.0 0.0 Male Female Male Female Male Female Myanmar Cambodia Laos PDR

Figure 8.13: Condom use negotiation skills with regular partner



Figure 8.14: Condom use negotiation skills with non-regular partner (males)



In sum, regarding safe sex, this baseline survey found that migrant workers have their first sex at a rather early age, and a significant proportion of males feel that condoms reduce sexual pleasure. Consistent condom use with casual sex partners is problematic, and a percentage of male MW do not consistently use condoms with sex workers. Confidence MW's have in their ability to persuade a reluctant partner to use condoms varies by partner. Although there are low rates of married men having sex outside the relationship, the fact that married couples have the least consistent condom use makes sexual history more important. This data also points to the need to focus on condom use habits among unmarried migrants.



# 9

# HIV Voluntary Counseling and Testing (VCT)

- 9.1 Knowledge of VCT Service Points
- 9.2 Experience Using VCT Services
- 9.3 Counseling During VCT Service
- 9.4 Receiving the Results of an HIV Test



# HIV Voluntary Counseling and Testing (VCT)

This chapter presents results from the baseline survey on MW knowledge and experience with HIV voluntary counseling and testing (VCT). The results give some indication of the proportion who feel they are at risk of HIV and their ability to find out their serostatus. It should be noted that at times HIV testing and VCT are used interchangeably, skewing the measure of voluntary testing in this data set.

# 9.1 Knowledge of VCT Service Points

VCT is the principal link in the prevention-to-care continuum. Knowledge of one's serostatus is important in helping to protect one's-self and others from infection and, if necessary, to get appropriate treatment at the optimal time. However, in this baseline survey, only 50.4% knew of a place where they could get VCT (53.6 for males and 46.6 for females) (Figure 9.1). The proportion who knew of a VCT site and could identify it by name was highest for the Lao MW (60%) followed by the Burmese (49%) and Cambodian MW (47%).

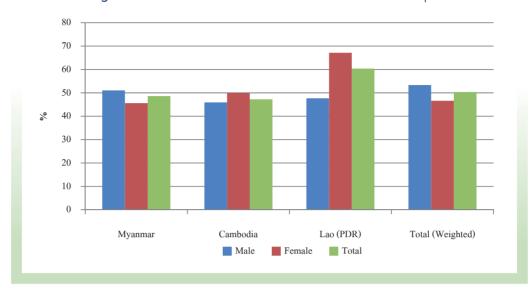
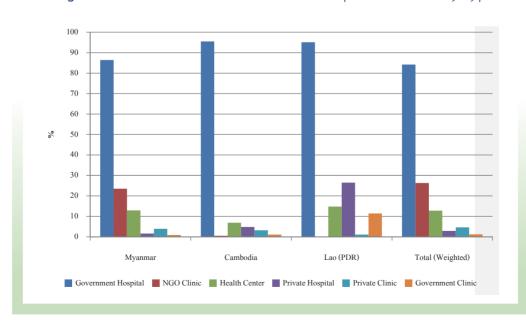


Figure 9.1: Percent that know of a VCT service point

Figure 9.2 shows the service points for VCT named by MW. Over 80% cited the government hospital, with private clinics and health centers being distant second and third options. The Burmese and Lao MW showed more awareness of a variety of locations than the Cambodians.

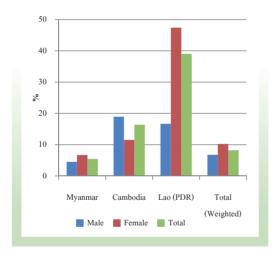
Figure 9.2: Percent that know a service point for VCT by type



# 9.2 Experience Using VCT Services

Figure 9.3 shows the proportion of MW who have used VCT services in their locality. Only 8% overall had ever had VCT for HIV (10% for females and 6% for males). A much greater proportion of the Lao, especially the women, have had VCT than the Cambodian or Burmese MW (49% versus 16% and 5% respectively). However, for most MW of all three nationalities, the last time that person had gone for VCT was more than one year (Figure 9.4). About 30% of Burmese and Cambodian MW who had gone for VCT had done so in the prior six months compared to less than 20% for the Lao.

**Figure 9.3:** Percent of MW who had gone for VCT by nationality and sex



**Figure 9.4:** Percent of MW who had gone for VCT by time of last visit

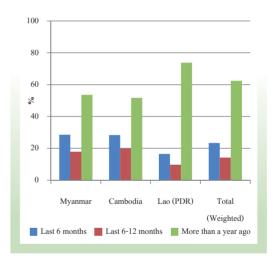


Figure 9.5 shows the type of facility where the MW received VCT / HIV testing last. The results mirror the knowledge of VCT services as shown in Figure 9.2. Fully 84% had their VCT at a government hospital. More Burmese visited private clinics (16.1%) including NGO outlets than the other two nationalities.

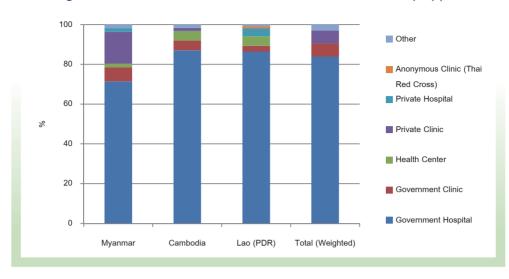


Figure 9.5: Where MW went for last VCT service by type

Figure 9.6 shows the reason for seeking VCT by sex. Overall, 38.5% of males cited curiosity or a sense of risk: 46.4% for the Burmese, 33.3% for the Cambodian and 25.5% for the Lao MW. For over 20% of the male Burmese and Cambodians, the HIV testing was a requirement for employment. For female MW the overwhelming reason for testing was related to a pregnancy (80%), though the percentage for Cambodian women was only 40%. About one-fifth of Cambodians cited marriage as a reason for getting tested.

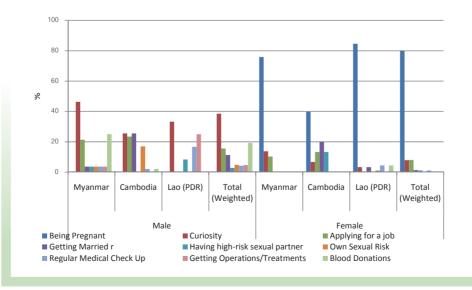
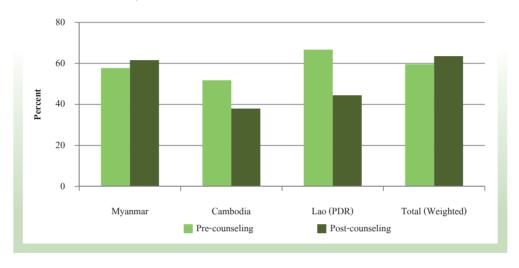


Figure 9.6: Reasons for seeking VCT by sex

# 9.3 Counseling During VCT Service

Figure 9.7 shows the proportions of MW who went for VCT and received either pre- or post-test counseling by a trained staff as part of the service.

**Figure 9.7** Percent receiving pre- or post-test counseling as part of the VCT service by nationality



Overall when weighted, about equal percentages received pre- and post-test counseling (60%). However, more Lao received pre-test counseling than the other two nationalities while more Burmese received post-test counseling. The Cambodians had the least experience with counseling among the three nationalities and received more pre-test counseling. Tables 9.8 and 9.9 show the content of the pre-test and post-test counseling sessions respectively. In the pre-test session, one-third heard about the potential impact of HIV on one's life, while about one-fourth heard about safe sex and individual rights for treatment. More Cambodians heard about safe sex (70%) than the Lao (60%) and Burmese (40%). The right for treatment was covered in the pre-test session with nearly one-third of Burmese, about one-fourth of Cambodians and less than one-fifth of the Lao MW. In the post-test session, two-thirds learned more about HIV and AIDS, self-administered health care if infected with opportunistic infections manifesting (26%), caring for family members (11%) and hope for the future (10%).

The Cambodian MW were exposed to a greater range of information and more content than the other two nationalities. Fully 91% of the Cambodians heard about HIV and AIDS, followed by healthy behavior (64%), positive outlook for the future (46%), and caring for family members (36%). The Burmese had a similar range of content covered as the Cambodians but at a lower level. The Lao mostly discussed aspects of HIV and AIDS illness and caring for family members.

Figure 9.8: Content of pre-test counseling by nationality

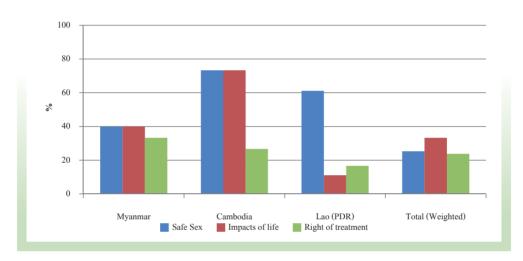
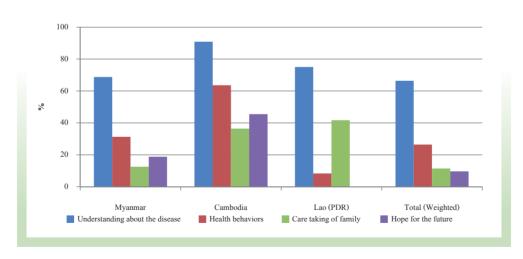


Figure 9.9: Content of post-test counseling by nationality





**Figure 9.10:** Language used during VCT counseling by pre- and post-test session and nationality

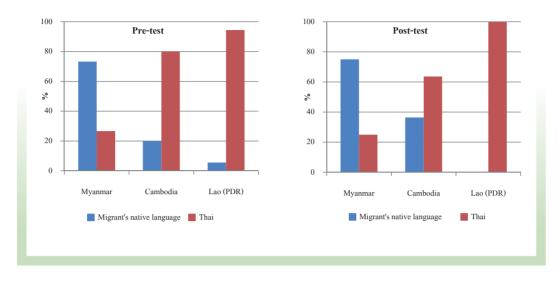
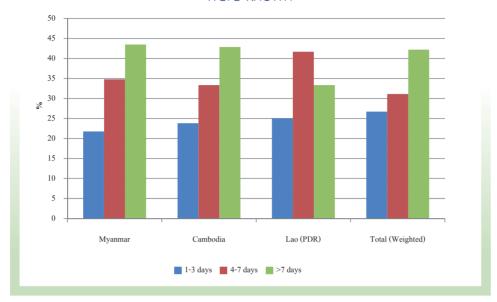


Table 9.10 looks at the language used during the counseling session. Three-fourths of the Burmese said the counseling session was conducted in Burmese with the remainder in Thai. Cambodians only received 20% of the pre-test and 36% of the post-test sessions counseling in their own language. Thai was used with the Lao MW during most all of the counseling. Despite the different languages used, overall, about 90% of the MW said they understood most of the content of the counseling sessions.

# 9.4 Receiving the Results of an HIV Test

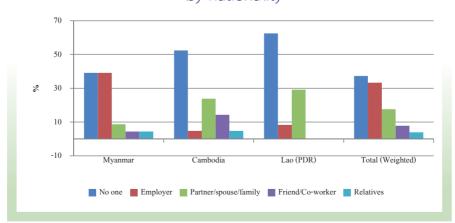
Overall, 94% of the sample of MW who had been tested for HIV knew the results (88% for Burmese and Lao, 72% for Cambodians). Figure 9.11 shows the duration of time from drawing blood to learning the test results. The average wait for the three nationalities was 9 days (13 days for the Burmese, 10 days for the Cambodians, and 12 days for the Lao).

**Figure 9.11:** Duration of time from drawing blood for VCT until test results were known



Informing the client of his or her HIV test result is normally done privately by the VCT staff and client only. However, MW were allowed to have a trusted friend or relative accompany them if so desired. Just under 40% heard the results alone (about 60% of Lao, 50% of Cambodians and just under 40% of the Burmese). One-third were accompanied by a friend or co-worker. Under one-fifth had their spouse/partner with them while under 10% had their boss or a relative with them to hear the test results.

Figure 9.12: Person accompanying the MW to hear the HIV test results by nationality



10

# Family Planning

10.1 Contraception

10.2 Reproductive Health (RH) of Female Migrant Workers



# Family Planning

This chapter presents data from the baseline survey covering knowledge and use of contraception. The data also include decision-making on choice of family planning, source of service provider and reproductive health (RH) status of the female MW age 15 to 49, including fertility, family formation preferences and decision-making, ante-natal care (ANC), delivery, post-partum care, and child care. All data are indicators of RH status of the MW population and ability to access services in 2010. PHAMIT-2 is targeting new groups of female MW such as factory workers and MW from Lao.

# 10.1 Contraception

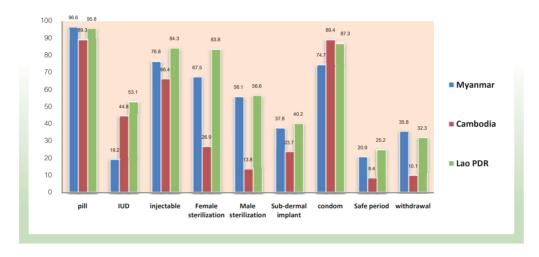
Access to modern contraception is a basic health right. Table 10.1 in Appendix A shows data on MW knowledge of contraception for those age 15 to 49 years by current and historical use and by contraceptive type.

# 10.1.1 Knowledge of modern contraception

Most MW knew about oral contraceptives (over 90%) followed by condoms, injectables, and female sterilization (Figure 10.1). In addition to the pill, Burmese MW knew about injectables, condoms and female sterilization at the level of 76.8%, 74.7% and 67.5% respectively. For Cambodians, the most known methods

after the pill included condoms, injectables and IUD. After the pill Laotian women knew about condoms, injectables, and female and male sterilization. Gender differences for knowledge about contraceptive methods were apparent among MW. The men knew more about condoms and male sterilization, especially among the Burmese, where 86% of the men knew about condoms compared to 60% of the women. By contrast, the women knew more about injectables, especially among Cambodian and Lao MW. Twice as many Lao women as men knew about the sub-dermal implant. Nevertheless, there were still significant percentages of sub-groups that did not know about important methods of contraception.

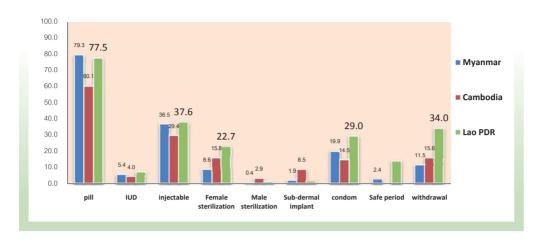
Figure 10.1: Methods of modern contraception known by nationality



#### 10.1.2 History of using contraception

Most of the MW or their partner had ever used at least one method of modern contraception (Figure 10.2). All groups had exposure to the pill: 79% of Burmese, 78% of Lao, and 60% of the Cambodian MW. The second most used method was injectables: 36%, 38% and 29% for the Burmese, Lao and Cambodian MW respectively.

**Figure 10.2:** Method of contraception ever used by married/co-habiting couples



The condom has been used for contraception among 29%, 20% and 14% of the Lao, Burmese and Cambodian MW respectively. The proportions for female sterilization were 23%, 16% and 9% for the Lao, Cambodian and Burmese MW respectively.

# 10.1.3 Method of contraception currently used

Among married or co-habiting MW, contraceptive use was significant. Under half used the pill: 47%, 37% and 29% for the Burmese, Lao and Cambodians respectively. About one-fifth of Burmese and Cambodian MW used injectables, while 22% of female Lao MW have been sterilized. Overall, use of some modern, effective method of contraception was practiced by over 60% of all three nationalities. Condom use for contraception was below 10%, ranging from 3% to 8% of the MW couples.

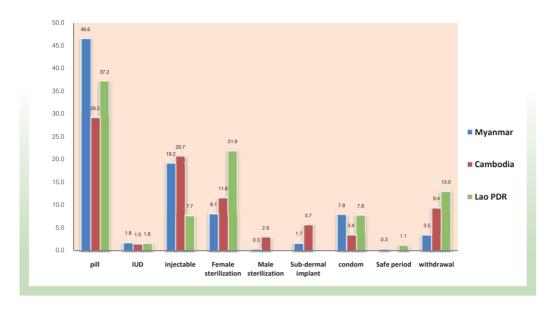


Figure 10.3 Current method of contraception by nationality

# 10.2 Reproductive Health (RH) of Female Migrant Workers

# 10.2.1 Family size and formation

Most of the married/co-habiting MW have children: 67% of Cambodians, 61% of Lao and 50% of the Burmese MW. The mean number of living children was two: 1.98 for the Lao, 2.13 for the Burmese, and 2.37 for Cambodian couples. Over 90% of the Cambodian and Burmese couples conferred with each other whether or not to have a child, whereas 82.2% of Lao couples decided jointly. On average, the Cambodian women wanted a total family size of about three (2.93) children

compared to 2.67 children for the Burmese and 2.44 for the Lao MW. The average age of the youngest child was between 5 and 6 years, ranging from 6.6 to 5.4. Because the sample is mostly from those who are currently employed, it is understandable that few had very young children or infants at the time of the survey. Very few from the sample (8%) had an unplanned child, suggesting that they are planning their families skillfully and are mindful of the economic consequences of child-rearing, or else are having abortions in cases of unplanned pregnancy.

# 10.2.2 Child delivery in Thailand and home country

Women with a child under five years of age were asked where they delivered their youngest child. Most women had delivered in Thailand, especially the Burmese (73.4%) and 49% for the Cambodians. Those delivering in Thailand mostly did so at a government hospital, highest for the Lao women (86%) and lowest for the Burmese (73%). Most had a doctor or nurse-midwife attend the delivery. But 18% of the Burmese and 11% of the Cambodian and Lao women had traditional birth attendants.

# 10.2.3 Complications with delivery in Thailand

Less than 10% of the MW women had complications associated with delivery of their last birth in Thailand (ranging from 8% to 1%). The most common complaint was headache (72%), muscle tension (44%), high fever or vaginal spotting (16%).

#### 10.2.4 Antenatal care (ANC) in Thailand

Most of the MW women with a child under five years old received ANC for the last birth in Thailand (over 80% for all three nationalities, ranging from 80%-86%). As with delivery, the preferred place for ANC in Thailand was the government hospital (90%, 81% and 71% for the Lao, Cambodian and Burmese women respectively). Other sources of ANC included the local health center or NGO



clinic. Fully 61% of the pregnant Lao women were accompanied by their husband/partner compared to 38% of the Burmese and 33% of the Cambodian women. Reasons for not seeking ANC for the Lao women include remote distance to ANC site (64%), or lack of funds (36%), while the Cambodian women cited lack of funds (52%) and the Burmese women cited distance to the ANC site (26%).

## 10.2.5 Post-partum care in Thailand

Over half of each of the three groups of MW women sought post-partum care for their last delivery, ranging from the highest value of 79% for the Lao MW to the lowest value of 56% for the Burmese MW. Most post-partum care for MW was provided at a government hospital: 88% and 81% for the Cambodian and Burmese, but only 58% for the Lao women. Many of the Lao women had post-partum care at the local health center or a private outlet.

10.2.6 Access to health services for MW children under 5 years of age

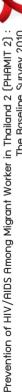
When their child is ill, 89% of Cambodian MW in this sample preferred to take their child to the health center or hospital, but only 65% of the Burmese did so. The Lao have a median value. More Lao parents went together with their child to the health facility (86%) compared to only 47% of the Burmese couples went together.



# 11

# Access to Health Services

- 11.1 Illness and Health-Care Seeking
  Behavior
- 11.2 Experience when Seeking
  Health Services
- 11.3 Specific Health Services Received





# Access to Health Services

Access to primary health services is a basic need and a right. Receiving services should not depend on nationality. Cross-border migrants are a vulnerable population and face obstacles, both financial and non-financial, to accessing services. Not having the required documentation as a legal migrant laborer - and the accompanying benefits - is a major obstacle to receiving health services when needed. This chapter examines data from the baseline survey on incidence of illness, and health-seeking behaviors.

# 11.1 Illness and Health-Care Seeking Behavior

Figure 11.1 presents data on incidence of illness among MW over the 12 months prior to the interview. Fully 90.5% of the MW in this sample reported that they had at least one illness in the past year requiring treatment. The results are similar for the three nationalities; Burmese MW had slightly more illness than the Lao and Cambodians. Females had more episodes of illness than males for all three nationalities.

Myanmar Cambodia Lao (PDR) Total (Weighted)

Figure 11.1: Percent of MW who were ill in the past 12 months

Figure 11.2: Decision to seek health services by type of outlet and nationality

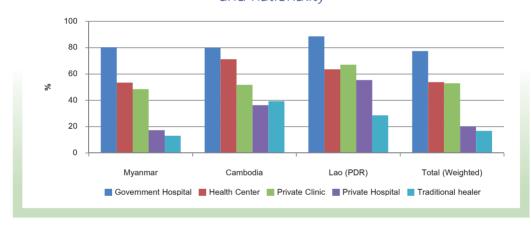
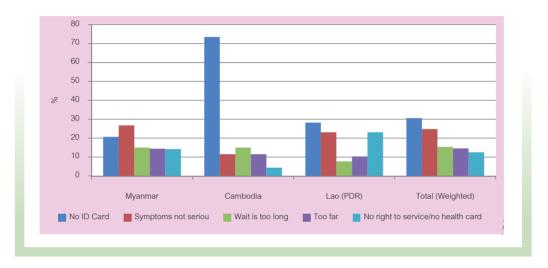


Figure 11.2 shows data on choice of health services outlet. A majority of MW chose government hospitals as the preferred outlet. The next preferred outlet was equal between health centers and private clinics. A considerable number of Cambodians also used traditional healers. Figures 11.3-6 look at reasons for not selecting a particular health outlet. Those who did not go to a government hospital cited not having a MW ID card (31%), lack of severe symptoms (25%), the long wait (15%), long distance to the hospital (15%), and lack of a health insurance card (12%). The lack of an ID card, implying that they are an undocumented MW or that the employer has withheld their ID, was

Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2):
The Baseline Survey 2010

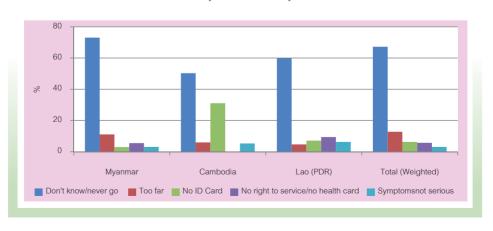
a major impediment for Cambodian MW to access government hospitals, as over 70% cited this reason. Most of the other reasons were cited at or below 20% for the three nationalities.

Figure 11.3: Reasons for not seeking health services at a government hospital by nationality



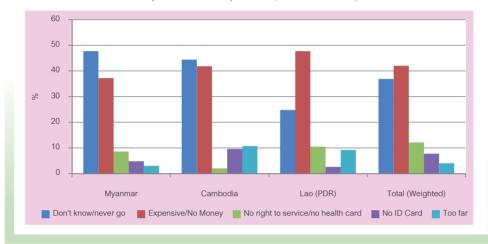
The dominant reason for not seeking health services at a health center was lack of knowledge or experience with such a facility (67% overall). This was true for all three nationalities. The Cambodian MW also cited lack of an ID card as an impediment. Only a few percent in each group cited distance, lack of severe symptoms or lack of a health insurance card as obstacles.

Figure 11.4: Reasons for not seeking health services at a health center by nationality



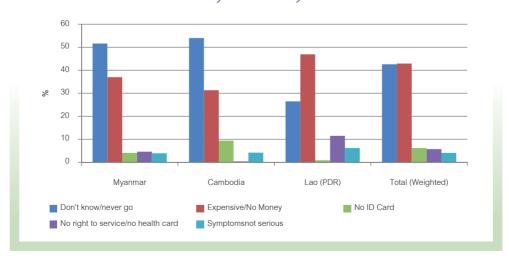
Cost and or lack of knowledge/experience were the principal reasons why MW chose not to seek health services at a private hospital (42% and 37% overall respectively). This pattern was generally true for all three nationalities, but twice as many Lao MW cited cost as a barrier than lack of awareness (48% versus 25%).

**Figure 11.5:** Reasons for not seeking health services at a private hospital by nationality



The response for reasons of not seeking health services at a private clinic was almost the same as that for private hospitals. Cost and lack of awareness/experience with private clinics were identified as the greatest barriers.

Figure 11.6: Reasons for not seeking health care at a private clinic by nationality





# 11.2 Experience when Seeking Health Services

The baseline survey asked the MW which health care facility they went to in the last episode of illness in the past 12 months. Figure 11.7 shows that about one-third went to a government hospital, or 32%, 50% and 54% of Burmese, Cambodian and Lao MW respectively. More Burmese self-treated with medicine from a drug store than did the Lao or Cambodians. NGO-managed clinics were used by 13% of the Burmese MW, but not the other two groups.

**Figure 11.7:** Type of health provider last visited in the past 12 months by nationality

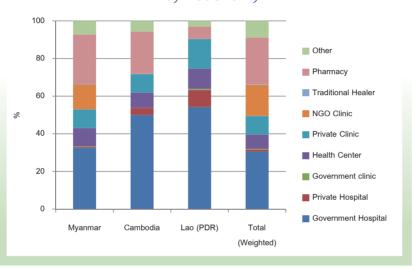
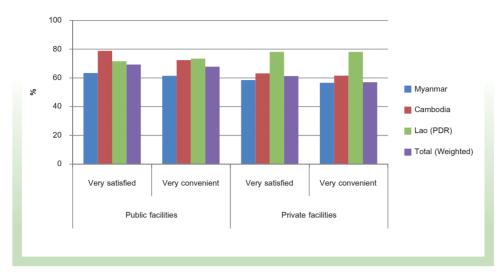


Figure 11.8 shows results for satisfaction with health services received. The level of satisfaction "very satisfied" among those who went to a government hospital was 69% on average or 63%, 79% and 72% for the Burmese, Cambodian and Lao MW respectively. Generally, the same level of satisfaction was found for convenience of service (68%). The corresponding levels of satisfaction for services received at a private hospital or clinic were also "very" satisfied" and "very convenient" for nearly 60% of the MW. The Lao MW had greater levels of satisfaction than the Cambodian and Burmese MW respectively.



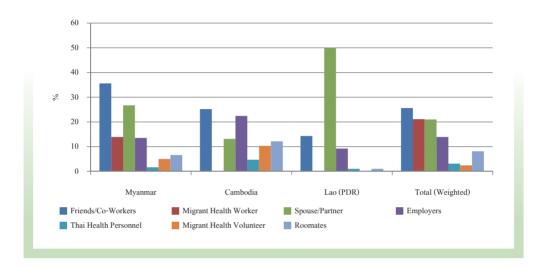
**Figure 11.8:** Satisfaction with health services received by type of facility and nationality



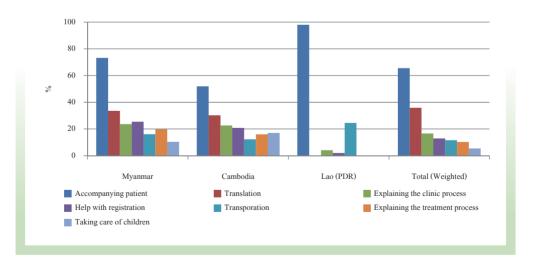
In addition to the obstacles to accessing health services discussed above (cost, distance, documentation, insurance coverage) there are also barriers such as language, communication and understanding the process of obtaining health services. MW may face other constraints in seeking health services such as not being able to take time off from work or needing child-care. Some MW may simply lack the confidence in seeking services. Reflecting this uncertainty, overall, 39% of the MW said they were assisted by someone in accessing health care (Figure 11.9). The proportion receiving assistance was highest for the Lao at 59%. For the Burmese, a co-worker assisted 36% of respondents followed by a spouse/partner (27%), migrant health worker (14%), or employer (14%). The nature of the assistance was mainly to provide moral support, assist with transportation, explain the process of obtaining care, or interpreting. Out of the Burmese who received assistance, 34% had help with translation, followed by registration, and explanation of the procedures in obtaining services (25% and 24% respectively). For the Cambodian MW, 25% cited a co-worker as the person who assisted them followed by employer (22%), spouse/partner (13%) or roommate (12%). About 10% received help from a migrant health volunteer. The type of assistance was similar to that found for the Burmese. For the Lao MW, half were

assisted by their spouse/partner, while 14% and 9% were assisted by a co-worker or employer respectively. Almost all of the assistance received (98%) included moral support while one-fourth also mentioned support in the form of travel expenses.

Figure 11.9: Person who assisted MW in accessing health services



**Figure 11.10:** Type of assistance MW received in accessing health services



#### 11.3 Specific Health Services Received

The data in this section refer to special services such as referral for counseling and treatment for STI, HIV VCT, services required by the terms of employment, and free condom distribution. The time frame for receiving these services was the past 12 months.

#### Burmese MW

Among Burmese MW reporting having gone for referral/counseling/testing/STI treatment services in the last 12 months (87 people in all), 69% reported receiving STI services 1 to 3 times, while 28% reported receiving services 4 to 6 times. Out of this number, fully 85% of the services provided were at an NGO clinic and 12% at a government hospital. The NGOs identified as providing STI referral services included Raks Thai Foundation (RTF) (24%) and the Foundation for Health and Learning (MAP Foundation) (15%). When receiving these services a migrant health volunteer (MHV) assisted Burmese MW 68% of time and a migrant health worker (MHW) 46% of the time. The language used was Burmese (97%) or Thai mixed with Burmese (57%).

Out of 64 people utilizing HIV testing referral in the last 12 months, 59% received this service 1 to 3 times and 36% received it 4 to 6 times. Almost all these services were identified as NGO sponsored clinics (95%) including World Vision Foundation Thailand (WVFT) (61%), RTF (20%) and the MAP Foundation (16%). Fully 71% and 55% received services from a MHV and MHW respectively.

Referral for legal services was provided to 40 people, of which 72% went 1 to 3 times and 20% went 4 to 6 times. An NGO drop-in center conducted the referral in 85% of cases and the government hospital in 5%. The NGOs involved included RTF (44%), WVFT (38%) and the MAP Foundation (12%). The MW were assisted by the MHV and MHW in 51% and 40% of the cases respectively. Language was mostly Burmese (98%) or a combination of Burmese and Thai.

Burmese MW experience with distribution of free condoms in the prior 12 months was 1 to 3 times for 79% and 4 to 6 times for 17%. NGO drop-in centers provided free condoms 86% of the time compared to 7% by government health facilities. NGOs most recognized in providing free condoms included RTF (54%), WVFT (25%) and the MAP Foundation (12%). Burmese MW reported receiving condoms from MHV and MHW 57% and 50% of the time respectively.

#### Cambodian MW

Among the group of 82 Cambodian MW who reported receiving STI services in the prior 12 months, 68% reported receiving STI services 1 to 3 times while 22% reported 4 to 6 times. Fully 99% of the services were through an NGO supported clinic and 1% at a government hospital. The NGOs which supported provision of STI services (mainly in the form of mobile clinics) included Foundation for AIDS Rights (FAR) (78%) and RTF (21%). The Cambodian MW receiving these services reported that 99% of the time referral services were provided by a migrant health volunteer (MHV), and 1% by a health worker. The language used was always Khmer (100%).

In the prior 12 months, of those Cambodian MW who received free condoms 70% received condoms 1 to 3 times and 21% received 4 to 6 times. 94% of the time Cambodian MW received condoms from NGO drop-in centers by a MHV. The NGOs most identified included FAR (52%) and RTF (46%). Communication was almost entirely in Khmer.

#### Lao MW

Services received by Lao MW were generally much lower due to not being covered under PHAMIT-1. Almost all the Lao MW who received free condoms in the prior 12 months received condoms 1 to 3 times (98%). 47% of the time the condoms were received from NGO drop-ins compared to the government hospital at 11%, and the health center 6% of the time. The NGOs involved included AIDSNet (60%) and Pattanarak Foundation (38%). Fully 60% of the Lao MW received condoms from a government health worker and 10% from a MHV. Communication was mostly in Thai (84%) or Thai-Lao (16%). (Note: data are not included for the other variables on services due to small sample sizes.)





# 12

## Summary and Recommendations

- 12.1 Characteristics and vulnerability of migrant workers (MW)
- 12.2 Knowledge and understanding of HIV and AIDS
- 12.3 Knowledge, understanding and prevalence of sexually transmitted infections (STI)
- 12.4 Exposure to information on HIV/AIDS
- 12.5 Sexual behavior and condom use
- 12.6 HIV testing
- 12.7 Family planning
- 12.8 Access to health services
- 12.9 Recommendations



#### Summary and Recommendations

The 2010 Baseline Survey for the PHAMIT-2 Project attempts to describe the current status of HIV prevention for cross-border migrants from Myanmar, Cambodia and Laos who are working in Thailand. The data from the survey will be useful for planning interventions and measuring progress. The materials and budget for the survey were supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The outcome indicators of the project include healthy behaviors such as increased condom use, and increased STI and HIV testing, which will ultimately lead to decreased level of HIV infection. Antecedent variables include proper knowledge of modes of transmission, accurate self-risk assessment, knowledge and ability to utilize rights to services, and understanding what constitutes proper treatment.

#### 12.1 Characteristics and vulnerability of migrant workers (MW)

Most of the MW in this sample are young and in the early stages of family formation. Many are living with a spouse or intimate partner, but there is a significant proportion who are single. Education levels are low, and MW mostly work in unskilled labor. Some groups of MW have difficulty in communicating in Thai language for various reasons.

The MW in this sample work in factories, fisheries, seafood processing, construction, and agricultural. Mean income is low, and many earn less than the minimum wage for Thai workers. Nevertheless, over half the MW are able to remit funds back to their home countries. Many of the MW had relatives already living in Thailand when they arrived. This factor helped the MW to gain knowledge and integrate with the local social and service networks. At the time of this survey, most of the MW did not feel they had been socially or economically successful during their migration experience in Thailand; few felt their life had improved.

#### 12.2 Knowledge and understanding of HIV and AIDS

The population of MW from this sample was fairly knowledgeable about HIV and AIDS when they arrived in Thailand. About 90% knew of AIDS and about one-fourth had known someone infected with HIV. At the same time, the MW are still confused about routes of transmission of HIV. Still many of the MW believe that mosquitoes can transmit HIV, as one-half, one-third, and one-quarter of the MW from Laos, Myanmar and Cambodia believe this, respectively. Only one-fifth to one-fourth of the MW could answer all five UNGASS questions correctly.

The sample respondents were asked to assess their own risk for HIV and most felt they had no risk. Most of the respondents and especially the Burmese felt they had no risk (94.2% of males). Nearly 20% of Lao MW felt they had some risk for HIV compared with 15% for the Cambodians. Among Lao males, over 6% felt they had a lot of risk for HIV.

Knowing where and how to get tested for HIV measures a deeper level of knowledge. Having this knowledge is an indicator that the respondent is mindful of the risk for HIV in their life and is prepared to address it. This study found that less than half of the combined sample for the three nationalities of MW knew of a place where they could go for HIV testing. The range was from a low of 27% for Cambodian males to a high of 53% for Lao females. Most of the Burmese MW did not believe that the HIV test results would be kept confidential, while more of the Cambodian MW did believe in the confidentiality of Thai testing (70%).

This study asked the MW sample eight questions about the roles of men and women. The survey found that the sample still mostly believes that men should take responsibility for providing condoms. Both male and female Lao MW think that a woman who carries condoms is immoral (57% and 59%). The proportions for the Cambodian MW are 54% and 49% respectively. By contrast, 58% of the Burmese did not think it immoral for a woman to carry condoms. Fully 93% of Lao MW felt that a man who carries condoms shows responsibility, and more Lao MW than Cambodian or Burmese felt that it was acceptable for the woman to suggest that the couple use condoms. This is in sharp contrast to the Burmese and Cambodian MW, among who one-third believe that it is not appropriate for the woman to propose condom use with her partner.

This population of MW is rather conservative as many believe that adolescent males and females should not have romantic relationships while in school (over half to three-fourths). However, less than half of the Burmese MW felt this way and, thus, may be somewhat more liberal about their attitudes toward adolescent relationships. Similarly, 60% of the Burmese felt that discussing sex with adolescents (i.e. sex education) was acceptable. Only one-fourth and two-fifths of Cambodian and Lao MW felt this way. Thus, adolescent sex education interventions for this population may face obstacles. More in-depth study of this phenomenon is needed to design successful approaches.

Knowledge of condoms and condom access is the first step to increasing use of condoms on a regular basis. Almost all the respondents had seen a condom before and knew what it was for. Only the female Burmese showed less exposure to condoms as 15% had not seen them before. Most of the Burmese and Cambodian MW were aware of the dual protection properties of condoms. The Cambodian MW had higher levels of knowledge in this area than the other two groups. Despite their higher general AIDS knowledge, the Lao MW had the lowest level of knowledge that condoms are effective for both contraception and prevention of STI and HIV (25%).



### 12.3 Knowledge, understanding and prevalence of sexually transmitted infections (STI)

Despite the fact that most MW have heard of STI, their STI knowledge is incomplete when compared to AIDS knowledge. However, most male Burmese MW were aware that having an STI increases risk for HIV (90% - 100%).

The MW were asked about their experience with STI symptoms in the year prior to the interview. The highest level of reported symptoms (discharge, foul odor) was found among the male Cambodian MW (3.5%) followed by male Lao (2.0%), Lao female MW (1.7%) and only 0.3% among the Burmese MW. Less than 2% had other symptoms such as nodules, sores or genital pain. The Project should conduct some objective STI prevalence surveys among subgroups of the MW population, starting with males, the Cambodians or those with occupations or living situations that might have higher risk for STI.

The sample respondents, whether or not they had STI symptoms, were asked where they would prefer to go for treatment. Most of the MW in this baseline survey would prefer to go to a government hospital if they had abnormal reproductive health tract symptoms. Fully 75% of female Lao MW would choose the public hospital compared with 71% and 62% of Burmese and Cambodian MW respectively. Few other sites were suggested by the respondents. Twelve percent of Cambodian male MW would go to a drug store, while 13% of female Burmese MW would go to a private clinic or health center (7%). Ten percent of the Lao MW would visit a private hospital while 4% would choose a private clinic. It is worrisome that 17%-18% of male Cambodian and Lao MW would not seek any treatment, while others would self-treat at home. Accordingly, it is essential to conduct campaigns to motivate MW of all nationalities to seek proper, professional testing and treatment services when experiencing symptoms of reproductive health tract infections.

#### 12.4 Exposure to information on HIV/AIDS

Television is the most common media outlet for the MW. The Lao MW watch Thai-language TV while significant proportions of the Cambodian and Burmese MW are able to access TV broadcasts in their native languages. While TV would be an efficient way to reach the maximum number of MW, other channels should be pursued as well (e.g., radio, printed matter) since not all MW watch TV.

Most of the MW received information about HIV and AIDS and/or STIs by participating in campaigns or awareness-raising activities while in Thailand. Information received included topics such as STI, HIV, persons living with HIV/AIDS (PLHA), and self-care for PLHA. Over half (54.7%) received STI information, 81.8% received HIV and AIDS information, one-third learned about living with PLHA, and only 22.6% received information about self-care for PLHA. The sources of information included Raks Thai Foundation (RTF), World Vision Foundation of Thailand (WVFT), Foundation for AIDS Rights (FAR), Pattanarak Foundation and AIDSNet.

Overall, most of the MW in this sample had good exposure to condom use information as nearly two-thirds reported receiving information on this topic. Mostly, the MW received this information through conversation, outreach activities or from brochures and pamphlets. NGO drop-in centers played a role in disseminating condom-use information for 84% of the sample. The baseline survey also looked at the frequency of exposure to information about VCT and found that most of the sample had not received information on VCT. Only 17.4% had received VCT information in the prior 12 months, which appears to be a weak point.



#### 12.5 Sexual behavior and condom use

Among the three nationalities, the proportions from the sample who have ever had sex are 78.5%, 75.7%, and 63.6% for the Lao, Cambodian and Burmese MW respectively. The weighted average shows that two-thirds of males and 58.0% of female MW have had sex. The mean age at first sex is 21 years for the Burmese (male and female), 20 years for the Cambodians (males 21 and females 20), and 20 years for the Lao (male and female). Over half the sample had their first sex during the ages of 15-19 years and about one-third had their first sex between the ages of 20-24 years. The proportions who had their first sex under age 18 are 35.0%, 26.4% and 18.4% for the Lao, Cambodian and Burmese MW.

Most of the MW in this sample had a regular partner at the time of the survey (85% for Burmese and Lao and 66% for Cambodians). More female MW than male had a regular partner (95.4%, 90.2% and 89.1% for Burmese, Cambodian and Lao female MW respectively). Condom use with the regular partner is low: 14.5%, 13.3%, and 24.9% for Burmese, Cambodian and Lao MW.

In the 12 months prior to the survey, 15.9% of Lao males had had sex with a casual partner compared to 10.2% of Cambodian males and 5.2% of Burmese males. Twice the proportion of single male Lao MW had sex with a casual partner in the past year than the Burmese and Cambodian single males (52.2% versus 22.2% and 16.0% respectively).

In this sample, only the male MW had a history of paying for sex. The survey found that 34.3% of Cambodian males, 10.5% of Lao males and 2.7% of Burmese males had paid for sex in the previous 12 months.

Most of the MW never used condoms with their regular partner in the past 12 months. Those who did used condoms sporadically. Only 16.3% of the Cambodians, 10.3% of the Burmese and 9.6% of the Lao MW used condoms with their regular partner every time. Since very few female MW reported having a casual partner in the past 12 months, the condom use data refers only to the men. Of the Cambodian MW, 80% of used condoms for every sex with a casual partner compared

with 55.6% for the Lao, and 31.7% for the Burmese. Importantly, 39% of the Burmese did not use condoms with their casual partner compared with 11.1% for both Lao and Cambodian males.

From two-thirds to three-fourths of the sample of male MW report using condoms every time they had sex with a sex worker in the past 12 months. From 4% to 25% used condoms irregularly with sex workers.

Normally, male condom use is lowest with regular partners and highest with sex workers. This is true for Burmese and Cambodian MW, but the opposite is the case for male Lao MW. Fully 89% of Lao MW used a condom at last sex with their regular partner (compared with 70% and 54% for Burmese and Cambodian MW). However, only two-thirds of the Lao MW reported using a condom last time they had sex with a sex worker (compared with 95% for Burmese and Cambodian MW). Condom use at last sex with a casual partner is in the middle, ranging from 76% to 86%.

Having convenient access to condoms when needed is an important factor in supporting consistent condom use. This baseline survey found that most of the male MW have condoms on hand every time they went to visit a sex worker (from three-fourths to 99%). They are less well-prepared when it comes to casual partners as only 59% of Burmese, 82% of Cambodian and 74% of Lao MW had condoms on hand for every sex.

A principal reason given by the MW for not using condoms is that they were intoxicated, especially with sex workers. Though the number of respondents is low, the respondents most likely to be intoxicated with sex workers were the Lao MW (83%) compared with 32% and 6% for the Burmese and Cambodian MW. The Lao males also reported intoxication prior to sex with casual and regular partners (24%) more than the Burmese (10%) and Cambodians (1%).



The baseline survey asked the male MW if they felt that using condoms reduced sexual pleasure with different types of partners. The response was that male MW felt that condoms reduced sexual pleasure the most with casual partners, followed by commercial sex partners, and wives/regular partners.

Male MW from the sample were asked about their confidence in the ability to persuade one's partner to use condoms by partner type. The Lao MW compared to the other two nationalities had the highest confidence in this area for all three types of partners. All male Lao MW felt they could persuade their casual partner to use condoms; 92% felt they could do so with a sex worker; and two-thirds felt they could persuade their regular partner to use condoms. The corresponding percents for the Cambodians were 72%, 79% and 43%, while the corresponding proportions for the male Burmese MW were 8%, 81% and 42%.

The questionnaire asked what the respondent would do if his or her sex partner refused to use a condom. Half to three-fourths said that they would agree to sex without a condom. A third of Burmese males and females would discuss the matter with their partner and try to persuade them. One-fifth of Lao males and females would discuss the matter with their partner, while a quarter of Cambodian females and 13% of the males would do so. Only small percentages for all three groups would refuse to have sex under the circumstances.

#### 12.6 HIV testing

VCT for HIV is the principal link in the prevention-to-care continuum. Knowledge of one's serostatus is important in helping to protect oneself and others from infection and, if necessary, to get appropriate treatment at the optimal time. However, in this baseline survey, only 50.4% knew of a place where they could get VCT (53.6 for males and 46.6 for females). The proportion who knew of a VCT site and could identify it by name was highest for the Lao MW (60%), followed by the Burmese (49%) and Cambodian MW (47%). Over 80% cited the government hospital, with private clinics and health centers being distant second and third options. The Burmese and Lao MW showed more awareness of a variety of VCT service providers than the Cambodians.

Only 8% overall had ever been tested for HIV (10% for females and 6% for males). The percentage of Lao MW, especially the women, who have been tested for HIV was greater than the Cambodian and Burmese MW (49% versus 16% and 5% respectively). However, for most MW of all three nationalities the last time they had gone for testing was more than one year prior (Figure 9.4). About 30% of Burmese and Cambodian MW who had gone for VCT had done so in the prior six months compared to less than 20% for the Lao. The main reason cited by 38.5% of males for seeking HIV testing was curiosity or a sense of risk, with 46.4% of the Burmese, 33.3% of the Cambodian and 25.5% of the Lao MW. For over 20% of the male Burmese and Cambodians HIV testing was a requirement for employment. For female MW the overwhelming reason for testing was related to pregnancy (80%), though the percentage for the Khmer women was only 40%. About one-fifth of Cambodians cited marriage as a reason for getting tested.

Overall, about equal percentages received pre- and post-test counseling (60%). However, more Lao received pre-test counseling than the other two nationalities, while more Burmese received post-test counseling. The Cambodians had the least experience with counseling among the three nationalities. Three-fourths of the Burmese said the counseling session was conducted in Burmese with the remainder in Thai. Khmer language was used for the Cambodian MW in only 20% of the pre-test and 36% of the post-test sessions. Thai was universally used with the Lao MW during the counseling because of the similarity between the languages. Regardless the language used, about 90% of the MW said they understood most of the content of the counseling sessions.

Overall, 94% of the sample who had been tested for HIV knew the results (88% for Burmese and Lao, 72% for Cambodian MW). The average duration of time to wait from drawing blood to learning the test results for the three nationalities was 13 days for the Burmese, 10 days for the Cambodians, and 12 days for the Lao.

#### 12.7 Family planning

Family planning methods that most MW knew about were oral contraceptives (over 90%) followed by condoms, injectables, and female sterilization. In addition to the pill, Burmese MW knew about the injectable, condoms and female sterilization at the level of 76.8%, 74.7% and 67.5% respectively. For Cambodians, in addition to the pill, the most familiar methods included condoms, injectable and IUD. After the pill, the Lao knew about condoms, injectables, and female and male sterilization. Gender differences for knowledge about contraceptive methods were apparent among the MW. The men knew more about condoms and male sterilization, especially for the Burmese among whom 86% of the men knew about condoms compared to 60% for the women. By contrast, the women knew more about injectables, especially for the Cambodians and Lao, and twice as many Lao women as men knew about the sub-dermal implant.

Most of the MW or their partner had ever used at least one method of modern contraception. All groups had high levels of using oral contraception: 79% of Burmese, 78% of Lao, and 60% of the Cambodian MW. The second most used method was injectables: 36%, 38% and 29% for the Burmese, Lao and Cambodian MW respectively. Condoms have been used for contraception among 29%, 20% and 14% of the Lao, Burmese and Cambodian MW respectively. The proportions for female sterilization were 23%, 16% and 9% for the Lao, Cambodian and Burmese MW respectively.

Among MW who are married or co-habiting, contraceptive use was relatively high. Under half were using the pill (47%, 37% and 29% for the Burmese, Lao and Cambodians respectively). About one-fifth of Burmese and Cambodian MW were using injectables, while 22% of female Lao MW had been sterilized. Some form of modern, effective contraception was being used by over 60% of all three nationalities. Condom use for contraception was below 10% though, ranging from 3% to 8% of the MW couples.

Most of the married/co-habiting MW had a child or children: 67% of Cambodians, 61% of Lao and 50% of the Burmese MW. The mean number of living children was two (or 1.98) for the Lao, 2.13 for the Burmese, and 2.37 for the Cambodian couples. Over 90% of the Cambodian and Burmese couples conferred with each other whether or not to have a child, whereas 82.2% of Lao couples decided jointly. The Cambodian women wanted an average family size of about three (2.93) children compared to 2.67 children for the Burmese and 2.44 for the Lao MW. The average age of the youngest child was between 5 and 6 years, ranging from 6.6 to 5.4. The fact that few MW had very young children or infants at the time of the survey was probably because the sample was taken from mostly those who are currently employed and tending young children is an opportunity cost. Very few MW of the sample (8%) had an unplanned child.

Women with a child under five years were asked where they had delivered their youngest child. Most of the Burmese (73.4%) had delivered in Thailand with half (49%) of the Cambodians doing so. Those delivering in Thailand mostly did so at a government hospital, with the highest rate being among the Lao women (86%), and the lowest rate being for the Burmese (73%). Most had a doctor or nurse-midwife attend the delivery. But 18% of the Burmese and 11% of the Cambodian and Lao women had traditional birth attendants.

Most of the MW women with a child under five years received ANC for the last birth in Thailand (over 80% for all three nationalities, ranging from 80%-86%). As with delivery, the preferred place for ANC in Thailand was the government hospital (90%, 81% and 71% for the Lao, Cambodian and Burmese women respectively). Other sources of ANC included the local health center or NGO clinic. Perhaps because many are married to Thai men, pregnant Lao women were accompanied by their husband/partner at the highest rate of 61% compared to 38% of the Burmese and 33% of the Cambodian women. Primary reasons for not seeking ANC for the Lao women include remote distance to ANC site (64%), or lack of funds (36%), while the Cambodian women cited lack of funds (52%) and the Burmese women cited distance from the ANC site (26%).





Over half of all three groups of MW women sought post-partum care for the last delivery, ranging from the highest value of 79% for the Lao MW to the lowest value of 56% for the Burmese MW. Most post-partum care for the MW was provided at a government hospital: 88% and 81% for the Cambodian and Burmese, but only 58% for the Lao women. Many of the Lao women received post-partum care at the local health center or private outlet.

When their child is ill, 89% of Cambodian MW in this sample preferred to take their child to the health center or hospital, but only 65% of the Burmese did so. The Lao had a median value. More Lao parents went together with their child to the health facility (86%) compared to only 47% of Burmese couples.

#### 12.8 Access to health services

Fully 90.5% of the MW in this sample reported that they had at least one illness in the past year that required treatment. The results are similar for the three nationalities: Burmese MW had slightly more illness than the Lao and Cambodians. Female MW had more episodes of illness than males for all three nationalities.

Nearly four out of five MW chose government hospitals as the preferred outlet for treatment of an illness. Two-thirds chose health centers and private clinics. Nearly 40% of Cambodians also used traditional healers. Reasons cited for not selecting a particular health outlet were as follows. Those who did not go to a government hospital cited lack of MW ID card (31%), lack of severe symptoms (25%), the long wait 15%), long distances to the hospital (15%), and lack of a health insurance card (12%). The lack of an ID card was the major impediment for Cambodian MW in accessing government hospitals (70%), while most of the other reasons were cited at or below 20% for the three nationalities.

The dominant reason (67% overall) for not seeking health care at a health center was lack of knowledge or experience with health centers. This pattern was true for all three nationalities.

Cost and / or lack of familiarity (42% and 37% overall respectively) were the principal reasons why MW chose not to seek care at a private hospital. This pattern was generally true for all three nationalities, but twice as many Lao MW cited cost as a barrier than lack of familiarity (48% versus 25%).

The baseline survey asked the MW which health care facility they went to in the last episode of illness in the past 12 months. Overall, about one-third went to a government hospital, or 32%, 50% and 54% of Burmese, Cambodian and Lao MW respectively. More Burmese self-treated with medicine from a drug store than did the Lao or Cambodians. NGO-managed clinics were used by 13% of the Burmese MW, but not the other two groups.

Among those who went to a government hospital, the level of satisfaction was "very satisfied" for 69% or 63%, 79% and 72% of the Burmese, Cambodian and Lao MW respectively. Generally, the same level of satisfaction was found for convenience of service (68%). Satisfaction of experience at a private hospital or clinic was "very satisfied" and "very convenient" for nearly 60% of the MW. The Lao MW had greater levels of satisfaction than the Cambodian and Burmese MW respectively.

There are numerous obstacles to accessing health care beyond what was mentioned previously. Language, communication, understanding the health care system as well as issues of child-care or available time were also barriers identified. MW lacked confidence in seeking health services reflected by 39% of the MW reporting that they were assisted by someone in accessing health services. The proportion receiving assistance was highest for the Lao at 59%. For the Burmese, co-workers assisted 36% of those using assistance, followed by spouse/partner (27%), migrant health worker (14%), and employer (14%). The nature of the assistance was mainly to provide moral support, help with transportation, explain the process of obtaining care, or interpreting. Fully 34% of the Burmese received assistance with translation followed by registration and explanation of the procedures (25% and 24% respectively).



For Cambodian MW, 25% cited a co-worker as the person assisting them, followed by employer (22%), spouse/partner (13%) or roommate (12%). About 10% received help from a migrant health volunteer. The type of assistance was similar to that found for the Burmese. For the Lao MW, half were assisted by their spouse/partner, while 14% and 9% were assisted by a co-worker or employer respectively. Almost all of the assistance received (98%) included moral support while one-fourth also mentioned support in the form of cost of travel.

#### 12.9 Recommendations

- MW HIV ability to answer all five basic UNGASS questions correctly is inconsistent because of lingering confusion over one or two specific topics. Considering this, PHAMIT-2 needs to not only provide standard basic information, the project also needs to assess points of misunderstanding and prioritize clarifying these issues with the MW population.
- Some groups of MW may be under the misconception that there is a cure for HIV infection and, accordingly, may be less motivated to prevent infection. The project needs to clarify that HIV infection can currently only be managed with ARV drugs, and that currently there is no cure for HIV infection, therefore it is best to consistently use proper prevention.
- The baseline survey exposed gaps in the VCT system for MW, with significant numbers of MW not believing that their test results would be kept confidential.
   To improve up-take in VCT services, the conditions of consent, counseling and confidentiality all need to be strengthened and standardized as best as possible; and services need to be expanded and more flexible to reach the MW communities more.
- Too many MW still prefer to self-treat when experiencing STI symptoms. The project needs to promote and motivate increased uptake of proper diagnosis and treatment of STI services by making these services more accessible.

- HIV and STI education for the MW needs to cover the younger cohorts (starting at age 15 years) since this survey found that age at first sex of the MW is rather young.
- There is a segment of the MW population who do not always use condoms for sex with casual and commercial sex partners. The project's condom promotion efforts need to emphasize increasing MW condom use under these situations.
- Confidence in negotiating condom use is not at an optimal level among the MW. The project needs to improve attitudes to increase acceptance of condoms and emphasize consistent and correct use among both male and female MW.

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# Appendix A: Table



### Appendix A: Table

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Table 4.1 : General characteristics of the migrant workers by sex and nationality

	~	Myanmar	r	Ö	Cambodia	m.		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Age												
15-19	13.4	13.1	13.3	11.9	18.7	14.1	23.2	21.4	22.0	12.5	13.7	13.0
20-24	28.4	28.2	28.3	29.6	19.1	26.2	25.8	20.4	22.2	26.6	27.3	26.9
25-29	23.2	21.8	22.6	26.6	17.9	23.8	16.6	16.5	16.5	23.9	21.2	22.7
30-34	15.9	14.9	15.5	16.7	17.1	16.9	12.6	14.4	13.8	16.2	17.7	16.9
35-39	10.7	10.3	10.5	8.7	11.3	9.6	11.3	10.2	10.6	11.1	9.6	10.4
40-44	5.0	6.8	5.8	4.8	7.0	5.5	3.3	0.9	5.0	5.8	6.2	0.9
45-49	2.3	3.7	2.9	1.7	7.4	3.5	3.3	3.9	3.7	2.5	2.9	2.7
50-54	0.4	6:0	9.0	0.0	0.8	0.3	1.3	6.3	4.6	9.0	1.1	6.0
55-59	9.0	0.2	0.4	0.0	8:0	0.3	2.6	1.1	1.6	0.7	0.2	0.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,212	952	2,164	538	257	795	151	285	436	1,893	1,505	3,398
Mean age	27.51	28.06	27.75	26.92	29.0	27.59	27.28	29.02	28.42	27.97	27.92	27.95

Table 4.1: General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	L.	Ö	Cambodia	Œ		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Ethnicity												
Karen	8.0	11.1	9.4							4.1	4.2	4.2
Mon	22.5	20.6	21.6							20.3	17.8	19.2
Myanmar	36.4	50.5	42.6							33.5	49.4	40.5
Pa-oh	2.14	1.36	1.80							2.4	1.4	1.9
Shan	0.3	0.3	0.3							0.3	0.2	0.2
Khmer				100.0	100.0	100.0	0.0	0.3	0.2	11.9	5.8	9.2
Lao							100.0	7.66	8.66	1.9	3.0	2.4
Twai	28.6	15.5	22.9							24.6	17.2	21.3
Ya-kai	2.1	0.4	1.3							1.1	0.7	6.0
Other	0.0	0.2	0.1							0.0	0.3	0.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	257	798	151	287	438	1,896	1,508	3,404





Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	2	Myanmar	L	Ü	Cambodia	æ		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Marital status												
Married and living with spouse	40.9	54.1	46.7	26.1	66.5	39.1	41.7	46.3	44.7	39.5	47.6	43.1
Married, living separately	6.8	1.0	4.3	13.5	1.6	9.6	4.6	2.4	3.2	7.0	6.0	4.3
Un-married, co-habiting	2.8	3.7	3.2	0.2	0.0	0.1	12.6	22.3	18.9	4.1	0.9	5.0
Single	47.5	38.6	43.6	57.1	25.3	46.9	40.4	23.7	29.5	47.2	42.6	45.1
Separated/divorced	1.6	1.0	1.4	6.0	2.3	1.4	0.7	4.5	3.2	1.7	1.0	1.4
Widowed	0.4	1.5	6.0	2.2	4.3	2.9	0.0	0.7	0.5	0.5	1.9	1.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	257	798	151	287	438	1,897	1,508	3,405
Any formal education?												
yes	8.06	92.7	91.6	86.0	76.3	82.8	95.4	85.4	88.8	7.06	91.5	91.1
OU	9.2	7.3	8.4	14.0	23.7	17.2	4.6	14.6	11.2	9.3	8.5	8.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	257	798	151	287	438	1,896	1,509	3,405

Table 4.1: General characteristics of the migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ö	Cambodia	6		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Formal education												
Under primary	32.8	39.2	35.6	6.6	16.8	12.0	17.4	38.0	30.3	28.7	38.3	33.0
primary	44.5	45.3	44.8	0.69	77.0	71.4	36.1	35.9	36.0	47.6	44.4	46.1
secondary	20.0	13.5	17.1	20.2	6.1	16.0	45.1	24.9	32.4	21.5	15.7	18.9
Post-secondary	2.2	1.7	2.0	9.0	0.0	0.5	0.7	0.8	0.8	1.6	1.3	1.5
Other ¶	0.5	0.3	0.5	0.2	0.0	0.2	0.7	0.4	0.5	9.0	0.3	0.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(Z)	1,104	883	1,987	465	196	661	144	245	389	1,720	1,381	3,101
Country of highest schooling												
Myanmar	8.66	7.66	7.66							86.3	92.1	88.9
Cambodia				8.66	100.0	8.66	0	0.4	0.3	11.4	4.6	8.4
Laos							98.6	99.2	0.66	2.0	2.8	2.3
Thailand	0.2	0.1	0.2	0.2	0	0.2	1.4	0.4	0.8	0.3	0.1	0.3
Other	0	0.2	0.1							0.0	0.4	0.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,104	883	1,987	465	196	661	144	245	389	1,719	1,381	3,100

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Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	r	O	Cambodia			Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Duration of residence in Thailand												
Less than 1 year	8.1	6.1	7.2	24.2	21.5	23.3	33.1	21.8	25.7	8.4	9.9	7.6
1 - 2 years	28.7	31.8	30.1	22.0	23.4	22.5	26.5	21.5	23.2	26.8	31.1	28.7
3 - 5 years	33.5	36.5	34.8	27.4	28.1	27.6	16.6	18.0	17.5	31.1	33.8	32.3
6 - 10 years	19.6	19.0	19.3	17.6	21.9	18.9	6.6	17.3	14.7	22.1	21.5	21.8
11 year or more	10.2	9.9	9.8	8.9	5.1	7.7	13.9	21.5	18.9	11.5	7.1	9.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	256	797	151	284	435	1,896	1,509	3,405
Mean (years)	4.8	4.4	4.6	4.4	4.4	4.4	4.6	7.6	9.9	5.2	4.6	4.9
Duration of employment in province where interview took place	ok place											
Less than 1 year	9.8	8.9	8.5	4.7	1.0	3.5	36.4	22.5	27.4	11.1	7.0	9.3
1 - 2 years	30.1	33.9	31.8	31.2	31.5	31.3	27.2	22.2	23.9	27.8	32.1	29.7
3 - 5 years	33.7	37.1	35.2	37.4	36.0	36.9	15.9	18.7	17.7	31.2	34.5	32.6
6 - 10 years	20.6	18.0	19.5	18.1	25.5	20.5	7.3	15.5	12.6	21.9	20.8	21.4
11 year or more	5.8	4.1	5.0	8.7	0.9	7.8	13.2	21.1	18.4	7.9	5.6	6.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	404	200	604	151	284	435	1,896	1508	3,404
Mean	4.1	3.9	4.0	4.8	4.8	4.8	4.2	6.3	5.6	4.5	4.3	4.4

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

		Myanmar		Ü	Cambodia	ď		Laos		Tota	Total (weighted)	ted)
	Male	Male Female	Total	Male	Female Total	Total	Male	Female Total	Total	Male	Female	Total
How long ago moved into the province where the interview took place?	iew took	: place?										
Less than 1 year	9.5	8.9	8.3	4.5	1.0	3.3	37.7	22.9	28.0	11.0	7.0	9.2
1 - 2 years	30.2	33.8	31.8	31.4	31.5	31.4	26.5	22.9	24.1	28.0	32.2	29.8
3 - 5 years	33.7	37.3	35.2	37.4	35.5	36.8	15.2	18.7	17.5	31.2	34.5	32.6
6 - 10 years	20.5	18.0	19.4	18.0	26.0	20.6	7.3	14.8	12.2	21.8	20.7	21.3
11 year or more	6.1	4.1	5.2	8.7	0.9	7.8	13.2	20.8	18.2	8.1	5.6	7.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1215	953	2,168	401	200	601	151	284	435	1,897	1,507	3,404
Mean	4.2	3.9	4.1	4.8	4.9	4.8	4.2	6.2	5.5	4.5	4.3	4.4





Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	O	Cambodia	a		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Do you have relatives in Thailand?												
Yes, Thai nationals	1.9	1.5	1.7	0.2	1.2	0.5	9.9	17.1	13.5	1.3	1.1	1.2
Yes, my nationality	9.92	82.4	79.2	71.9	86.7	7.97	49.7	42.2	44.7	75.9	81.3	78.3
Yes, Thais and my nationality	0.2	0.1	0.1	0.7	1.6	1.0	9.3	13.2	11.9	0.4	0.3	0.4
Ou	21.3	16.1	19.0	27.2	10.5	21.8	34.4	27.5	29.9	22.5	17.2	20.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	952	2,168	541	256	797	151	287	438	1,897	1,506	3,403
Do you have an ID card which allows you to legally live in Thailand?	in Thaila	ind?										
yes	90.1	87.8	89.1	37.0	54.3	42.5	50.3	70.7	63.7	81.1	81.4	81.2
Ou	6.6	11.9	10.8	63.0	45.7	57.5	49.7	29.3	36.3	18.9	18.2	18.6
don't know	0	0.3	0.1							0.0	0.4	0.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	951	2,167	541	256	797	151	287	438	1,896	1,503	3,399

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ü	Cambodia	6		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Type of card												
Thaw Raw. 38/1	65.4	82.5	72.8	13.5	14.4	13.9	19.7	19.7	19.7	56.7	76.0	65.3
ID card (blue)	0.4	0.0	0.2	7	0.0	1.2	0.0	0.0	0.0	0.4	0.0	0.2
ID card (orange)	0.4	0.0	0.2	9	0.0	3.5	0.0	0.5	0.4	0.7	0.0	0.4
ID card (green)	0.1	0.0	0.1	7	3.6	5.6	0.0	0.0	0.0	0.5	0.2	0.3
ID card (pink) (refugee/displaced)	31.4	15.0	24.3	58.5	71.9	64.0	5.3	11.8	10.0	37.0	18.7	28.8
ID card (green) (undocumented)	9.0	1.5	1.0	5.0	0.0	2.9	9.2	13.3	12.2	1.4	1.9	1.6
passport	1.3	0.1	0.8	2.5	8.6	5.0	64.5	54.2	57.0	2.9	1.9	2.5
Other ¶	0.4	0.2	0.3	0.5	0.0	0.3	1.3	0.0	0.4	0.5	0.3	0.4
don't know	0.1	9.0	0.3	5.0	1.4	3.5	0.0	0.5	0.4	0.1	6.0	0.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,096	840	1,936	200	139	339	76	203	279	1,537 1,234	1,234	2,771



Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ü	Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Do you have a work permit?												
yes	83.9	76.6	80.7	21.1	25.8	22.6	22.5	22.3	22.4	72.3	9.99	8.69
ou	16.0	23.0	19.0	76.7	72.7	75.4	76.8	77.0	76.9	27.4	32.7	29.8
don't know	0.2	0.4	0.3	2.2	1.6	2.0	0.7	0.7	0.7	0.4	0.7	0.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,216	953	2,169	541	256	797	151	287	438	1,896	1,509	3,405
Type of permit												
Blue cared (fishing boat crew)	8.1	7.0	7.7	18.4	0.0	11.7	0.0	4.7	3.1	9.4	1.4	0.9
Orange card (fish processing)	8.64	7.12	8.00	7.89	21.21	12.78	0.00	1.56	1.02	5.6	4.2	5.0
Green card (agriculture)	3.8	0.3	2.3	8.	4.5	7.2	35.3	20.3	25.5	5.3	0.8	3.4
Gray card (domestic helper)	0.0	0.0	0.0	0.0	0.0	0.0	2.9	3.1	3.1	0.0	0.0	0.0
Yellow card (construction)	10.8	6.4	0.6	5.6	1.5	2.2	80.	1.6	4.1	9.8	4.2	7.4
Brown card (other)	61.8	73.0	66.5	5.3	10.6	7.2	26.5	42.2	36.7	56.6	80.7	8.99
don't know	6.8	6.2	6.5	57.0	62.1	58.9	26.5	26.6	26.5	13.3	8.0	11.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,019	730	1,749	114	99	180	34	64	98	1,368	1,005	2,373

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	V	Myanmar	ŗ	O	Cambodia			Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Primary occupation												
Deep-water fishing boat crew	8.0	0.0	4.5	73.8	0.0	50.0	0.0	0.0	0.0	15.6	0.0	8.7
Shallow-water fishing boat crew	4.0	0.1	2.3	5.7	0.0	3.9	0.0	0.0	0.0	5.4	0.0	3.0
Fish processing	10.3	13.7	11.8	8.9	76.3	29.2	0.0	0.3	0.2	8.9	16.1	12.1
Factory worker	54.5	65.1	59.2	8.6	21.8	13.7	40.4	41.1	40.9	47.1	58.8	52.3
Agriculture	7.8	11.8	9.5	0.0	0.0	0.0	46.4	43.9	44.7	11.2	16.2	13.5
Merchant	0.0	0.0	0.0	0.0	0.0	0.0	0.7	2.1	1.6	0.0	0.1	0.0
Construction	13.7	5.0	6.6	3.9	1.9	3.3	2.0	3.1	2.7	11.3	3.7	8.0
General contractor	1.7	0.0	1.0	0.0	0.0	0.0	4.0	1.0	2.1	0.3	0.1	0.2
Household work (domestic)	0.0	4.2	1.8	0.0	0.0	0.0	0.0	4.9	3.2	0.0	5.0	2.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	9.9	3.5	4.6	0.1	0.1	0.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	257	798	151	287	438	1,897	1,508	3,405



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Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	2	Myanmar	_	Ü	Cambodia	ď		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Duration in principal occupation												
Less than 1 year	15.0	10.7	13.1	29.4	27.3	28.7	43.7	29.3	34.2	17.7	12.3	15.3
1- 2 years	34.1	36.8	35.3	22.9	23.4	23.1	24.5	25.1	24.9	32.6	35.8	34.0
3 - 5 years	32.6	37.0	34.5	26.8	30.1	27.9	15.9	22.3	20.1	29.6	34.6	31.8
6 - 10 years	14.7	13.2	14.1	15.3	16.0	15.6	9.9	11.8	10.0	15.2	14.3	14.8
10 years or more	3.5	2.2	3.0	5.5	3.1	4.8	9.3	11.5	10.7	4.8	3.0	4.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,216	953	2,169	541	256	797	151	287	438	1,896	1,508	3,404
Mean	3.37	3.34	3.36	3.57	3.16	3.44	3.23	4.57	4.11	3.51	3.44	3.48
Wage/salary type												
daily	65.4	58.1	62.2	17.9	47.3	27.4	22.5	42.0	35.2	45.3	61.4	52.4
weekly	9.0	0.3	0.5	0.4	1.2	9.0	9.9	1.7	3.4	1.1	0.7	6.0
monthly	21.6	13.4	18.0	43.1	10.9	32.7	42.4	26.6	32.0	31.8	17.4	25.4
Upon completion of work	1.8	0.0	1.0	29.0	5.5	21.5				6.2	0.3	3.6
By piece/product	3.9	7.1	5.3	2.2	21.5	8.4	1.3	2.1	1.8	5.9	4.4	5.2
Other	6.7	21.0	13.0	7.4	13.7	9.4	27.2	27.6	27.5	9.8	15.8	12.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	256	797	151	286	437	1,896	1,508	3,404

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

		Myanmar		l ü	Cambodia	m.		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Daily wage												
under100 baht	3.2	18.4	6.6	4.1	15.7	7.8	9.9	16.8	13.3	4.4	23.0	12.6
101 - 150 baht	16.3	26.1	20.6	22.1	48.6	30.6	38.4	35.0	36.2	23.2	29.6	26.0
151 - 200 baht	27.5	31.6	29.3	41.7	28.2	37.3	42.4	40.6	41.2	28.3	29.0	28.6
201 - 300 baht	45.8	23.8	36.2	22.1	5.5	16.7	11.3	9.9	8.2	38.0	18.1	29.3
301 - 400 baht	0.9	0.1	3.4	6.4	1.2	4.7	1.3	1.0	1.1	4.5	0.3	2.6
401 - 500 baht	0.7	0.0	0.4	1.9	0.8	1.5	0.0	0.0	0.0	0.8	0.0	0.5
501 baht or more	0.4	0.0	0.2	1.9	0.0	1.3	0.0	0.0	0.0	0.8	0.0	0.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1213	938	2151	535	255	790	151	286	437	1892	1481	3373
Mean daily wage	208.67	156.04	185.71	205.72	140.18	184.57	155.98	142.69	147.28	199.37	146.88	176.31
Who are you living with now												
Family/spouse/partner												
Thai	0.0	0.0	0.0	1.4	0.0	9.0	24.4	55.6	46.4	0.1	1.0	0.5
Same nationality	100.0	100.0	100.0	98.6	100.0	99.4	75.6	44.4	53.6	6.66	0.66	99.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	531	551	1,082	142	171	313	82	198	280	827	810	1,637

Table 4.1: General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar		Ü	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
relatives												
Thai	0.0	0.0	0.0	6.0	0.0	0.5	3.4	25.4	18.5	0.0	0.2	0.1
Same nationality	7.66	100.0	8.66	99.1	100.0	99.5	93.1	71.4	78.3	9.66	8.66	7.66
Thai and same nationality	0.3	0.0	0.2				3.4	3.2	3.3	0.4	0.0	0.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	316	261	577	116	106	222	29	63	92	524	474	866
Employer												
Thai	44.4	9.1	25.0	71.4	0.0	71.4	100.0	2.99	75.0	55.0	9.5	31.7
Same nationality	55.6	6.06	75.0	28.6	0.0	28.6	0.0	33.3	25.0	45.0	90.5	68.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	6	11	20	7	0	7	1	3	4	20	21	41
Friend / Co-worker												
Thai	0.0	0.0	0.0	9.0	0.0	9.0	4.7	2.1	3.3	0.2	0.0	0.1
Same nationality	98.9	98.9	98.9	9.96	100.0	7.96	95.3	95.8	92.6	99.1	7.86	0.66
Thai and same nationality	1.14	1.12	1.14	2.76	00.00	2.69	0.00	2.08	1.10	0.7	1.3	6.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	350	178	528	326	6	335	43	48	91	558	304	862

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ü	Cambodia			Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Type of abode												
MRoom at the worksite	42.8	41.3	42.2	57.5	17.6	44.7	51.7	33.6	39.8	40.7	45.6	42.9
Room outside the worksite	57.2	58.7	57.8	42.5	82.4	55.3	48.3	66.4	60.2	59.3	54.4	57.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1216	952	2168	541	256	797	151	286	437	1,897	1,508	3,405
Can you speak Thai?												
yes	64.9	48.4	57.6	64.7	61.7	63.7	84.8	81.5	82.6	65.0	46.6	56.8
no	35.1	51.6	42.4	35.3	38.3	36.3	15.2	18.5	17.4	35.0	53.4	43.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1215	952	2,167	541	256	797	151	286	437	1,896	1,507	3,403
If yes, what level?												
poos	8.4	6.5	7.7	3.1	4.4	3.5	18.8	12.9	15.0	7.8	6.3	7.2
satisfactory	26.9	32.8	29.1	29.4	23.4	27.6	42.2	48.9	46.5	27.4	32.2	29.1
A small amount	64.7	2.09	63.3	67.4	72.2	68.9	39.1	38.2	38.5	64.9	61.5	63.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	788	461	1249	350	158	508	128	233	361	1,232	701	1,933



Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	O	Cambodia	а		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can you read Thai?												
yes	4.4	1.7	3.2	23.1	7.4	18.1	78.1	8.99	70.7	7.6	3.5	5.8
no 95.6	98.3	8.96	6.92	92.6	81.9	21.9	33.2	29.3	92.4	96.5	94.2	
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,215	952	2,167	541	256	797	151	286	437	1,896	1,507	3,403
If yes, what level?												
poos	9.3	0.0	7.1	2.4	0.0	2.1	9.3	9.4	9.4	5.5	1.9	4.5
satisfactory	14.8	25.0	17.1	24.0	10.5	22.2	35.6	35.1	35.3	26.2	24.5	25.8
A small amount	75.9	75.0	75.7	73.6	89.5	75.7	55.1	55.5	55.3	68.3	73.6	2.69
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	54	16	70	125	19	144	118	191	309	145	53	198
Can you write Thai												
yes	3.5	1.5	2.6	13.5	3.9	10.4	39.7	32.5	35.0	5.1	2.3	3.9
no	96.5	98.5	97.4	86.5	96.1	9.68	60.3	67.5	0.59	94.9	7.76	96.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,215	951	2,166	541	256	797	151	286	437	1,896	1,505	3,401

Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Č	Cambodia			Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
If yes, what level?												
poos				1.4	0.0	1.2	3.3	2.1	2.6	1.0	0.0	0.8
satisfactory	16.7	7.1	14.3	15.1	10.0	14.5	20.0	24.5	22.7	20.6	11.4	18.2
A small amount	83.3	92.9	85.7	83.6	0.06	84.3	7.92	73.4	74.7	78.4	88.6	81.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	42	14	56	73	10	83	60	94	154	97	35	132
Do you send money back home?												
yes	55.1	56.0	55.5	2.99	56.3	63.4	56.3	52.8	54.0	57.6	57.1	57.4
ou	44.9	44.0	44.5	33.3	43.8	36.6	43.7	47.2	46.0	42.4	42.9	42.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,215	946	2,161	541	256	797	151	286	437	1,897	1,495	3,392





Table 4.1 : General characteristics of the migrant workers by sex and nationality (Con't.)

	<b>V</b>	Myanmar	L	O	Cambodia	а		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
How do you send the money?												
Take it myself	1.6	21.1	1.8	3.3	4.2	3.6	14.1	16.6	15.7	2.3	3.0	2.6
Through boss/employer	5.7	3.4	4.7	25.3	11.8	21.5	30.6	43.0	38.6	7.0	3.7	5.5
Through agent who recruited me	36.5	52.8	43.7	7.6	5.6	8.5	0.0	0.0	0.0	20.8	32.7	26.0
Through friend/co-worker	12.7	4.6	9.1	4.7	0	3.4	1.2	0.7	0.8	9.2	3.4	9.9
Through relative	12.1	15.6	13.6	5.8	11.1	7.4	24.7	19.9	21.6	9.3	17.3	12.8
Through bank	9.1	12.5	10.6	13.4	14.6	13.7	24.7	17.2	19.9	8.7	14.6	11.3
Through the post	0.1	0.0	0.1	10.3	11.1	10.5	2.4	2.0	2.1	2.2	6.0	1.6
Through an NGO	0.0	0.0	0.0	0.3	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.0
Other	26.6	13.7	20.9	27.6	42.4	31.8	2.4	1.3	1.7	43.4	27.3	36.4
(N)	899	527	1195	359	144	503	85	151	236	1,091	849	1,940

Table 4.2 : Social integration of the migrant workers by sex and nationality

	~	Myanmar	<u>.</u>	Ü	Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
How would you compare your current situation with your life back home	r life ba	ck hom	a									
income												
better	0.3	0.8	9.0	0.7	0.4	9.0	2.0	0.0	0.7	0.2	0.2	0.2
same	0.2	0.2	0.2							0.4	0.2	0.3
Worse	1.1	1.2	1.1	0.4	1.2	9.0	2.7	2.8	2.8	1.4	1.5	1.4
unsure	10.8	13.7	12.1	21.9	37.1	26.8	24.0	23.4	23.6	14.0	15.3	14.6
Can't compare	87.5	84.0	0.98	77.0	61.3	72.0	71.3	73.8	72.9	84.0	82.8	83.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1210	946	2,156	540	256	962	150	286	436	1,886	1,505	3,391
General life situation												
better	0.1	0.3	0.2	0.2	0.0	0.1	0.7	0.0	0.2	0.2	0.3	0.2
same	0.2	0.2	0.2	9.0	0.4	0.5	0.0	0.0	0.0	0.2	0.3	0.2
Worse	21.4	12.6	17.5	10.7	5.5	0.6	16.7	8.0	11.0	17.5	11.1	14.7
unsure	18.0	18.8	18.4	59.3	67.2	61.8	36.0	40.6	39.0	21.4	20.3	20.9
Can't compare	60.3	68.1	63.7	29.3	27.0	28.5	46.7	51.4	49.8	8.09	68.1	64.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	540	256	796	150	286	436	1,886	1,504	3,390



Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar	_	Ö	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Work situation												
better	0.1	9.0	0.3	0.4	0.0	0.3	2.0	0.7	1.1	0.2	0.3	0.2
same	0.0	0.1	0.0	0.4	0.8	0.5	0.0	0.0	0.0	0.1	0.1	0.1
worse	3.5	2.1	2.9	23.1	7.8	18.2	8.0	3.1	4.8	0.9	2.8	4.6
unsure	10.4	11.8	11.0	54.8	61.7	57.0	22.7	27.3	25.7	15.3	15.4	15.3
Can't compare	86.0	85.3	85.7	21.3	29.7	24.0	67.3	68.9	68.3	78.5	81.4	79.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1210	946	2,156	540	256	796	150	286	436	1,886	1,504	3,390
Access to health care												
better	4.5	2.9	3.8	1.1	0.0	0.8	16.7	10.8	12.8	2.4	3.9	3.1
same	2.6	3.1	2.8	1.3	0.4	1.0	0.7	0.7	0.7	2.9	3.5	3.2
Worse	7.3	5.7	9.9	3.3	3.9	3.5	12.0	5.2	7.6	0.9	6.3	6.1
unsure	17.9	12.2	15.4	72.8	71.9	72.5	21.3	24.8	23.6	22.8	15.6	19.6
Can't compare	8.29	76.2	71.5	21.5	23.8	22.2	49.3	58.4	55.3	62.9	70.7	0.89
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,210	946	2,156	540	256	962	150	286	436	1,886	1,886 1,504	3,390

Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	2	Myanmar		Ü	Cambodia	۵		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Domicile												
better	0.2	0.2	0.2	9.0	0.0	0.4	0.7	0.0	0.2	0.3	0.1	0.2
same	9.0	0.3	0.5	0.2	0.4	0.3				0.8	0.3	9.0
worse	39.5	44.3	41.6	21.5	19.1	20.7	22.0	15.4	17.7	31.1	37.8	34.1
unsure	18.8	16.1	17.6	61.9	63.3	62.3	30.7	34.6	33.3	20.2	19.5	19.9
Can't compare	41.0	39.1	40.2	15.9	17.2	16.3	46.7	50.0	48.9	47.5	42.2	45.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1.210	946	2,156	540	256	962	150	286	436	1,885	1,504	3,389
Environment												
better	0.2	0.2	0.2	1.3	2.3	1.6	0.7	0.0	0.2	0.3	0.5	0.4
same	0.5	0.5	0.5	0.7	0.8	0.8	0.7	0.0	0.2	0.7	0.8	0.8
Worse	37.3	37.1	37.2	9.6	9.0	9.4	16.0	9.1	11.5	30.1	35.5	32.5
unsure	24.4	22.3	23.5	75.0	70.3	73.5	39.3	38.8	39.0	26.4	24.9	25.7
Can't compare	37.7	39.9	38.6	13.3	17.6	14.7	43.3	52.1	49.1	42.5	38.3	40.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	540	256	796	150	286	436	1,886	1,504	3,390





Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

		Myanmar	_		Cambodia	ro .		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Safety and security												
better	0.0	0.3	0.1	4.6	3.9	4.4	0.7	0.0	0.2	6.0	6.0	6.0
same	2.4	3.7	3.0	4.6	3.1	4.1				4.8	4.9	4.8
worse	48.4	48.5	48.5	37.4	32.4	35.8	27.3	16.4	20.2	44.4	48.8	46.3
unsure	20.3	18.8	19.7	39.1	45.7	41.2	32.0	36.4	34.9	18.2	18.9	18.5
Can't compare	28.8	28.6	28.8	14.3	14.8	14.4	40.0	47.2	44.7	31.8	26.5	29.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	540	256	796	150	286	436	1,886	1,504	3,390
Socially												
better	0.1	0.1	0.1	4.1	4.7	4.3	1.3	1.7	1.6	0.8	0.7	0.8
same	9.0	1.0	0.7	3.0	2.7	2.9	0.0	0.3	0.2	1.3	1.3	1.3
worse	34.2	40.4	36.9	27.8	27.7	27.8	28.0	11.2	17.0	30.9	39.9	34.9
unsure	28.1	26.2	27.3	51.9	50.8	51.5	27.3	36.7	33.5	27.8	27.5	27.7
Can't compare	37.0	32.3	35.0	13.3	14.1	13.6	43.3	50.0	47.7	39.2	30.6	35.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	540	256	796	150	286	436	1,886	1,505	3,391

Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar	7	Ü	Cambodia	6		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Have you participated in the following activities?												
Thai religious ceremonies on festival days												
Yes, with Thais	0.2	9.0	0.4	0.4	0.0	0.3	8.0	13.6	11.7	0.3	1.0	9.0
Yes, with persons of my nationality	35.3	37.2	36.1	22.3	21.9	22.1	6.7	10.1	8.9	36.9	36.9	36.9
Yes, with both	5.5	2.9	0.9	35.3	44.9	38.4	42.0	48.3	46.1	14.1	12.4	13.3
No	9.69	55.5	57.5	42.1	33.2	39.2	43.3	28.0	33.3	48.7	49.7	49.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	944	2,154	539	256	795	150	286	436	1,886	1,503	3,389
Religious ceremonies of my home country												
Yes, with Thais	0.2	0.8	0.5	0.2	0.0	0.1	1.3	9.9	4.8	0.3	6.0	9.0
Yes, with persons of my nationality	45.8	48.6	47.0	18.0	14.1	16.7	12.0	15.0	14.0	50.2	9.64	50.0
Yes, with both	4.5	5.5	4.9	29.3	29.7	29.4	24.0	33.9	30.5	10.6	9.4	10.0
No	49.5	45.0	47.5	52.5	56.3	53.7	62.7	44.4	50.7	38.9	40.1	39.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	539	256	795	150	286	436	1,886	1,505	3,391





Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar	۲	O	Cambodia	В		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Cremation/funeral												
Yes, with Thais	0.3	0.4	0.4	0.2	0.0	0.1	5.3	13.6	10.8	0.3	0.7	0.5
Yes, with persons of my nationality	40.7	40.6	40.7	10.2	10.5	10.3	10.7	7.7	8.7	42.0	42.2	42.1
Yes, with both	8.2	9.2	9.8	31.2	34.8	32.3	20.7	32.9	28.7	15.3	14.0	14.7
ON	50.7	49.8	50.3	58.4	54.7	57.2	63.3	45.8	51.8	42.4	43.2	42.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	539	256	795	150	286	436	1,886	1,504	3,390
Make merit with relatives												
Yes, with Thais	9:0	9.0	9:0	9.0	0:0	0.4	7.3	11.9	10.3	0.5	0.8	9.0
Yes, with persons of my nationality	43.1	49.4	45.8	15.4	20.7	17.1	13.3	9.8	11.0	48.5	52.8	50.4
Yes, with both	6.7	11.2	8.7	35.4	45.3	38.6	21.3	39.9	33.5	13.6	17.6	15.4
NO	49.7	38.8	44.9	48.7	34.0	44.0	58.0	38.5	45.2	37.4	28.8	33.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,210	946	2,156	539	256	795	150	286	436	1,886	1,505	3,391

Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar		Ü	Cambodia	g.		Laos		Tota	Total (weighted)	nted)
V	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Participate in cultural events												
Yes, with Thais	0.2	0.3	0.2	0.2	0.0	0.1	0.0	1.0	0.7	0.2	0.3	0.2
Yes, with persons of my nationality	44.5	41.9	43.3	8.3	8.2	8.3	0.7	0.7	0.7	46.6	45.0	45.9
Yes, with both	7.4	4.3	0.9	15.9	19.5	17.1	10.0	19.6	16.3	10.6	6.5	8.7
ON	48.0	53.4	50.4	75.6	72.3	74.5	89.3	78.7	82.3	42.7	48.2	45.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N) 1	1,210	945	2,155	540	256	796	150	286	436	1,886	1,502	3,388
Participate in community activities												
Yes, with Thais	0.3	0.3	0.3	9.0	1.2	9.0	7.3	12.6	10.8	0.4	0.7	0.5
Yes, with persons of my nationality	49.4	43.3	46.8	27.4	21.1	25.4	5.3	5.9	5.7	46.7	43.1	45.1
Yes, with both	13.0	7.3	10.5	42.8	48.8	44.7	35.3	48.6	44.0	22.3	13.2	18.3
OZ	37.3	49.0	42.4	29.4	28.9	29.3	52.0	32.9	39.4	30.5	43.0	36.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N) 1	1,210	946	2,156	540	256	796	150	286	436	1,885	1,504	3,389



Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar	<b>.</b>		Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Participate in New Year's celebration												
Yes, with Thais	0.3	0.3	0.3	1.5	0.0	1.0	6.7	13.3	11.0	0.4	0.7	0.5
Yes, with persons of my nationality	45.5	48.9	47.0	23.9	21.5	23.1	9.3	8.0	8.5	46.3	51.9	48.8
Yes, with both	13.4	7.2	10.7	44.3	46.5	45.0	39.3	49.3	45.9	23.0	12.4	18.3
NO	40.7	43.6	42.0	30.4	32.0	30.9	44.7	29.4	34.6	30.3	35.1	32.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,210	946	2,156	540	256	962	150	286	436	1,885	1,505	3,390
Do you have a Thai name?												
yes	45.4	28.8	38.2	27.9	21.5	25.8	32.0	36.7	35.1	40.4	22.6	32.5
no	54.6	71.2	61.8	72.1	78.5	74.2	0.89	63.3	6.49	59.6	77.4	67.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,209	943	2,152	538	256	794	150	286	436	1,884	1,498	3,382
Have you ever been to Bangkok?												
yes	30.6	21.4	26.6	11.5	10.9	11.3	27.3	31.8	30.3	33.7	17.2	26.4
ou	69.4	78.6	73.4	88.5	89.1	88.7	72.7	68.2	2.69	66.3	82.8	73.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,209	945	2,154	540	256	962	150	286	436	1,884	1,503	3,387

Table 4.2 : Social integration of the migrant workers by sex and nationality (con't.)

	~	Myanmar	_		Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If yes, who did you go with of what nationality?												
friend												
Thais	3.5	3.7	3.6	0.0	0.0	0.0	0.0	33.3	19.0	5.1	5.2	5.1
My nationality	92.5	93.8	92.9	100.0	85.7	0.96	100.0	2.99	81.0	91.5	91.7	91.5
Both	4.0	2.5	3.6	0.0	14.3	4.0				3.4	3.1	3.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	199	81	280	18	7	25	6	12	21	294	96	390
boss												
Thais	77.3	73.9	76.5	100.0	100.0	100.0	100.0	2.99	87.5	79.0	72.7	78.0
My nationality	21.3	17.4	20.4	0.0	0.0	0.0	0.0	0.0	0.0	20.2	22.7	20.6
Both	1.3	8.7	3.1	0.0	0.0	0.0	0.0	33.3	12.5	0.8	4.5	1.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	75	23	86	21	6	30	5	8	∞	119	22	141



Table 4.2: Social integration of the migrant workers by sex and nationality (con't.)

	2	Myanmar	_	O	Cambodia	Ø		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
relative												
Thais	1.1	0.0	0.5	12.5	0.0	5.6	18.8	45.5	38.3	1.6	1.6	1.6
My nationality	98.9	100.0	99.5	87.5	100.0	94.4	81.3	50.0	58.3	98.4	98.4	98.4
Both	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	3.3	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	93	66	192	8	10	18	16	44	09	125	128	253
Other												
Thais	4.8	0.0	3.4	50.0	0.0	37.5	0.0	77.8	2.99	11.5	8.0	10.5
My nationality	95.2	0.96	95.5	50.0	100.0	62.5	66.7	22.2	28.6	88.5	92.0	89.5
Both	0.0	4.0	1.1	0.0	0.0	0.0	33.3	0.0	4.8	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	63	25	88	9	7	<sub>∞</sub>	8	18	21	61	25	98

Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality

	2	Myanmar	_	O	Cambodia	_ Б		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Ever hear of AIDS or HIV?												
yes	91.3	90.5	6.06	92.6	87.2	6.06	99.3	97.2	6.76	92.3	90.2	91.4
OL	8.7	9.5	9.1	7.4	12.5	0.6	0.7	2.4	1.8	7.7	9.8	8.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	541	257	798	151	287	438	1,897	1,509	3,406
HIV/AIDS knowledge												
Can HIV be prevented?												
yes	86.5	88.6	87.4	86.4	87.9	86.9	97.3	95.3	0.96	2.98	89.5	87.9
Ou	5.1	0.9	5.5	9.4	6.7	9.8	1.3	3.2	2.6	5.3	4.7	5.0
don't know	8.4	5.3	7.0	4.2	5.4	4.6	1.3	1.4	1.4	8.1	5.8	7.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,110	862	1,972	501	223	724	150	279	429	1,751	1,360	3,111



Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2 -	Myanmar	ı	O	Cambodia	а		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Have you ever known anyone who died of AIDS?												
yes	25.7	17.9	22.3	16.5	19.2	17.3	10.7	15.4	13.8	29.8	20.0	25.5
Ou	74.3	82.1	7.77	83.5	80.8	82.7	89.3	84.6	86.2	70.2	80.0	74.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,103	859	1,962	498	224	722	150	279	429	1,737	1,354	3,091
Can HIV be spread by sharing a meal with an infected person?	erson?											
yes	13.5	9.6	11.8	8.2	8.9	8.4	20.0	19.7	19.8	14.8	12.4	13.8
Ou	78.3	84.2	80.9	87.0	9.98	86.9	72.0	74.9	73.9	75.9	2.08	78.0
don't know	8.2	6.1	7.3	4.8	4.5	4.7	8.0	5.4	6.3	9.3	6.9	8.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,110	862	1,972	501	224	725	150	279	429	1,751	1,360	3,111

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	,	O	Cambodia	a		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Can HIV can spread supernaturally?												
yes	3.2	3.0	3.1	7.0	8.0	7.3	8.0	10.8	9.8	5.1	4.9	5.0
OL	8.98	84.1	85.6	84.0	80.4	82.9	85.3	77.4	80.2	84.9	81.3	83.3
don't know	10.0	12.9	11.3	9.0	11.6	9.8	6.7	11.8	10.0	10.0	13.8	11.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,110	862	1,972	501	224	725	150	279	429	1,751	1,360	3,111
Can HIV be spread by mosquitoes?												
yes	34.3	30.7	32.8	21.0	24.6	22.1	47.3	57.0	53.6	35.0	38.2	36.4
Ou	58.2	63.2	60.4	70.7	72.8	71.3	43.3	35.8	38.5	57.5	55.8	56.7
don't know	7.5	0.9	6.8	8.4	2.7	9.9	9.3	7.2	7.9	7.5	0.9	6.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,110	862	1,972	501	224	725	150	279	429	1,751	1,361	3,112





Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	,	Ö	Cambodia	а		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can HIV spread by sharing needles?												
yes	7.06	91.3	91.0	9.06	92.9	91.3	91.3	93.2	92.5	91.3	90.4	6.06
Ou	5.0	0.9	5.4	5.8	5.4	5.7	7.3	5.7	6.3	4.4	6.2	5.2
don't know	4.3	2.7	3.6	3.6	1.8	3.0	1.3	1.1	1.2	4.3	3.4	3.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,109	862	1,971	501	224	725	150	279	429	1,748	1,360	3,108
Can HIV spread by blood transfusion?												
yes	81.1	77.8	7.67	86.2	7.68	87.3	89.9	85.3	86.9	80.0	76.3	78.4
Ou	10.8	10.6	10.7	8.4	8.5	8.4	0.9	7.6	8.4	10.7	9.2	10.0
don't know	8.1	11.6	9.6	5.4	1.8	4.3	4.0	5.0	4.7	9.3	14.6	11.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,109	862	1,971	501	224	725	149	278	427	1,751	1,360	3,111

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	_	O	Cambodia	B		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Can someone who is HIV-positive look healthy?												
yes	9.09	0.09	54.7	57.3	54.0	56.3	64.4	9.59	65.2	51.4	56.2	53.5
Ou	35.7	26.1	31.5	28.5	31.7	29.5	21.5	24.7	23.6	32.1	27.3	30.0
don't know	13.7	13.9	13.8	14.2	14.3	14.2	14.1	2.6	11.2	16.5	16.5	16.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,110	862	1972	501	224	725	149	279	428	1,750	1,361	3,111
Can external contact spread HIV?												
yes	14.7	11.6	13.3	10.8	12.9	11.4	26.2	30.5	29.0	13.7	11.8	12.9
Ou	77.5	82.8	79.8	0.98	82.6	85.0	67.8	65.2	66.1	78.1	81.9	79.7
don't know	7.8	5.6	6.8	3.2	4.5	3.6	0.9	4.3	4.9	8.2	6.3	7.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,109	862	1971	501	224	725	149	279	428	1,748	1,361	3,109



Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

		Myanmar		O	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can abstinence prevent HIV?												
yes	67.1	75.6	70.8	44.3	47.5	45.3	85.9	85.3	85.5	69.3	78.6	73.4
Ou	24.8	18.6	22.1	38.3	37.2	38.0	13.4	12.5	12.9	22.5	13.8	18.7
don't know	8.1	5.8	7.1	17.4	15.2	16.7	0.7	2.2	1.6	8.2	7.6	7.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,109	862	1,971	501	223	724	149	279	428	1,748	1,360	3,108
Can HIV be prevented by having a mutually faithful partner?												
yes	86.8	85.6	86.3	67.5	73.2	69.3	95.3	91.4	92.7	86.5	84.3	85.5
Ou	8.2	8.5	8.3	23.4	20.5	22.5	3.4	6.8	5.6	8.4	9.3	8.8
don't know	5.0	5.9	5.4	0.6	6.3	8.2	1.3	1.8	1.6	5.1	6.4	5.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,109	862	1,971	499	224	723	149	278	427	1,748	1,360	3,108

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

	~	Myanmar		O	Cambodia	В		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can using condoms prevent HIV?												
yes	87.5	87.2	87.4	86.0	85.7	85.9	98.0	94.6	95.8	9.88	84.2	9.98
ou	7.6	3.0	5.6	7.4	8.5	7.7	1.3	4.3	3.3	5.6	3.7	4.7
don't know	4.9	9.7	7.0	9.9	5.8	6.4	0.7	1.1	6.0	5.9	12.1	8.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
2	1,108	862	1,970	501	223	724	149	278	427	1,747	1,361	3,108
Can HIV be prevented by reducing one's number												
of sex partners or having only one sex partner?												
yes	77.9	55.4	68.1	54.7	54.0	54.5	93.3	86.0	88.6	76.1	57.1	8.79
ou	15.9	35.7	24.5	29.1	29.0	29.0	4.7	10.4	8.4	15.2	32.4	22.7
don't know	6.2	8.9	7.4	16.2	17.0	16.5	2.0	3.6	3.0	8.6	10.5	9.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,108	861	1,969	499	224	723	149	279	428	1,747	1,358	3,105



Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	L	O	Cambodia	а		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Can a pregnant woman transmit HIV to her fetus?												
yes	80.8	81.6	81.1	68.5	72.8	8.69	83.2	89.9	97.8	79.9	78.8	79.4
no	6.2	9.2	7.5	25.0	24.1	24.7	13.4	7.9	9.8	9.4	11.2	10.2
don't know	13.0	9.3	11.4	9.9	3.1	5.5	3.4	2.2	2.6	10.7	10.0	10.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,109	862	1,971	501	224	725	149	278	427	1,747	1,361	3,108
Can a pregnant woman transmit HIV to her infant during delivery.	delivery	,										
yes	8.92	82.7	79.4	78.0	76.8	9.77	82.6	86.7	85.2	76.1	9.62	77.6
no	6.5	5.8	6.2	13.4	17.0	14.5	12.8	7.9	9.6	8.4	7.9	8.2
don't know	16.7	11.5	14.4	8.6	6.3	7.9	4.7	5.4	5.2	15.5	12.5	14.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,109	862	1,971	200	224	724	149	278	427	1,747	1,361	3,108

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

	~	Myanmar		O	Cambodia			Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can a woman transmit HIV to her infant through breastfeeding?	eeding?											
yes	78.0	83.9	9.08	85.6	91.1	87.3	81.2	91.4	87.9	79.9	81.4	9.08
Ou	6.9	4.9	0.9	8.	5.4	7.7	13.4	6.5	8.9	7.5	6.3	7.0
don't know	15.2	11.3	13.5	5.6	3.6	5.0	5.4	2.2	3.3	12.6	12.3	12.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,108	862	1,970	501	224	725	149	279	428	1,744	1,360	3,104
Can a pregnant woman prevent transmitting HIV												
to her fetus by taking ARV drugs?												
yes	28.6	40.1	33.6	29.5	42.0	33.4	15.4	31.5	25.9	31.4	41.4	35.7
Ou	8.09	54.5	58.0	64.5	56.7	62.1	84.6	67.4	73.4	57.7	53.0	55.6
not sure	10.6	5.5	8.3	0.9	1.3	4.6	0.0	1.1	0.7	11.0	5.7	8.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,107	861	1968	501	224	725	149	279	428	1,748	1,361	3,109





Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ö	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
At present, can HIV/AIDS be treated?												
yes	15.3	16.8	15.9	13.8	22.8	16.6	20.1	25.4	23.6	18.5	18.1	18.3
Ou	63.3	68.2	65.4	64.7	57.6	62.5	67.1	9.99	60.3	55.9	61.6	58.4
don't know	21.5	15.0	18.6	21.6	19.6	21.0	12.8	17.9	16.1	25.6	20.3	23.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,108	862	1,970	501	224	725	149	279	428	1,745	1,361	3,106
Is there a place to get tested for HIV in your neighborhood?	¿pc											
yes	46.5	33.1	40.6	27.1	34.4	29.4	42.3	53.0	49.3	41.9	33.9	38.4
Ou	52.3	65.1	57.9	72.5	9.59	70.3	57.7	46.2	50.2	57.2	63.6	0.09
not sure	1.2	1.9	1.5	0.4	0.0	0.3	0.0	0.7	0.5	6.0	2.4	1.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,108	862	1,970	501	224	725	149	279	428	1,744	1,361	3,105

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar		O	Cambodia	T.		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Will they really keep your HIV test results secret?												
yes	29.5	41.8	34.9	73.5	69.2	72.1	47.7	51.6	50.2	41.3	41.0	41.2
ОП	50.1	44.5	47.6	12.8	15.2	13.5	45.0	38.4	40.7	41.6	43.0	42.2
not sure	20.4	13.7	17.5	13.8	15.6	14.3	7.4	10.0	9.1	17.0	16.0	16.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,104	861	1,965	501	224	725	149	279	428	1,739	1,360	3,099
Are you at risk of HIV?												
A lot	1.0	4.3	2.4	1.3	0.5	1.0	6.2	2.6	3.9	1.2	3.0	2.0
A little	4.8	4.7	4.7	17.6	6.3	14.2	13.7	15.7	15.0	7.2	5.6	6.5
Not at all	94.2	91.0	92.8	81.2	93.2	84.8	80.1	81.6	81.1	91.6	91.4	91.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,087	837	1,924	478	207	685	146	267	413	1,699	1,313	3,012





Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

		Myanmar	_	0	Cambodia	, and		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Reason for thinking self at risk												
Was bitten by a mosquito	0.0	1.3	0.7	1.1	0.0	1.0	0.0	0.0	0.0	0.5	1.0	0.7
At a meal with an infected person	4.8	0.0	2.2	1.1	15.4	3.0	0.0	0.0	0.0	3.5	0.2	2.0
Had a transfusion	9.5	5.3	7.2	3.4	15.4	5.0	0.0	2.2	1.4	8.8	4.7	6.9
Had sex with a sex worker	25.4	0.0	11.6	71.6	0.0	62.4	25.0	0.0	9.5	35.4	0.0	19.6
Had unsafe sex	44.4	20.0	31.2	51.1	15.4	46.5	90.09	41.3	9.44	51.1	25.9	39.9
other	22.2	77.3	52.2	4.5	53.8	10.9	39.3	71.7	59.5	15.9	74.3	41.9
(N)	63	75	138	88	13	101	28	46	74	140	113	253
Reason for thinking self not at risk												
Not bitten by a mosquito	0.3	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Never shared a meal with an infected person	1.9	0.8	1.4	0.0	1.1	0.4	0.0	0.5	0.3	1.6	0.4	1.0
Never had a transfusion	11.2	7.6	9.7	27.4	31.3	28.6	0.0	1.4	6.0	8.9	7.9	8.5
Never paid for sex	62.3	14.3	41.8	49.5	56.3	51.6	35.3	2.8	14.4	56.2	10.8	36.4
Never had sex	27.3	34.9	30.6	28.8	23.9	27.2	26.7	22.3	23.9	26.3	39.2	31.9
Never had unsafe sex	4.3	0.4	2.6	19.6	1.1	13.7	4.3	0.5	1.8	6.2	0.2	3.6
Other	17.7	59.7	35.6	2.4	15.9	6.8	33.6	73.5	59.3	18.9	0.09	36.8
(N)	1,002	747	1,749	372	176	548	116	211	327	1,501	1,157	2,658

Table 5.1: Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

		Myanmar	_	Ü	Cambodia	a		Laos		Tota	Total (weighted)	(ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Opinions about gender roles												
Is a woman who carries condoms a bad girl?												
yes	43.2	40.9	42.2	53.9	48.7	52.3	57.3	59.3	58.6	9.74	43.1	45.7
Ou	56.8	59.1	57.8	46.1	51.3	47.7	42.7	40.7	41.4	52.4	56.9	54.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,103	810	1,913	508	236	744	150	280	430	1,736	1,274	3,010
Is a man who carries condoms responsible?												
yes	85.8	62.4	76.1	88.6	76.3	84.7	92.7	93.2	93.0	86.1	63.1	76.5
Ou	14.2	37.6	23.9	11.4	23.8	15.3	7.3	6.8	7.0	13.9	36.9	23.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,137	811	1,948	518	240	758	151	280	431	1,800	1,282	3,082
Can you accept the fact that adolescent males will have a girlfriend?	e a girlfri	iend?										
yes	67.3	8.09	64.4	27.6	18.3	24.6	47.3	41.9	43.8	64.8	58.9	62.2
Ou	32.7	39.2	35.6	72.4	81.7	75.4	52.7	58.1	56.2	35.2	41.1	37.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(X)	1,179	925	2,104	522	246	768	150	284	434	1,850	1,460	3,310



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Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	_	Ü	Cambodia	B		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Are same-sex relationships normal?												
yes	34.8	31.3	33.2	37.7	40.5	38.6	60.4	67.8	65.3	40.1	27.2	34.4
OU	65.2	68.8	8.99	62.3	59.5	61.4	39.6	32.2	34.7	59.9	72.8	9.59
Total	100	100	100	100	100	100	100	100	100	100	100	100
2	1,164	912	2,076	491	227	718	149	283	432	1,807	1436	3,243
Is the value of a woman not determined by her virginity status	status											
yes	55.9	55.4	55.7	61.1	57.3	59.9	77.6	77.7	9.77	59.2	49.6	54.9
OU	44.1	44.6	44.3	38.9	42.7	40.1	22.4	22.3	22.4	40.8	50.4	45.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,143	925	2,068	501	234	735	147	278	425	1,795	1,451	3,246
Can you accept the fact that adolescent females will have a boyfriend?	a boyfri	pue?										
yes	63.0	55.8	59.8	20.7	17.3	19.6	46.7	43.5	9.44	55.7	52.7	54.4
Ou	37.0	44.2	40.2	79.3	82.7	80.4	53.3	56.5	55.4	44.3	47.3	45.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,183	927	2,110	527	248	775	150	283	433	1,857	1,468	3,325

Table 5.1: Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

	2	Myanmar	<u>.</u>	Ű	Cambodia	e e		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Can the woman be the one who suggests using condoms?												
yes	71.9	58.8	66.4	71.6	57.3	67.1	91.4	2.96	94.8	73.7	55.0	62.9
0.0	28.1	41.2	33.6	28.4	42.7	32.9	8.6	3.3	5.2	26.3	45.0	34.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,101	788	1,889	517	239	756	151	274	425	1,735	1,250	2,985
Can adolescents discuss sex in the classroom?												
Yes	64.1	52.7	59.1	29.7	18.4	26.1	44.0	44.2	44.1	57.4	45.9	52.3
O Z	35.9	47.3	40.9	70.3	81.6	73.9	56.0	55.8	55.9	42.6	54.1	47.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
2	1,140	901	2,041	526	239	765	150	276	426	1,814	1,426	3,240
Have you ever seen/know about condoms?												
Yes	93.5	85.2	8.68	2.96	95.3	96.2	100.0	97.2	98.2	94.9	82.9	9.68
NO	6.5	14.8	10.2	3.3	4.7	3.8		2.8	1.8	5.1	17.1	10.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,205	950	2,155	538	256	794	150	284	434	1,878	1,503	3,381





Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

		Myanmar	L		Cambodia	а		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
What can condoms be used for?												
Increase pleasure	13.8	3.4	9.5	6.5	6.9	9.9	2.7	5.9	4.8	19.4	4.7	13.5
Prevent pregnancy/method of contraception	38.3	59.0	46.8	51.8	57.1	53.4	20.3	27.8	25.2	34.8	49.2	40.6
Prevent STI	23.3	22.9	23.2	63.5	50.7	59.7	22.3	26.0	24.7	27.7	25.5	26.8
Prevent HIV/AIDS	90.0	89.5	8.68	9.06	87.1	89.5	9.96	94.5	95.2	84.2	87.9	85.7
Other	2.5	2.4	2.4	0.8	0.5	0.7	0.0	0.0	0.0	0.4	1.1	0.7
(N)	1,097	763	1,860	510	217	727	148	273	421	1,717	1,150	2,867
Where can you get condoms?												
Drug store	61.9	42.6	53.50	46.4	39.4	44.3	42.3	39.2	40.3	60.3	39.5	52.0
General store/shop	23.5	15.8	20.1	26.6	18.2	24.1	7.7	14.4	12.1	24.7	14.9	20.8
Health center	21.0	24.3	22.4	12.2	12.3	12.3	26.0	44.3	37.9	19.1	24.5	21.2
Family planning/STI clinic	0.5	1.1	0.7							0.8	1.4	1.1
Government hospital	14.6	17.8	16.0	16.2	14.3	15.7	40.4	37.6	38.6	13.0	15.3	13.9
Private hospital	0.7	9.0	0.7	1.1	0.5	6.0	20.2	17.0	18.1	1.4	6.0	1.2
Private clinic	3.6	3.7	3.6	5.7	6.4	5.9	13.5	11.9	12.4	4.1	4.4	4.2
Commercial sex establishment	0.7	0.0	0.4	16.9	5.4	13.4	0.0	0.5	0.3	4.2	6.0	2.9
Bar/karaoke	0.5	0.2	0.3	4.2	1.0	3.2	1.9	1.5	1.7	1.5	0.2	1.0

Table 5.1: Knowledge and attitude toward HIV/RIDS of migrant workers by sex and nationality (Con't.)

		Myanmar		Ü	Cambodia	ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Guest house	0.4	0.0	0.2	0.4	0.0	0.3	0.0	0.0	1.0	0.3	0.0	0.2
Short-time motel	0.4	0.5	0.4	1.1	0.5	0.9	1.9	0.5		0.4	0.3	0.3
Regular partner	0.4	0.0	0.2							0.3	0.0	0.2
Sex worker	1.8	0.2	1.1	2.7	0.0	1.9	0.0	0.5	0.3	2.5	0.2	1.6
Peer trained as a peer educator	0.5	9.0	0.5	1.9	0.0	1.3	0.0	0.0	0.0	0.8	0.4	9.0
Health personnel	9.0	9.0	0.4	0.2	0.0	0.1	1.0	0.0	0.3	0.8	0.2	9.0
MHW	0.2	1.1	9.0				0.0	0.0	0.0	0.1	1.6	0.7
AHM	10.6	14.1	12.1	29.5	40.9	32.9	0.0	0.5	0.3	11.4	15.1	12.8
Drop-in center	3.2	5.1	4.0	9.0	0.0	0.4	0.0	0.0	0.0	4.0	6.7	5.1
Gas station	0.0	0.2	0.1				1.0	0.0	0.3	0.0	0.0	0.0
Vending machine	1.5	0.2	6.0	3.2	0.0	2.2	7.7	4.1	5.4	2.1	0.2	1.4
Condom distribution box	11.6	11.9	11.8	23.4	8.4	18.9	1.9	1.5	1.7	10.2	10.9	10.5
Motorcycle taxi stand	0.1	0.0	0.1	3.6	0.5	2.7	0.0	0.0	0.0	1.0	0.1	9.0
boat	0.5	0.0	0.3	0.8	1.0	6.0	0.0	0.0	0.0	0.2	0.2	0.2
Snooker hall	0.4	0.0	0.2	11.6	4.4	9.5	0.0	0.0	0.0	3.2	0.7	2.2
Fisheries pier	0.2	0.0	0.1	1.5	0.5	1.2	0.0	0.0	0.0	0.7	0.1	0.5
Friend/co-worker	11.4	6.3	9.2	2.7	0.0	1.9	0.0	0.0	0.0	6.5	2.8	5.0
Convenience store/supermarket	11.7	9.8	10.9	8.4	4.9	7.4	17.3	23.7	21.5	10.5	9.1	6.6
OBN	20.9	32.8	26.1	36.7	43.3	38.7	1.0	0.5	0.7	18.7	24.0	20.8
Other	2.7	2.3	2.6	9.0	0.0	0.4	0.0	0.0	0.0	2.3	3.2	2.7
Z	843	646	1489	474	203	677	104	194	298	1350	890	2240





Table 5.1 : Knowledge and attitude toward HIV/AIDS of migrant workers by sex and nationality (Con't.)

		Myanmar	_	O	Cambodia	Ø		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
NGO												
Raks Thai Foundation	59.0	61.2	60.2	51.7	35.2	46.2				43.6	23.9	34.1
Foundation for AIDS rights	4.5	3.3	3.8	47.7	64.8	53.7				7.6	5.9	6.8
World Vision Foundation	35.4	31.8	33.4							45.8	62.5	53.5
Foundation for Health and Education	9.0	3.3	2.0							0.8	6.7	3.5
Pattanarak Foundation							(1)			0.2	0.0	0.1
AIDSNet				9.0	0.0	0.4				0.0	0.0	0.0
Other	3.9	2.3	3.1	9.0	0.0	0.4		(1)		6.2	4.8	5.6
(N)	178	214	392	174	88	262	1	1	2	254	214	468
Do you think condoms are easily available and can be												
obtained when needed?												
yes	71.8	74.6	72.9	6.98	81.2	85.4	88.7	88.6	88.7	76.0	75.1	75.7
ou	28.2	25.4	27.1	13.1	18.8	14.6	11.3	11.4	11.3	24.0	24.9	24.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(%)	784	497	1,281	442	154	969	26	185	282	1,237	692	1,929

Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality

	~	Myanmar	r	Ü	Cambodia	a.		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Have you ever heard or know about STI?												
lyes	55.1	67.9	2.09	72.2	55.1	2.99	74.2	69.2	70.9	58.9	66.3	62.2
ou	44.9	32.1	39.3	27.8	44.9	33.3	25.8	30.8	29.1	41.1	33.7	37.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	949	2,161	540	256	796	151	286	437	1,887	1,506	3,393
Do you think that having an STI increase risk for HIV?												
yes	89.0	90.3	9.68	7.96	100.0	97.6	91.9	90.4	91.0	9.68	90.5	0.06
ou	11.0	9.7	10.4	3.3		2.4	8.1	9.6	9.0	10.4	9.5	10.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	591	497	1,088	369	139	508	66	178	277	984	992	1,750





Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

	~	Myanmar		O	Cambodia	а		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
What are the symptoms of STI in women?												
Pain or abnormal feeling in the genital area	15.6	10.6	12.4	22.2	25.3	24.1	5.3	23.5	17.0	14.5	11.3	12.5
There is vaginal discharge	41.7	65.4	57.2	35.2	9.49	52.6	36.8	52.9	47.2	38.9	64.1	54.8
Foul odor from the vagina	21.3	23.7	22.9	20.4	29.1	25.6	10.5	14.7	13.2	20.0	26.0	23.8
Pain/burning during urination	9.9	7.8	7.4	38.9	31.6	34.6	21.2	11.8	15.1	11.1	10.3	10.6
Painful sores or papules in the genital area	34.6	33.6	33.9	9.3	17.7	14.3	0.0	5.9	3.8	27.1	32.6	30.5
Swelling in the groin area	17.5	4.8	9.5	14.8	17.7	16.5	5.3	0.0	1.9	15.5	3.4	7.8
Pain during sex	21.3	7.8	12.5	20.4	13.9	16.5	10.5	11.8	11.3	22.4	7.4	12.9
Itching redness around genitals	28.4	43.7	38.4	14.8	8.9	11.3	21.1	41.2	34.0	27.5	42.3	36.9
Pimples on hands or feet	28.0	1.8	10.9	1.9	3.8	3.0	10.5	0.0	3.8	19.3	6.0	7.7
Skin rash	18.5	2.0	7.7	13.0	2.5	6.8	10.5	8.8	9.4	16.8	1.6	7.2
Other	3.3	1.3	2.0	3.7	5.1	4.5	10.5	0.0	3.8	5.6	2.5	3.6
(N)	211	396	607	54	79	133	19	34	53	323	557	881

Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

	7	Myanmar	L	O	Cambodia	В		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
What are the symptoms of STI in men?												
Lower Abdominal pain	15.8	11.5	13.9	34.1	27.5	33.1	34.4	31.6	32.9	17.4	13.0	15.7
Genital discharge	43.7	55.7	49.1	47.0	32.5	44.7	40.6	57.9	50.0	41.7	54.8	46.8
Foul smelling discharge	11.3	19.7	15.0	43.3	35.0	42.0	6.3	7.9	7.1	16.1	21.7	18.3
Burning/pain during urination	11.8	12.8	12.3	63.6	65.0	63.8	40.6	26.3	32.9	20.9	16.8	19.3
Genital Ulcers/ sores	35.5	36.7	36.1	24.4	25.0	24.5	6.3	7.9	7.1	34.6	32.1	33.6
Swellings in groin area	17.4	9.2	13.7	32.7	22.5	31.3	6.3	7.9	7.1	20.6	8.3	15.8
ltching/reddening	35.3	55.4	44.2	24.0	10.0	21.8	18.8	31.6	25.7	31.3	54.4	40.3
Warts	22.6	3.0	13.9	8.0	12.5	9.3	3.1	2.6	2.9	16.7	2.9	11.3
Skin rashes	27.1	5.9	17.7	12.4	7.5	11.7	9.4	10.5	10.0	19.4	4.2	13.4
Can't retract foreskin	4.2	0.7	2.6	1.8	0.0	1.6	0.0	0.0	0.0	3.5	0.5	2.3
Other	1.1	1.0	1.0	6.0	7.5	1.9	3.1	0.0	1.4	2.0	2.3	2.1
(N)	380	305	685	217	40	257	32	38	70	629	404	1,033



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Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

	2	Myanmar		Ö	Cambodia	a		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male F	Female	Total
Have you ever had abnormal symptoms and foul odor around the genitals in the past 12 months?	round t	r he genit	als in th	ne past	12 mon	ths?						
yes	0.4	0.2	0.3	3.5	0.8	2.6	2.0	1.7	1.8	9.0	0.3	0.5
Ou	9.66	8.66	7.66	96.5	99.2	97.4	98.0	98.3	98.2	99.4	7.66	99.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	947	2,159	539	256	795	151	286	437	1,887	1,501	3,388
		100										
Have you ever had papares of pain a onlid the Semitas in the past 12 months	ב ה	מאר זל וו										
yes	0.8	0.4	9.0	6.0	0.4	0.8	2.0	1.7	1.8	0.8	0.5	9.0
Ou	99.2	9.66	99.4	99.1	9.66	99.2	98.0	98.3	98.2	99.2	99.5	99.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	947	2,159	539	256	795	151	286	437	1,888	1,501	3,389
I     The last time you had abnormal genital symptoms who did you see?	did you	see?										
Self-care at home	(5)		35.7					(1)	(1)	(6)		(10)
Government hospital	(1)	(2)	21.4	26.3	(1)	28.6		(2)	(2)	(3)	(4)	(-)
Private hospital	(1)		7.1							_		
Health center	(1)	(1)	14.3	10.5		9.5	(2)		(2)	(3)	(2)	(5)
Private clinic				5.3		4.8	(1)		(1)	_		
Traditional healer					(1)	4.8				_		
Drug store	(4)		28.6	68.4		61.9		(2)	(2)	(13)		(13)
No treatment	(1)	(1)	14.3	10.5		9.5				(2)		(2)
(N)	10	4	14	19	2	21	3	2	∞	23	7	29

Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

		Myanmar	_		Cambodia	ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If you saw a doctor or health worker, did you receive a physical exam?	hysical	exam?										
yes	(3)	(3)	(9)	(9)	(1)	(7)	(1)	(2)	(3)	(2)	(9)	(11)
OU							(2)		(2)			
Total												
(N)	3	3	9	9	1	7	3	2	5	5	9	11
I Did you receive counseling/advice from the doctor/health worker?	l th work	er?										
yes	(2)	(2)	(4)	(9)		(9)	(3)	(2)	(5)	(2)	(4)	(6)
OL.	(1)	(1)	(2)		(1)	(1)					(2)	(2)
Total												
(N)	3	3	9	9	1	7	3	2	5	5	9	11
Were you advised to use a condom by the doctor/health worker?	n worke	r?										
yes	(3)	(1)	(4)	(5)	(1)	(9)	(2)	(1)	(3)	(2)	(2)	(7)
Ou		(1)	(1)	(1)		(1)	(1)	(1)	(2)		(2)	(2)
no recall		(1)	(1)								(2)	(2)
Total												
(N)	8	3	9	9	1	7	3	2	5	5	9	11

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Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

	2	Myanmar	_		Cambodia	a		Laos		Total (weighted)	ighted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male Female	le Total
Did the doctor/health worker advise you to bring your partner in for an exam?	ner in fo	r an exar	m?								
yes	(3)		(3)				(2)		(2)	(2)	(2)
OU		(3)	(3)	(5)	(1)	(3)	(1)	(2)	(3)	(9)	(9)
no recall				(4)		(4)				(3)	(3)
Total											
(N)	3	3	9	9	1	7	3	2	5	5 6	11
If advised, did your partner go for the health exam?											
yes							(1)		(1)		
ou	(3)		(3)				(1)		(1)	(2)	(2)
Total											
(2)	3		3				2		2	2	2
If s/he went, did s/he receive diagnosis/treatment/counseling at the clinic/hospital?	at the	clinic/hos	spital?								
yes							(1)		(1)	0	0
OU											
Total											
2							1		1	0	0

Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

		Myanmar	L	O	Cambodia	а		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Are you satisfied with the care you received?												
Very satisfied		(1)	(1)	(4)		(4)	(2)	(2)	(4)	(3)	(2)	(5)
Somewhat satisfied	(2)	(2)	(4)	(2)		(2)	(1)		(1)	(2)	(4)	(9)
Not satisfied	(1)		(1)		(1)	(1)						
Total												
(N)	3	3	9	6	1	7	3	2	5	5	9	11
If you went for diagnosis/treatment/counseling at a												
clinic/hospital who assisted you?												
Went by self		(1)	(1)	(2)	(1)	(3)	(2)	(1)	(3)	(2)	(2)	(4)
MHW	(1)		(1)									
AHV	(1)		(1)									
Co-worker				(1)		(1)						
Friend who lives together				(2)		(2)				(1)		(1)
Employer	(1)	(1)	(2)	(1)		(1)				(1)	(2)	(3)
Regular partner	(1)		(1)							(1)		(1)
Other		(1)	(1)				(1)	(1)	(2)		(2)	(2)
(N)	3	3	9	6	1	7	3	2	5	2	9	11



Table 6.1 : Knowledge of sexually transmitted infections (STI) of migrant workers by sex and nationality (Con't)

		Myanmar	_	Ö	Cambodia	а		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If you have a reproductive health problem where would												
you most like to go for care?												
Self-care	7.9	1.4	5.1	0.4	1.4	0.7	3.8	1.1	2.0	4.6	1.6	3.3
Government hospital	71.9	8.69	71.0	59.5	67.3	61.9	57.6	74.5	0.69	68.8	62.7	66.2
Private hospital	0.4	0.0	0.2	0.8	0.0	9.0	9.8	10.0	6.6	9.0	0.4	0.5
Government clinic	0.3	0.1	0.2	0.4	0.0	0.3				0.4	0.1	0.3
Health center	3.5	7.1	5.1	3.3	2.3	3.0	2.3	4.4	3.7	3.2	7.8	5.2
Private clinic	4.3	3.8	4.1	3.1	6.0	2.4	3.8	4.1	4.0	5.8	4.3	5.1
NGO clinic	6.2	12.8	9.1	3.5	0.5	2.5				7.8	16.3	11.5
Traditional healer	0.1	0.0	0.1	0.4	0.5	0.4	0.8	0.0	0.2	0.2	0.0	0.1
Drug store	2.4	6:0	1.8	11.9	7.7	10.6	3.8	2.6	3.0	3.3	1.4	2.5
No treatment	2.0	2.5	2.2	15.7	19.1	16.8	18.2	2.6	7.7	0.3	0.1	0.2
Returned to home country for care	0.7	0.2	0.5	9.0	0.5	9.0	0.0	0.7	0.5	4.6	3.4	4.1
Other	0.4	1.3	0.8	0.4	0.0	0.3				0.4	1.6	6.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(Ž)	1,125	872	1997	489	220	709	132	271	403	1,720	1,342	3,062

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality

	2	Myanmar	Ĺ	Ü	Cambodia	Ø		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
In the past month, how often have you watched TV												
Daily	52.5	46.6	49.9	24.4	8.99	38.1	44.7	54.5	51.1	51.0	40.0	46.1
At least once a week	19.6	20.6	20.0	9.4	11.3	10.1	18.0	16.8	17.2	16.4	22.6	19.2
Once every 2 to 3 weeks	9.1	3.5	9.9	27.8	10.5	22.2	15.3	8.7	11.0	10.7	4.1	7.8
Once a month	3.4	0.4	2.1	10.0	0.4	6.9	5.3	4.5	4.8	4.3	0.5	2.6
Not once	4.7	2.4	3.7	23.0	10.5	19.0	14.7	12.9	13.5	8.0	3.7	6.1
Never watch	10.8	26.4	17.7	5.4	0.4	3.8	2.0	2.4	2.3	9.6	29.1	18.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	946	2,158	540	256	796	150	286	436	1,887	1,502	3,389
What language usually (for TV)?												
Burmese	28.6	7.0	20.1	0.0	0.0	0.0	0.0	0.0	0.0	18.5	9.7	14.3
Khmer	0.0	0.1	0.1	22.8	25.8	23.8	0.0	0.0	0.0	3.8	4.0	3.9
Lao	0.1	0.0	0.1	0.2	0.0	0.1	4.1	0.7	1.9	0.2	0.1	0.1
Thai	71.0	92.7	79.5	76.8	74.2	75.9	95.2	98.9	7.76	77.0	88.3	81.3
Other	0.4	0.1	0.3	0.2	0.0	0.1	0.7	0.4	0.5	0.5	0.0	0.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1081	969	1777	496	248	744	147	279	426	1705	1065	2770

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Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ö	Cambodia	a		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
In the past month, how often have you listened to the radio?	adio?											
Daity	6.77	3.92	5.52	3.89	0.00	2.64	25.33	21.33	22.71	8.7	4.5	6.8
At least once a week	11.1	6.5	9.1	3.5	6.3	4.4	16.0	17.8	17.2	12.4	6.1	9.6
Once every 2 to 3 weeks	5.1	1.3	3.4	7.8	4.3	6.7	8.7	8.7	8.7	4.6	2.2	3.5
Once a month	0.7	0.5	9.0	1.5	1.2	1.4	7.3	5.6	6.2	0.8	6.0	6.0
Not once	14.2	2.8	9.2	61.1	62.5	61.6	26.7	25.9	26.1	23.5	8.8	17.0
Never listen	62.0	85.1	72.1	22.2	25.8	23.4	16.0	20.6	19.0	50.0	77.5	62.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	944	2,156	540	256	796	150	286	436	1,886	1,499	3,385
What language usually (for radio)?												
Burmese	75.0	61.0	71.7	0.0	0.0	0.0	0.0	0.0	0.0	54.7	52.7	54.2
Khmer	0.0	0.0	0.0	63.5	68.8	0.59	0.0	0.0	0.0	15.8	15.8	15.8
Lao	0.0	0.0	0.0	0.0	0.0	0.0	4.8	4.0	4.2	0.2	9.0	0.3
Thai	25.0	39.0	28.3	36.2	30.6	34.6	94.4	0.96	95.5	29.2	31.0	29.7
Other	0.0	0.0	0.0	0.3	9.0	0.4	0.8	0.0	0.3	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	460	141	601	392	157	549	126	227	353	941	336	1277

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ö	Cambodia	, a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
In the past month how often have you read the newspaper?	per?											
Daily	0.7	0.2	0.5	0.2	0.0	0.1	1.3	2.8	2.3	1.0	0.4	0.7
At least once a week	3.2	1.1	2.3	6:0	0.8	6.0	10.7	4.5	6.7	3.9	1.7	2.9
Once every 2 to 3 weeks	2.0	0.1	1.2	1.9	0.0	1.3	4.0	2.1	2.8	2.4	0.2	1.4
Once a month	2.3	0.2	1.4	2.0	0.4	1.5	8.7	5.2	6.4	3.7	0.3	2.2
Not once	14.9	1.9	9.2	46.3	46.5	46.4	25.3	28.7	27.5	23.2	7.0	16.0
Never read it	76.9	96.5	85.5	48.7	52.3	6.64	50.0	56.6	54.4	65.8	90.3	7.97
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,212	946	2,158	540	256	962	150	286	436	1,886	1,500	3,386
What language usually (newspaper)?												
Burmese	92.5	93.9	92.7	0.0	0.0	0.0	0.0	0.0	0.0	2.69	54.9	0.79
Khmer	0.0	0.0	0.0	80.5	90.3	83.2	0.0	0.0	0.0	19.4	27.8	21.0
Lao	0.0	0.0	0.0	0.0	0.0	0.0	2.7	3.3	3.0	0.2	0.7	0.3
Thai	7.1	6.1	7.0	18.7	2.6	16.2	97.3	95.9	96.4	10.7	16.7	11.8
Other	0.4	0.0	0.3	0.8	0.0	9.0	0.0	0.8	0.5	0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	280	33	313	246	93	339	75	122	197	643	144	787



Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar	L		Cambodia	g		Laos		Tota	Total (weighted)	nted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Before coming to Thailand did you know about HIV/AIDS?	. خ											
yes	58.1	44.0	51.9	68.5	59.4	9.59	48.7	39.2	42.4	52.8	38.7	46.5
OU.	41.9	96.0	48.1	31.5	9.04	34.4	51.3	8.09	57.6	47.2	61.3	53.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(Z)	1,212	944	2,156	540	256	962	150	286	436	1,887	1,499	3,386
Have you or your family members ever participated in the HIV/AIDS campaign or training event?	//VIH əɾ	NDS carr	paign o	r trainin	g event	.,						
yes	27.0	42.6	33.8	49.2	47.3	48.6	48.7	44.1	45.6	30.5	37.9	33.8
Ou	71.5	56.8	65.0	47.7	48.8	48.1	51.3	55.9	54.4	6.99	61.3	64.4
don't know	1.5	9.0	1.1	3.2	3.9	3.4	0.0	0.0	0.0	2.7	6.0	1.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,211	946	2,157	539	256	795	150	286	436	1,883	1,502	3,385
If yes, who participated?												
Self	94.8	97.5	96.3	62.4	72.7	9.59	98.6	95.2	96.5	88.3	96.3	92.3
Spouse/regular partner (Thai)	9.0	1.5	1.1	0.4	2.5	1.0	5.5	15.1	11.6	0.8	1.0	6.0
Spouse/regular partner (my nationality)	22.1	14.9	18.1	16	6.6	14.1	21.9	5.6	11.6	16	8.0	12.4
Family member (Thai)	0.3	0.2	0.3	1.9	0.8	1.6	0.0	2.4	1.5	0.3	0.3	0.3
Family member (my nationality)	12.3	5.5	8.5	31.6	27.1	30.5	1.4	3.2	2.5	13.1	4.2	8.6
Other	0.3	0.5	0.4	0.0	1.7	0.5	0.0	0.0	0.0	0.0	0.4	0.2
(2)	326	402	728	263	121	384	73	126	199	573	269	1,141

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	L	Ö	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
In the past 12 months what information have you received?	ed?											
STI	43.6	51.6	48.0	73.3	62.4	6.9	52.7	54.2	53.6	54.1	55.4	54.7
HIV infection and prevention	86.1	88.7	87.5	71.8	76.4	73.3	92.7	92.7	92.7	78.0	85.5	81.8
Living with PLHA	49.7	54.4	52.3	27.3	24.2	26.3	23.6	20.8	21.9	35.6	37.8	36.6
Self-care after being HIV-infected	29.1	36.0	32.9	19.9	11.5	17.3	10.9	11.5	11.3	22.3	23.0	22.6
Condom use	76.4	63.5	69.3	81.5	62.4	75.5	83.6	80.2	81.5	74.9	54.0	65.0
VCT	17.6	28.0	23.2	12.0	5.7	10.0	14.5	14.6	14.6	12.6	22.6	17.4
MCH	20.6	35.3	28.6	21.1	8.9	4.2	5.5	12.5	6.6	16.0	32.6	23.9
Family planning	29.1	46.9	38.8	13.2	26.8	17.5	9.1	13.5	11.9	25.0	45.1	34.5
Rights, e.g., labor, health, education	35.4	29.0	31.5	8.	8.3	8.6	18.2	11.5	13.9	24.8	19.2	22.2
Violence against women	13.9	12.8	13.3	5.3	5.1	5.2	5.5	5.2	5.3	11.3	10.0	10.7
Other	3.3	5.0	4.3							3.1	5.0	4.0
(N)	330	397	727	341	157	498	55	96	151	629	595	1,253



Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.) Total 78.9 16.8 24.9 1.6 100 55.4 45.3 9.9 2.7 1.7 0.1 Total (weighted) Male Female 57.3 32.8 20.2 100 45.8 72.1 326 4.6 4.3 5.9 1.3 0.0 0.0 3.1 2.7 0.1 85.2 13.6 44.9 17.6 100 352 53.7 0.2 Total 93.8 13.6 100 74.1 3.7 0.0 0.0 0.0 2.5 1.2 4.9 81 21 Female Laos 96.2 76.9 11.5 19.2 0.0 100 0.0 1.9 3.8 1.9 1.9 0.0 52 Male 89.7 17.2 24.1 6.9 3.4 0.0 100 0.0 6.9 0.0 0.0 69 29 75.9 18.6 88.5 Female Total 345 17.3 1.4 100 In the past 12 months what was the frequency and media channel of the information received? Cambodia 19.6 70.1 16.3 95.9 100 0.0 8.2 0.0 0.0 0.0 2.1 5.1 3.1 0.0 97 Male 78.2 18.1 85.5 10.8 10.4 17.7 100 248 Male | Female | Total 76.5 18.2 68.2 30.9 30.9 100 340 4.4 0.9 7.4 6.0 Myanmar 9.07 20.3 64.4 7.6 1.5 100 2.0 0.0 37.1 197 3.4 2.4 1.0 39 15.4 73.6 22.2 19.4 10.4 0.0 0.0 143 100 0.7 0.7 Inter-personal counseling at home Brochure/booklet/leaflet 10 times or more Discussion group Training/lecture Drop-in Center 7 - 10 times Frequency 4 - 6 times Newspaper 1 - 3 times Campaign Video/CD Poster Radio Total Channel Z  $\geq$ ST

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	4	Myanmar	<u> </u>	Ö	Cambodia	Ø		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Film/puppets/folk theatre				0.4	0.0	0.3				0.2	0.0	0.1
Other	0.0	6.8	4	0.4	1.0	9.0	3.4	1.9	2.5	0.1	7.3	3.6
(N)	144	205	349	249	98	347	29	52	81	356	329	989
What source?												
Government hospital	2.8	2.9	2.9	3.6	3.1	3.5	3.4	19.2	13.6	51.1	23.9	36.4
Private hospital										11.6	2.5	6.7
Health center	1.4	0.0	9.0	0.0	0.0	0.0	6.9	1.9	3.7	10.5	9.6	10.0
Private clinic	0.7	1.0	6.0	0.4	1.0	9.0	3.4	0.0	1.2	0.0	0.0	0.0
NGO clinic	79.2	94.6	88.3	87.5	93.9	89.3	37.9	57.7	9.09	1.6	6.0	1.3
Other	16.7	3.4	8.9	8.9	2.0	6.9	48.3	21.2	30.9	3.9	3.1	3.5
(N)	144	205	349	248	98	346	29	52	81	253	299	552
If an NGO, which one?												
RTF	49.5	42.5	45.1	51.9	39.1	48.0				46.9	27.9	36.4
FAR	12.6	1.0	5.3	41.6	58.7	46.7				12.3	4.4	7.9
WVFT	27.9	46.6	39.8	0.0	0.0	0.0				33.2	55.1	45.3
Foundation for Health	11.7	7.3	8.9	0.5	2.2	1.0				9.3	9.7	8.4
Pattanarak Foundation	6.0	0.0	0.3				54.5	23.3	31.7	1.3	1.4	1.3
AlDSNet	6.0	0.0	0.3				45.5	76.7	68.3	0.8	0.5	9.0
Other	0.0	2.6	1.6	7.9	0.0	5.6				3.0	3.2	3.1
(N)	111	193	304	214	92	306	11	30	41	369	457	826



Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ö	Cambodia	m.		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
By whom?												
Self	6.8	0.0	2.7	5.6	0.0	3.9	11.8	7.0	8.3	9.2	0.0	4.6
Health personnel	0.8	3.0	2.1	0.4	3.1	1.2	47.1	8.69	63.3	1.2	5.3	3.3
MHW	29.5	2.99	52.0				5.9	0.0	1.7	17.9	9.69	39.1
MHV	2.99	47.8	55.3	87.6	95.9	90.1	0.0	7.0	5.0	72.1	56.3	64.1
Co-worker	5.3	0.5	2.4	1.3	0.0	6.0				4.5	1.0	2.7
Co-habiting friend	2.3	0.0	6.0	1.7	1.0	1.5				2.9	0.2	1.5
Boss	0.0	0.5	0.3							0.0	1.0	0.5
Family/relatives	0.0	1.0	9.0	6.0	0.0	9.0				0.0	0.0	0.0
Other	18.9	34.3	28.2	2.6	1.0	2.1	35.3	16.3	21.7	15.7	33.3	24.7
(N)	132	201	333	234	86	332	17	43	09	306	316	622
Language?												
Burmese	98.6	86	98.3							64.2	86.5	74.9
Khmer	0.7	0.0	0.3	8.96	0.66	97.4				31.8	10.2	21.4
Lao				0.8	1.0	6.0	24.1	19.2	21	6.0	1.0	1.0
Thai	22.2	31.2	27.5	3.6	1.0	2.9	75.9	82.7	80.2	16.6	25.2	20.7
Other	0.0	8.3	4.9				0.0	1.9	1.2	0.0	1.7	0.8
(N)	144	205	349	250	98	348	29	52	81	356	329	989

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar			Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
HIV/AIDS infection and prevention												
Frequency												
1 - 3 times	86.9	79.4	82.8	73.4	70.8	72.5	90.2	97.8	95.0	8.98	81.0	83.9
4 - 6 times	12.4	14.8	13.7	19.7	16.7	18.7	7.8	1.1	3.6	11.7	13.6	12.6
7 - 10 times	0.7	4.7	2.9	4.9	10.8	6.9	2.0	1.1	1.4	1.2	3.4	2.3
no recall	0.0	1.2	9.0	2.0	1.7	1.9	0.0	0.0	0.0	0.4	2.0	1.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	283	344	627	244	120	364	51	89	140	514	506	1,020
Channel												
Campaign	1.4	1.1	1.3	1.2	0.0	0.8	0.0	1.1	0.7	1.8	1.1	1.4
Inter-personal counseling at home	1.8	6.0	1.3	3.3	3.4	3.3	23.5	22.5	22.9	2.1	1.4	1.7
Discussion group	78.2	69.5	73.4	19.2	16	18.1	78.4	77.5	77.9	60.5	59.7	60.1
Video/CD	0.0	2.3	1.3	1.6	0.0	1.1	0.0	0.0	0.0	0.4	3.2	1.8
Training/lecture	17.6	29.3	24.1	76.7	88.2	80.5	78.4	77.5	77.9	35.1	40.0	37.5
Poster	7.7	1.7	4.4	5.3	3.4	4.7	0.0	2.2	1.4	7.1	2.1	4.7
Brochure/booklet/leaflet	24.3	40.2	33.4	6.5	2.5	5.2	15.7	12.4	13.6	17.7	33.3	25.4
Drop-in Center	8.1	5.4	9.9	4.1	5.9	4.7	0.0	2.2	1.4	6.1	4.5	5.3
<u> </u>	1.1	1.1	1.1	5.3	0.0	3.6	5.9	3.4	4.3	3.1	2.1	2.6

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Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar			Cambodia	۵		Laos		Tota	Total (weighted)	(ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Radio	0.0	0.0	0.0	0.4	0.0	0.3	0.0	1.1	0.7	0.1	0.0	0.1
Newspaper	0.7	0.3	0.5				2.0	1.1	1.4	0.1	0.0	0.0
Film/puppets/folk theatre	0.4	0:0	0.2							0.4	0.0	0.2
Other	1.8	5.4	3.8	0.8	0.8	0.8	0.0	1.1	0.7	1.2	5.2	3.2
(N)	284	351	635	245	119	364	51	89	140	518	506	1,024
What source?												
Government hospital	2.5	1.4	1.9	5.8	0.8	4.1	5.9	11.2	9.3	4.3	2.3	3.3
Private hospital	0.7	0.3	0.5	0.4	0.0	0.3	3.9	1.1	2.1	6.0	0.4	9.0
Health center	0.4	9.0	0.5	0.0	1.7	0.8				0.4	0.7	0.5
Private clinic	85.9	95.2	91	82.3	91.7	85.4	43.1	51.7	48.6	75.1	91.6	83.3
Other	11.3	4.3	7.4	11.9	6.7	10.2	49.0	36.0	40.7	20.4	9.7	14.1
(N)	284	352	636	243	120	363	51	89	140	517	508	1,026
If an NGO, which one?												
RTF	9.99	50.3	52.9	56.4	44.4	52.1				46.9	27.9	36.4
FAR	13.6	4.2	8.1	37.4	50.9	42.2				12.3	4.4	7.9
WVFT	27.2	38.6	33.9	0.5	0.0	0.3				33.2	55.1	45.3
Foundation for Health	7.2	5.1	0.9							9.3	7.6	8.4
Pattanarak Foundation	0.0	0.0	0.0				57.1	35.6	42.4	1.3	1.4	1.3
AIDSNet	0.4	0.0	0.2				42.9	64.4	57.6	0.8	0.5	9.0
Other	0.4	1.8	1.2	7.2	4.6	6.3				3.0	3.2	3.1
(N)	235	332	567	195	108	303	21	45	99	369	457	826

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar		Ü	Cambodia	а		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male F	Female	Total
By whom?												
Self	5.2	9.0	2.6	5.4	0.0	3.6	7.1	6.7	6.8	8.7	1.4	4.9
Health personnel	2.2	2.0	2.1	3.1	6.0	2.4	39.3	55	50	3.2	3.6	3.4
MHW	25.8	61.8	46.2							19.2	57.6	39.0
MHV	74.2	49.7	60.3	83.5	95.5	87.5	10.7	11.7	11.4	70.4	57.8	63.9
Co-worker	3.4	6.0	2.0	2.2	1.8	2.1				5.1	7	3.5
Co-habiting friend	0.7	6.0	0.8	2.2	2.7	2.4				1.4	0.5	6.0
Boss	0.0	0.3	0.2							0.0	0.4	0.2
Spouse/partner	0.0	0.3	0.2							0.0	0.2	0.1
Family/relatives	0.4	6.0	0.7	6.0	0.0	9.0				0.0	0.0	0.0
Other	16.5	27.3	22.6	3.1	6.0	2.4	42.9	26.7	31.8	15.5	29.2	22.6
(N)	267	348	615	224	111	335	28	09	88	452	483	935
What language?												
Burmese	6.76	98.9	98.4	0.0	0.0	0.0	0.0	0.0	0.0	71.9	92.6	78.7
Khmer	0.0	0.0	0.0	94.2	99.2	95.9	0.0	0.0	0.0	21.9	9.7	15.8
Lao	0.0	0.0	0.0	0.0	0.0	0.0	235	18.0	20.0	9.0	0.8	0.7
Thai	20.4	26.1	23.6	7.0	2.5	5.5	76.5	83.1	80.7	17.9	24	20.9
Other	0.0	4.3	2.4	0.0	0.0	0.0	0.0	1.1	0.7	0.0	1.1	0.5
(N)	284	352	636	243	120	363	51	89	140	517	508	1,025



Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ö	Cambodia	۵		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Living with PLHA												
Frequency												
Frequency												
1 - 3 times	0.98	72.1	78.2	78.3	68.4	75.4	84.6	0.06	87.9	89.3	68.9	79.4
4 - 6 times	12.8	20.2	16.9	15.2	18.4	16.2	7.7	5.0	6.1	8.5	23.9	16.0
7 - 10 times	1.2	7.2	4.6	4.3	13.2	6.9	7.7	5.0	6.1	1.7	5.9	3.7
no recall	1.2	7.2	4.6	4.3	13.2	6.9	7.7	5.0	6.1	0.4	1.4	6.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	164	208	372	92	38	130	13	20	33	234	222	456
Channel												
Campaign	2.4	0.5	1.3	1.1	0.0	0.8				3.8	0.8	2.3
Inter-personal counseling at home	1.2	6.0	1.1							0.8	0.5	0.7
Discussion group	79.3	72.7	75.5	18.5	23.7	20.0	30.8	15.0	21.2	65.2	61.7	63.4
Video/CD	0.0	3.2	1.8	2.2	0.0	1.5				0.3	6.4	3.3
Training/lecture	19.5	20.4	20.0	93.5	100	95.4	84.6	0.06	87.9	38.6	30.0	34.4
Poster	11.6	2.8	9.9	0.0	2.6	0.8	7.7	5.0	6.1	11.3	2.4	6.9
Brochure/booklet/leaflet	29.9	45.4	38.7	8.7	5.3	7.7	15.4	15.0	15.2	26.3	35.3	30.7
Drop-in Center	12.2	7.4	9.5	1.1	0.0	0.8				12.6	8.2	10.4
2	9.0	1.4	1.1	1.1	0.0	0.8				1.6	3.2	2.4
Radio	9.0	0:0	0.3							0.8	0.0	0.4
Other	1.8	8.3	5.5	1.1	0.0	0.8				0.2	10.9	5.4
(N)	164	216	380	92	38	130	13	20	33	234	225	459

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar	_		Cambodia	ro .		Laos		Total	Total (weighted)	(ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	2.4	0.5	1.3				7.7	15.0	12.1	2.4	1.0	1.7
Private hospital	0.0	0.5	0.3							0.0	1.4	0.7
Health center							7.7	5.0	6.1	0.0	0.0	0.0
Private clinic	93.3	95.8	7.46	2.96	100	7.76	30.8	0.09	48.5	8.68	0.46	91.9
Other	4.3	3.7	3.9	3.3	0.0	2.3	53.8	20.0	33.3	7.8	4.5	6.2
(N)	164	216	380	91	38	129	13	20	33	234	225	459
If an NGO, which one?												
RTF	9.69	60.5	60.1	44.8	37.8	42.7				42.3	22.1	32.0
FAR	9.6	2.9	5.7	51.7	62.2	54.8				10.8	4.2	7.4
WVFT	24.7	29.8	27.6							35.8	59.5	47.9
Foundation for Health	11.0	4.9	7.4	1.1	0:0	0.8				16.7	10.0	13.3
Pattanarak Foundation							25.0	8.3	12.5	0.2	0.2	0.2
AIDSNet							75.0	91.7	87.5	0.1	9.0	0.4
Other	0.0	2.0	1.1	3.4	0.0	2.4				1.1	3.5	2.3
(2)	146	205	351	87	37	124	4	12	16	196	205	401

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Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ö	Cambodia	m.		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
By whom?												
Self	4.3	0.5	2.1	1.1	0.0	0.8				7.5	1.4	4.5
Health personnel	1.2	6.0	1.1				57.1	56.3	56.5	2.4	2.6	2.5
MHW	26.5	57.7	44.3							22.9	59.1	40.7
MHV	77.2	50.2	61.8	95.5	100.0	8.96	14.3	37.5	30.4	76.0	56.3	66.3
Co-worker	1.9	6.0	1.3							2.3	2.3	2.3
Co-habiting friend	1.2	1.4	1.3	1.1	0.0	0.8				2.3	2.3	2.3
Spouse/regular partner	0.0	0.5	0.3							1.6	0.2	6.0
Family/relatives	0.0	6.0	0.5	1.1	0.0	0.8				0.0	0.0	0.0
Other	21.6	33.0	28.1	1.1	0.0	0.8	28.6	6.3	13.0	22.1	37.5	29.7
(N)	162	215	377	89	37	126	7	16	23	226	220	446
What language?												
Burmese	100	98.1	98.9							84.2	90.1	87.1
Khmer				100.0	100.0	100.0				14.6	5.5	10.2
Lao							38.5	30	33.3	0.5	0.5	0.5
Thai	20.7	31.5	26.8	2.2	0.0	1.5	61.5	75	2.69	18.3	30.1	24.1
Other	0.0	8.3	4.7							0.0	2.4	1.2
(N)	164	216	380	92	38	130	13	20	33	234	225	459

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ü	Cambodia	T.		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Self-care after being infected with HIV												
N times												
1 - 3 times	88.5	70.4	77.9	77.9	72.2	7.97	2.99	81.8	76.5	91.8	62.7	77.9
4 - 6 times	10.4	18.5	15.2	10.3	5.6	9.3	16.7	9.1	11.8	4.8	25.4	14.6
7 - 10 times	1.0	10.4	6.5	5.9	22.2	9.3	16.7	9.1	11.8	2.7	9.7	6.1
no recall	0.0	0.7	0.4	5.9	0.0	4.7	0.0	0.0	0.0	0.7	2.2	1.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	96	135	231	68	18	86	9	11	17	146	134	280
Channel												
Campaign	2.1	0.0	0.8							2.5	0.0	1.3
Inter-personal counseling at home	1.0	0.0	0.4							1.3	0.0	9.0
Discussion group	86.5	71.3	77.4	8.8	11.1	9.3	33.3	9.1	17.6	72.1	62.5	67.5
Video/CD	1.0	3.5	2.5	4.4	0.0	3.5				3.1	8.2	5.6
Training/lecture	18.8	23.1	21.3	92.6	88.9	91.9	83.3	6.06	88.2	36.4	27.8	32.2
Poster	17.7	2.8	8.8	1.5	0.0	1.2				15.7	0.4	8.3
Brochure/booklet/leaflet	42.7	62.9	54.8	5.9	5.6	5.8	16.7	9.1	11.8	30.7	50.5	40.2
Drop-in Center	10.4	6.3	7.9	2.9	0.0	2.3				7.5	3.0	5.3
\triangle \trian	0.0	1.4	0.8							0.0	3.0	1.4
Radio	1.0	0.0	0.4							1.3	0.0	9.0
Other	3.1	12.6	8.8	1.5	5.6	2.3				0.3	17.6	8.7
(N)	96	143	239	68	18	86	9	11	17	147	137	283





Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar	١		Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	2.1	0.0	0.8	0.0	5.6	1.2	16.7	9.1	11.8	2.9	9.0	1.8
Private clinic	0.0	0.7	0.4							0.0	0.1	0.0
NGO clinic	9.68	93.7	92.1	98.5	94.4	9.76	16.7	9.69	47.1	84.8	92.1	88.3
other	8.3	5.6	6.7	1.5	0.0	1.2	2.99	27.3	41.2	12.3	7.2	9.8
(N)	96	143	239	29	18	85	9	11	17	147	137	283
If an NGO, which one?												
RTF	60.5	64.4	62.9	37.9	35.3	37.3				46.8	23.0	34.5
FAR	12.3	6	9.9	62.1	64.7	62.7				15.2	4.4	9.6
WVFT	27.2	28	27.7							36.9	62.4	50.0
Foundation for Health	6.2	2.3	3.8							9.0	5.1	7.0
Pattanarak Foundation							(1)		(1)	0.3	0.0	0.2
AIDSNet								(7)	(/)	0.0	0.8	0.4
Other	0.0	2.3	1.4	3.0	0.0	2.4				1.2	4.3	2.8
(N)	81	132	213	99	17	83	1	7	∞	113	120	233

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ű	Cambodia	a		Laos		Tota	Total (weighted)	ited)
W	Male F	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
By whom?												
Self	4.3	0.7	2.1				50.0	37.5	40.0	9.9	2.3	4.5
Health personnel	1.1	0.0	0.4	0.0	5.6	1.2				1.6	0.7	1.2
MHW 22	22.6	58.5	44.3							19.2	59.9	39.0
MHV VHV	74.2	45.8	57	0.76	94.4	96.4	0.0	62.5	50.0	67.3	50.2	59.0
Co-worker	3.2	0.7	1.7							5.1	1.5	3.4
Co-habiting friend	2.2	2.1	2.1							2.1	0.3	1.2
Regular partner/spouse	0.0	0.7	0.4							0.0	2.3	1.1
Family/relatives 0	0.0	1.4	6.0	1.5	0.0	1.2				0.0	0.0	0.0
Other 28	28.0	40.8	35.7	1.5	0.0	1.2	50.0	0.0	10.0	17.6	44.8	30.8
6 (N)	93	142	235	99	18	84	2	∞	10	140	132	272
What language?												
Myanmar 10	100.0	97.9	98.7							83.8	88.2	85.9
Khmer				100.0	94.4	98.8				15.2	3.8	7.6
Lao							33.3	27.3	29.4	0.2	0.4	0.3
Thai 22	22.9	37.8	31.8	1.5	5.6	2.4	2.99	72.7	9.07	11.7	34.3	22.6
Other	0.0	11.9	7.1							0.0	3.8	1.9
6 (N)	96	143	239	67	18	85	9	11	17	147	137	283

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Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	O	Cambodia	ro		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Condom use												
Frequency												
1 - 3 times	87.3	72.8	80.2	83.0	78.6	81.9	91.3	96.1	94.3	88.4	71.7	81.9
4 - 6 times	11.9	19.8	15.8	11.9	11.2	11.7	6.5	1.3	3.3	9.5	20.0	13.6
7 - 10 times	0.8	6.2	3.4	4.0	9.2	5.3	2.2	2.6	2.4	2.0	5.4	3.3
no recall	0.0	1.2	9.0	1.1	1.0	1.1	0.0	0.0	0.0	0.0	2.9	1.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Ŝ	252	243	495	277	86	375	46	77	123	493	315	808
Channel												
Campaign	1.2	0.0	9.0	1.4	0.0	1.1	0.0	1.3	0.8	1.2	0.0	0.7
Inter-personal counseling at home	1.6	0.8	1.2	1.1	1.0	1.1				1.1	0.7	6.0
Discussion group	81.7	68.3	75	15.5	17.3	16	19.6	14.3	16.3	61.5	56.0	59.3
Video/CD	0.0	2.4	1.2	2.9	1.0	2.4				0.8	3.8	2
Training/lecture	19	25.8	22.4	86.3	91.8	87.7	80.4	83.1	82.1	41.5	39.1	40.6
Poster	6.6	4.0	6.9	17.7	2.0	13.6	2.2	3.9	3.3	11.0	2.3	7.6
Brochure/booklet/leaflet	23	40.1	31.5	9.7	6.1	8.8	13.0	13.0	13.0	15.7	32.6	22.3
Drop-in Center	8.7	7.5	8.1	1.1	0.0	0.8	2.2	2.6	2.4	6.7	6.4	9.9
2	0.4	1.2	0.8	2.2	0.0	1.6	4.3	3.9	4.1	1.3	1.9	1.5
Radio							0.0	1.3	0.8	0.0	0.0	0.0
Newspaper	0.4	0.0	0.2							0.4	0.0	0.2
Other	2.4	11.1	6.7	1.4	1.0	1.3	4.3	1.3	2.4	1.6	14.0	6.5
(N)	252	252	504	277	98	375	46	77	123	493	321	814

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar	_	Ü	Cambodia	۵		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	0.4	2.8	1.6	4.0	3.1	3.8	4.3	7.8	6.5	1.5	4.9	2.9
Private hospital	0.0	0.4	0.2							0.0	9.0	0.3
Health center	0.8	0.0	0.4	0.4	2.0	0.8	4.3	1.3	2.4	0.8	0.1	0.5
Private clinic	0.0	0.4	0.2							0.0	0.0	0.0
NGO clinic	87.3	8.96	92.1	86.5	93.9	88.5	41.3	55.8	50.4	77.2	94.5	84.0
Other	11.5	2.8	7.1	9.1	1.0	7.0	52.2	35.1	41.5	0.0	9.0	0.3
(N)	252	252	504	275	98	373	46	77	123	493	321	814
If an NGO, which one?												
RTF	56.0	55.2	55.6	53.8	40.0	50.0				48.8	25.8	38.4
FAR	13.0	5.0	8.7	39.7	0.09	45.4				11.6	6.3	9.2
WVFT	27.5	32.6	30.3							31.1	53.4	41.2
Foundation for Health	8.2	5.4	6.7							9.8	9.1	9.5
Pattanarak Foundation							61.1	32.6	41.0	1.2	1.9	1.5
AIDSNet							38.9	67.4	59.0	0.2	0.7	0.4
Other	0.0	1.7	6.0	7.3	0.0	5.2				3.2	2.8	3.0
(N)	207	239	446	234	90	324	18	43	61	354	292	646





Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar	٢		Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male F	Female	Total
By whom?												
Self	4.4	0.4	2.3	4.7	2.0	4.0	4.5	7.5	6.7	6.3	1.2	4.1
Health personnel	0.4	1.6	1.0	2.3	5.1	3.1	40.9	54.7	50.7	1.5	3.8	2.5
WHW	23.7	58.2	41.7							16.9	52.7	32.2
MHV	80.3	54.6	6.99	87.1	91.8	88.4	4.5	11.3	9.3	78.0	64.7	72.3
Co-worker	1.8	0.8	1.3	2.0	1.0	1.7				3.4	1.9	2.7
Co-habiting friend	0.4	0.4	0.4	1.2	1.0	1.1				0.8	0.3	9.0
Boss				0.8	0.0	9.0				0.3	0.0	0.2
Spouse/regular partner	0.0	0.4	0.2							0.0	0.4	0.2
Family/relatives	0.4	0.8	9.0	0.4	0.0	0.3				0.0	0.0	0.0
Other				2.7	0.0	2.0	54.5	26.4	34.7	15.6	37.3	24.9
(N)	228	249	477	256	98	254	22	53	75	407	306	713
What language?												
Burmese	98.8	99.2	66							9.07	84.1	75.9
Khmer				95.3	6.96	95.7				25.1	10.4	19.3
Lao							17.4	14.3	15.4	0.5	6.0	9.0
Thai	19.8	33.3	26.6	6.2	6.1	6.1	82.6	88.3	86.2	15.0	31.4	21.5
Other	0.0	6.7	3.4	0.4	0.0	0.3	0.0	1.3	0.8	0.0	1.8	0.7
(N)	252	252	504	276	98	374	46	77	123	493	321	814

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	Ü	Cambodia	<b>Б</b>		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
HIV VCT												
Frequency												
1 - 3 times	81.0	54.4	0.49	93.0	77.8	90.4	75.0	85.7	81.8	85.9	52.7	65.7
4 - 6 times	19.0	33.0	28.0	0.0	11.1	1.9	12.5	7.1	9.1	11.8	36.6	26.9
7 - 10 times	0.0	11.7	7.5	7.0	11.1	7.7	12.5	7.1	9.1	2.4	8.4	0.9
no recall	0.0	1.0	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	1.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	58	103	161	43	6	52	8	14	22	85	131	216
Channel												
Campaign	3.4	0.0	1.2							4.4	0.0	1.7
Inter-personal counseling at home	1.7	0.0	9.0							3.7	0.0	1.4
Discussion group	87.9	73.0	78.1	7.1	0.0	5.9	25	28.6	27.3	2.99	57.8	61.3
Video/CD	0.0	2.7	1.8							0.0	4.6	2.8
Training/lecture	17.2	18.9	18.3	85.7	88.9	86.3	100	71.4	81.8	40.9	31.3	35.0
Poster	13.8	6.0	5.3							7.6	0.1	3.0
Brochure/booklet/leaflet	39.7	2.99	57.4	4.8	0.0	3.9	12.5	7.1	9.1	15.3	47.5	35.1
Drop-in Center	15.5	2.7	7.1	2.4	0.0	2.0				12.9	2.4	6.5
2	0.0	2.7	1.8	2.4	0.0	2.0				0.1	5.3	3.3
Radio	0.0	6.0	9.0							0.0	2.3	1.4
Newspaper	1.7	0.0	9.0							2.2	0.0	0.8
Other	3.4	15.3	11.2	7.1	11.1	7.8				1.4	17.8	11.5
(N)	58	111	169	42	6	51	8	14	22	84	134	218

A 78 Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2):
The Baseline Survey 2010

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar		Ü	Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	1.7	1.8	1.8	5.0	11.1	6.1	37.5	28.6	31.8	4.7	4.5	4.6
Health center	0.0	6.0	9.0							0.0	1.4	0.8
NGO clinic	94.8	93.7	94.1	92.5	88.9	91.8	12.5	35.7	27.3	86.7	89.5	88.4
Drug store	0.0	6.0	9.0							0.0	2.3	1.4
Other	3.4	4.5	4.1	5.0	0.0	4.1	90	35.7	40.9	9.4	5.2	6.8
(N)	58	111	169	40	9	49	8	14	22	84	134	218
If an NGO, which one?												
RTF	58.2	50.5	53.2	45.9	25.0	42.2				32.7	12.2	20.1
FAR	3.6	1.9	2.5	43.2	75.0	48.9				0.9	2.3	3.7
WVFT	30.9	41.7	38.0							45.9	74.4	63.5
Foundation for Health	10.9	2.9	5.7							16.9	5.2	7.6
Pattanarak Foundation							(1)		(1)	0.5	0.0	0.2
AIDSNet								(5)	(5)	0.0	9.0	0.4
Other	0.0	2.9	1.9	10.8	0.0	8.9				3.0	5.2	4.4
(N)	55	103	158	37	8	45	₽	5	9	73	117	190

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar	<u>.</u>	Ü	Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
By whom?												
Self	1.8	6.0	1.2	2.7	0.0	2.2				2.7	2.4	2.5
Health personnel	0.0	6.0	9.0	5.4	11.1	6.5	0.09	55.6	57.1	2.5	2.4	2.4
MHW	47.4	65.5	59.3							41.4	0.49	55.4
MHV	78.9	48.2	58.7	94.6	88.9	93.5	0.0	44.4	28.6	81.7	60.4	68.5
Co-worker	1.8	6.0	1.2							3.9	1.6	2.5
Co-habiting friend	0.0	6.0	9.0							0.0	0.1	0.1
Boss							20.0	0.0	7.1	0.2	0.0	0.1
Family/relatives	0.0	2.7	1.8							0.0	0.0	0.0
Other							20.0	0.0	7.1	34.3	59.4	49.8
(2)	57	110	167	37	6	46	5	6	14	78	126	204
What language?												
Burmese	100.0	99.1	99.4							78.2	93.9	87.9
Khmer				92.5	88.9	91.8				18.6	1.4	8.0
Lao							37.5	14.3	22.7	9.0	0.3	0.4
Thai	44.8	48.6	47.3	7.5	11.1	8.2	62.5	85.7	77.3	39.8	44.5	42.7
Other	0.0	13.5	8.9	2.5	0.0	2.0				0.1	3.7	2.3
(V)	58	111	169	40	9	49	8	14	22	83	134	217



A 80 Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2):
The Baseline Survey 2010

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)	out HIV	//AIDS	and col	ח mobr	se for r	nigrant	worke	's by se	ex and	natior	iality ((	Son't.)
	V	Myanmar	ır	C	Cambodia	а		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Maternal and child health												
Frequency												
1 - 3 times	88.2	87.1	87.4	71.4	92.3	85.0	33.3	83.3	73.3	82.8	86.4	86.2
4 - 6 times	10.3	7.2	8.2	0.0	0.0	0.0	33.3	8.3	13.3	10.4	8.4	9.1
7 - 10 times	1.5	5.0	3.9	14.3	7.7	10.0	33.3	8.3	13.3	2.8	3.7	3.4
no recall	0.0	0.7	0.5	14.3	0.0	5.0				6.0	1.6	1.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	68	139	207	7	13	20	3	12	15	106	191	297
Channel												
Campaign	4.4	0.7	1.9							6.4	6.0	2.9
Inter-personal counseling at home	1.5	0.8	1.0							1.8	1.6	1.6
Discussion group	88.2	64.3	72.1				0.0	16.7	13.3	79.9	52.2	61.9
Video/CD	0.0	2.9	1.9							0.0	4.7	3.1
Training/lecture	14.7	35.7	28.8	71.4	85.7	81.0	100.0	83.3	86.7	22.5	44.6	36.8
Poster	8.8	4.3	5.8							7.1	0.4	2.8
Brochure/booklet/leaflet	29.4	28.6	28.8	0.0	7.1	4.8	33.3	8.3	13.3	22.1	20.7	21.2
Drop-in Center	7.4	7.9	7.7							7.9	2.2	4.2
2	0.0	1.4	1.0	14.3	0.0	4.8				0.7	2.1	1.6
Radio				14.3	0.0	4.8				0.7	0.0	0.2
Other	0.0	7.1	4.8	14.3	7.1	9.8				0.7	11.4	7.6
(N)	89	140	208	7	14	21	3	12	15	105	194	299

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar	Ŀ		Cambodia	ro		Laos		Tota	Total (weighted)	nted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
ໂGovernment hospital	7.4	4.3	5.3	42.9	21.4	28.6	(1)	33.3	33.3	14.8	9.1	11.1
Private hospital	0.0	0.7	0.5							0.0	1.6	1.0
Health center	0.0	27.9	18.8							0.0	35.5	23.0
Private clinic	91.2	66.4	74.5	57.1	78.6	71.4	(1)	33.3	33.3	82.2	61.5	62.3
other	2.9	1.4	1.9				(1)	33.3	33.3	0.9	3.8	4.6
(N)	89	140	208	7	14	21	3	12	15	105	194	299
If an NGO, which one?												
RTF	48.3	61.5	56.4	50.0	9.1	20.0				30.3	27.0	28.5
FAR	12.1	3.3	6.7	25.0	6.06	73.3				7.6	4.9	7.1
WVFT	32.8	31.9	32.2							48.1	6.09	55.1
Foundation for Health	6.9	0.0	2.7							10.4	0.0	4.7
Pattanarak Foundation							(1)	(1)	(2)	0.5	0.4	0.4
AIDSNet								(3)	(3)	0.0	0.4	0.2
Other	0.0	3.3	2.0	25.0	0.0	6.7				6.0	6.4	3.9
(N)	58	91	149	4	11	15	1	4	5	78	96	174





Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar	_		Cambodia	m m		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
By whom?												
Self	3.0	0.0	1.0	14.3	0.0	4.8				4.8	0.0	1.7
Health personnel	3.0	10.9	8.3	28.6	21.4	23.8	50.0	62.5	0.09	6.7	15.1	12.2
MHW	27.3	58.7	48.5	14.3	0.0	4.8				27.6	67.4	53.6
MHV	80.3	43.5	55.4	57.1	78.6	71.4	0.0	25.0	20.0	6.07	34.5	47.1
Co-worker	1.5	0.7	1.0							3.1	1.6	2.1
Other	33.3	19.6	24.0				50.0	12.5	20.0	30.4	21.6	24.6
(N)	99	138	204	7	14	21	2	<sub>∞</sub>	10	66	187	285
What language?												
Burmese	100.0	97.1	98.1							95.3	92.8	93.7
Khmer				85.7	78.6	81.0				3.4	1.1	1.9
Lao							0.0	16.7	13.3	0.0	0.3	0.2
Thai	27.9	24.3	25.5	28.6	21.4	23.8	100.0	83.3	86.7	24.4	24.9	24.8
Other	0.0	5.0	3.4							0.0	2.0	1.3
2	89	140	208	7	14	21	3	12	15	105	194	299

Table 7.1 : Exposures to knowledge and information about HIV/RIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar	<u>.</u>		Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Family Planning												
Frequency												
1 - 3 times	86.5	7.77	80.7	51.1	76.2	63.2	0.09	92.3	83.3	78.8	76.0	77.1
4 - 6 times	12.5	16.3	15.0	2.2	2.4	2.3	20.0	7.7	11.1	10.9	16.7	14.5
7 - 10 times	1.0	4.9	3.6	2.2	2.4	2.3	20.0	0.0	5.6	1.8	2.7	2.3
no recall	0.0	1.1	0.7	44.4	19.0	32.2	0.0	0.0	0.0	8.5	4.6	6.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	96	184	280	45	42	87	5	13	18	165	263	428
Channel												
Campaign	3.1	0.5	1.4	0.0	2.3	1.1				4.1	0.7	2.0
Inter-personal counseling at home	2.1	0.0	0.7	4.4	4.7	4.5				2.0	0.5	1.1
Discussion group	80.2	64.0	69.5	26.7	20.9	23.9	0.0	30.8	22.2	63.8	53.6	57.5
Video/CD	0.0	2.2	1.4	2.2	0.0	1.1				0.4	3.0	2.0
Training/lecture	17.7	33.9	28.4	53.3	88.4	70.5	100.0	61.5	72.2	32.4	42.0	38.4
Poster	5.2	5.9	5.7							4.4	4.5	4.5
Brochure/booklet/leaflet	21.9	25.3	24.1	13.3	7.0	10.2	20.0	7.7	11.1	17.3	24.0	21.4
Drop-in Center	11.5	9.7	10.3	2.2	4.7	3.4				12.5	6.3	8.7
\L	1.0	1.1	1.1	55.6	9.3	33.3				11.6	2.6	0.9
Radio	0.0	0.5	0.4	15.6	11.6	13.6				2.9	2.4	2.6
Newspaper				0.0	4.7	2.3				0.0	0.5	0.3
Other	0.0	4.8	3.2	2.2	2.3	2.3	0.0	15.4	11.1	0.1	7.2	4.5
(N)	96	186	282	45	43	88	5	13	18	165	269	434





Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

		Myanmar	_		Cambodia	ro		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	2.1	5.9	4.6	29.5	32.6	31.0	40.0	38.5	38.9	8.8	13.7	11.8
Health center	0.0	18.8	12.4							0.0	22.9	14.2
Private clinic				0.0	2.3	1.1				0.0	0.3	0.2
NGO clinic	93.8	76.9	82.6	47.7	65.1	56.3	40.0	30.8	33.3	80.2	65.4	71.0
Other	4.2	0.5	1.8	31.8	0.0	16.1	20.0	30.8	27.8	12.7	1.6	5.8
(N)	96	186	282	44	43	87	5	13	18	165	269	434
If an NGO, which one?												
RTF	9.09	56.0	54.0	81.0	53.6	65.3				37.2	28.2	31.9
FAR	10.8	2.8	5.8	14.3	46.4	32.7				8.7	3.2	5.5
WVFT	25.3	31.2	29.0							34.6	51.8	44.7
Foundation for Health	13.3	5.0	8.0							18.6	8.3	12.6
Pattanarak Foundation							(1)	(1)	(2)	0.3	0.0	0.1
AIDSNet							(1)	(3)	(4)	0.0	0.1	0.1
Other	0.0	5.0	3.1	4.8	0.0	2.0				9.0	8.3	5.1
(N)	83	141	224	21	28	49	2	4	6	121	172	292

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar	Ĺ	ٽ	Cambodia			Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
By whom?												
Self	4.3	0.5	1.8	21.4	4.7	12.9				9.0	1.7	4.5
Health personnel	2.1	9.8	6.5	2.4	11.6	7.1	0.09	88.9	78.6	3.9	13.8	10.1
MHM	33.0	58.4	49.8	2.4	0.0	1.2				31.3	60.4	49.5
MHV	79.8	51.9	61.3	57.1	8.69	63.5	0.0	11.1	7.1	70.2	52.3	9.69
Co-worker	2.1	0.0	0.7	2.4	2.3	2.4				4.3	0.3	1.8
Co-habiting friend				2.4	0.0	1.2				0.4	0.0	0.2
Boss							20.0	0.0	7.1	0.1	0.0	0.0
Spouse/regular partner				9.5	11.6	10.6				1.8	1.3	1.5
Family/relatives	0.0	0.5	0.4	14.3	4.7	9.4				0.0	0.0	0.0
Other	24.5	27.0	26.2				20.0	0.0	7.1	20.4	33.3	28.5
(%)	94	185	279	44	43	87	5	6	14	157	261	418
What language?												
Burmese	100.0	97.8	98.6							81.6	88.7	0.98
Khmer				7.76	7.06	94.3				17.4	7.1	11.0
Lao							0.0	15.4	11.1	0.0	0.1	0.1
Thai	28.1	30.1	29.4	2.3	9.3	5.7	100.0	84.6	88.9	24.1	35.1	30.9
Other	0.0	4.3	2.8							0.0	0.4	0.3
2	96	186	282	44	43	87	5	13	18	165	269	434

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Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	2	Myanmar	_		Cambodia	ē		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Rights, e.g., health education												
Frequency												
1 - 3 times	85.0	79.8	82.4	83.3	92.3	0.98	80.0	6.06	85.7	86.3	70.5	79.8
4 - 6 times	14.2	14.0	14.1	6.7	0.0	4.7	10.0	9.1	9.5	10.6	22.3	15.4
7 - 10 times	6.0	4.4	2.6	3.3	0.0	2.3	10.0	0.0	4.8	2.5	6.0	1.8
no recall	0.0	1.8	6.0	6.7	7.7	7.0	0.0	0.0	0.0	9.0	6.3	2.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	113	114	227	30	13	43	10	11	21	160	112	272
Channel												
Campaign	6.0	6.0	0.9							73.2	72.1	72.7
Inter-personal counseling at home	85.1	76.5	80.8	25.0	7.7	19.5	0.0	18.2	9.5	73.2	72.1	72.7
Discussion group	0.0	6.0	0.4				100.0	72.7	85.7	0.0	0.1	0.0
Video/CD	13.2	24.3	18.8	78.6	69.2	75.6				22.6	23.8	23.1
Training/lecture	6.1	5.6	4.4							4.7	0.4	2.9
Poster	21.9	18.3	20.1	14.3	0.0	9.8	0.09	9.1	33.3	22.2	18.1	20.5
Brochure/booklet/leaflet	9.6	5.2	7.4	0.0	15.4	4.9	10.0	0.0	4.8	6.6	1.7	9.9
Drop-in Center	6.0	0.0	0.4	14.3	15.4	14.6	0.0	9.1	4.8	2.8	1.3	2.2
2				3.6	0.0	2.4				0.4	0.0	0.3
Radio	6.0	6.0	6.0							1.9	2.7	2.2
other	0.0	6.0	0.4	7.1	0.0	4.9				0.1	1.8	0.8
(N)	114	115	229	28	13	41	10	11	21	164	114	277

Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar	_		Cambodia	Ø		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
From where?												
Government hospital	0.0	6.0	0.4				10.0	9.1	9.5	0.1	1.9	6:0
Private clinic	0.0	6.0	0.4							0.0	0.1	0.0
NGO clinic	89.5	96.5	93.0	88.9	76.9	85.0	30.0	27.3	28.6	7.77	88.1	82.0
Other	10.5	2.6	9.9	11.1	23.1	15.0	0.09	63.6	61.9	22.2	11.6	17.8
(N)	114	115	229	27	13	40	10	11	21	163	114	277
If an NGO, which one?												
RTF	58.7	68.8	64.2	45.8	0.0	32.4				40.4	38	39.3
FAR	17.4	6.4	11.4	58.3	100.0	9.02				18.3	7.4	13.2
WVFT	16.3	21.1	18.9							27.6	48.7	37.4
Foundation for Health	6.5	0.0	3.0							11.1	0.0	5.9
Pattanarak Foundation							(1)	(0)	(1)	0.4	0.0	0.2
AlDSNet							(2)	(3)	(5)	0.1	0.3	0.2
Other	1.1	4.6	3.0							2.8	8.8	5.6
(2)	92	109	201	24	10	34	3	3	9	110	96	207



Table 7.1 : Exposures to knowledge and information about HIV/AIDS and condom use for migrant workers by sex and nationality (Con't.)

	_	Myanmar		Ö	Cambodia	o l		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
By whom?												
Self	4.6	0.0	2.3	0.0	7.7	2.7	(0)	(1)	(1)	9.7	0.7	4.7
Health personnel	0.0	0.9	0.5				(3)	(3)	(9)	0.2	2.2	1.0
MHW	19.4	52.2	36.2							24.0	49.1	34.6
MHV	9.08	58.4	69.2	100.0	6.97	91.9				8.89	72.3	70.3
Co-worker	4.6	1.8	3.2							10.6	5.8	8.6
Boss							(0)	(1)	(1)	0.0	0.2	0.1
Spouse/regular partner				0.0	7.7	2.7				0.0	0.7	0.3
Other	18.5	29.2	24.0	0.0	15.4	5.4				20.6	43.5	30.3
(N)	108	113	221	24	13	37	4	5	6	144	106	250
What language?												
Burmese	99.1	95.7	97.4							89.7	89.9	89.8
Khmer				96.4	84.6	92.7				6.7	1.9	4.7
Lao							0.0	9.1	4.8	0.0	0.0	0.0
Thai	15.8	32.2	24.0	0.0	15.4	4.9	100.0	100.0	100.0	14.3	38.7	24.3
Other	0.0	10.4	5.2	3.6	0.0	2.4				0.1	9.9	2.7
(N)	114	115	229	28	13	41	10	11	21	164	114	277

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality

	2	Myanmar	L	Ü	Cambodia			Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Ever had sex?												
Yes	65.1	61.7	63.6	73.3	75.5	74.0	75.5	80.1	78.5	9.99	58.0	62.8
No	34.9	38.3	36.4	26.7	24.5	26.0	24.5	19.9	21.5	33.4	42.0	37.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,216	953	2,169	540	257	797	151	286	437	1,896	1,509	3,405
Age at first sex												
< 15	0.1	0.5	0.3	1.3	0.0	0.8	2.7	1.3	1.8	0.2	9.0	0.4
15 - 19	32.5	42.0	36.5	38.1	55.2	43.7	42.0	56.8	51.9	33.8	43.7	37.8
20-24	46.1	42.1	44.4	45.5	38.1	43.1	39.3	27.9	31.7	44.5	42.9	43.8
25-29	18.0	12.0	15.5	13.6	4.1	10.5	13.4	12.7	12.9	17.9	10.4	14.8
30+	3.3	3.4	3.4	1.5	2.6	1.9	2.7	1.3	1.8	3.6	2.4	3.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(Z)	788	584	1,372	396	194	290	112	229	341	1255	867	2,122
Mean age	21.38	20.80	21.14	20.58	19.84	20.34	20.33	19.85	20.01	21.4	20.6	21.1
Median age	26	23	25	22.5	24	23.5	21	23	22.5	25.5	24	25





Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	2	Myanmar		Ü	Cambodia	מ		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age at first sex (15 – 24 year age group)												
Under 15 years							2.6	1.5	1.9	0.0	0.0	0.0
Under 18 years	16.9	20.5	18.4	23.5	33.3	26.4	39.5	32.3	35.0	18.0	21.6	19.5
In the past year (with non-spouse)	14.0	0.0	7.9	24.5	0.0	17.1	24.3	13.8	17.6	16.7	9.0	6.6
Median age at first sex	19	19.5	19.5	19.5	18	19.5	18.5	18.5	18.5			
(N)	172	132	304	98	42	140	38	65	103	245	179	424
Spouse/regular partner												
Has a spouse/regular partner?												
yes	77.4	95.4	85.0	54.3	90.2	66.1	78.1	89.1	85.4	75.7	94.2	83.3
Ou	22.6	4.6	15.0	45.7	9.8	33.9	21.9	10.9	14.6	24.3	5.8	16.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	786	585	1,371	396	194	290	114	229	343	1,253	873	2,126
Ever used condoms with spouse/regular partner												
yes	17.4	11.3	14.5	14.9	11.4	13.3	21.3	26.5	24.9	14.1	7.3	11.0
Ou	79.8	87.8	83.6	82.3	87.4	84.6	78.7	73.5	75.1	84.2	92.1	6.78
no response	2.8	6.0	1.9	2.8	1.1	2.1				1.7	9.0	1.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	809	558	1,166	215	175	390	89	204	293	949	822	1,771

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	_	Myanmar		Ű	Cambodia			Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Reasons for using condoms												
Prevent pregnancy	85.3	84.1	84.8	7.97	73.7	75.5	57.9	2.99	64.4	85.1	73.8	81.6
Prevent self from STI/HIV	7.8	3.2	6.1	20.0	0.0	12.2	42.1	42.6	42.5	11.3	7.5	10.1
Prevent partner from STI/HIV	2.9	1.6	2.4	16.7	0.0	10.2	31.6	16.7	20.5	3.4	1.1	2.7
Prevent fetus from STI/HIV				0.0	10.5	4.1	5.3	5.6	5.5	0.0	0.5	0.2
Partner insisted	9.8	4.8	7.9	16.7	0.0	10.2	0.0	5.6	4.1	3.5	2.7	3.2
For fun	9.8	7.9	9.1							4.6	1.2	3.5
other	13.7	20.6	16.4	0.0	15.8	6.1				8.9	20.8	11.1
(N)	102	63	165	30	19	49	19	54	73	131	59	191
Reason for not using condoms												
No supply	9.0	0.0	0.3	3.6	2.6	3.1	1.5	0.7	6.0	0.8	0.3	9.0
Too costly	9.0	0.2	0.4	0.0	0.7	0.3				0.5	0.5	0.5
Partner refused	0.4	9.9	3.5	9.0	2.0	1.3	0.0	4.2	2.8	0.7	5.2	2.9
Don't like/reduces pleasure	1.7	0.4	1.0	0.0	1.3	9.0	4.5	0.0	1.4	6.0	0.5	0.7
Used other method of contraception	19.3	29.4	24.4	23.8	23.0	23.4	1.5	8.3	6.2	13.8	27.9	20.7
Didn't think it was necessary	30.9	28.0	29.4	36.3	38.8	37.5	62.7	41.0	47.9	35.1	27.2	31.3





Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

		Myanmar	_	O	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Didn't plan ahead	9.3	9.9	7.9	7.1	11.8	<b>p</b> .6	16.4	16.0	16.1	10.4	6.0	8.2
Would make partner think I had STI	3.8	5.3	4.6	16.7	19.1	17.8	0.0	0.7	0.5	3.8	3.8	3.8
Drunk				9.0	0.0	0.3				0.1	0.0	0.0
Trust my partner	62.5	48.1	55.2	33.9	32.2	33.1	58.2	52.1	54.0	56.2	47.4	51.9
Don't know condoms	1.9	1.2	1.6	0.0	0.7	0.3				1.4	1.3	1.4
Other	4.4	5.8	5.1	2.4	5.3	3.8	0.0	1.4	6.0	2.8	3.8	3.3
(N)	472	486	958	168	152	320	67	144	211	783	748	1531
In the past 12 months did you used condoms consistently	tly											
Every time	9.8	11.1	10.3	13.3	21.1	16.3	5.3	11.1	9.6	12.2	15.0	13.1
Most times	11.8	1.6	7.9	10.0	5.3	8.2	10.5	5.6	8.9	14.5	1.7	10.5
Sometimes	34.3	34.9	34.5	16.7	26.3	20.4	31.6	22.2	24.7	33.6	28.3	31.9
Never used	44.1	52.4	47.3	0.09	47.4	55.1	52.6	61.1	58.9	39.7	55.0	44.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	102	63	165	30	19	49	19	54	73	131	09	191
In the last sex in the past 12 months did you use condoms	ms											
yes	9.69	65.5	68.2	54.5	0.09	57.1	(5)	85.7	7.92	71.1	61.5	9.89
ou	30.4	34.5	31.8	45.5	40.0	42.9	(4)	14.3	23.3	28.9	38.5	31.4
Total	100	100	100	100	100	100	0	100	100	100	100	100
2	56	29	85	11	10	21	6	21	30	92	26	102

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

		Myanmar	_	Ü	Cambodia	ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Reason for using												
Prevent pregnancy	100.0	100.0	100.0	(5)	(3)	2.99	(3)	77.8	73.9	7.76	89.8	95.9
Prevent self from STI/HIV	10.3	0.0	6.9				(2)	50.0	47.8	8.3	6.6	8.7
Prevent partner from STI/HIV	5.1	0.0	3.4	(1)		8.3		11.1	8.7	1.8	1.3	1.7
Prevent fetus from STI/HIV					(2)	16.7				0.0	1.1	0.3
Partner insisted	5.1	5.3	5.2	(1)		8.3				0.7	0.8	0.7
For fun	2.6	0.0	1.7							0.3	0.0	0.2
Other	5.1	0.0	3.4		(1)	8.3				0.5	4.3	1.4
(N)	39	19	58	6	9	12	5	18	23	54	16	71
Reason for not using condoms												
νο supply	5.9	(3)	14.8							4.9	13.3	7.5
Too costly	5.9		3.7					(1)	(1)	8.4	1.7	6.3
Partner refused	0.0	(1)	3.7							0.0	1.3	0.4
Don't like/reduces pleasure	47.1	(2)	37	(4)	(2)	(9)	(3)		(3)	46.6	21.3	38.6
Used other method of contraception	35.3		22.2		(2)	(2)	(1)	(1)	(2)	9.7	2.2	7.4
Didn't plan ahead	23.5		14.8							15.8	0.0	10.8

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.) A 94

	2	Myanmar	_	Ü	Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Might make partner think I had an STI	11.8		7.4	(1)		(1)				4.4	0.0	3.0
Trust my partner	41.2		25.9							29.7	0.0	20.3
Other	0.0	(4)	14.8					(1)	(1)	0.0	60.2	19.0
(N)	17	10	27	5	4	6	4	3	7	22	10	32
Where did you get the condoms from												
Drug store	22.8	6.3	16.5	14.3	5.3	10.6	21.1	12.0	14.5	23.3	3.4	17.0
Shop	3.0	4.8	3.7	14.3	0.0	8.5	5.3	0.0	1.4	3.1	5.1	3.7
Health center	5.9	1.6	4.3	7.1	5.3	6.4	21.1	0.44	37.7	8.5	8.9	8.0
Government hospital	1.0	1.6	1.2	3.6	5.3	4.3	0.0	14.0	10.1	3.1	3.4	3.2
Private clinic	0.0	4.8	1.8	3.6	10.5	6.4	10.5	0.0	2.9	0.8	11.9	4.3
Spouse/partner	0.0	4.8	1.8				5.3	0.0	1.4	0.0	5.1	1.6
Fellow trainee	1.0	0.0	9.0							1.6	0.0	1.1
OSN	17.8	36.5	25.0	21.4	57.9	36.2	0.0	4.0	2.9	19.4	18.6	19.1
Health worker	0.0	1.6	9.0				0.0	2.0	1.4	0.0	5.1	1.6
MHV	6.6	14.3	11.6	21.4	10.5	17.0	0.0	2.0	1.4	10.1	8.9	0.6
Drop-in center	1.0	4.8	2.4							1.6	8.5	3.7
Condom vending machine				3.6	0.0	2.1	5.3	0.9	5.8	0.8	1.7	1.1
Condom distribution box	20.8	11.1	17.1				15.8	4.0	7.2	8.5	10.2	0.6
Motorcycle taxi stand				3.6	0.0	2.1				0.8	0.0	0.5
Fishing boat	1.0	0.0	9.0							0.0	0.0	0.0
Fisheries pier	1.0	0.0	9.0	0.0	5.3	2.1				2.3	1.7	2.1

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	1	Myanmar	L	O	Cambodia	a		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male I	Female	Total
Co-worker	6.8	0:0	5.5	7.1	0.0	4.3	0.0	0.9	4.3	9.3	1.7	6.9
Convenience store/supermarket	5.0	0.0	3.0				15.8	0.9	8.7	5.4	0.0	3.7
Other	1.0	7.9	3.7							1.6	10.2	4.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	101	63	164	28	19	47	19	50	69	129	59	188
Do you have condoms every time you need them?												
yes	58.8	2.99	61.8	82.1	89.5	85.1	73.7	70.4	71.2	63.4	2.99	64.4
ou	41.2	33.3	38.2	17.9	10.5	14.9	26.3	29.6	28.8	36.6	33.3	35.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	102	63	165	28	19	47	19	54	73	131	09	191
Did you use drugs before sex?												
yes	10.4	5.6	8.1	0.5	0.0	0.3	23.6	8.8	13.3	13.1	6.8	10.2
ou	9.68	94.4	91.9	99.5	100.0	7.66	76.4	91.2	86.7	86.9	93.2	89.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	605	558	1,163	188	166	354	89	204	293	941	820	1,761
If yes, what kind of drugs												
amphetamines	1.6	3.2	2.1	(1)		(1)				2.1	5.5	3.1
marijuana	1.6	0.0	1.1							1.5	0.0	1.0
alcohol	100.0	8.96	98.9				100.0	100.0	100.0	99.4	94.5	97.9
(N)	63	31	94	1	0	1	21	18	39	123	56	179





Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	_	Myanmar	_	O	Cambodia	ū		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Do you agree that using condoms reduces pleasure?												
OZ	32.2	5.1	19.2	9.44	25.3	35.2	55.1	31.5	38.8	36.4	8.3	23.3
Not sure	35.2	46.7	40.7	33.1	19.9	26.7	21.3	29.9	27.3	34.4	41.3	37.6
not sure	32.6	48.2	40.1	22.3	54.8	38.1	23.6	38.6	33.9	29.2	50.4	39.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	583	544	1,127	175	166	341	89	197	286	914	797	1,711
Are you confident you can convince your partner to use condoms?	condo	ms?										
yes	41.9	30.2	36.2	42.7	29.3	36.8	65.5	51.5	55.7	45.6	30.4	38.5
ou	58.1	8.69	63.8	57.3	7.07	63.2	34.5	48.5	44.3	54.4	9.69	61.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	575	537	1,112	178	140	318	87	202	289	891	776	1,667
What would you do if she refused to use condoms?												
Refuse to have sex	3.9	6.1	4.9	17.4	14.9	16.4	3.9	13.8	10.8	5.5	5.9	5.7
Have sex without a condom	58.7	50.0	54.6	9.69	58.6	65.3	73.7	64.4	67.2	58.6	53.4	56.2
Discuss and try to persuade her	34.8	37.8	36.2	13.0	25.3	17.8	22.4	21.8	22.0	34.4	38.2	36.2
Other	2.6	6.1	4.2	0.0	1.1	0.4				1.5	2.5	1.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
Ê	508	444	952	138	87	225	92	174	250	729	209	1,336

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	_	Myanmar			Cambodia	ro		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
In the past 12 months have you had sex with a non-regular partner?	ılar part	ner?										
yes	5.2	0.2	3.0	10.2	0.0	6.8	15.9	5.2	∞ ∞	6.3	0.5	3.9
Ou	94.8	8.66	0.76	8.68	100.0	93.2	84.1	8.46	91.2	93.7	99.5	96.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	791	587	1,378	393	194	587	113	229	342	1,257	872	2,129
married												
yes	1.0	0.0	0.5	6.1	0.0	3.4	5.6	0.5	2.0	1.1	0.0	9.0
ou	0.66	100.0	99.5	93.9	100.0	9.96	94.4	99.5	98.0	98.9	100.0	99.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	613	260	1,173	213	175	388	89	204	293	877	733	1,610
คนโสด												
yes	22.2	(1)	22.4	16.0		15.8	52.2	(6)	61.8	25.4	(3)	25.7
OU	77.8	(2)	77.6	84.0	(2)	84.2	47.8	(1)	38.2	74.6	(5)	74.3
Total	100		100	100		100	100		100	100		100
(N)	153	3	156	163	2	165	23	11	34	260	∞	268
Widowed/divorced/separated												
yes	4.0	0.0	2.0	5.9	0.0	2.9	(1)	14.3	20.0	9.3	0.0	4.7
ou	0.96	100.0	98.0	94.1	100.0	97.1		85.7	80.0	90.7	100.0	95.3
Total	100	100	100	100	100	100		100	100	100	100	100
(2)	25	24	49	17	17	34	1	14	15	43	43	98



Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	~	Myanmar			Cambodia	g		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male F	Female	Total
Mean number of partners	1.34	1.0	1.33	1.0		1.0	1.72	1.09	1.48	1.08	1.0	1.07
(2)	41	$\leftarrow$	42	œ	0	∞	18	11	29	72	4	92
Type of partner												
boyfriend	0.0	(1)	2.4				0.0	91.7	36.7	0.0	(4)	4.8
girlfriend	82.9		81.0	12.5		12.5	88.9	0.0	53.3	78.5		74.7
Boyfriend and girlfriend	4.9		4.8							5.1		4.8
friend	4.9		4.8				11.1	0.0	6.7	2.5		2.4
Friend and girlfriend	2.4		2.4							2.5		2.4
customer	2.4		2.4	5.0		5.0				2.5		2.4
other				2.5		2.5				0.0		0.0
No response	2.4		2.4	80.0		80.0	0.0	8.3	3.3	8.9		8.4
Total	100		100	100		100	100	100	100	100		100
(N)	41	1	42	40	0	40	18	12	30	79	4	83
Non-regular partner												
In the past 12 months did you use condoms consistently?	2/											
Every time	31.7		31.0	83.3		83.3	55.6	8.3	36.7	37.2		35.4
Most times	24.4		23.8	2.8		2.8	11.1	8.3	10.0	19.2		18.3
Sometimes	4.9		4.8	2.8		2.8	22.2	41.7	30.0	3.8	(1)	4.9
Never used	39.0	(1)	40.5	11.1		11.1	11.1	41.7	23.3	39.7	(3)	41.5
Total	100		100	100		100	100	100	100	100		100
$\mathfrak{Z}$	41	$\leftarrow$	42	36	0	36	18	12	30	78	4	82

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	2	Myanmar	_	Ö	Cambodia	6		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
The last time you had sex did you use condoms?												
yes	76.0		0.97	86.1		86.1	81.3	(4)	73.9	77.1		77.1
Ou	24.0		24.0	2.8		2.8	18.8	(3)	26.1	22.9		22.9
no response				11.1		11.1				0.0		0.0
Total	100		100	100		100	100		100	100		100
(N)	25	0	25	36	0	36	16	7	23	48	0	48
Reasons used condoms												
Prevent pregnancy	63.2		63.2	12.9		12.9	46.2	(3)	52.9	42.1		42.3
Prevent self from STI/HIV	63.2		63.2	87.1		87.1	92.3	(3)	88.2	7.4.7		74.7
Prevent partner from STI/HIV	21.1		21.1	38.7		38.7	15.4	(1)	17.6	18.3		18.3
Prevent fetus from STI/HIV	5.3		5.3	3.2		3.2	7.7		5.9	5.4		5.4
Partner insisted	10.5		10.5	3.2		3.2	0		5.9	0.6		9.1
(X)	19	0	19	31	0	31	13	4	17	37	0	37



Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	1	Myanmar	L	O	Cambodia	,ra		Laos		Total (weighted)	veighte	(pa
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male Fer	Female T	Total
Reason for not using												
No supply							(2)		(2)	7.3		7.0
Don't like/reduces pleasure	(1)		(1)				(1)		(1)	21.0		20.1
Used other method of contraception	(1)		(1)							17.4		16.6
Didn't think it was necessary								(3)	(3)	0.0		0.0
Drunk	(1)		(1)	(1)		(1)				2.1		2.0
Trust partner	(3)		(3)					(1)	(1)	52.1	ш,	53.4
(N)	9	0	9	1	0	1	3	3	9	11		11
Where did you get the condoms from?												
Drug store	40.0		40.0	3.1		3.1	25.0		18.2	37.0	(,)	36.2
Shop	4.0		4.0	21.9		21.9	6.3		4.5	2.2		2.1
Health center							6.3		4.5	0.0		0.0
Government hospital							6.3		4.5	0.0		0.0
Private clinic				3.1		3.1	6.3		4.5	2.2		2.1
Commercial sex establishment				15.6		15.6				2.2		2.1
Bar				12.5		12.5				2.2		2.1
Motel							6.3	(1)	9.1	0.0		0.0
Partner				3.1		3.1				2.2		2.1
Sex worker	8.0		8.0	9.4		9.4	6.3		4.5	8.7		8.5
OĐN	4.0		4.0	12.5		12.5				4.3		4.3
MHV				12.5		12.5				0.0		0.0

Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

	~	Myanmar	_	O	Cambodia	a		Laos		Total (weighted)	veight	ed)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male Fer	Female -	Total
Condom vending machine							6.25		4.5	0.0		0.0
Condom distribution box	4.0		4.0	6.3		6.3				0.0		0.0
Co-worker	12.0		12.0				6.25		4.5	4.3		4.3
Convenience store/supermarket	24.0		24.0				25.0	(5)	40.9	34.8	(1)	36.2
Other	4.0		4.0							0.0		0.0
Total	100		100	100		100	100		100	100		100
(N)	25	0	25	32	0	32	16	9	22	46	1	47
Do you always have condoms when you need them?												
yes	58.8	2.99	61.8	82.1	89.5	85.1	73.7	70.4	71.2	93.6	(1)	93.8
ou	41.2	33.3	38.2	17.9	10.5	14.9	26.3	29.6	28.8	6.4		6.3
Total	100	100	100	100	100	100	100	100	100	100		100
(N)	102	63	165	28	19	47	19	54	73	47	1	48
Did you use drugs before sex?												
yes	10.4	5.6	8.1	0.5	0.0	0.3	23.6	∞ ∞.	13.3	35.4		35.4
no	9.68	94.4	91.9	99.5	100.0	7.66	76.4	91.2	86.7	64.6		9.49
Total	100	100	100	100	100	100	100	100	100	100		100
(N)	605	558	1163	188	166	354	89	204	293	48		48
If yes, what kind of drugs												
Marijuana	(1)		(1)							(2)		(2)
Alcohol	(8)		(8)				(4)	(3)	()	(16)		(17)
(N)	8	0	8	0	0	0	4	3		16		17



Table 8.1 : Condom use and risk behavior among migrant workers by sex and nationality (Con't.)

		Myanmar	_	O	Cambodia	Ø		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Do you agree that using condoms reduces pleasure?												
yes	58.5		57.1	65.0		65.0	78.9	33.3	61.3	67.1	(1)	65.1
OL	34.1		33.3	30.0		30.0	21.1	50.0	32.3	27.8	(1)	27.7
not sure	7.3	(1)	9.5	5.0		5.0	0.0	16.7	6.5	5.1	(5)	7.2
Total	100		100	100		100	100	100	100	100		100
(N)	41	1	42	40		40	19	12	31	79	4	83
Are you confident you can convince your partner to use condoms?	opuoo	ms?										
yes	80.5		78.6	71.8		71.8	100.0	2.99	87.1	80.8	(1)	78.0
Ou	19.5	(1)	21.4	28.2		28.2	0.0	33.3	12.9	19.2	(3)	22.0
Total	100		100	100		100	100	100	100	100		100
(N)	41	1	42	39		39	19	12	31	78	4	82
What would you do if she refused to use condoms?												
Refuse to have sex	14.6		14.3	0.09		0.09	47.4	8.3	32.3	19.2	(3)	18.3
Have sex without a condom	29.3	(1)	31.0	12.5		12.5	10.5	50.0	25.8	30.8	(1)	32.9
Discuss and try to persuade her	56.1		54.8	15.0		15.0	42.1	33.3	38.7	90.09		48.8
don't know				12.5		12.5	0.0	8.3	3.2	0.0		0.0
Total	100		100	100		100	100	100	100	100		100
(N)	41	1	42	40	0	40	19	12	31	78	4	82

Table 9.1 : HIV VCT by sex and nationality

		Myanmar		٣	Cambodia	۵		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male F	Female	Total
Do you know of a place to get diagnosed for HIV/AIDS												
Yes	51.0	45.6	48.6	45.9	50.0	47.2	47.7	67.1	60.4	53.3	46.6	50.4
NO	0.64	54.4	51.4	54.1	50.0	52.8	52.3	32.9	39.6	46.7	53.4	9.64
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,209	948	2,157	540	256	962	151	286	437	1,882	1,503	3,385
If yes, where												
Government hospital	87.0	85.4	86.4	95.2	96.1	95.5	93.1	95.8	95.1	85.4	82.6	84.2
Private hospital	1.8	1.4	1.6	5.2	3.9	4.8	29.2	25.5	26.5	3.4	2.3	2.9
Government clinic	1.5	0	6.0	1.2	0.8	1.1	8.3	12.5	11.4	2.0	0.0	1.2
Health center	9.1	18.3	12.9	9	8.6	6.9	15.3	14.6	14.8	8.9	18.4	12.8
Private clinic	3.1	5.1	3.9	3.6	2.3	3.2	0.0	1.6	1.1	4.4	4.8	4.6
NGO clinic	18.6	30.3	23.5	0.8	0	0.5				19.9	35.4	26.3
Traditional healer	0.2	0.2	0.2	0.4	0	0.3				0.3	0.3	0.3
Drug store				0.8	0	0.5				0.1	0.0	0.1
Anonymous clinic of the Thai Red Cross				0.4	0	0.3				0.0	0.0	0.0
BMA health center							0.0	0.5	0.4	0.0	0.0	0.0
other	0	0.2	0.1	0.4	0.8	0.5				0.1	0.3	0.2
(N)	617	432	1049	248	128	376	72	192	264	1,004	701	1,705





Table 9.1 : HIV VCT by sex and nationality (con't.)

	V	Myanmar	_	Ü	Cambodia	a		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Have you ever been tested for HIV												
Yes	4.5	6.7	5.4	19.0	11.5	16.4	16.7	47.4	39.0	8.9	10.3	8.2
OZ	95.5	93.3	94.6	81.0	88.5	83.6	83.3	52.6	61.0	93.2	7.68	91.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	616	432	1,048	248	130	378	72	192	264	1,003	702	1,705
Reason for getting tested												
pregnant	0.0	75.9	38.6	0.0	40.0	9.7	16.7	84.6	7.92	0.1	80.0	41.2
Work application	21.4	10.3	15.8	23.4	13.3	21				15.6	8.0	11.7
marriage	3.6	0.0	1.8	25.5	20.0	24.2	0.0	3.3	2.9	11.3	1.4	6.2
Partner has risk behavior	3.6	0.0	1.8	0.0	13.3	3.2	8.3	0.0	1.0	2.8	1.1	1.9
I have risk behavior	3.6	0.0	1.8	17	0.0	12.9	0.0	1.1	1.0	4.8	0.1	2.4
Part of routine health exam	3.6	0.0	1.8	2.1	0.0	1.6	16.7	4.4	5.8	4.2	1.1	2.6
Surgery/ill	3.6	0.0	1.8	0.0	0.0	0.0	25.0	0.0	2.9	4.7	0.0	2.3
Blood donation	25	0.0	12.3	2.1	0.0	1.6	0.0	4.4	3.9	19.2	0.2	9.4
Curiosity	46.4	13.8	29.8	25.5	6.7	21.0	33.3	3.3	6.8	38.5	7.9	22.7
Coerced				2.1	0.0	1.6				0.1	0.0	0.1
No reason				2.1	0.0	1.6	0.0	1.1	1.0	1.0	0.2	9.0
other	10.7	0.0	5.3	2.1	0.0	1.6				7.6	0.1	4.8
(N)	28	29	57	47	15	62	12	91	103	89	72	141

Table 9.1 : HIV VCT by sex and nationality (con't.)

	_	Myanmar	L	Ü	Cambodia	æ		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Where was the last place you were tested for HIV												
Government hospital	2.09	82.1	71.4	87.2	86.7	87.1	100.0	84.6	86.4	75.0	92.8	83.9
Private hospital	3.6	0.0	1.8				0.0	4.4	3.9	0.0	0.0	0.0
Government clinic	10.7	3.6	7.1	2.1	13.3	4.8	0.0	3.3	2.9	8.8	4.3	9.9
Health center	0.0	3.6	1.8	6.4	0.0	4.8	0.0	5.5	4.9	0.0	0.0	0.0
Private clinic	21.4	10.7	16.1	2.1	0.0	1.6				10.3	2.9	9.9
Anonymous Clinic of the Thai Red Cross							0.0	1.1	1.0	0.0	0.0	0.0
other	3.6	0.0	1.8	2.1	0.0	1.6	0.0	1.1	1.0	5.9	0.0	2.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	28	28	56	47	15	62	12	91	103	89	69	137
When were you last tested												
Within past 6 months	25.9	31.0	28.6	28.9	26.7	28.3	16.7	16.5	16.5	14.5	31.9	23.4
6-12 months ago	11.1	24.1	17.9	17.8	26.7	20.0	16.7	8.8	9.7	10.1	18.1	14.2
More than 1 year ago	63.0	44.8	53.6	53.3	46.7	51.7	2.99	74.7	73.8	75.4	50.0	62.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	27	29	56	45	15	60	12	91	103	69	72	141



Table 9.1: HIV VCT by sex and nationality (con't.)

	~	Myanmar		Ü	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
In the past year, the last time you were tested, did you receive counseling	eceive	counseli	ng									
Pre-test counseling												
Yes	(5)	62.5	57.7	61.9	(2)	51.7	(1)	73.9	2.99	50.0	63.9	9.69
ON	(5)	37.5	42.3	38.1	(9)	48.3	(3)	26.1	33.3	50.0	36.1	40.4
Total		100	100	100		100		100	100	100	100	100
(2)	10	16	26	21	œ	29	4	23	27	16	36	52
Counseling topic												
Impact on life	(3)	(3)	40.0	69.2	(2)	73.3		11.8	11.1	63.1	22.6	33.3
Rights to treatment	(3)	(2)	33.3	23.1	(1)	26.7		17.6	16.7	49.6	14.5	23.8
Safe sex	(1)	(3)	40.0	76.9	(1)	73.3	(1)	58.8	61.1	39.0	20.3	25.3
other	(1)	(4)	33.3					35.3	33.3	21.8	45.2	39
(N)	5	10	15	13	2	15	1	17	18	8	23	32
What language												
Burmese	(4)	(7)	73.3							(4)	78.3	71.0
Khmer				23.1		20						
Laos							(1)		5.6			
Thai	(1)	(3)	26.7	76.9	(2)	80		100	94.4	(4)	21.7	29.0
Total			100	100		100			100		100	100
(2)	2	10	15	13	2	15	₽	17	18	∞	23	31

	<b>V</b>	Myanmar		Ü	Cambodia			Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Did you understand												
Yes	(4)	(10)	93.3	100	(2)	100	(1)	100	100	(8)	100.0	100.0
OZ	(1)		6.7									
Total			100	100		100		100	100		100	100
(N)	5	10	15	13	2	15	1	17	18	8	23	31
Post-test counseling												
Yes	(5)	8.89	61.5	42.9	(2)	37.9		52.2	44.4	(7)	72.2	63.5
OZ	(5)	31.3	38.5	57.1	(9)	62.1	(4)	47.8	55.6	(6)	27.8	36.5
Total		100	100	100		100		100	100		100	100
(N)	10	16	26	21	8	29	4	23	27	16	36	52
Counseling topics												
Understanding of disease	(4)	63.6	68.8	(8)	(2)	6.06		75.0	75.0	71.2	65.2	66.4
Health behavior	(2)	27.3	31.3	(9)	(1)	63.6		8.3	8.3	64.5	16.7	26.4
Hope for the future	(1)	18.2	18.8	(4)	(1)	45.5				16.4	7.9	9.6
Caring for the family		18.2	12.5	(3)	(1)	36.4		41.7	41.7	4.0	13.3	11.4
other		18.2	12.5	(1)		9.1		8.3	8.3	1.3	12.0	9.8
(N)	5	11	16	6	2	11		12	12	7	26	33
					1							1



Table 9.1 : HIV VCT by sex and nationality (con't.)

		Myanmar	_	Ü	Cambodia	ď		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
What language												
Burmese	(4)	72.7	75.0							(4)	80.8	78.1
Khmer				(4)		36.4				0.0	0.0	0.0
Thai	(1)	27.3	25.0	(5)	(2)	63.6		100.0	100.0	(2)	19.2	21.9
Total		100	100			100		100	100		100	100
(N)	5	11	16	9	2	11		12	12	9	26	32
Did you understand												
Yes	(4)	100	93.75	(6)	(2)	100		100	100	(7)	100	100
No	(1)		6.25								0.0	0.0
Total		100	100			100		100	100		100	100
(N)	5	11	16	9	2	11	0	12	12	7	26	33
At the last testing, did you receive the test results												
Yes	(7)	100	88.5	71.4	(9)	72.4	(4)	87.0	88.9	87.5	97.2	94.2
No	(3)		11.5	28.6	(2)	27.6		13.0	11.1	12.5	2.8	5.8
Total		100	100	100		100		100	100	100	100	100
(N)	10	16	26	21	80	29	4	23	27	16	36	52

Table 9.1 : HIV VCT by sex and nationality (con't.)

	_	Myanmar	L	Ü	Cambodia	a		Laos		Total	Total (weighted)	(ped)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
How long after the test did you received the results												
1 -3 days	(3)	12.5	21.7	33.3		23.8	(1)	25.0	25.0	(/	16.1	26.7
4 - 7 days	(3)	31.3	34.8	26.7	(3)	33.3	(1)	45.0	41.7	(2)	38.7	31.1
7 days or more	(1)	56.3	43.5	40.0	(3)	42.9	(2)	30.0	33.3	(5)	45.2	42.2
Total		100	100	100		100		100	100		100	100
(2)	7	16	23	15	9	21	4	20	24	14	31	45
Mean number of days	0.9	16.3	12.9	8.6	13.2	6.6	32.0	8.1	12.4	8.0	9.7	9.2
Who was with you when receiving results												
No one	(1)	50.0	39.1	40.0	(5)	52.4	(4)	55.0	62.5	26.7	41.7	37.3
Partner/family		12.5	8.7	26.7	(1)	23.8		35.0	29.2	13.3	19.4	17.6
Boss	(1)	0.0	4.3	20.0		14.3				26.7	0.0	7.8
Friend/co-worker	(4)	31.3	39.1	6.7		4.8		10.0	8.3	33.3	33.3	33.3
Relative		6.3	4.3	6.7		4.8				0.0	5.6	3.9
other	(1)	0.0	4.3							0.0	0.0	0.0
Total		100	100	100		100		100	100	100	100	100
(N)	7	16	23	15	9	21	4	20	24	15	36	51



Table 10.1: Family planning among the migrant workers by sex and nationality

	_	Myanmar	_		Cambodia	Ø		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
What methods of contraception do you know												
pitt	94.6	99.1	9.96	86.3	92.6	89.3	93.3	97.2	95.8	93.4	98.9	95.9
IUD	15.5	23.9	19.2	43.4	47.8	44.8	46.3	56.7	53.1	21.6	28.6	24.7
injectable	9.92	77.1	76.8	62.3	74.9	66.4	76.5	88.4	84.3	77.8	83.7	80.4
Female sterilization	6.69	64.5	67.5	22.1	37.1	26.9	77.2	87.3	83.8	65.2	71.6	0.89
Male sterilization	60.3	50.8	56.1	12.8	15.9	13.8	58.4	55.6	56.6	0.09	57.9	59.1
Sub-dermal implant	36.7	39.3	37.8	21.9	27.5	23.7	24.8	48.2	40.2	36.1	38.9	37.3
condom	86.1	60.5	74.7	6.06	86.5	89.4	9.06	92.6	87.3	85.3	54.7	71.7
Safe period	21.7	20.0	20.9	8.4	8.4	8.4	20.1	27.8	25.2	22.6	20.3	21.6
withdrawal	48.7	19.7	35.8	12.6	4.8	10.1	39.6	28.5	32.3	43.1	16.5	31.3
other	0.1	1.6	0.8							0.0	2.1	6.0
(N)	1,140	913	2,053	525	251	776	149	284	433	1,819	1,448	3,267
Have you or your partner ever used the following contraceptives	aceptive	S										
שוול												
Yes	75.0	83.8	79.3	59.3	6.09	60.1	78.8	77.0	77.5	74.0	79.5	9.92
OZ	25.0	16.2	20.7	40.7	39.1	39.9	21.2	23.0	22.5	26.0	20.5	23.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	909	574	1,174	204	192	396	85	213	298	945	858	1,803

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

		Myanmar	<u>.</u>		Cambodia	m.		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
מחו												
Yes	2.9	6.9	5.4	3.3	4.6	4.0	6.8	7.1	7.1	1.9	7.8	5.4
OZ	97.1	93.1	94.6	7.96	95.4	0.96	93.2	92.9	92.9	98.1	92.2	94.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
N	102	175	277	92	108	200	44	140	184	211	322	533
injectable												
Yes	29.3	44.5	36.5	27.5	31.4	29.4	25.7	41.8	37.6	34.3	45.9	39.9
No	70.7	55.5	63.5	72.5	9.89	9.02	74.3	58.2	62.4	65.7	54.1	60.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
z	516	472	988	153	156	309	70	201	271	830	771	1,601
Female sterilization												
Yes	5.4	12.0	8.6	13.8	17.3	15.8	18.8	24.0	22.7	4.9	10.1	7.5
No	94.6	88.0	91.4	86.2	82.7	84.2	81.2	76.0	77.3	95.1	89.9	92.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
Z	442	407	849	65	81	146	69	200	269	689	672	1361
Male sterilzation												
Yes	0.5	0.3	0.4	0.0	5.7	2.9	0.0	1.5	1.1	0.8	6.0	6.0
No	99.5	7.66	9.66	100.0	94.3	97.1	100.0	98.5	98.9	99.2	99.1	99.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Z	381	321	702	33	35	89	49	132	181	626	541	1,167



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	2	Myanmar	L	Ü	Cambodia	a		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Sub-dermal implant												
Yes	1.6	2.2	1.9	6.5	10.0	8.5	3.8	0.8	1.4	2.0	3.5	2.8
OZ	98.4	97.8	98.1	93.5	0.06	91.5	96.2	99.2	98.6	98.0	96.5	97.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	254	277	531	46	9	106	26	120	146	408	423	831
condom												
Yes	23.6	15.0	19.9	16.4	12.2	14.5	27.6	29.5	29.0	19.3	9.6	15.4
ON	76.4	85.0	80.1	83.6	87.8	85.5	72.4	70.5	71.0	80.7	90.4	84.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	525	401	926	207	172	379	76	193	269	824	553	1,377
Safe period												
Yes	4.3	0.7	2.4				21.1	11.8	13.8	4.2	1.8	3.0
OZ	95.7	99.3	9.76	100.0	100.0	100.0	78.9	88.2	86.2	95.8	98.2	97.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	141	149	290	18	20	38	19	68	87	238	225	463
withdrawal												
Yes	17.0	9.0	11.5	10.0	25.0	15.6	39.4	31.3	34.0	15.2	2.5	11.3
NO	83.0	99.4	88.5	0.06	75.0	84.4	9.09	68.7	0.99	84.8	97.5	88.7
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	305	156	461	20	12	32	33	67	100	446	202	648

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	~	Myanmar		Ü	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Are you or your partner currently using the following												
pill												
Yes	45.5	47.7	46.6	28.2	30.2	29.2	49.4	32.4	37.2	41.9	42.1	42.0
No	54.5	52.3	53.4	71.8	8.69	70.8	50.6	9.79	62.8	58.1	57.9	58.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	900	574	1,174	202	192	394	85	213	298	943	857	1,800
IUD												
Yes	0.0	2.9	1.8	2.2	6.0	1.5	4.5	0.7	1.6	0.5	3.4	2.3
ON	100.0	97.1	98.2	97.8	99.1	98.5	95.5	99.3	98.4	99.5	9.96	7.76
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	101	175	276	92	108	200	44	140	184	210	322	532
injectable												
Yes	18.0	20.6	19.2	20.9	20.5	20.7	7.1	8.0	7.7	19.8	21.8	20.7
O.N.	82.0	79.4	80.8	79.1	79.5	79.3	92.9	92.0	92.3	80.2	78.2	79.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	516	472	988	153	156	309	70	201	271	830	772	1,602
Female sterilization												
Yes	4.8	11.8	8.1	10.8	12.3	11.6	18.8	23.0	21.9	3.8	9.8	6.8
No	95.2	88.2	91.9	89.2	87.7	88.4	81.2	77.0	78.1	96.2	90.2	93.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	442	407	849	65	81	146	69	200	269	689	671	1,360



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	~	Myanmar	ı	O	Cambodia	В		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Male sterilization												
Yes	0.3	0.3	0.3	0.0	5.7	2.9				0.5	0.7	9.0
ON	7.66	7.66	7.66	100.0	94.3	97.1	100.0	100.0	100.0	99.5	99.3	99.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	380	321	701	33	35	89	49	132	181	624	541	1165
Sub-dermal implant												
Yes	1.6	1.8	1.7	4.3	6.7	5.7				1.7	3.1	2.4
ON	98.4	98.2	98.3	95.7	93.3	94.3	100.0	100.0	100.0	98.3	6.96	97.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	254	277	531	46	09	106	26	120	146	408	423	831
condom												
Yes	10.3	4.7	7.9	2.9	4.1	3.4	9.2	7.3	7.8	7.2	3.6	5.7
OZ	89.7	95.3	92.1	97.1	95.9	9.96	8.06	92.7	92.2	92.8	96.4	94.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	525	401	926	207	172	379	76	193	269	825	553	1378
Safe period												
Yes	0.7	0.0	0.3				0.0	1.5	1.1	0.8	0.0	0.4
No	99.3	100.0	7.66	100.0	100.0	100.0	100.0	98.5	98.9	99.2	100.0	9.66
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	141	148	289	18	20	38	19	89	87	238	221	459

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	~	Myanmar			Cambodia	, a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
withdrawal												
Yes	5.2	0.0	3.5	5.0	16.7	9.4	12.1	13.4	13.0	2.9	1.0	2.3
No	94.8	100.0	96.5	95.0	83.3	9.06	87.9	9.98	87.0	97.1	0.66	7.76
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	306	156	462	20	12	32	33	67	100	447	202	649
Did you boss influence your decision to use contraception	ב											
OL	97.8	96.3	97.0	87.9	92.5	90.3	100.0	99.3	99.5	98.2	96.2	97.2
Advised me to do so	1.7	2.6	2.1				0.0	0.7	0.5	1.8	3.1	2.4
Was a condition of employment/if pregnant would lose job	0.5	1.2	0.8							0.0	0.7	0.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	417	427	844	66	107	206	67	147	214	615	610	1,225
Where did you get your contraception												
Government hospital/ outlet	10.4	15.1	12.8	55.6	41	48	33.3	37.3	36.1	13.8	17.8	15.8
Private hospita/outlet	0.7	0.5	9.0	2	1	1.5				0.7	0.7	0.7
Private clinic	12.8	9.8	11.3	4	4.8	4.4	8	13.4	10.1	16.3	11.3	13.8
Health center	12.1	20	16.1	9.1	9.5	9.3	16.7	22.5	20.7	13.0	23.7	18.4
Drug store	56.5	53	54.7	25.3	18.1	21.6	36.4	28.2	30.8	9.64	43.7	9.94
Small shop	7	10	8.5	6.1	6.7	6.4	25.8	12	16.3	8.9	7.8	8.3
Traditional healer	2.7	0.5	1.5	0	1.9	<b>—</b>	1.5	0	0.5	2.2	0.8	1.5
NGO outreach	8.5	7.2	7.8	5.1	19	12.3	3	1.4	1.9	7.3	7.6	7.5



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	L	Ü	Cambodia	m.		Laos		Total	Total (weighted)	nted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
poss										0.0	0.3	0.2
other	4.6	6.7	5.7	₽	2.9	2	4.5	6.3	5.8	4.3	8.2	6.3
(N)	414	430	844	66	105	204	99	142	208	615	615	1,230
For women age 15-49 and men with a spouse/partner												
age 15-49 years												
Do you have children												
Yes	63.5	41.6	50.1	74.8	61.3	67.4	72.9	56.8	2.09	9.99	39.8	50.1
ON	36.5	58.4	49.9	25.2	38.7	32.6	27.1	43.2	39.3	33.4	60.2	49.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	909	953	1559	210	253	463	85	266	351	932	1,505	2,437
Number of children												
1	46.0	41.4	43.7	38.2	27.7	33.0	50.0	46.4	47.4	44.9	37.2	41.1
2	27.3	27.0	27.1	36.9	35.5	36.2	29.0	33.8	32.4	25.9	31.0	28.4
8	15.6	16.4	16.0	14.0	20.6	17.3	11.3	7.9	8.9	17.4	16.3	16.9
4	7.5	8.3	7.9	7.0	7.7	7.4	4.8	4.6	4.7	9.7	8.5	8.0
5	1.6	4.0	2.8	1.9	4.5	3.2	1.6	1.3	1.4	1.9	3.8	2.9
6 or more	2.1	2.8	2.4	1.9	3.9	2.9	3.2	0.9	5.2	2.4	3.2	2.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	385	396	781	157	155	312	62	151	213	622	009	1,222

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	2	Myanmar	_	Ŭ	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Who decided whether to have a child												
me	4.4	3.0	3.7	9.0	3.9	2.3	3.2	3.3	3.3	5.2	3.4	4.3
partner	3.4	1.5	2.4	3.2	2.6	2.9	9.7	16.6	14.6	3.7	2.5	3.1
Both me and my partner	91.9	94.4	93.2	96.2	92.3	94.2	87.1	80.1	82.2	91.1	92.4	91.7
other	0.3	1.0	9.0	0.0	1.3	9.0				0.0	1.7	0.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	384	394	778	156	155	311	62	151	213	618	594	1212
How many children do you want												
none	11.2	0.8	5.9	9.0	0.0	0.3				5.6	1.2	3.4
1	9.6	7.1	8.3	3.2	1.9	2.6	11.3	21.2	18.3	7.7	5.8	6.8
2	25.7	34.1	30.0	39.5	33.5	36.5	56.5	42.4	46.5	26.6	35.6	31.0
8	37.7	38.1	37.9	35.0	35.5	35.3	16.1	23.8	21.6	40.4	36.7	38.6
4	8.8	9.6	9.2	14.6	21.3	17.9	11.3	9.9	8.0	10.1	9.8	10.0
5	5.7	9.9	6.1	5.1	4.5	4.8	1.6	2.6	2.3	7.9	7.3	7.6
6 or more	1.3	3.8	2.6	1.9	3.2	2.6	3.2	3.3	3.3	1.6	3.5	2.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	385	396	781	157	155	312	62	151	213	621	599	1220



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	2	Myanmar	_	Ŭ	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
How old is your youngest child												
Under 1 year	7.3	10.1	8.7	15.3	8.4	11.9	16.1	9.8	10.8	7.7	9.5	9.8
under 5 years	37.0	27.5	32.2	40.1	30.3	35.3	30.6	39.1	36.6	38.2	28.4	33.4
6 - 10 years	44.0	48.0	46.0	38.9	43.2	41.0	30.6	30.5	30.5	41.2	50.6	45.8
11 - 15 years	8.3	9.3	8.	3.8	10.3	7.1	9.7	11.9	11.3	9.5	6.2	7.9
16 years or more	3.4	5.1	4.2	1.9	7.7	4.8	12.9	6.6	10.8	3.4	5.3	4.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	384	396	780	157	155	312	62	151	213	621	599	1,220
Mean age	5.5	0.9	5.8	4.4	6.4	5.4	6.7	6.5	9.9	5.5	5.9	5.7
Did you want to have your youngest child												
Yes	95.3	7.06	93.2	98.8	91.7	95.8	9.96	97.2	97.0	94.1	86.1	90.5
ON.	4.7	9.3	6.8	1.2	8.3	4.2	3.4	2.8	3.0	5.9	13.9	9.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	171	151	322	83	9	143	29	72	101	288	230	518
Did you have antenatal care when pregnant with your youngest	oungest	child										
Yes	74.3	94.0	83.5	73.2	88.3	9.62	75.9	90.3	86.1	76.0	93.5	83.8
ON.	22.2	0.9	14.6	23.2	11.7	18.3	24.1	9.7	13.9	22.0	6.5	15.1
don't know	3.5	0.0	1.9	3.7	0.0	2.1				2.1	0.0	1.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	171	150	321	82	09	142	29	72	101	287	230	517

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	_	Ü	Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Where was the ante-natal care												
Government hospital/ outlet	72.1	9.07	71.3	81.7	79.2	80.5	95.5	87.7	89.7	73.4	66.5	70.0
Private hospital/outlet	3.1	1.4	2.2	1.7	0.0	6.0	0.0	1.5	1.1	4.2	3.0	3.6
Government clinic	0.8	0	0.4							0.8	0.0	0.4
Health center	7.8	10.5	9.2	6.7	5.7	6.2	0.0	4.6	3.4	7.9	12.5	10.2
Private clinic	7	7	7	0.0	3.8	1.8	0.0	6.2	4.6	7.2	4.8	6.1
NGO clinic	3.9	7.7	5.9							4.4	10.2	7.3
other	5.4	6.3	5.9	10.0	11.3	10.6	4.5	0.0	1.1	2.0	7.3	4.6
(N)	129	143	272	9	53	113	22	65	87	222	217	439
Who attended you												
self	33.3	38.5	36.1	33.3	39.6	36.3	40.9	15.4	21.8	44.5	36.5	40.5
Health personnel	4.8	2.8	3.7	10.0	7.5	80.	4.5	0.0	1.1	6.1	4.5	5.3
Migrant health worker (MHW)	4.0	9.1	6.7							0.9	11.9	9.0
Migrant health volunteer (MHV)	4.8	2.8	3.7	5.0	18.9	11.5				6.0	0.7	0.8
Co-worker	11.1	9.8	10.4	0.0	3.8	1.8	4.5	3.1	3.4	7.3	6.1	6.7
friend	0.8	4.2	2.6	5.0	5.7	5.3				1.5	4.7	3.1
employer	2.4	4.2	3.3	1.7	0.0	6.0	0.0	3.1	2.3	2.0	5.9	4.0
partner	44.4	31.5	37.5	40	24.5	32.7	36.4	69.2	6.09	33.9	27.8	30.9
other	7.9	4.9	6.3	6.7	3.8	5.3	13.6	10.8	11.5	7.7	7.2	7.5
(N)	126	143	269	09	53	113	22	65	87	215	217	432



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	_	Ö	Cambodia	Ø		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If no ante-natal care, why												
Health outlet too far away	17.6	(5)	25.6	11.1		8.0	(4)	(5)	64.3	23.8	47.7	28.7
No registration card	8.8		7.0	22.2	(4)	32.0	(1)	(1)	14.3	5.1	21.5	8.5
No money for travel cost	8.8		7.0	11.1		8.0	(1)	(2)	21.4	11.1	2.9	9.4
No money	11.8	(2)	14.0	33.3	(7)	52.0	(2)	(3)	35.7	25.3	33.9	27.1
Service hours inconvenient				5.6		4.0				0.2	0.0	0.1
No health personnel				5.6		4.0				0.2	0.0	0.1
Didn't know where to go	11.8		9.3							3.9	0.0	3.1
Didn't think it was necessary	11.8		9.3	27.8	(1)	24.0		(1)	7.1	9.8	5.0	8.8
other	47.1	(5)	48.8	5.6		4.0				39.7	36.8	39.1
(Z)	34	6	43	18	7	25	7	7	14	57	15	72
Where was your last child born												
Myanmar	34.7	17.3	26.6							25.6	13.5	20.2
Cambodia				58.5	41.7	51.4				4.6	3.1	3.9
Laos							72.4	31.9	43.6	2.5	5.6	2.5
Thailand	65.3	82.7	73.4	41.5	58.3	48.6	27.6	68.1	56.4	67.4	80.8	73.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	170	150	320	82	60	142	29	72	101	285	229	514

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	_		Cambodia	m.		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Where was your last child delivered												
Government hospital	68.8	78.7	73.4	0.62	85.0	81.6	75.9	90.3	86.1	0.89	73.9	9.07
Private hospital	1.8	0.7	1.3	1.2	0.0	0.7	0.0	1.4	1.0	3.2	1.3	2.3
Private clinic	0.0	0.7	0.3	1.2	0.0	0.7				0.0	6.0	0.4
Health center	9.0	0.0	0.3	3.7	5.0	4.3	3.4	0.0	1.0	0.4	0.4	0.4
At home	24.7	12.7	19.1	14.8	6.7	11.3	20.7	8.3	11.9	23.9	14.3	19.6
Family planning clinic	9.0	0.0	0.3							0.7	0.0	0.4
other	3.5	6.7	5.0	0.0	3.3	1.4				3.9	9.1	6.2
don't know	0.0	0.7	0.3							0.0	0.0	0.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	170	150	320	81	9	141	29	72	101	284	230	514
Who delivered your last child												
physician	60.4	66.4	63.2	76.5	79.7	77.9	0.69	8.29	68.2	64.1	66.1	65
nurse	57.4	74.5	65.4	27.2	25.4	26.4	48.3	45.8	46.6	42.3	58.9	49.7
Health personnel	0.0	1.3	9.0	1.2	0.0	0.7				0	2.7	1.2
Village health volunteer	9.0	0.0	0.3	0.0	3.4	1.4				0.4	0.1	0.2
MHW	9.0	0.0	0.3							0.7	0	0.4
MHV	9.0	0.0	0.3							0.7	0	0.4
Traditional healer/birth attendant	23.1	12.8	18.2	13.6	8.9	10.7	17.2	8.5	11.4	22.8	14.3	19
other	1.8	6.7	4.1				0.0	1.7	1.1	1.8	6	2
(N)	169	149	318	81	59	140	29	59	88	281	229	510



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

		Myanmar		Ü	Cambodia	8		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male F	Female	Total
Did you have complications during your last delivery												
Yes	8.2	7.4	7.8	1.2	1.7	1.4	3.4	5.6	5.0	0.9	8.4	7.0
OZ	87.1	92.6	89.7	88.9	98.3	92.9	9.96	94.4	95.0	90.8	91.6	91.2
don't know	4.7	0.0	2.5	6.6	0.0	5.7				3.2	0.0	1.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	170	149	319	81	9	141	29	72	101	284	227	511
If yes, what complications												
Head ache	71.4	72.7	72.0					(1)		74.3	73.5	73.9
spotting	28.6	0.0	16.0		(1)					30.3	3.7	16.2
Muscle tension	35.7	54.5	44.0							31.3	59.9	46.4
High fever	21.4	9.1	16.0					(2)		19.3	3.0	10.6
anemia	0.0	9.1	4.0							0.0	10.8	5.7
other	0.0	18.2	8.0					(1)		0.0	11.8	6.2
(N)	14	11	25		1			4		17	19	36
Did you have post-partum care after your last delivery												
Yes	59.8	52.3	56.3	69.1	61.7	0.99	0.69	83.3	79.2	59.9	50.7	55.8
ON	35.5	47.7	41.2	17.3	38.3	26.2	27.6	15.3	18.8	37.2	49.3	42.6
don't know	4.7	0.0	2.5	13.6	0.0	7.8	3.4	1.4	2.0	2.8	0.0	1.6
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	169	149	318	81	09	141	29	72	101	282	227	509

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	<u>.</u>		Cambodia	σ		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If yes, where did you have the post-partum check-up												
Government hospital	76.2	87.3	81.1	92.9	81.1	88.2	75.0	51.7	57.5	76.8	79.8	78.0
Private hospital	3.0	2.5	2.8				0.0	1.7	1.3	5.5	3.1	4.5
Private clinic	4.0	1.3	2.8	0.0	2.7	1.1	0.0	1.7	1.3	4.6	2.7	3.9
Health center	6.6	7.6	8.9	5.4	16.2	7.6	30.0	53.3	47.5	9.5	13.3	11.1
Family planning clinic	2.0	0.0	1.1							2.3	0.0	1.4
other	5.9	2.5	4.4				5.0	0.0	1.3	2.4	3.5	2.8
don't know				1.8	2.7	2.2						
(N)	101	79	180	56	37	93	20	09	80	169	117	285
If yes, who assisted you to obtain the post-partum care												
Health personnel	7.6	18.5	12.5	39.2	23.5	32.9	8.3	5.9	6.3	13.7	24.6	18.7
MHW	7.6	15.4	11.1	0.0	0.0	0.0				12.3	19.8	15.7
MHV	3.8	4.6	4.2	3.9	11.8	7.1				4.0	0.8	2.5
Co-worker	17.7	12.3	15.3	2.0	2.9	2.4				14.2	2.2	8.8
friend	2.5	1.5	2.1	7.8	5.9	7.1				5.1	6.0	3.2
employer	5.1	1.5	3.5	3.9	0.0	2.4				5.0	1.9	3.6
partner	8.09	63.1	61.8	41.2	55.9	47.1	75	84.3	82.5	48.6	57.8	52.8
other	6.3	3.1	4.9	8.6	5.9	8.2	16.7	9.8	11.1	7.4	8.7	8.0
(N)	62	65	144	51	34	85	12	51	63	116	97	213



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	_	Ü	Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
Were you examined or did you see a physician for your ante-natal care	ante-na	tal care										
Yes	9.89	89.3	78.3	69.1	85.0	75.9	65.5	70.8	69.3	70.0	87.2	77.6
OZ	24.3	10.7	17.9	19.8	15.0	17.7	34.5	27.8	29.7	24.4	12.8	19.2
don't know	7.1	0.0	3.8	11.1	0.0	6.4	0.0	1.4	1.0	5.7	0.0	3.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	169	149	318	81	60	141	29	72	101	283	227	510
I <u>If yes,</u> who assisted you (your wife) to obtain the examination	ation											
Health personnel	12.1	18.0	15.2	26.9	18.2	22.9	9.1	4.9	5.8	16.3	22.0	19.3
MHW	7.1	13.5	10.5							12.7	17.5	15.2
MHV	2.0	1.8	1.9	7.7	22.7	14.6				0.4	0.7	9.0
Co-worker	12.1	14.4	13.3	1.9	2.3	2.1				8.9	6.4	9.7
friend	3.0	3.6	3.3	3.8	4.5	4.2				3.5	3.6	3.5
employer	4.0	2.7	3.3	1.9	0.0	1.0	0.0	2.4	1.9	4.8	3.4	4.0
partner	63.6	50.5	56.7	53.8	47.7	51	81.8	87.8	86.5	56.3	45.5	50.6
other	8.1	8.1	8.1	7.7	11.4	9.4	9.1	4.9	5.8	7.0	11.1	9.1
(N)	66	111	210	52	44	96	11	41	52	150	166	316

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	_	Myanmar	_		Cambodia	ø		Laos		Total	Total (weighted)	nted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<u>If not,</u> why not												
Health outlet too far away	30.6	25	28.8	23.1	(2)	22.7	(9)	31.6	41.4	34.7	26.7	32.2
Did not register	22.2	6.3	17.3	38.5	(4)	40.9				18.9	20.1	19.2
No transportation	11.1	0.0	7.7	0.0	(1)	4.5	(1)	0.0	3.4	9.4	2.4	7.2
Service hours not convenient				7.7		4.5				0.1	0.0	0.1
No health personnel	2.8	0.0	1.9	0.0	(1)	4.5	(1)	36.8	27.6	3.4	4.9	3.9
Poor quality of service	0.0	6.3	1.9							0.0	0.5	0.1
other	61.1	62.5	61.5	30.8	(3)	31.8	(2)	31.6	27.6	59.3	50.3	56.5
(N)	36	16	52	13	6	22	10	19	29	65	29	94
Were you examined or did you see a physician during delivery	elivery											
Yes	63.9	84.6	73.6	75.0	7.92	75.7	0.69	73.6	72.3	67.7	82.4	74.3
O <sub>Z</sub>	29.6	15.4	23.0	16.3	23.3	19.3	24.1	19.4	20.8	28.7	17.6	23.8
don't know	6.5	0.0	3.5	8.0	0.0	5.0	6.9	6.9	6.9	3.5	0.0	2.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	169	149	318	80	09	140	29	72	101	282	227	509

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

		Myanmar		Ö	Cambodia	o o		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<u>If yes,</u> who assisted you (your wife) to obtain the examination	ation											
Health personnel	11.7	17.4	14.9	42.4	29.5	36.9	7.7	12.5	11.5	17.0	22.0	20.0
MHW	5.3	13.2	9.8							8.7	18.3	13.9
MHV	3.2	2.5	2.8	0.0	15.9	6.8				2.2	9.0	13.9
Co-worker	12.8	14.9	14	1.7	0.0	1.0				7.2	7.5	7.4
friend	0.0	1.7	6.0	11.9	4.5	8.7				2.0	2.2	2.1
employer	5.3	2.5	3.7	3.4	0	1.9				5.1	3.1	4.0
partner	63.8	57.0	09	44.1	54.5	48.5	84.6	81.3	82	57.5	54.3	55.7
other	9.6	7.4	8.4	5.1	11.4	7.8	7.7	10.4	9.8	10.1	12.6	11.5
(N)	94	121	215	59	44	103	13	48	61	149	181	330
If not, why not												
Health outlet too far away	28.9	12.5	23.2	41.7	28.6	34.6	(4)	42.9	47.6	29.0	18.9	25.5
Did not register	8.9	0.0	5.8	0.0	35.7	19.2				7.1	6.8	7.0
No transportation	13.3	4.2	10.1	0.0	7.1	3.8	(1)	0.0	4.8	12.1	2.8	8.9
Service hours not convenient	0.0	8.3	2.9	0.0	7.1	3.8				0.0	7.6	2.6
No health personnel	4.4	0.0	2.9				(1)	21.4	19.0	9.9	1.1	4.7
Poor quality of service	0.0	4.2	1.4							0.0	0.3	0.1
other	64.4	79.2	9.69	58.3	21.4	38.5	(1)	35.7	28.6	61.6	6.69	64.5
(N)	45	24	69	12	14	26	7	14	21	80	42	123

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

		Myanmar	7	Ö	Cambodia	m.		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Were you examined or did you see a physician after delivery	ivery											
Yes	56.8	57.0	56.9	70.7	75.0	72.5	65.5	73.6	71.3	59.2	56.4	58.0
ON	34.3	43.0	38.4	18.3	25.0	21.1	34.5	23.6	26.7	35.1	43.6	38.9
don't know	8.9	0.0	4.7	11.0	0.0	6.3	0.0	2.8	2.0	5.7	0.0	3.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	169	149	318	82	09	142	59	72	101	282	227	509
If yes, who assisted you (your wife) to obtain the examination	ation											
Health personnel	13.8	14.3	14.0	42.1	22.0	33.7		10.5	8.3	21.5	17.2	19.4
MHW	4.6	11.7	7.9							8.7	15.0	11.7
MHV	2.3	3.9	3.0	1.8	17.1	8.2				0.3	6.0	9.0
Co-worker	12.6	14.3	13.4	3.5	2.4	3.1				7.0	3.0	5.1
friend	3.4	5.6	3.0	5.3	0.0	3.1				5.2	2.8	4.0
employer	1.1	1.3	1.2	3.5	2.4	3.1				1.6	1.7	1.6
partner	59.8	59.7	59.8	38.6	61.0	48	(7)	81.6	79.2	52.3	56.9	54.5
other	11.5	6.5	9.1	14.0	7.3	11.2	(3)	10.5	14.6	9.8	12.7	11.2
(N)	87	77	164	57	41	86	10	38	48	126	116	242
I <u>f not,</u> why not												
Health outlet too far away	25.0	4.8	14.4	30.8	14.3	22.2	(9)	35.3	44.4	28.7	9.2	19.3
Did not register	7.1	1.6	4.2	7.7	21.4	14.8				6.3	2.3	4.4
No transportation	7.1	0.0	3.4	0.0	7.1	3.7	(2)	0.0	7.4	8.1	0.1	4.2
Service hours not convenient	1.8	0.0	0.8	30.8	14.3	22.2				2.2	0.2	1.2



Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	V	Myanmar	_	Ů	Cambodia	<u>м</u>		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
No health personnel	3.6	0.0	1.7					41.2	25.9	4.9	1.0	3.0
Poor quality of service	1.8	1.6	1.7							0.1	0.1	0.1
other	6.79	91.9	80.5	30.8	42.9	37	(3)	23.5	25.9	64.7	87.0	75.5
(N)	56	62	118	13	14	27	10	17	27	101	95	197
When your child is ill are you able to take the child for care at	are at a	a govern	government hospital/clinic	ospital/c	linic							
Yes	62.6	8.99	64.7	90.2	87.7	89.0	69.4	81.5	77.9	71.3	75.4	73.3
O.Z.	32.7	29.9	31.3	7.8	11.0	9.4	25.8	17.9	20.2	26.3	23.5	24.9
don't know	4.7	3.3	4.0	2.0	1.3	1.6	4.8	0.7	1.9	2.4	1.2	1.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	382	395	777	153	155	308	62	151	213	613	597	1, 210
If yes, who assisted you to obtain the examination for your child	ur chilc											
Health personnel	4.5	3.1	3.9	33.9	26.6	30.5	0.0	1.3	1.0	8.7	6.1	7.5
MHW	3.5	21.7	11.6							5.0	22.9	13.4
MHV	5.0	3.1	4.2	1.8	5.3	3.4				2.6	2.9	2.7
Co-worker	10.0	9.3	9.7	5.5	5.3	5.4	0.0	1.3	1.0	6.7	5.7	6.2
friend	1.5	2.5	1.9	16.5	8.5	12.8				4.8	2.7	3.8
employer	5.5	4.3	5.0	6.0	1.1	1.0	10.5	2.6	4.1	4.5	4.2	4.4
partner	75.5	54	62.9	41.3	53.2	46.8	89.5	84.6	85.6	65.7	47.3	57.1
other	8.0	6.6	8.9	7.3	4.3	5.9	0.0	11.5	9.3	11.5	13.7	12.5
(%)	200	161	361	109	94	203	19	78	97	323	285	809

Table 10.1 : Family planning among the migrant workers by sex and nationality (con't.)

	V	Myanmar	_	Ŭ	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
<u>lf not,</u> why not												
Health outlet too far away	9.4	4.7	6.9	33.3	36.8	35.5	31.3	26.9	28.6	11.7	9.5	10.6
Did not register	17.9	14.1	15.9	16.7	26.3	22.6	56.3	42.3	47.6	26.9	18.4	22.8
No transportation	4.3	1.6	2.9	8.3	0.0	3.2				5.9	1.5	3.8
Service hours not convenient	6.0	0.8	0.8	8.3	15.8	12.9				1.3	1.4	1.3
No health personnel				8.3	0.0	3.2	0.0	3.8	2.4	0.1	0.3	0.2
Poor quality of service	0.0	1.6	0.8							0.0	2.2	1.0
other	72.6	7.67	76.3	33.3	21.1	25.8	18.8	30.8	26.2	61.7	69.4	65.4
(N)	117	128	245	12	19	31	16	26	42	154	144	297



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers

	_	Myanmar	_	Ü	Cambodia	Ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
When you are ill and need to seek treatment, where do you	os r											
Government hospital/outlet												
Yes	72.9	8.69	71.5	55.7	60.5	57.3	59.3	75.2	69.7	74.1	65.2	70.1
ON.	14.0	22.0	17.5	14.6	13.7	14.3	10.7	8.0	8.9	16.0	26.0	20.4
Not ill	13.0	8.2	10.9	29.6	25.8	28.4	30.0	16.8	21.3	6.6	89 89.	9.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,211	946	2,157	540	256	962	150	286	436	1,885	1,505	3,390
<u>If not,</u> why not												
Service outlet too far away	14.5	14.4	14.4	7.7	20.0	11.5	6.3	13.0	10.3	15.8	13.7	14.6
No ID card	17	23.6	20.7	74.4	71.4	73.5	37.5	21.7	28.2	30.9	30.4	30.6
Long wait	11.9	17.3	15.0	14.1	17.1	15.0	0.0	13.0	7.7	12.0	17.8	15.4
Can't speak Thai	1.9	9.1	0.9	9.0	5.7	8.0				3.7	10.2	7.5
Too expensive	5.0	5.8	5.4	1.3	2.9	1.8				5.2	5.8	5.5
Symptoms not that serious	25.8	27.4	26.7	9.0	17.1	11.5	18.8	26.1	23.1	23.1	26.1	24.8
Don't know of any health outlet	9.0	0.0	0.3							9.0	0.0	0.3
No right to access/no health card	15.1	13.5	14.2	6.4	0.0	4.4	31.3	17.4	23.1	10.1	14.3	12.5
Not confident	9.0	0.0	0.3							0.0	0.0	0.0
Never ill/never went	22	10.6	15.5	6.4	2.9	6.0	6.3	8.7	7.0	16.9	9.4	12.6
Don't like it/bad service	1.9	1.4	1.4							1.7	1.0	1.3
other	1.3	1.4	1.4	0.0	2.9	6.0				0.4	1.0	0.8
(2)	159	208	367	78	35	113	16	23	39	285	391	929

Table 11.1 : Access t o health services when ill by sex and nationality of the migrant workers (con't.)

	_	Myanmar	<u>-</u>	Ü	Cambodia	ø		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Private hospital/clinic												
Yes	18.9	10.9	15.4	24.4	29.3	26.0	42.0	44.4	43.6	23.7	11.4	18.2
OZ	0.89	80.9	73.7	45.9	44.9	45.6	28.0	38.8	35.1	66.4	79.8	72.4
Not ill	13.1	8.2	10.9	29.6	25.8	28.4	30.0	16.8	21.3	6.6	8.8	9.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(2)	1,210	946	2,156	540	256	962	150	286	436	1,882	1,505	3,387
<u>If not,</u> why not												
Service outlet too far away	3.1	2.9	3.0	10.3	11.7	10.7	7.1	6.6	9.2	4.2	3.7	4.0
No ID card	3.8	5.9	4.8	6.6	0.6	9.6	4.8	1.8	2.6	7.2	8.3	7.7
Long wait	9.0	0.7	0.7	0.0	1.8	9.0				0.7	0.2	0.5
Can't speak Thai	2.1	2.9	2.5	6.2	5.4	5.9				3.7	4.2	4.0
Too expensive	29.1	45.3	37.2	41.6	42.3	41.8	45.2	48.6	47.7	33.9	50.1	42.0
Symptoms not that serious	3.4	3.8	3.6	13.6	8.1	11.9	4.8	2.7	3.3	4.7	3.1	3.9
Don't know of any health outlet	0.0	0.8	0.4	0.0	6.0	0.3	2.4	1.8	2	0.0	1.0	0.5
No right to access/no health card	9.8	7.4	9.8	1.6	2.7	2.0	16.7	8.1	10.5	13.3	10.8	12.1
Not confident	0.3	0.0	0.1				0	6.0	0.7	0.4	0.0	0.2
Never il/never went	55.4	39.8	47.7	45.3	42.3	44.4	21.4	26.1	24.8	42.4	31.4	36.9
Don't like it/bad service	0.4	0.3	0.3				0	6.0	0.7	0.1	0.2	0.2
other	0.4	0.8	9.0	0.4	0.0	0.3	2.4	1.8	2	0.3	0.4	0.4
(N)	772	759	1,531	243	111	354	42	111	153	1,202	1,199	2,401



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

		Myanmar	_	Ü	Cambodia	, a		Laos		Tota	Total (weighted)	lted)
	Male	Female	Total	Male	Female	Total	Male F	Female	Total	Male	Female	Total
Private clinic												
Yes	41.7	45.1	43.2	38.0	35.2	37.1	46.0	56.3	52.8	50.5	44.7	47.9
OZ	45.2	46.6	45.8	32.4	39.5	34.7	24.0	26.9	25.9	39.6	46.4	42.7
Not ill	13.1	8.2	11.0	29.6	25.4	28.3	30.0	16.8	21.3	6.6	8.8	9.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
(%)	1,208	946	2,154	540	256	962	150	286	436	1,880	1,505	3,385
<u>If not,</u> why not												
Service outlet too far away	2.8	1.8	2.4	3.6	2.1	3.0	2.8	5.2	4.4	3.5	1.7	2.6
No ID card	3.0	5.3	4.1	9.5	9.4	9.4	0.0	1.3	0.9	5.7	6.7	6.2
Long wait	0.0	0.2	0.1							0.0	0.3	0.1
Can't speak Thai	2.8	3.0	2.9	1.2	1.0	1.1				3.7	3.7	3.7
Too expensive	28.5	45.8	37	30.8	32.3	31.3	27.8	55.8	46.9	31.0	54.8	42.9
Symptoms not that serious	4.2	3.5	3.9	4.1	4.2	4.2	11.1	3.9	6.2	5.9	2.3	4.1
Don't know of any health outlet	0.0	0.5	0.2							0.0	0.5	0.3
No right to access/no health card	5.5	3.7	4.6	0.0	1.0	0.4	16.7	9.1	11.5	6.3	5.0	5.7
Not confident	0.2	0.0	0.1	1.2	1.0	1.1	2.8	1.3	1.8	0.5	0.0	0.2
Never il/never went	8.09	41	51.6	55.6	51	54	38.9	20.8	26.5	52.3	32.8	42.6
Don't like it/bad service	0.2	0.7	0.4	9.0	1.0	0.8	0.0	1.3	6.0	0.1	0.4	0.2
other	0.8	6.0	6.0	9.0	0.0	0.4	0.0	2.6	1.8	9.0	0.7	9.0
(N)	495	434	929	169	96	265	36	77	113	695	694	1,389

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	_	Myanmar	_	Ü	Cambodia	Ø		Laos		Total	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Health center												
Yes	46.7	48.8	47.6	49.3	54.7	51.0	41.3	54.5	50.0	49.4	47.7	48.7
OZ	40.3	42.9	41.4	20.6	19.5	20.2	28.7	28.7	28.7	40.6	43.5	41.9
Not ill	13.1	8.2	11.0	30.2	25.8	28.8	30.0	16.8	21.3	10.0	8.8	9.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,209	946	2,155	540	256	796	150	286	436	1,883	1,504	3,387
<u>If not,</u> why not												
Service outlet too far away	9.6	12.8	11.1	5.8	6.4	0.9	4.5	4.8	4.7	12.9	12.7	12.8
No ID card	1.6	4.5	3.0	31.7	29.8	31.1	15.9	2.4	7.1	4.2	7.4	5.7
Long wait	0.2	2.8	1.4	0.0	12.8	4.0	4.5	1.2	2.7	0.4	2.5	1.4
Can't speak Thai	0.7	3.8	2.1	2.9	4.3	3.3				1.1	4.6	2.7
Too expensive	1.8	2.0	1.9	1.9	0.0	1.3	0.0	1.2	0.8	2.3	2.3	2.3
Symptoms not that serious	3.4	2.8	3.1	5.8	4.3	5.3	6.8	9	6.3	3.5	2.6	3.1
Don't know of any health outlet	0.2	0.8	0.5				0.0	1.2	0.8	0.4	9.0	0.5
No right to access/no health card	5.8	5.0	5.5				15.9	9	9.4	6.2	6.5	6.3
Not confident	0.2	0.0	0.1	1.0	0.0	0.7	9.1	9.6	9.4	9.0	0.3	0.4
Never ill/never went	76.5	69.1	73.0	51	48.9	50.3	45.5	67.5	59.8	9.89	9.59	67.2
Don't like it/bad service	1.6	0.3	6.0	2.9	0.0	2.0	0.0	1.2	0.8	2.0	0.2	1.2
other	6.0	1.3	1.1	0.0	2.1	0.7				9.0	1.2	6.0
(N)	446	398	844	104	47	151	44	83	127	724	649	1,373



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	~	Myanmar	_	Ü	Cambodia	ro		Laos		Total	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Traditional healer												
Yes	15.5	6.8	11.7	27.8	28.9	28.1	21.3	23.1	22.5	18.2	11.4	15.2
ON	71.4	85.0	77.4	42.0	45.3	43.1	48.7	60.1	56.2	71.8	8.62	75.3
Not ill	13.08	8.25	10.96	30.19	25.78	28.77	30.00	16.78	21.33	10.0	8.0	9.5
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	1,208	946	2,154	540	256	796	150	286	436	1,880	1,504	3,384
If not, why not												
Service outlet too far away	0.1	0.1	0.1	6.0	0.0	9.0	1.4	0.0	0.4	0.2	0.3	0.2
No ID card	0.2	0.5	0.4	0.5	0.0	0.3				0.4	0.8	9.0
Long wait	0.2	0.0	0.1							0.3	0.0	0.1
Can't speak Thai	0.0	0.1	0.1							0.0	0.2	0.1
Too expensive	0.2	0.4	0.3	6.0	6.0	6.0	1.4	9.0	0.8	0.1	0.4	0.2
Symptoms not that serious	0.4	0.5	0.4	6.0	0.0	9.0	2.7	9.0	1.2	9.0	0.5	0.5
Don't know of any health outlet	0.4	0.5	0.4	6.0	6.0	6.0				0.8	0.8	0.8
No right to access/no health card	9.0	0.8	0.7				0.0	9.0	0.4	0.4	1.0	0.7
Not confident	14.1	4.7	9.5	11.8	8.0	10.5	12.3	20.9	18.4	17.6	5.5	11.8
Never il/never went	87.3	92.2	7.68	86.4	86.7	86.5	83.6	82.6	82.9	81.9	2.68	85.7
Don't like it/bad service	0.5	1.6	1.1	1.4	8.8	3.9				0.8	2.0	1.3
other	0.4	0.5	0.4	0.5	0.0	0.3				0.4	0.7	0.5
€ 3	813	795	1,608	221	113	334	73	172	245	1,298	1,198	2,496

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	_	Myanmar	_	Ü	Cambodia	σ		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
In the past 1 year, during your last illness, where did you go for treatment	u go for	treatme	ent									
Government hospital	46.5	22.1	32.4	49.2	51.5	50.0	58.7	52.5	54.2	45.6	18.9	30.5
Private hospital	0.7	0.3	0.5	4.7	1.9	3.7	6.5	10.0	0.6	1.4	6.0	1.1
Government clinic	6.0	0.0	0.4				0.0	0.8	9.0	6.0	0.0	0.4
Health center	13.3	7.3	9.8	4.7	14.6	8.2	8.7	11.7	10.8	8.4	6.9	9.7
Private clinic	9.7	10.1	6.6	10.5	8.7	6.6	10.9	17.5	15.7	10.2	9.6	6.6
NGO clinic	7.1	17.5	13.1							89.	22.2	16.4
Traditional healer	0.2	0.3	0.3							0.3	0.3	0.3
Drug store	17.0	33.3	26.4	23.0	21.4	22.4	10.9	5.0	9.9	18.7	29.8	25.0
other	4.6	9.1	7.2	7.9	1.9	5.8	4.3	2.5	3.0	5.7	11.3	8.9
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	452	616	1,068	191	103	294	46	120	166	737	954	1,691
The last time you were treated at a government outlet, were you satisfied	were yo	ou satisfi	ed									
Very satisfied	8.99	58.2	63.4	9.08	76.1	78.8	71.0	71.8	71.6	74.9	60.2	69.3
Rather satisfied	24.1	37.9	29.6	19.4	23.9	21.2	29.0	25.6	26.6	16.3	35.5	23.6
Not satisfied	9.1	3.8	7.0				0.0	2.6	1.8	8.9	4.4	7.2
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	274	182	456	103	29	170	31	78	109	406	251	657



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

		Myanmar	L	Ü	Cambodia	ď		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
The last time you were treated at a government outlet, was the service convenient	was the	service	conveni	ient								
Very convenient	64.5	56.9	61.5	73.8	70.1	72.4	74.2	73.1	73.4	72.7	0.09	8.79
Rather convenient	27.8	39.2	32.4	26.2	26.9	26.5	22.6	23.1	22.9	20.2	35.2	25.9
Not convenient	7.7	3.9	6.2	0.0	3.0	1.2	3.2	3.8	3.7	7.1	4.8	6.3
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	273	181	454	103	67	170	31	78	109	406	250	929
The last time you were treated at a private outlet, were you satisfied	you sat	isfied										
Very satisfied	54.5	61.3	58.5	55.6	81.8	63.2	(9)	78.8	78.0	61.5	61.1	61.3
Rather satisfied	40.9	32.3	35.8	44.4	18.2	36.8	(2)	21.2	22.0	35.9	37.9	37.0
Not satisfied	4.5	6.5	5.7							2.6	1.1	1.7
Total	100	100	100	100	100	100		100	100	100	100	100
(N)	44	62	106	27	11	38	8	33	41	78	95	173
The last time you were treated at a private outlet, was the service convenient	he servi	ice conv	enient									
Very convenient	50.0	61.3	9.99	53.6	81.8	61.5	(9)	78.8	78.0	55.1	58.5	57.0
Rather convenient	47.7	35.5	40.6	39.3	18.2	33.3	(2)	21.2	22.0	43.6	41.5	42.4
Not convenient	2.3	3.2	2.8	7.1	0.0	5.1				1.3	0.0	9.0
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	44	62	106	28	11	39	∞	33	41	78	94	172

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	V	Myanmar	L	Ü	Cambodia	m.		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
The last time you went for treatment, did someone assist you	st you											
Yes	41.9	40.3	40.9	37.8	35.6	37.0	41.3	65.8	59.0	40.1	38.8	39.4
No	58.1	59.7	59.1	62.2	64.4	63.0	58.7	34.2	41.0	59.9	61.2	9.09
Total	100	100	100	100	100	100	100	100	100	100	100	100
(N)	454	616	1,070	188	101	289	46	120	166	741	953	1,694
<u>If yes,</u> who												
Health personnel	2.1	1.2	1.6	5.6	2.8	4.7	0.0	1.3	1.0	3.6	2.7	3.1
MHW	9.5	17.3	13.9							18.6	23.1	21.1
MHV	6.3	4.0	5.0	4.2	22.2	10.3				3.8	1.4	2.4
Co-worker	40.0	32.3	35.6	33.8	8.3	25.2	31.6	10.1	14.3	26.1	25.3	25.6
friend	8.9	4.8	9.9	11.3	13.9	12.1	0.0	1.3	1.0	9.5	7.0	8.1
employer	22.1	6.9	13.5	33.8	0.0	22.4	15.8	7.6	9.2	22.5	7.1	13.9
partner	19.5	32.3	26.7	4.2	30.6	13.1	21.1	57.0	50.0	13.6	26.9	21
other	8.9	12.9	11.2	14.1	25.0	17.8	31.6	22.8	24.5	11.3	12.9	12.2
(N)	190	248	438	71	36	107	19	79	98	297	370	299



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	_	Myanmar	_		Cambodia	ָת		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If you received assistance, what kind of assistance was it												
Interpreter	28.0	37.9	33.6	37.1	16.7	30.2				35.3	36.4	35.9
Description of what to do	23.3	23.8	23.6	25.7	16.7	22.6	10.5	2.5	4.1	15.3	17.5	16.6
Description of the treatment process	24.9	15.7	19.7	10.0	27.8	16.0				13.5	7.7	10.3
Assistance with registration	30.1	21.8	25.4	17.1	27.8	20.8	5.3	1.3	2.0	17.3	9.4	12.9
Cost of travel	20.7	12.5	16.1	10.0	16.7	12.3	15.8	26.6	24.5	16.1	7.9	11.6
Looked after me while being treated	13.5	8.1	10.4	7.1	36.1	17.0				6.5	4.6	5.4
Accompanied me for moral support	78.2	69.4	73.2	90.09	55.6	51.9	100.0	97.5	0.86	64.5	66.4	65.5
Paid me a home visit/post-treatment check	2.6	0.4	1.4	5.7	9.6	5.7	5.3	0.0	1.0	2.5	0.1	1.1
referral	1.6	0.0	0.7							0.5	0.0	0.2
Explanation of rights	0.0	0.8	0.5							0.0	0.1	0.0
other	1.0	0.4	0.7	0.0	5.6	1.9				1.6	0.1	0.8
(N)	193	248	441	70	36	106	19	79	98	298	370	899
In the past 12 months, what services have you received												
Referral/counseling/testing/STI treatment												
If yes, how many times												
1- 3 times	76.3	63.3	0.69	73.5	9.09	68.3		(1)		77.9	0.09	68.8
4 - 6 times	23.7	30.6	27.6	18.4	27.3	22.0				19.8	36.7	28.4
7 times or more	0.0	6.1	3.4	8.2	12.1	9.8				2.3	3.3	2.8
Total	100	100	100	100	100	100				100	100	100
2	38	49	87	49	33	82	0	П	1	98	06	176

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	~	Myanmar	_	Ü	Cambodia	Ø		States:		Tota	Total (weighted)	(ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<u>If yes,</u> where												
Government hospital	5.3	16.3	11.5	2.1	0.0	1.2		(1)		3.8	17.3	10.7
Health center	0.0	2.0	1.1							0.0	3.4	1.7
NGO clinic	81.6	87.8	85.1	97.9	100.0	98.8				78.6	87.2	83.0
other	13.2	0.0	5.7							17.7	0.0	8.7
(N)	38	49	87	48	33	81	0	1	1	87	90	177
Which NGO clinic												
Raks Thai Foundation	29.0	20.9	24.3	34.0	3.0	21.3				36.0	6.6	22.0
Foundation for AIDS Rights	12.9	2.3	6.8	0.99	93.9	77.5				10.4	4.9	7.4
World Vision Foundation	45.2	53.5	50.0							41.6	59.2	51.0
Foundation for Health and Learning	12.9	16.3	14.9							12.0	18.2	15.3
Pattanarak Foundation				0.0	3.0	1.3				0.0	0.1	0.1
Other NGO	0.0	7.0	4.1							0.0	7.8	4.2
(N)	31	43	74	47	33	80	0	0	0	89	79	147
How did you get there												
By self	0.0	2.1	1.2							0.0	3.5	1.9
Health personnel	6.1	12.5	6.6	2.1	0.0	1.2		(1)	(1)	4.6	14.2	6.6
MHW	27.3	58.3	45.7							20.4	51.2	37.3
MHV	87.9	54.2	6.79	6.76	100.0	98.8				95.0	62.6	77.2
other	48.5	90	49.4							40.4	48.7	6.49
(N)	33	48	81	48	33	81	0	1	1	71	87	159



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	V	Myanmar		ŭ	Cambodia	6		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female Total	Total	Male	Female	Total	Male	Female	Total
What language was used												
Myanmar	97.4	95.9	9.96							86.4	93.6	90.1
Khmer				100.0	100.0	100.0				13.4	4.0	9.8
Thai	55.3	57.1	56.3					(1)	(1)	38.4	53.9	46.3
other		8.2	4.6							0.0	9.0	0.3
(N)	38	49	87	48	33	82	0	1	1	87	90	177
Was the referral/counseling/testing/post-test results information voluntary	ırmatioı	n volunt	ary									
If yes, how many times												
1- 3 times	72.0	51.3	59.4	(9)	(1)	(7)	(2)	(2)	(4)	78.7	48.6	60.7
4 - 6 times	28.0	41.0	35.9							21.3	48.6	37.6
7 times or more	0.0	7.7	4.7							0.0	2.9	1.7
Total	100	100	100							100	100	100
(N)	25	39	64	9	1	7	2	2	4	47	70	117
If yes, which outlet												
Government hospital	4.0	2.6	3.1	(2)	(1)	(3)	(1)	(1)	(2)	3.6	4.0	3.8
Government clinic								(1)	(1)	0.0	0.1	0.0
NGO clinic	88.0	100	95.3	(5)		(5)				84.5	98.9	93.1
other	8.0	0.0	3.1				(1)		(1)	13.3	0.0	5.4
(N)	25	39	64	9	1	7	2	2	4	47	70	117

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	_	Myanmar	r	Č	Cambodia	ø		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male 1	Female	Total	Male	Female	Total
Which NGO clinic												
Raks Thai Foundation	22.7	17.9	19.7	(2)		(2)				12.5	5.6	8.2
Foundation for AIDS Rights				(3)		(3)				0.7	0.0	0.2
World Vision Foundation	63.6	59	60.7							71.5	67.7	69.1
Foundation for Health and Learning	13.6	17.9	16.4							15.3	20.8	18.8
other	0	5.1	3.3							0.0	5.9	3.8
(N)	22	39	61	5	0	2	0	0	0	40	69	109
If yes, who attended you												
Health personnel	4.3	5.6	3.2		(1)	(1)	(2)	(2)	(4)	1.2	4.0	3.0
MHW	39.1	64.1	54.8							35.4	56.6	48.7
MHV	87	61.5	71	(2)		(5)				96.5	71.6	80.8
Family/relatives				(1)		(1)				1.7	0.0	9.0
other	9.69	56.4	61.3							70.1	53.6	59.7
(N)	23	39	62	9	1	7	2	2	4	41	70	111
What language was used												
Myanmar	0.96	100.0	98.4							94.0	98.9	6.96
Khmer				(5)		(5)				3.5	0.0	1.4
Thai	84.0	64.1	71.9	(1)	(1)	(2)	(2)	(5)	(4)	72.7	63.5	67.2
other	0.0	10.3	6.3							0.0	0.8	0.5
(N)	25	39	64	9	1	7	2	2	4	47	70	117



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

		Myanmar		ن	Cambodia	В		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Rights / legal referral												
If yes, how many times												
1- 3 times	76.19	68.42	72.50	(10)	(4)	(14)		(2)	(2)	87.2	67.9	79.1
4 - 6 times	23.8	15.8	20.0							12.8	25.0	17.9
7 times or more	0.0	15.8	7.5							0.0	7.1	3.0
Total	100	100	100							100	100	100
(N)	21	19	40	10	4	14	0	2	2	39	28	29
If yes, which outlet												
ໂGovernment hospital	0.0	10.5	5.0	(1)		(1)		(1)	(1)	1.8	11.5	5.8
Government clinic	4.8	0.0	2.5							4.7	0.0	2.7
NGO drop-in center	76.2	94.7	85.0	(6)	(4)	(13)				65.7	95.5	78.2
other	19.0	0.0	10.0					(1)	(1)	27.9	0.1	16.3
(N)	21	19	40	10	4	14	0	2	2	40	29	89
Which NGO												
Raks Thai Foundation	31.3	55.6	44.1	(5)	(1)	(9)				27.2	39.8	33.7
Foundation for AIDS Rights	25.0	0.0	11.8	(4)	(3)	(/				17.9	1.0	9.2
World Vision Foundation	43.8	33.3	38.2							54.9	44.2	49.4
other	0.0	11.0	5.9							0.0	15.0	7.7
(Z)	16	18	34	0	4	13	0	0	0	26	27	53

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

		Myanmar	_	Ü	Cambodia	ø		Laos		Tota	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If yes, who assisted you												
By self	5.6	0.0	2.7							6.1	0.0	3.1
Health personnel	0.0	5.3	2.7	(1)		(1)		(1)	(1)	2.3	7.8	4.9
MHW	16.7	63.2	40.5							7.0	45.8	25.8
MHV	77.8	26.3	51.4	(6)	(4)	(13)				84.7	42.5	64.3
Employer	0.0	5.3	2.7					(1)	(1)	0.0	3.9	1.9
other	50.0	31.6	40.5							47.9	16.2	32.6
(2)	18	19	37	10	4	14	0	2	7	30	29	59
What language												
Myanmar	100.0	94.7	97.5							88.6	92.1	90.1
Khmer				(6)	(4)	(13)				9.7	3.4	7.0
Thai	52.4	52.6	52.5	(1)		(1)		(1)	(1)	39.2	42.2	40.5
other	0.0	21.1	10.0							0.0	1.9	0.8
(N)	21	19	40	10	4	14	0	2	2	40	29	89
Condom distribution												
If yes, how many times												
1- 3 times	87.2	71.2	78.9	71.0	65.8	69.5	100.0	8.96	98.1	85.7	76.3	81.9
4 - 6 times	11.6	22.0	17.0	21.2	21.1	21.1	0.0	1.6	6.0	11.3	18.7	14.2
7 times or more	1.2	8.9	4.1	7.8	13.2	9.4	0.0	1.6	6.0	3.1	5.0	3.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
2	164	177	341	269	114	383	44	63	107	391	262	653



Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

	~	Myanmar	L	Ü	Cambodia			Laos		Total	Total (weighted)	rted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
If yes, what source												
Government hospital	2.4	4.4	3.5	0.0	6.0	0.3	8.9	14.3	11.2	2.0	7.6	4.2
Health center	1.2	6.1	3.8	0.7	0.0	0.5	6.8	6.3	6.5	6.0	7.7	3.6
Private clinic	0.0	9.0	0.3	1.5	3.5	2.1	2.3	0.0	6.0	0.8	1.5	1.1
NGO drop-in center	80.0	91.1	85.8	92.2	96.5	93.5	36.4	54.0	46.7	72.3	84.8	77.3
other	19.4	1.7	10.1	5.6	0.0	3.9	47.7	25.4	37.0	25.4	4.4	17.0
Ŝ	165	180	345	269	114	383	44	63	107	393	262	655
Which NGO drop-in center												
Raks Thai Foundation	54.5	53.7	54.1	54.0	29.1	46.4				59.9	29.7	46.6
Foundation for AIDS Rights	16.7	7.3	11.5	0.44	69.1	51.7				12.0	0.6	10.7
World Vision Foundation	17.4	30.5	24.7							16.5	45.0	29.1
Foundation for health and learning	6.1	4.9	5.4	0.8	0.0	9.0				5.6	7.2	6.3
Pattanarak Foundation				0.0	6.0	0.3	56.3	29.4	38.0	1.4	1.8	1.6
AIDSNet Foundation	0.0	9.0	0.3				37.5	70.6	0.09	0.4	1.4	0.8
other	0.0	1.8	1.0	0.0	6.0	0.3				0.0	3.2	1.4
don't know	5.3	1.2	3.0	1.2	0.0	0.8	6.3	0.0	2.0	4.2	2.7	3.6
Ŝ	132	164	296	248	110	358	16	34	50	284	222	909

Table 11.1 : Access to health services when ill by sex and nationality of the migrant workers (con't.)

		Myanmar		Ü	Cambodia	, a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Who assisted you												
By self	1.5	9.0	1.0	0.8	0.0	0.5				9.0	6.0	0.7
Health personnel	0.7	5.7	3.5	0.8	6.0	0.8	45.8	2.99	59.7	1.5	80.	4.8
MHW	34.6	61.1	49.5							20.7	50.5	34.0
MHV	71.3	45.7	56.9	96.2	100.0	97.3	8.3	10.4	9.7	82.5	55.9	70.6
Co-worker	0.7	0.0	0.3	0.4	0.0	0.3	4.2	0.0	1.4	1.4	0.0	0.8
Friend who lives with me				0.8	6.0	0.8				0.5	0.3	0.4
employer	0.7	0.0	0.3	0.4	0.0	0.3				9.0	0.0	0.3
partner	0.0	9.0	0.3							0.0	0.4	0.2
Family/relatives	0.0	9.0	0.3	0.4	0.0	0.3				0.2	1.3	0.7
other	16.9	22.9	20.3	0.4	0.0	0.3	41.7	22.9	29.2	11.8	24.4	17.4
(N)	136	175	311	262	113	375	24	48	72	301	243	543
What language												
Myanmar	92.7	97.8	95.3							64.6	81.9	71.5
Khmer				97.8	100.0	98.4				28.9	12.0	22.1
Laos							15.9	15.9	15.9	0.4	6.0	9.0
Thai	29.3	29.1	29.2	7.8	3.5	6.5	84.1	84.1	84.1	19.5	32.1	24.6
(N)	164	179	343	269	114	383	44	63	107	391	262	652



Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality

	~	Myanmar	r	Ü	Cambodia	а		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
AIDS knowledge Ever heard of HIV/AIDS												
yes	91.3	90.5	90.9	92.6	87.2	90.9	99.3	97.2	97.9	92.3	90.2	91.4
Knowledge of routes of HIV transmission												
HIV can spread by sharing a meal with an infected person												
ou	85.3	7.68	87.3	91.4	7.06	91.2	78.3	79.2	78.9	83.6	86.7	85.0
HIV can be spread by mosquitoes												
ou	62.9	67.3	64.8	77.1	74.8	76.4	47.8	38.6	41.8	62.1	59.4	6.09
People who look healthy could be HIV-infected												
yes	58.7	2.69	63.5	66.7	63.0	9:59	75.0	72.6	73.4	51.4	56.2	53.5
Knowledge of HIV prevention												
HIV can be prevented by having a mutually faithful sex partner	oartner											
yes	91.4	91.0	91.2	74.2	78.1	75.5	9.96	93.0	94.3	86.4	84.3	85.4
In general do you think that using condoms correctly every time can prevent HIV/AIDS	ery time	e can pr	event H	IV/AIDS								
yes	868.8	98.2	93.2	96.3	99.1	97.2	100.0	97.8	98.6	87.7	86.8	87.3

Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality (con't.)

	V	Myanmar		ŭ	Cambodia	g		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Knowledge of mother-to-child transmission of HIV	,											
A pregnant woman can transmit HIV to her child while pregnant	e pregna	ant										
yes	80.8	81.6	81.1	68.5	72.8	8.69	83.2	89.9	97.8	79.9	78.8	79.4
A pregnant woman can transmit HIV to her child during delivery	delivery											
yes	76.8	82.7	79.4	78.0	76.8	77.6	82.6	86.7	85.2	76.1	9.62	77.6
A pregnant woman can prevent transmission of HIV to her child by taking ARVs	child b	y taking	ARVs									
yes	28.6	40.1	33.6	29.5	42.0	33.4	15.4	31.5	25.9	31.4	41.4	35.7
Correct answers to all 5 questions												
Answered all 5 questions correctly	23.0	31.1	26.5	23.2	22.9	23.1	25.2	20.1	21.9	24.3	23.8	24.1
HIV can spread by sharing a meal with an infected person												
HIV can be spread by mosquitoes												
People who look healthy could be HIV-infected												
HIV can be prevented by having a mutually faithful sex partner	artner											
In general do you think that using condoms correctly every time can prevent HIV/AIDS	ry time	can prev	ent HIV/	AIDS								



Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality (con't.)

	2	Myanmar	٦	Ü	Cambodia	a		Laos		Tota	Total (weighted)	ited)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Sex behavior												
15 - 59 year-old age group												
Age at first sex	21.38	20.80	21.14	20.58	19.84	20.34	20.33	19.85	20.01	21.43	20.59	21.09
Mean age at first sex	26	23	25	22.5	24	23.5	21	23	22.5			
Sex before age 15 years	0.1	0.5	0.3	1.3	0.0	0.8	2.7	1.3	1.8	0.2	9.0	0.4
Sex before age 18 years	10.8	13.7	12.0	17.2	22.7	19.0	20.5	22.3	21.7	11.5	14.6	12.8
In past 12 months, had sex with non-regular partner	5.2	0.2	3.0	10.2	0.0	8.9	15.9	5.2	8.0	6.3	0.5	3.9
Used condoms for last sex with a casual partner	76.0		76.0	86.1		86.1	81.3	(4)	73.9	77.1		77.1
z	(25)		(25)	(36)		(36)	(16)	(2)	(23)	(48)		(48)
Used condoms at last sex with a sex worker	7.46			94.8			2.99			93.5		93.5
Used condoms at last sex with regular partner	9.69	65.5	68.2	54.5	0.09	57.1	(2)	85.7	76.7	71.1	61.5	9.89

Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality (con't.)

	~	Myanmar	_	Ü	Cambodia	B		Laos		Total	Total (weighted)	ited)
	Male	Female	Total	Male	Female Total	Total	Male	Female Total	Total	Male	Female	Total
15 - 24 year-old age group												
Age at first sex	19.3	19.1	19.2	18.8	18.1	18.6	18.4	18.2	18.3	19.27	18.93	19.13
Mean age at first sex	19	19.5	19.5	19.5	18	19.5	18.5	18.5	18.5			
Sex before age 15 years							2.6	1.5	1.9	0.0	0.0	0.0
Sex before age 18 years	16.9	20.5	18.4	23.5	33.3	26.4	39.5	32.3	35.0	18.0	21.6	19.5
In past 12 months, had sex with non-regular partner	14.0	0.0	7.9	24.5	0.0	17.1	24.3	13.8	17.6	16.7	9.0	6.6
Used condoms for last sex with a casual partner	86.7			85.7			(5)	(2)	(/)	88.0		88.0
z	15			21			7	22	12	(25)		(25)
Used condoms at last sex with a sex worker	(7)			92.7			(5)			91.4		91.4
z	7			55			<b>∞</b>			(35)		(35)
Used condoms at last sex with regular partner	(7)	(3)	(10)	(1)	(3)	(4)	(7)		(/)	(10)	(5)	(15)
N	11	5	16	1	5	9	8		8	(15)	(6)	(24)



Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality (con't.)

	2	Myanmar	L	Ü	Cambodia	a		Laos		Tota	Total (weighted)	ted)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Received the four component services of HIV VCT												
Pre-test counseling	0.3	6.0	9.0	1.5	0.8	1.3	0.0	3.5	2.3	0.3	1.3	0.8
Blood exam												
Post-test counseling												
Test results												
(2)	(4)	(6)	(13)	(8)	(2)	(10)	(0)	(10)	(10)	(9)	(20)	(26)
Ever had symptoms of STI												
in past 1 year												
yes	0.4	0.2	0.3	3.5	0.8	2.6	2.0	1.7	1.8	9.0	0.3	0.5
no	99.3	99.2	99.2	96.1	98.8	0.76	98.0	97.9	6.76	98.9	99.1	0.66
Can't remember	0.0	0.1	0.0	0.2	0.0	0.1				0.0	0.1	0.1
No response	0.3	0.5	0.4	0.2	0.4	0.3	0.0	0.3	0.2	0.5	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	1,216	953	2,169	541	257	798	151	287	438	1,896	1,509	3,405
If yes and went to see a doctor, were you examined												
Yes	89	8	9	9	$\vdash$	7	$\vdash$	7	3	5	9	11
ON							2	0	2	0	0	0
(%)	9	8	9	9	1	7	8	2	5	5	9	11
											1	

Table 12 : Summary of AIDS knowledge and sex behavior of migrant workers by sex and nationality (con't.)

	_	Myanmar	_	ŭ	Cambodia	מ		Laos		Tota	Total (weighted)	(ped)
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Were you counseled												
yes	7	7	4	9	0	9	8	7	5	5	4	6
OU	1	$\vdash$	2	0		1				0	2	2
(N)	3	3	9	9	1	7	3	2	5	5	9	11
What HIV/AIDS prevention services/knowledge did you receive (training/printed matter/campaign) (multiple response allowed)	ceive (1	training/	printed	matter/	campaig	ın) (uş	ltiple re	suodse	e allowe	(þ		
STI	43.6	51.6	48.0	73.3	62.4	6.69	52.7	54.2	53.6	54.1	55.4	54.7
HIV infection and prevention	86.1	88.7	87.5	71.8	76.4	73.3	92.7	92.7	92.7	78.6	85.5	81.8
Living with an HIV-infected person	49.7	54.4	52.3	27.3	24.3	26.3	23.6	20.8	21.9	35.6	37.8	36.6
Self-care when HIV-infected	29.1	36.0	32.9	19.9	11.5	17.3	10.9	11.5	11.3	22.3	23.0	22.6
Condom use	76.4	63.5	69.3	81.5	62.4	75.5	83.6	80.2	81.5	74.9	54.0	65.0
Voluntary blood testing	17.6	28.0	23.2	12.0	5.7	10.0	14.5	14.6	14.6	12.6	22.6	17.4
Maternal and child health	20.6	35.3	28.6	2.1	8.9	4.2	5.5	12.5	6.6	16.0	32.6	23.9
Family planning	29.1	46.9	38.8	13.2	26.8	17.5	9.1	13.5	11.9	25.0	45.1	34.5
Rights (health, education)	34.5	29.0	31.5	8.8	8.3	9.8	18.2	11.5	13.9	24.8	19.2	22.2
Violence against women	13.9	12.8	13.3	5.3	5.1	5.2	5.5	5.2	5.3	11.3	10.0	10.7
other	3.3	5.0	4.3							3.1	5.0	4.0
N (response)	330	397	727	341	157	498	55	96	151	629	595	1253



# Appendix B:

Questionnaire

### 2

# Prevention of HIV/AIDS Among Migrant Worker in Thailand 2 (PHAMIT 2): The Baseline Survey 2010

### Individual Questionnaire for Migrant Worker Aged 15-59

The Evaluation and Monitoring of the HIV/AIDS Prevention Program Among Migrant Workers in thr Boarder Provinces in Thailand

	QUESTIONN	AIRE IDENTIFICATION NUI	MBER					
Informal Name of Re	espondent							
	1) Municipal Dist							
	2) Municipal Sub	-district Area						
	3) Village							
Province	District	Sub-distri	ct					
House No	Street / Soi							
	Intervie	wer visit						
	Visit 1	Visit 2	Visit 3					
Date Visit 2 Visit 3								
Start at								
End at								
Total time								
Interviewer								
Result*								
	Result codes*	Completed	1					
		Not at home	2					
		Refused Partially complete	3 ed 4					
		Other (specify)	8					
INTERVIEWER NAME		Code						
DATE OF INTERVIEW	D D M M	YY						
	1 <sup>ST</sup> attempt		attempt					

### **CONSENT FORM**

### Introduction:

My name is	
I am working for IPSR, Mahidol University. We are in	terviewing people here (name of
city/region/site) in order to find out about	(describe the purpose of
the study).	

### Confidentiality and consent:

We are undertaking this study to take an account of the health scenario in this province. The output of the study will benefit the functionaries involved in the implementation of the Health Promotion Programme. I am going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will never be used in connection with any of the information you tell me. 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 honest answer to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. However, if you feel uncomfortable at any point of time, you could discontinue the proceedings. The survey will take about half an hour to ask the questions. Would you be willing to participate?

-----

(Signature of interviewer)

Certifying that informed consent has been given verbally by the respondent

## SECTION I General and Work Characteristics

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q 101	Sex of respondent	Male	1	
		Female	2	
Q 102	How old are you?	Age in completed years		
Q 103	Where were you born?	City/Town		
Q 104	What nationality are you?	Myanmar Cambodia Laos Other No response	1 2 3 4 9	
Q 105	What ethnic group do you belong to?	Karen Mon Burmese Pa-O Shan (Tai Yai) Khmer Laotian Tavay Yakai Other	01 02 03 04 05 06 07 08 09 10 88 99	
Q 106	What is your marital status?	Married spouse present Married living apart Living together with partner Single Separated / Divorced Widowed No response	1 2 3 4 5 6 9	

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q 107	Have you ever attended	Yes	1	
	school ?	No	2	
		Specify grade		
		Not complete	1	
		primary	2	
		Secondary	3	
		Higer than secondary	4	
		Other	5	
	(If yes, what was the	Don't know	8	
	highest level that you	No response	9	
	completed)	Specify country of education		
		Myanmar	1	
		Cambodian	2	
		Lao	3	
		Thai	4	
		Other	5	
		Don't know	8	
		No response	9	
Q108a	How long have you lived in	Year		
	Thailand ?	Month		
	(Since first time you have	Don't know	9998	
	come to Thailand)	No response	9999	
Q108b	When did you first come to Thailand?			
Q109 a	Are you a daily worker?	Yes	1	
		No	2	
		Don't know	8	
		No response	9	
Q109b	How long have you worked	Year		
	in this province?	Month		
		Day		
		Don't know	9998	
		No response	9999	
Q109c	How long have you stayed	Year		
	in this province ?	Month		
		Day		
		Don't know	9998	
		No response	9999	

Q110	Did you move to the other places during in the past 5 years?  (Between 2005 – 2009)	Year	Country	Regions (Thai- land only)	Province (Thai- land only)	Any other PHAMIT Partners/other program in the area?
	Identify places where you	2009	1 <sup>st</sup>		List	1.Yes
	had stayed for at	Until	1.Myanmar	1.BKK	province	Specify:
	least 3 month or over)	interview	2.Cambodia	2.North	in each	2.No
		date	3.Laos	3.Center	region	8.Do not
	Note: PHAMIT Project		4.Thailand	4.North		know
	includes the following	1. Move	5. Malaysia	East		9. No
	organizations in stated	2. Not	6. Singapore	5.South		response
	covered areas: 2009	move	7. Indonesia			
		8. Not	8.Other			
	1. Raks Thai	remember	specify			
	Foundation: / Care	9.No				
	Raksthai	response	2 <sup>nd</sup>			
	2. Foundation for		1.Myanmar	1.BKK	List	1.Yes
	AIDS Rights (FAR)		2.Cambodia	2.North	province	Specify:
	3. World Vision		3.Laos	3.Center	in each	2.No
	Foundation (Supanimit)		4.Thailand	4.North	region	8.Do not
	4. MAP		5.Malaysia	East		know
	5. Stella Maris Center		6.Singapore	5.South		9. No
	Association)		7.Indonesia			response
	6. Pattanarak Foundation		8.Other			
	7. AIDS Network		specify			
	Development					
	Foundation (AIDSNet)		3 <sup>rd</sup>			
	8. Social development		1.Myanmar	1.BKK	List	1.Yes
	association (SDA)		2.Cambodia	2.North	province	Specify:
	Other (Specify)		3.Laos	3.Center	in each	2.No
			4.Thailand	4.North	region	8.Do not
			5.Malaysia	East		know
			6.Singapore	5.South		9. No
			7.Indonesia			response
			8.Other			
			specify			



	2009	1 <sup>st</sup>		List	1.Yes
	1. Move	1.Myanmar	1.BKK	province	Specify:
	2. Not	2.Cambodia	2.North	in each	2.No
	date	3.Laos	3.Center	region	8.Do not
	move	4.Thailand	4.North		know
	8. Not	5. Malaysia	East		9. No
	remember	6. Singapore			response
	9.No	7. Indonesia			.
	response	8.Other			
		2 <sup>nd</sup>		List	1.Yes
		1.Myanmar	1.BKK	province	Specify:
		2.Cambodia	2.North	in each	2.No
		3.Laos	3.Center	region	8.Do not
		4.Thailand		3	know
		5. Malaysia			9. No
		6. Singapore	5.South		response
		7. Indonesia			
		8.Other			
		3 <sup>rd</sup>		List	1.Yes
		1.Myanmar	1.BKK	province	Specify:
		2.Cambodia	2.North	in each	2.No
		3.Laos	3.Center	region	8.Do not
		4.Thailand	4.North		know
		5. Malaysia	East		9. No
		6. Singapore	5.South		response
		7. Indonesia			
		8.Other			
	2007	1 <sup>st</sup>		List	1.Yes
	1. Move	1.Myanmar	1.BKK	province	Specify:
	2. Not	2.Cambodia	2.North	in each	2.No
	date	3.Laos	3.Center	region	8.Do not
	move	4.Thailand	4.North		know
	8. Not	5. Malaysia	East		9. No
	remember	6. Singapore	5.South		response
	9.No	7. Indonesia			
	response	8.Other			
1				I	I

		. m.d			
		2 <sup>nd</sup>		List	1.Yes
		1.Myanmar	1.BKK	province	Specify:
		2.Cambodia	2.North	in each	2.No
		3.Laos	3.Center	region	8.Do not
		4.Thailand	4.North		know
		5. Malaysia	East		9. No
		6. Singapore	5.South		response
		7. Indonesia			
		8.Other			
		3 <sup>rd</sup>		List	1.Yes
		1.Myanmar	1.BKK	province	Specify:
		2.Cambodia	2.North	in each	2.No
		3.Laos	3.Center	region	8.Do not
		4.Thailand	4.North	5 -	know
		5. Malaysia	East		9. No
		6. Singapore			response
		7. Indonesia			
		8.Other			
	10.6	1 st		1	4.)/
	006	-	4 51/1/	List	1.Yes
	Move	1.Myanmar	1.BKK	province	Specify:
	Not	2.Cambodia	2.North	in each	2.No
da		3.Laos	3.Center	region	8.Do not
mo		4.Thailand	4.North		know
	Not	5. Malaysia	East		9. No
	member	6. Singapore	5.South		response
9.N	10	7. Indonesia			
resp	sponse	8.Other			
		2 <sup>nd</sup>		List	1.Yes
		1.Myanmar	1.BKK	province	Specify:
		2.Cambodia	2.North	in each	2.No
		3.Laos	3.Center	region	8.Do not
		4.Thailand	4.North		know
		5. Malaysia	East		9. No
		6. Singapore	5.South		response
		7. Indonesia			
		8.Other			
		0.0 trici		I	1



			3 <sup>rd</sup> 1.Myanmar 2.Cambodia 3.Laos 4.Thailand 5. Malaysia 6. Singapore 7. Indonesia 8.Other	1.BKK 2.North 3.Center 4.North East 5.South	List province in each region	1.Yes Specify: 2.No 8.Do not know 9. No response
		2005 1. Move 2. Not date move 8. Not remember 9.No response	1.Myanmar 2.Cambodia 3.Laos 4.Thailand 5. Malaysia 6. Singapore 7. Indonesia 8.Other	1.BKK 2.North 3.Center 4.North East 5.South	List province in each region	1.Yes Specify: 2.No 8.Do not know 9. No response
			2 <sup>nd</sup> 1.Myanmar 2.Cambodia 3.Laos 4.Thailand 5. Malaysia 6. Singapore 7. Indonesia 8.Other	1.BKK 2.North 3.Center 4.North East 5.South	List province in each region	1.Yes Specify: 2.No 8.Do not know 9. No response
			3 <sup>rd</sup> 1.Myanmar 2.Cambodia 3.Laos 4.Thailand 5. Malaysia 6. Singapore 7. Indonesia 8.Other	3.Center 4.North East	List province in each region	1.Yes Specify: 2.No 8.Do not know 9. No response
Q111	Do you have relatives in Thailand ?				Thai	Same Nationality
		Yes No No respor	nse		1 2 9	1 2 9

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q112a	Do you have an ID card/	Yes	1	
	document that allows you	No	2	
	stay in Thailand?	Don't know	8	
		No response	9	
	What kind?	ID card		
	If don't know, probed.	Tor-ror 38/1/receipt	1	
		Blue ID card	2	
		Orange ID card	3	
		Green ID card	4	
		Pink card (illegal, displaced	5	
		migrant)		
		White card (stateless	6	
		person)		
		Passport	7	
		Other	8	
		Don't know	98	
		No response	99	
Q112b	Do you have Work permit	Yes	1	
	or document that allow you	No	2	
	to work in Thailand?	Don't know	8	
		No response	9	
	What kind? If don't	Work permit		
	know, probed.	Work permit Blue (fishery)	1	
		Work permit Orange	2	
		(seafood processing)		
		Work permit Green	3	
		(agriculture / livestock)		
		Work permit Grey	4	
		(domestic worker)		
		Work permit Yellow	5	
		(construction)		
		Work permit Brown	6	
		(other occupations)		
		Don't know	8	
		No response	9	



Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q113	What is your main	Deep water Seafarer	01	
	occupation in Thailand?	Coastal Seafarer	02	
	,	Fisheries related worker	03	
		Factory Workers	04	
	Main occupation	Plantation Workers	05	
	according to the	Sex Worker / Entertainment	06	
	time spent.	Commerce	07	
		Construction workers	08	
		General workers/Day laborers	09	
		Housewives/domestic workers	10	
		Other	11	
		No response	99	
Q114	How long have you been	Month		
	working in this job	Year		
	in Thailand?			
Q115a	On what basis do you	Daily	1	
	get pay?	weekly	2	
		monthly	3	
		upon completion	4	
		piece meal	5	
		other	6	
	How much you get paid	Approximatelybaht		
	on that basis in the last 3 month? (for all response)			
	3 months (for all response)			
	For day/ How many days	days		
	a week?			
	For piece meal/ How many	piece		
	pieces a unit/ day?	'		
	For upon completion, for	weeks		
	your last job, how many			
	weeks/months, how many			
	day for your last job?			
Q115b	How much do you think			
(112D)	How much do you think your daily wage is?			
	your daily wage is:			

Q116	With whom do you presently live with?		Thai		ame onality	
		Alone	97		97	
	Same living/sleeping unit	Spouse/Family	01		01	
		Relatives	02		02	
		Employer	03		03	
	(Multiple response)	Friends/ Co-workers	04		04	
		Other	05		05	
l		No response	99		99	
Q117	What is type of your residence ?	Lodging in the work p Lodging outside the work place No response	9	01 02 99		
Q118	Can you speak Thai?	Yes		1		
Q110	Carryou speak Thai:	No		2		
		No response		9		
	(If yes, how about it?)	Good		1		
		Fair		2		
		Poor		3		
Q119	Can you read Thai ?	Yes		1		
		No		2		
		No response		9		
l	(If yes, how about it?)	Good		1		
		Fair		2		
		Poor		3		
Q120	Can you write Thai ?	Yes		1		
		No		2		
		No response		9		
	(If yes, how about it?)	Good		1		
ı		Fair		2		
l		Poor		3		



Q121	Do you sometimes send or take money back to Myanmar/Cambodia/ Laos?	Yes No	1 2 9	
	If yes, In the past 12 month, approximately how much (in Baht) have you sent or taken back?	Baht		
	How to send it(Multiple response)	Myself Employer Labor/ Work agent Friends/Co-workers Relatives Bank Post NGOs Other Don't know No response	1 2 3 4 5 6 7 8 9 98	

# SECTION 2 Knowledge, Opinions and Attitudes on HIV/AIDS

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q201	Have you ever heard of HIV/AIDS?	Yes No No response	1 2 - 9 -	→ Q 301 → Q 301
Q 202	Can HIV/AIDS be prevented?	Yes No Don't know No response	1 2 8 9	
Q 203	Do you know anyone who is infected with HIV/AIDS?	Yes No Don't know No response	1 2 8 9	
Q 204	Do you know anyone who has died of HIV/AIDS?	Yes No Not sure No response	1 2 8 9	
Q 205a	Can a person get HIV/AIDS by sharing a meal with someone with HIV or AIDS?	Yes No Don't know No response	1 2 8 9	
Q 205b	Can a person get HIV/AIDS through supernatural means ?	Yes No Don't know No response	1 2 8 9	
Q 206	Can a person get HIV/AIDS from a mosquito bite if the mosquito has drawn blood from an HIV/AIDS infected person?	Yes No Don't know No response	1 2 8 9	
Q 207	Can a person get HIV/AIDS by getting injections with a needle that has been already used by someone else who is infected?	Yes No Don't know No response	1 2 8 9	

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q 208	Can a person get HIV/AIDS from an infected blood transfusion?	Yes No Don't know No response	1 2 8 9	
Q 209	Do you think that a healthy-looking person can also transmit HIV/AIDS?	Yes No Don't know No response	1 2 8 9	
Q 210	Can people get HIV/AIDS through fondling?	Yes No Don't know No response	1 2 8 9	
Q 211	Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?	Yes No Don't know No response	1 2 8 9	
Q 212a	Can people protect themselves from HIV/AIDS by having one uninfected faithful sex partner?	Yes No Don't know No response	1 2 8 9	
Q 212b	Can people protect themselves from HIV/AIDS by using condom?	Yes No Don't know No response	1 2 8 9	
Q 212c	Can people protect themselves from HIV/AIDS by limiting sexual partners or having only 1 sexual partner?	Yes No Don't know No response	1 2 8 9	
Q 213a	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	Yes No Don't know No response	1 2 8 9	

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q 213b	Can a pregnant woman infected with HIV or AIDS transmit the virus to her child while delivering the child?	Yes No Don't know No response	1 2 8 9	
Q 214	Can a woman with HIV or AIDS transmit the virus to her newborn child through breast feeding?	Yes No Don't know No response	1 2 8 9	
Q 215a	Do you know that a pregnant women with HIV can prevent mother-to-child transmission by taking the antiretroviral treatment during her pregnancy?	Yes No Not sure No response	1 2 8 9	
Q 215b	Do you know that a pregnant women with HIV can prevent to her newborn child no breast feeding?	Yes No Not sure No response	1 2 8 9	
Q 216	Do you know whether there is any medicine that can cure a HIV/AIDS patient?	Yes No Don't know No response	1 2 8 9	
Q 217	Do you know any facility in your area where you can get tested for HIV/AIDS?	Yes No Not sure No response	1 2 8 9	
Q 218	Do you think it will be possible for someone to go and get HIV test done confidentially?  (By confidential, I mean that no one will know the result if you don't want them to know it)	Yes No Not sure No response	1 2 8 9	

Q No.	Question & Filers	Coding Categories	Coding	Skip to
Q 219	What do you think the	Yes, high risk	1	
	level of risk of HIV infection?			
		mosquito bite	11	
	(Why do you think so?)	sharing a meal	12	
		blood transfusion	13	
		Have sex with SW	14	
		Have sex without using	15	
		condom		
		Other	16	
		Yes, low risk	2	
		mosquito bite	21	
		sharing a meal	22	
		blood transfusion	23	
		Have sex with SW	24	
		Have sex without using	25	
		condom		
		Other	26	
		No not risk	3	
		No mosquito bite	31	
		Not sharing a meal	32	
		Not blood transfusion	33	
		Not have sex with SW	34	
		Not have sex	35	
		Using condom when	36	
		having sex		
		Other	37	
		Don't know	98	
		No response	99	

	Attitude on sex and gender	Agree	Not agree	Don't know	No response
Q 220	Woman who has condom with her is not a good person	1	2	8	9
Q 221	Man who has condom with him is a careful person	1	2	8	9
Q 222	It is ok for adolescent girl to have a boyfriend	1	2	8	9
Q 223	It is acceptable to have same sex lover	1	2	8	9
Q 224	Value of woman not based on her virginity	1	2	8	9
Q 225	It is ok for adolescent boy to have a girlfriend	1	2	8	9
Q 226	Woman can persuade partner to use condom	1	2	8	9
Q 227	Adolescences should discuss on sex topics as part of school curriculum	1	2	8	9



Q No.	Question & Filers	Coding Categori	es		Coding	S	kip to
Q 228	Have you ever heard of or seen a condom? (Show a condom) (I mean a rubber object that a man puts on his penis before sex)	Yes No Don't No response			1 2 8 9	}	Q 301
Q 229	For what purposes could a condom be used?  (Multiple responses possible - Do not read the categories)	Sexual pleasure Avoiding pregnancy/ FP method STI prevention HIV/AIDS control Other		-	01 02 03 04 05 08 09		
Q 230	Which places or persons do		Υ	1	۱ <u>[</u>	DΚ	NR
	you know from where you	Drug store	1	2	2	8	9
	can obtain a condom?	Grocery/General Shop	1		I	8	9
		Health Centre	1	2		8	9
	(Multiple response	Government STI/FP Clinic	1			8	9
	promptly – Do not read	Government Hospital	1	2	2	8	9
	the categories)	Private Hospital	1		I	8	9
		Private Clinic	1	2	2	8	9
		Brothel / sex establishments	1	2	2	8	9
		Bar / Karaoke	1	2	2	8	9
		Guest house	1	2	I	8	9
		Motel	1	2		8	9
		Sexual Partner	1			8	9
		Male/female Sex	1			8	9
		Friends who have been trained	1	2	2	8	9
		NGOs					
		Raks Thai Foundation: /Care Raksthai	1	2	2	8	9
		Foundation for AIDS Rights (FAR)	1	2	2	8	9
		World Vision Foundation	1	2	2	8	9
		MAP	1	2	2	8	9
		Pattanarak Foundation	1	4	2	8	9
		AIDS Network Development Foundation (AIDSNet)	1	2	2	8	9

		Social Development Agency (SDA)	1	2	8	9
		Stella Maris Center	1	2	8	9
		Thai health care personnel	1	2	8	9
		Migrant health personnel	1	2	8	9
		Migrant health Volunteer	1	2	8	9
		Drop-in Center	1	2	8	9
		Gas Station	1	2	8	9
		Vending machine	1	2	8	9
		Condom distributor	1	2	8	9
		Motorcycle rider	1	2	8	9
		Ship	1	2	8	9
		Snooker bar	1	2	8	9
		Piers	1	2	8	9
		Friend / co-worker	1	2	8	9
		Convenient store	1	2	8	9
		Supermarket	1			
		Other	1	2	8	9
	INSTRUCTION: If all codes i	in Q 229 are 8 or 9, ther	skip 1	to Q 23	1	
Q 231	For those who need to	Yes			1	
	procure a condom, do you	No			2	
	think they are easily	Don't know			8	
	available	No response			9	
Q 232	Can people protect	Yes			1	
	themselves from HIV/AIDS	No			2	
	by using a condom	Don't know			8	
	correctly every time	No response			9	
	they have sex?					



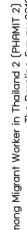
#### **SECTION 3**

#### Condom Usage and Sexual Behavior

**CONFIDENTIALITY CLAUSE AND CONSENT:** I would like to ask you some very personal questions. It is up to you whether you want to answer these questions or not. Your answers will be kept completely confidential. These questions are on condom usage and sexual practices.

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 301	Have you ever had sexual intercourse ?	Yes No No response	1 2 9	} Q 401
Q 302	At what age did you first have sexual intercourse?  (With either a regular or non regular partner)	Years Don't remember No response	 88 89	
Q 303	Do you have a regular partner? (Spouse/living together)	Yes No No response	1 2 9	} Q 309
Q 304	Have you or your regular partner ever used a condom?	Yes No No response	1 - 2 - 9 -	Q 305 Q 306 Q 309
Q 305	For what purposes have you used a condom while having sexual intercourse with your regular partner?  (Multiple responses possible)	To avoid pregnancy To protect my self from STI / HIV / AIDS To protect my partner from STI / HIV / AIDS To protect my child / unborn child from STI / HIV / AIDS Partner requested For pleasure Other Don't know No response	01 02 03 04 05 06 07 98 99	Q 307
Q 306	For what purposes have you not used a condom while having sexual intercourse with your regular partner?  (Multiple responses possible)	Not available Too expensive Partner objected Don't like/reduce sexual pleasure Used other contraceptive method Didn't think it was necessary Didn't think of it Partner might think I have STIs or I'm dishonest Drunk	01 02 03 04 05 06 07 08	03 Q 309

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
		Trust in partner Don't know condon Other Don't know No response	10 11 12 98 99	
Q 307	How consistently have you used a condom with your regular partner over the last 12 months?	Always Most of the times Sometimes Never in the past 12 months No response	1 2 3 4 9	Q 308
Q 308	Did you use a condom the last time in the past year you have sexual intercourse with your regular partner?	Yes , Why? To avoid pregnancy To protect my self from STI/HIV/AIDS	1 01 02	
		To protect my partner from STI/HIV/AIDS To protect my child/ unborn child from STI/HIV/AIDS	03 04	
		Partner requested For pleasure Other Don't remember No response	05 06 07 98 99	
		No, Why?  Not available  Too expensive  Partner objected  Don't like / reduce sexual  pleasure	2 21 22 23 24	
		Used other contraceptive method Didn't think it was necessary Didn't think of it Partner might think I have STIs or I'm dishonest	25 26 27 28	



Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
		Drunk	29	
		Trust in partner	30	
		Don't know condom	31	
		Other	32	
		Don't remember	98	
		No response	99	
Q 309	Have you pursued any other	Yes	1 -	→ Q 310
	sexual relationship (with	No	2	
	a non-regular partner)	No response	9	
	in the last 12 months ?			

- If Q 309 is "No" and Q 303 also "No", then skip to Q 401
- If Q 309 is "No" and Q 304 is "Yes" skip to Q 316
- If Q 309 is "No" and Q 304 also "No" ask Q 320 and Q 321 (with regular partner)
- If Q 309 is "No" and Q 307 is "Never in the past 12 months" ask Q 320 and Q 321 (with regular partner)

Q 310	With how many non-regular partners (including sex workers) have you had sexual intercourse in the last 12 months?	Number of pa Don't rememb No response			- 98 99	
	Type of Partner (un-probe)	Q 311a.1 Who were your non-regular partners in the last 12 months?	Q 311a.2 What national	ity?	Whe	2) 311a.3 ere did you neet this person? e answer *)
a	Boy friend	Yes1 → No2 →	Myanmar Cambodia Laos Thai Other DK NR	2 3 4 5		
b	Girl friend	Yes1 → No2 ¬	Myanmar Cambodia Laos Thai Other DK NR	2 3 4 5		

С	Friend/Co-worker	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	
d	Fiancé	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	
е	Clients	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	
f	Other	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	

	Type of Sex Worker (un-probe)	Q 311b.1 Who were your sex worker in the last 12 months?	Q 311b.2 What nationality?	Q 311b.3 Where did you meet this person? (see answer *)
a	Male sex worker	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos	
b	Female sex worker	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	
С	Transgendered sex worker	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos3 Thai4 Other5 DK8 NR9	
К	Other	Yes1 → No2 ¬	Myanmar1 Cambodia2 Laos4 Other5 DK	

#### Answer \* Q 311.3

1	L A	t	your	own	house
---	-----	---	------	-----	-------

4 In workplace

2 At his/her house

5 Shopping mall

7 Karaoke/entertaining place 8 Restaurant

10 Massage parlor

11 Bar/pub/ discotheque

13 In the street

14 In the parks

16 Through telephone

98 Can't remember

17 In neighborhood/same 18 community

19 Sport center/fitness center 20 Other (specify)......

99 No response

6 At party/community festival/Temple fair

Massage shop/spa/ sauna

Brothel 12

3 School

15 Through Internet

On the way while traveling





No.	Question & Filers	Coding Categories	Skip to Co	ding Boxes	
Q 312	How consistently did you	With non-regular part	ner	With sex	worker
	use a condom with your	Always	1	]	1
	<b>non-regular partner</b> or	Most of the time	2	Q 313	2
	sex worker in the past	Sometimes	3	J	3
	one year?	Never in 12 months	4	]	4
		Not applicable	7	0 319	7
		No response	9	J Q 319	9

- If Q 312 is "Never" and Q 307 is "Always" or "Most of the time" or "Sometimes", then skip to Q 316
- If Q 312 is "Never" and Q 307 is also "Never" ask Q 320 and Q 321  $\,$

Q 313	Did you use a condom	With non-regu	ılar partner	W	/ith se	ex worker	
	the last time you had sexual intercourse with	Yes	1 → Q 3	314 🕶	<b>-</b> 1	Yes	
	your <b>non-regular</b>	No	2 → Q3	315 🕶	<b>-</b> 2	No	
	partner or male or	D 1:			_	5 ,.	
	female sex worker?	Don't- remember	8 } Q 3	316	8	Don't- remem	ber
		No response	9	L	9	No respo	onse
Q 314	For what purposes have	With non-regu	ılar partner		With sex worker		
	you used a condom the	To avoid pr	regnancy	01	\	(	01
	last time while having	To protect	my	02			02
	sexual intercourse with	self from					
	your <b>non-regular partner</b>	STI/HIV/A	IDS				
	or male/female sex worker?	To protect	my	03			03
		partner 1	from				
	(Multiple responses	STI/HIV/A				Then,	
	possible)	To protect	•	04	1 /	kip to {	04
			hild from			Q 316	
		STI/HIV/A					
		Partner req		05			05
		For pleasur		06			06
		Other		07			07
		Don't know		98			98
		No respons	е	99	/		99

Q 315	For what purposes have	With non-regular partn	er	With sex wo	rker
	you not used a condom	Not available	01		01
	the last time while	Too expensive	02		02
	having sexual	Partner objected	03		03
	intercourse with your	Don't like / reduce	04		04
	non regular partner	sexual pleasure			
	or sex worker?	Used other	05		05
		contraceptive method			
	(Multiple responses	Didn't think it was	06		06
	possible)	necessary			
		Didn't think of it	07		07
		Partner might think I	80		80
		have STIs or I'm			
		dishonest			
		Drunk	09		09
		Trust in partner	10		10
		Don't know condom	11		11
		Other	12		12
		Don't know	98		98
		No response	99		99



Place do you   normally obtain   a condoms with   following partners?   - Drug store   - Health Centre   03   03   03   03   04   05   05   05   05   05   05   05	No.	Question & Filers	Coding Categories		Skip to	Coding Boxes
Place do you   normally obtain   a condoms with   Grocery/ General Shop   02   02   02   02   03   03   03   03	Q 316	In general, in which	With Popular Partner		With Non	With Sex
a condoms with following partners?  - Health Centre - Government STI / FP (only one answer)  - Clinic - Government Hospital - Private Hospital - Private Clinic - Brothel/sex - establishments - Bar/ Karaoke - Guest house - Motel - Male/female Sex Worker - Friends who have been trained - NGO - Thai health care personnel - Migrant health - Migrant health - Wolunteer - Drop in Center - Drop in Center - Ship - Snooker bar - Sinos Wod - Guest house - Condom distributor - Condom distributor - Condom distributor - Ship - Snooker bar - Sinos Wod - Clinic - O4		place do you	With Regular Partiler		Regular Partner	Worker
following partners?   - Health Centre   03   03   04   04   04   04   04   05   05   05		normally obtain	- Drug store	01	01	01
- Government STI / FP		a condoms with	- Grocery/ General Shop	02	02	02
Clinic   Government Hospital   05   05   05   06   06   06   06   06		following partners?	- Health Centre	03	03	03
- Government Hospital			- Government STI / FP	04	04	04
- Private Hospital 06 06 06 07 07 07 07 07 07 07 07 07 07 07 07 07		(only one answer)	Clinic			
- Private Clinic			- Government Hospital	05	05	05
- Brothel/sex establishments - Bar/ Karaoke 09 09 09 - Guest house 10 10 10 - Motel 11 11 11 - Sexual Partner 12 12 12 - Male/female Sex Worker 13 13 13 - Friends who have been 14 14 14 15 trained - NGO 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16			- Private Hospital	06	06	06
establishments  - Bar/ Karaoke  - Guest house  10  - Motel  - Motel  - Male/female Sex Worker  - Male/female Sex Worker  - NGO  - Thai health care personnel  - Migrant health  - Migrant health  - Drop in Center  - Drop in Center  - Condom distributor  - Condom distributor  - Ship  - Ship  - Shooker bar  - Sinosker bar  - Ope son op op op op op  - Op op op  - Op op  - Op op  - O			- Private Clinic	07	07	07
- Bar/ Karaoke 09 09 09 09 - Guest house 10 10 11 - Motel 11 11 11 - Sexual Partner 12 12 12 - Male/female Sex Worker 13 13 13 - Friends who have been 14 14 14 11 trained - NGO 15 15 15 15 - Thai health care 16 16 16 16 19 personnel - Migrant health 17 17 17 19 personnel - Migrant health 18 18 18 19 volunteer - Drop in Center 19 19 19 - Gas Station 20 20 20 - Vending machine 21 21 21 - Condom distributor 22 22 22 - Motorcycle rider 23 23 23 - Ship 24 24 24 - Snooker bar 25 25 25 22 - Piers 26 26 26			- Brothel/sex	08	08	08
- Guest house			establishments			
- Motel			- Bar/ Karaoke	09	09	09
- Sexual Partner - Male/female Sex Worker - Male/female Sex Worker - Friends who have been trained - NGO - NGO - Thai health care personnel - Migrant health - Drop in Center - Drop in Center - Drop in Center - Drop in Center - Vending machine - Vending machine - Migrant health - Condom distributor - Vending machine - Ship - Ship - Ship - Shooker bar - Sex Worker - 13 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14			- Guest house	10	10	10
- Male/female Sex Worker 13 13 13 14 14 14 15 15 15 15 15 15 15 15 16 16 16 16 16 16 16 16 17 17 17 17 17 17 17 17 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19				11	11	11
- Friends who have been trained - NGO				12	12	12
trained - NGO 15 15 15 1 - Thai health care 16 16 16 16 19 19 17 17 17 17 17 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19				13	13	13
- NGO			- Friends who have been	14	14	14
- Thai health care personnel - Migrant health personnel - Drop in Center - Drop in Center personnel - Gas Station personnel - Vending machine personnel - Condom distributor personnel - Condom distributor personnel - Ship personnel - Snooker bar personnel - Thai health care personnel - In the personnel - Thai health care personnel - In the personnel - Piers personnel - Thai health personnel - In the personnel - Thai health personnel - In the personnel - Piers personnel - Thai health personnel - In the personnel - Thai health personnel - In the personnel - Piers personnel - Migrant health personnel - In the personnel - Piers personnel - Migrant health personnel - Piers personnel - Migrant health personnel - In the personnel - Piers personnel - Migrant health personnel - Piers personnel - Migrant health personnel - Piers personnel						
personnel - Migrant health 17 17 17 11 personnel - Migrant health 18 18 18 11 volunteer - Drop in Center 19 19 19 11 - Gas Station 20 20 20 22 21 21 22 22 22 22 22 23 23 23 23 23 23 24 24 24 24 25 25 25 25 25 26 26 26 26						15
- Migrant health personnel				16	16	16
personnel - Migrant health			· '			
- Migrant health volunteer - Drop in Center 19 19 19 19 19 19 19 19 19 19 19 19 19			_	17	17	17
volunteer       19       19       19         - Gas Station       20       20       2         - Vending machine       21       21       2         - Condom distributor       22       22       2         - Motorcycle rider       23       23       2         - Ship       24       24       2         - Snooker bar       25       25       2         - Piers       26       26       26			· '	4.0	1.0	40
- Drop in Center 19 19 19 19 - Gas Station 20 20 20 22 21 21 21 22 22 22 22 22 23 23 23 23 24 24 24 24 25 25 25 25 26 26 26 26 22				18	18	18
- Gas Station 20 20 22 22 22 - Motorcycle rider 24 24 24 - Snooker bar 25 26 26 26 22				10	10	10
- Vending machine 21 21 22 22 22 22 22 23 23 23 23 23 24 24 24 24 25 25 25 25 25 26 26 26 26 22			·			19
- Condom distributor 22 22 22 22 22 23 23 23 22 23 23 24 24 24 24 25 25 25 25 25 26 26 26 22				-		20
- Motorcycle rider 23 23 23 22 24 24 22 25 25 25 26 26 26 22						21
- Ship 24 24 2 - Snooker bar 25 25 25 2 - Piers 26 26 26						22
- Snooker bar 25 25 26 26 26 2			· · · · · · · · · · · · · · · · · · ·			23 24
- Piers 26 26 2			'			25
						26
						27
- Convenient Store/ 28 28 2						28
Supermarket				20	20	
			·	29	29	29
						98
						99

No.	Question & Filers	Coding Cates	ories		Skip	to	Coding B	Boxes
Q 317	Can you obtain a	With Regular Par	tner	_	h Nor		With	
	condom every time			Regula	ar Part	ner	sex wor	ker
	you need?	Yes	1			1		1
		No	2			2		2
		No response	9			9		9
Q318	Last 12 month	With Regular Par	tner	Wit	h Nor	1	With	
	when you having			Regula	ar Part	ner	sex wor	ker
	sexual intercourse,	Yes	1			1		1
	have you ever	No	2			2		2
	used any drug?	No response	9			9		9
		Ecstacy (Yaa E)	01			01		01
	If yes specify drug	Ecstacy (Yaa K)	02			02		02
	(multiple responses)	Ecstacy (Yaa Love)	03			03		03
		Amphetamine	04			04		04
		Marijuana	05			05		05
		Heroine	06			06		06
		Injectables	07			07		07
		Glue/thinner	08			08		08
		Alcohol	09			09		09
		Other specify	10			10		10
		Can't remember	98			98		98
		No response	99			99		99



No.	Question & Filers	Coding Cates	orie	5	Skip	to	Coding E	Boxes
Q 319	Do you agree that using a condom	With Regular Part	ner	With Non Regular Partner		With sex worker		
	will reduce	Yes	1			1		1
	pleasure for sexual	No	2			2		2
	intercourse ?	Not sure	8			8		8
		No response	9			9		9
Q 320	Can you convince your partner to use	With Regular Part	ner	Wit Regula	h Nor ar Part		With sex wor	
	a condom when	Yes	1			1		1
	you need?	No	2			2		2
		No response	9			9		9
Q 321	What are you going	With Regular Partne	r	Wit	h Nor	1	With	
	to do if your	With Negatal Farthe		Regula	ar Part	ner	sex wor	ker
	partner refuse	Do not have sexual	1			1		1
	to use a condom?	intercourse  Accept to have sexual intercourse without a condom	1			2		2
		Convince until your partner agree to use a condom	3			3		3
		Other	4			4		4
		Don't know	8			8		8
		No response	9			9		9

## SECTION 4 STIs

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 401	Have you ever heard of any diseases other than HIV/AIDS that can be transmitted through sexual contact?	Yes No No response	1 2 }	Q 405
Q 402	Do you think that a person suffering from STI has a high chance of HIV/AIDS exposure?	Yes No Don't know No response	1 2 8 9	
Q 403	Can you tell me what symptoms a WOMAN might have when she is infected with STI? Any others?  DO NOT READ OUT THE SYMPTOMS  (MORE THAN ONE ANSWER IS POSSIBLE)	SPONTANEOUS RESPONSE Lower Abdominal pain Genital discharge Foul smelling discharge Burning/pain during urination Genital Ulcers/sores Swellings in groin area/ Pain during sexual intercourse Itching/reddening Warts Skin rashes	01 02 03 04 05 06	
	·	Other  Don't know  No response	10 98 99	

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 404	Can you tell me what symptoms a MAN might have when he is infected with STI? Any others?  DO NOT READ OUT THE SYMPTOMS  (MORE THAN ONE ANSWER IS POSSIBLE)	SPONTANEOUS RESPONSE Lower Abdominal pain Genital discharge Foul smelling discharge Burning/pain during urination Genital Ulcers/ sores Swellings in groin area Itching/reddening Warts Skin rashes Can't retract foreskin Other Don't know No response	01 02 03 04 05 06 07 08 09 10 11 98	
Q 405	Have you had a thick yellowish/ greenish discharge with foul smell from your penis/vagina in the past 12 months?	Yes No Don't remember No response	1 2 8 9	
Q 406	Have you had an ulcer or sore or growth in your genital area in the past 12 months?	Yes No Don't remember No response	1 2 8 9	
Q 407	If yes for Q405 or Q406, where did you go for the treatment?  (Multiple responses possible)	Self-care at home Government hospital Private hospital Government clinic Health center Private clinic NGO clinic Traditional healer Pharmacy No treatment Go back to country of origin for treatment Other Don't know No response	01 - 02 03 04 05 06 07 08 09 10 11 12 98 99	If answer, 08-12 and 98,99, skip to Q416

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 408	Were you physically examined by the doctor/paramedical staff?	Yes No Don't remember No response	1 2 8 9	
Q 409	Whether you were given any counseling?	Yes No Don't remember No response	1 2 8 9	
Q 410	Were you given counseling on the usage of condoms?	Yes No Don't remember No response	1 2 8 9	
Q 411	Did the doctor ask you to bring along your sexual partner (s) to the clinic/hospital for treatment/advice?	Yes No Don't remember No response	1 2 8 9	Q 414
Q 412	Did your partner (s) turn up to the clinic/ hospital for treatment/ advice?	Yes No Don't remember No response	1 2 8 9	}Q 414
Q 413	If yes, did he/she receive treatment/ advice/counseling from the clinic/ hospital	Yes No Don't remember No response	1 2 8 9	
Q 414	Were you satisfied with the quality of treatment you received?	Fully satisfied Somewhat satisfied No satisfied No response	1 2 3 9	
Q 415	Did you get help from anybody when seeing doctor If yes, who provided that help?	All by self Thai Health personnel Migrant health personnel Migrant health volunteer Friends/ co-workers Roommates Employers Spouse/ partner Other (specify) Don't know Not answer	01 02 03 04 05 06 07 08 09 98	

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 416	In case you have any of	Self-care at home	01	
	the symptoms of STI,	Government hospital	02	
	where would you prefer	Private hospital	03	
	to approach?	Government clinic	04	
		Health center	05	
	(circle one only)	Private clinic	06	
		NGO clinic	07	
		Traditional healer	08	
		Pharmacy	09	
		No treatment	10	
		Go back to country of origin	11	
		for treatment		
		Other	12	
		Don't Know	98	
		No response	99	

### SECTION 5

## VCT

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 501	Do you know any places providing counseling and testing for HIV?	Yes No No response	1 2 9	} Q 601
Q 502	If yes, where can you get the test?  (multiple response)	Government hospital Private hospital Government clinic Health center Private clinic NGO clinic Traditional healer Pharmacy Anonymous Clinic (Thai Red Cross) BMA Public Health Center BMA AIDS Center Other Don't Know No response	01 02 03 04 05 06 07 08 09 10 11 12 98	
Q 503	Have you ever been tested for HIV?	Yes No No response	1 2 9	} Q 601
Q 504	For what reason have you get the HIV testing?	Being pregnant Applying for a job Getting married Having high-risk sexual partner Own sexual risk Partner is HIV positive Regular medical check-up Getting operations/treatment Blood donations Curiosity Compulsory testing No reason to explain Other (specify) Not answer	01 02 03 04 05 06 07 08 09 10 11 12 13	

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 505	Where did your latest HIV test take place?	Government hospital Private hospital Government clinic Health center Private clinic NGO clinic Traditional healer Pharmacy Anonymous Clinic (Thai Red Cross) BMA Public Health Center BMA AIDS Center Other	01 02 03 04 05 06 07 08 09	•
		No response	99	
Q 506	When was your latest HIV test?	In 6 months 6 -12 months More than 1 year Do not remember No response	1 2 3 8 9	If 3,8 and 9, skip to Q 601

VCT	Q 507 Did you receive counseling for the last test	Q 508 What counseli you receive from co			Q 509 Language	Q 510 Do you clearly understand all
	month?		Υ	N		of counseling?
Pre-test	Yes1 → No2 ¬	<ul> <li>Result from HIV testing has effected on your life</li> <li>Right of treatment</li> <li>Safe sex</li> <li>Other</li> </ul>	1 1 1 1 1	2 2 2 2	Myanmar1 Cambodia2 Laos3 Thai4 Other5	
VCT	Q 511  Do you receive counseling for the last test in the past 12 month?	Q 512 What counseling receive from cou			Q 513 Language	Q 514 Do you clearly understand all of counseling?

			Υ	N		
Post-test	Yes1 → No2 ¬	<ul> <li>Understanding of the disease</li> <li>Health behavior</li> <li>Offer hope for the future</li> <li>Inform family to take care</li> <li>Referral to</li> <li>Other</li> </ul>	1 1 1 1	2 2 2 2 2 1	Myanmar1 Cambodia2 Laos3 Thai4 Other5	

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 515	We don't mean to know	Yes	1	
	your result, but we want to	No	2	
	ask if you received the	No response	9	
	result of your latest HIV test?			
Q 516	How long did it take to get	Specificday		
	your HIV testing results	Do not remember	8	
	after your test?	No response	9	
Q 517	Was anyone with you when	No one	1	
	knowing the result of HIV	Partner / spouse /Family	2	
	testing?	Employer	3	
		Friend / Co-worker	4	
		Relatives	5	
		Other	6	
		No response	9	

SECTION 6
Exposure to Mass Media and IEC Intervention

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 601	During the last 1 month	- Every day	1	What
	how often have you	- At least once a week	2	language? (only
	watched television?	- Not at all for some week/on	3	MOST often)
		average once every 2-3 weeks		1 Myanmar
		- One a month	4	2 Cambodia
		- Did not watch TV in last 4 weeks	5	3. Laos
		- Never watch →	8	4. Thailand
		- No response 🖵	9	5. Other
Q 602	During the last 1 month	- Every day	1	What
	how often have you	- At least once a week	2	language? (only
	listened radio?	- Not at all for some week/on	3	MOST often)
		average once every 2-3 weeks		1 Myanmar
		- One a month	4	2 Cambodia
		- Did not listen radio in last 4 weeks	5	3. Laos
		- Never listen to radio 🖵	8	4. Thailand
		- No response 📑	9	5. Other
Q 603	During the last 1 month	- Every day	1	What
	how often have you read	- At least once a week	2	language?
	newspaper?	- Not at all for some week/on	3	(only MOST
		average once every 2-3 weeks		often)
		- One a month	4	1 Myanmar
		- Did not read then newspaper	5	2 Cambodia
		in last 4 weeks		3. Laos
		- Never read newspaper 귝	8	4. Thailand
		- No response	9	5. Other
Q 604	Before you move to	Yes	2	
	Thailand did you know of	No	2	
	HIV/AIDS?	No response	9	

Q No.	Question & Filers	Coding Categories		Coding Boxes		Skip to	
Q 605	Did you or your family	Yes		1 2 9		If answer to 2 and 9, skip 607	
	members ever attend/participate in any	No No response					
	campaign/ meeting on STI/HIV/AIDS ?						
Q 606	<u>If yes</u> whom you go with			Thai		Same	
						nationality	
	(multiple response)	Alone	1		-		
		Friend	2	1		1	
		Employer	3	2		2	
		Relative	4	3		3	
		Others	5	4		4	
		NR	9	9		9	



What information do you receive ?			Q607.1 How many times	Q607.2 How to receive  1. campaign/ public events 2. individual counseling/ outreach 3. group discussion 4. VDO/CD 5. training/ seminar 6. Poster 7. Brochure /Pamphlets/ Booklets 8. drop-in center 9. T.V. 10. Radio 11 Newspaper 12. Drama/Street Play/ Puppet show 13.other	Q607.3 What is the source of information? (see *)	Q607.4 Who did you received the information from? (see **)	Q607.5 Language 1.Myanmar 2.Cambodian 3.Laotian 4.Thai 5.Other
Q608	Sexually transmitted infection STIs	Yes1 → No2 →	times DR 888				
Q609	Protection/infection of HIV	Yes1→ No2→	times DR 888				
Q610	Living with People living with HIV/AIDS (PHA)	Yes1 → No2 →	times DR 888				
Q611	Living with HIV	Yes1 → No2 →	times DR 888				
Q612	Condom use	Yes1→ No2→	times DR 888				
Q613	VCT	Yes1→ No2→	times DR 888				
Q614	Maternal and child health	Yes1→ No2→	times DR 888				

	1				1	
Q615	Family planning	Yes1→ No2→	times			
		No2—	DR			
		<b>Y</b>	888			
Q616	Rights (Labor, health,	Yes1→	times			
	education)	No2	DR			
		*	888			
Q617	Violence against	Yes1→	times			
	women	Yes1→ No2→	DR			
		*	888			
Q618	Other (specify)	Yes1_	times			
		Yes1→ No2	DR			
		*	888			

#### \*Answer Q 607.3

1. Government hospital

2. Private hospital

3. Government clinic

4. Health center

5. Private clinic

6. NGO clinic

7. Traditional healer

8. Pharmacy

6.1 Raks Thai Foundation: / Care Raksthai

6.2 Foundation for AIDS Rights (FAR)

6.3 World Vision Foundation (Supanimit)

6.4 MAP

6.5 Stella Maris Center

6.6 Pattanarak Foundation

6.7 AIDS Network Development Foundation (AIDSNet)

99 No answer

6.8 Social development association (SDA)

6.9 Other NGO (Specify)......

98 Don't know

99 No answer

\*\*Answer Q 607.4

1. By self

2. Thai Health Personnel

3. Migrant health Personnel

4. Migrant health volunteer

5. Friends/ co-workers

6. Roommates

7. Employers

8. Spouse /Partner

9. Other (specify)

10. family / relatives

97 Not remember

98 Don't know



SECTION 7
Family Planning
If Q106, answer "4" or "single", answer only Q701 (skip Q702 and Q703)

		Q 701 Do you know any modern contraceptive methods?	Q 702 What any other modern contraceptive methods have you and /or your spouse or partner ever used ?	Q 703 What any other modern contraceptive methods have you and/or your spouse or partner currently used?
а	Pill	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
b	IUD	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
С	Injection	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
d	Female sterilization	Yes1 → No2 →	Yes1 → No2 →	Yes1 No2
е	Vasectomy	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
f	Norplant	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
g	Condom	Yes1 → No2 ¬	Yes1 → No2 →	Yes1 No2
h	Safe period method	Yes1 → No2 ¬	Yes1 → No2 ¬	Yes1 No2
i	Withdrawal	Yes1 → No2 ¬	Yes1 → No2 →	Yes1 No2
j	Other	Yes1 → No2 →	Yes1 → No2 →	Yes1 No2

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q704	If you or your spouse / partner are not using any methods,	Being pregnant/in post-partum period/post-abortion period	1	
	what is the major reason	Under medial instruction	2	
	for not using any?	Spouse or partner is sterilized	3	
	,	Birth spacing	4	
	(only one answer)	Ovary operated	5	ข้ามไป 801
	,	Menopause or perceiving of aging	6	
		Afraid of side effects/allergy	7	
		Husband / wife not agree to use	8	
		Friends or relatives not recommend	9	
		Not having sex	10	
		Need more children	11	
		Not convenient to get any method	12	
		Do not like the service provider	13	
		Not affordable	14	
		Conflict to religious or spirituals	15	
		Other (specify)	16	
		Don't know	98	
		No response	99	
Q 705	Who did make a decision	Him/herself	1	
	on whether or not to use	Spouse / Partner	2	
	contraceptive method?	Decide together	3	
		Other persons	4	
		Not applicable	5	
		No response	9	
Q 706	Do your employer take action	No action	1	
	for your decision on using	Have suggestion	2	
	contraceptive method?	Have condition if pregnant have to stop working	3	

Q No.	Question & Filers	Coding Categorie	es	Codir Boxe		kip to
Q 707	Where do you usually get contraceptives?	Government Service/	Yes 1	No 2	8	<b>NR</b> 9
		Government Hospital Private Service/ Private Hospital	1	2	8	9
	(Multiple answer)	Private Clinic Health Center	1 1	2 2	8	9
		Drug store Retailer Traditional healers/ quack doctor NGOs	1 1 1	2 2 2	8 8 8	9 9
		- Drop-in center - NGO outreach - Migrant health Personnel	1 1 1	2 2 2	8 8 8	9 9 9
		- Migrant health Volunteer - Employer - Other (specify)	1 1 1	2 2 2	8 8 8	9 9 9
	THIS PART IS O OR MAN WHOSE WIFE/PARTNER A	NLY FOR WOMEN AGED 15-4 AGED 15-49 CURRENTRY LIVI		HUSBAN	1D	
	Are you a woman aged 15-49 or if male ask: 1. Do u have a wife / partner aged 15-49 If yes, how old:years)?					
Q 708	Do you have children ?	Yes No Single No response		1 2 3 9	}	Q 801
Q 709	How many children do you have? (Number of living children)					
Q 710	Who make decision to have children?	Myself My spouse Myself and my spouse Other Don't know No response		1 2 3 4 8 9		
Q 711	How many children do you want to have?					
Q 712	How old is your youngest child?		ears			

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to			
	<ul> <li>If the youngest child aged 0-4 ask Q 713 to Q 721</li> <li>If the youngest child is 5 years and over, please specify the current age of the youngest child years, skip to Q 721</li> </ul>						
Q 713	Did you want to have	Yes	1				
	the pregnancy of your	No	2				
	youngest child?	Don't know	8				
		No response	9				
Q 714a	Did you or your wife	Yes	1				
	get or seek any antenatal	No	2 -	→ Q 714d			
	care for this child?	Don't know	8 -	→ Q 715			
		No response	9 -	→ Q 715			
Q 714b	If yes, where in Thailand?	Government hospital	11				
		Private hospital	12				
		Government clinic	13				
		Health center	14				
		Private clinic	15				
		NGO clinic	16				
		Traditional healer	17				
		Pharmacy	18				
		No treatment	19				
		Other	20				
		Not in Thailand Don't Know	97 98				
			99				
		No response					
Q 714c	Who assist you to access?	By self	01				
		Thai health personnel	02				
		Migrant health personnel	03				
		Migrant health volunteer	04				
		Friends/ co-workers	05				
		Roommates	06				
		Employers	07				
		Spouse/ partner	08				
		Other	09				
		Do not remember	97				
		No response	99				



Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 714d	If no, Why?	Service to far	01	
		No registration	02	
		No transport	03	
		No money	04	
		Inconvenient opening hours	05	
		Lack of personnel	06	
		Poor quality of services	07	
		Don't know the places	08	
		Not allowed by employer	09	
		Not necessary	10	
		Other	11	
		Do not remember	98	
		No response	99	

Q 715 Where did your last child born?		Q715.1 Where did you/your w delivery your last chil		Q 715.2 By whom? (multiple responses)	
Myanmar	1	Government hospital	01	Doctor	01
Cambodian	2	Private hospital	02	Nurse	02
Loa	3	Private clinic	03	Gov. health personnel	03
Thailand	4	Health center	04	Gov. health volunteers	04
Other	5	Home	05	Migrant health	05
No response	9	Family planning clinic	06	personnel	
		Other	07	Migrant health	06
		Don't know	98	volunteer	
		No response	99	Traditional doctor	07
				Other (specify)	08
				Can't remember	97
				Don't know	98
				No response	99
Q 716		Q716.1			
Do you/your wife h	ave	If yes, what are the	<u> </u>		
any complication	n?	complication?			
Yes	1	Headache	01		
No	2	Severe bleeding	02		
Don't know	8	Convulsions/fits	03		
No response	9	High fever	04		
		Swelling of feet and	05		
		face (edema)			
		Infection	06		
		Anemia	07		
		Prolonged/obstructed	08		
		labor			
		Other	09		
		Don't have complication	10		
		Don't know complication	11		
		No response	99		



Q717 Did you/your wife get or seek any postpartum care for your this child?		Q717.1  If yes, where did you/your  wife get or seek  postpartum care?  (multiple responses)			Q 717.2  Did you/your wife get help from anybody when seeking for the postpartum care?  (multiple responses)		
Yes 1  No $2 \rightarrow Q718$ Don't know $8 \rightarrow Q718$ No response $9 \rightarrow Q718$		Government hospital 01 Private hospital 02 Private clinic 03 Health center 04 Family planning clinic 06 Other		Thai health care personnel 01 Migrant health personnel 02 Migrant health volunteer 03 Friends/ co-workers 04 Roommates 05 Employer 06 Spouse/ partner 07 Other (specify)			
Q 718.1 Have you/your wife ever visited medical doctor for ANC?	Q 718 a who provided you/your wife supports in accessing the care? (multiple responses)	Q 719 Have you/your wife ever visited medical doctor for delivery?	Q 719 a who provid you/your w supports i accessing t care? (multiple responses	ded vife in the	Q 720 Have you/your wife ever visited medical doctor for your postpartum care?	Q 720 a who provided you/your wife supports in accessing the care? (multiple responses)	
Yes 1 →	Thai health 11 care personnel  Migrant 12 health personnel  Migrant 13 health volunteer	Yes 1	Thai health care personned Migrant health personnel Migrant health volunteer	11 nel 12	Yes 1 →	Thai health 11 care personnel  Migrant 12 health personnel  Migrant 13 health volunteer	

		Friends/ 14 co-workers		Friends/ 14 co-workers		Friends/ 14 co-workers
		Roommates 15		Roommates 15		Roommates 15
		Employers 16		Employers 16		Employers 16
		Spouse/ 17 partner		Spouse/ 17 partner		Spouse/ 17 partner
		Other 18 (specify)		Other 18 (specify)		Other 18 (specify)
		No one 19		No one 19		No one 19
		Don't know 98		Don't know 98		Don't know 98
		Not answer 99		Not answer 99		Not answer 99
		Q 718 b Why?		Q 719.b Why?		Q 720.b Why?
No	2	Service 21 to far	No 2	Service 21 to far	No 2	Service 21 to far
DK	8	No 22 registration	DK 8	No 22 registration	DK 8	No 22 registration
NR	9	No 23 transport	NR 9	No 23 transport	NR 9	No 23 transport
		Inconvenient 24 opening hours		Inconvenient 24 opening hours		Inconvenient 24 opening hours
		Lack of 25 personnel		Lack of 25 personnel		Lack of 25 personnel
		Poor quality 26 of services		Poor quality 26 of services		Poor quality 26 of services
		Other27		Other 27		Other27
		Don't know 98		Don't know 98		Don't know 98
		No response 99		No response 99		No response 99

Q 721	Q 721 a		Q721	Q721 b		Q 72	21
If any of your	If yes, who was the	one		If no, Why?			
children become	providing you such h	nelp		(multiple responses)			
sick, can you take	(multiple response	25)					
your child to any							
health center or							
government							
hospital?							
Yes 1	Thai health care	11	No 2	Service to far	21	NR	9
<b>→</b>	personnel		$\rightarrow$				
	Migrant health	12		No registration	22		
	personnel			No transport	23		
	Migrant health	13		Inconvenient	24		
	volunteer			opening hours			
	Friends/ co-workers	14		Lack of personnel	25		
	Roommates	15		Poor quality of	26		
	Employers	16		services			
	Spouse/ partner	17		Other	27		
	Other (specify)	18		No one	28		
	No one	19		Don't know	98		
	Don't know	98		No response	99		
	Not answer	99					

# SECTION 8 Access to Health Service for Illness Requiring Treatment

Q No.	Question & Filers	Coding Categories			Coding Boxes	Skip to
Q 801	Would you go to the following health		yes	No	Not ill	NR
	services for treatment?	Government Service/ Government Hospital (If not why*)	1	2	8	9
	(PROMPT)	Private Service/ Private Hospital (If no why)	1	2	8	9
		Private Clinic (If no why)	1	2	8	9
		Health Center (If no why)	1	2	8	9
		Traditional healers/ quack doctor (If no why)	1	2	8	9
		Other	1	2	8	9

Too far NExpensive/no money Sexpensive/no mone

No ID card Symptom not serious

Do not know/never go for treatment /never go there Wait for long times
Have no health
center/have no hospital
Don't like/bad service

Can not speak Thai Have no right to use service /have no hospital card other

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 802	In the past year, where did you go for your last	Government hospital Private hospital	1 <b>-</b> 2 <b>-</b>	→ 803 → 805
	health service?	Government clinic	3 -	→ 803
		Health center	4 -	→ 803
		Private clinic	5 –	→ 805
		NGO clinic	6	
		Traditional healer	7	
		Pharmacy	8	
		No treatment	9	
		Other	10	Q 807
		Not ill/ No need	111	
		Don't know	98	
		No response	99	]
Q 803	For the last government	Very satisfied	1	
	health service provider	Somewhat satisfied	2	
	you visited, were you	No satisfied	3	
	satisfied with the quality	Not applicable	7	
	of treatment received?	No response	9	
Q 804	For the last government	Very convenient	1	)
	health service provider	Somewhat convenient	2	
	you visited, how convenient	Not Convenient	3	Q 807
	was the access to services?	Not applicable	7	
		No response	9	J
Q 805	For the last non-government	Very satisfied	1	
	health service provider	Somewhat satisfied	2	
	you visited, were you	No satisfied	3	
	satisfied with the quality	Not applicable	7	
	of treatment received?	No response	9	
Q 806	For the last non-government	Very convenient	1	
	health service provider	Somewhat convenient	2	
	you visited, how convenient	Not Convenient	3	
	was the access to services?	Not applicable	7	
		No response	9	

Q No.	Question & Filers	Coding Categories	Coding Boxes	Skip to
Q 807	During your last health	Yes	1	
	service delivery? did any	No	2	
	one provide assistance?	Not applicable	7	
		Not answer	9	
	If yes, who provided that	Thai health personnel	01	
	helps?	Migrant health personnel	02	
		Migrant health volunteer	03	
	(Multiple answer allowed)	Friends/ co-workers	04	
		Roommates	05	
		Employers	06	
		Spouse/ partner	07	
		Other (specify)	08	
		Don't know	98	
		Not answer	99	
	If yes, what help?	Translation	01	
	(multiple answers)	Explaining the clinic process	02	
		Explaining the treatment	03	
	(multiple responses)	process		
		Help with in take registration	04	
		Transportation	05	
		Taking care of children	06	
		Accompanying patient	07	
		Home visiting/ Following up	08	
		Referring case	09	
		Explaining about rights	10	
		Other	11	

Wha	t service did you receive in the past year?		Q 808.1 How many times	Q 808.2 What Source do you receive (see *) Check all applied	Q 808.3 By whom By whom Check all applied	Q 808.4 Language 1.Myanmar 2.Cambodia 3.Laos 4.Thai 5.Other Check all applied
Q 808	STI: referral, counseling, testing, treatment	Yes1 No2				
Q 809	VCT: referral, counseling, testing, results	Yes1 No2				
Q 810	Legal/Right referral	Yes1 No2				
Q 811	Condom distribution	Yes1 No2				

#### \*Answer Q 808.2 Q 809.2 Q 810.2 Q 811.2

1. Government hospital	6.1	Raks Thai Foundation: /	6.7	AIDS Network Development
2. Private hospital		Care Raksthai		Foundation (AIDSNet)
3. Government clinic	6.2	Foundation for AIDS Rights (FAR)	6.8	Social development
4. Health center	6.3	World Vision Foundation		association (SDA)
5. Private clinic		Supanimit)	6.9	Other NGO (Specify)
6. NGO clinic	6.4	MAP	98	Don't know
7. Traditional healer	6.5	Stella Maris Center	99	No answer

### \*\*Answer Q 808.3 Q 809.3 Q 810.3 Q 811.3

8. Pharmacy 6.6 Pattanarak Foundation

1	By self	5 Friends/ co-workers	9 Other (specify)
2.	Thai Health Personnel	6 Roommates	10 family / relatives
3	Migrant health Personnel	7 Employers	97 Not remember
4	Migrant health volunteer	8 Spouse /Partner	98 Don't know
			99 No answer



## SECTION 9 Social Integration

Q No.	Question & Filers	Co	oding Cate	Coding Boxes	Skip to	
Q901	Compare your way of life	Better	Same	worse	Not	Not be
	between origin and				sure	compared
	destination countries					
	- income	5	4	3	2	1
	- living condition	5	4	3	2	1
	- working condition	5	4	3	2	1
	- Accessing to health service	5	4	3	2	1
	- living place	5	4	3	2	1
	- living environment	5	4	3	2	1
	- Security in life and	5	4	3	2	1
	property					
	- Social environment	5	4	3	2	1



Q No.	Question & Filers	Coding Categories		Coding	Boxes	
Q 902	Which of the following activities do you participated?		With Thai	With same nationality	Not partici- pated	No response
		Celebrate Thai, religious,	1	1	8	9
	(Multiple response promptly- Read the categories)	and cultural events.  Celebrate own nationality, religious, and cultural events.	2	2	8	9
		Participate in cremation ceremony. (self tradition/ Thai)	3	3	8	9
		Putting food into the bowl of the Buddhist priest	4	4	8	9
		Participate cultural activities (i.e. Burmese New Year, Mon New Year)	5	5	8	9
		Attending social activities in the community (New Year celebration, Father's day, Mother's day, community sanitization, etc.) Celebrating King's birthday	6	6	8	9
		Celebrating International  New Year	7	7	8	9
Q 903	Do you have Thai	Yes		1		
	name/nickname?	No Do not know Not answer	:	2 8 9		
Q 904	Have you ever gone	Yes		1		
	to Bangkok ?	No Do not know Not answer		2 8 9	} to 0	2906

Q No.	Question & Filers	Coding Ca	ategorie	S		Coding Boxes		
Q905	<i>If yes</i> whom you go with		Mya nma	Cam bodia	La	os	Thai	
	3	Alone	1	1	1	Ĺ	1	
		Friend	2	2	2	2	2	
		Employer	3	3	3	3	3	
		Relative	4	4		1	4	
		Others	5	5	5	5	5	
		Not response	9	9	9	)	9	
Q906	Do you have regular	Yes					1	
	contact with your	No					2	
	family / friend in the	Do not know					3	
	country of origin?	Not answer					9	
	If yes, How?	By e-mail/Internet				11		
		By telephone /Mobile telephone			ne	12		
		By letter/Pos	t				13	
		Other (specify	y)			. 14		
Q 907	With whom will you			Tha	ai		Same	
	consult or from whom					Nā	ationality	
	will you ask for help in	Spouse/ parti	ner	1			1	
	case that you have	Employer/ He	eadman	2			2	
	problems?	Friends/ co-w	orkers/	3			3	
		Relatives		4			4	
	(Multiple response	Authorities		5			5	
	promptly- Do not read	Local shopke	eper	6			6	
	the categories)	Monks		7			7	
		Group/commu	nity leade				8	
		NGOs	,	9			9	
		Other (specify	y)				10	
		None		11			11	
		No response		99			99	



Q No.	Question & Filers	Coding Categories	Codi		
Q908	Whom do you not trust?		Thai	Same Nationality	
	(Multiple response promptly-Do not read the categories)	Spouse/ partner Employer/ Headman Friends/ co-workers	1 2 3	1 2 3	
	the categories/	Relatives Authorities	4 5	4 5	
		Local shopkeeper Monks	6 7	6 7	
		Group/community leaders NGOs	8 9	8 9	
		Other (specify) None	10 11	10	
Q 909	Who do you often	No response	99 Thai	99 Same Nationality	
	have conflict with?	Spouse/ partner	1	1	
	(Multiple response promptly- Do not read	Employer/ Headman Friends/ co-workers Relatives	2 3 4	2 3 4	
	the categories)	Authorities Local shopkeeper	5 6	5 6	
		Monks Group/community leaders	7 8	7 8	
		NGOs Other (specify)	9 10	9	
		None No response	11 99	11 99	
Q 910	In general, how do you feel about your leisure	Always have enough leisure time	1	1	
	time? (whether you feel it "enough") Would you	Sometimes have enough leisure time	2	2	
	say that you always feel you have enough leisure	Never have enough leisure time	3	3	
	time, only sometimes feel you have enough leisure time, or almost never feel you have enough leisure time?)	Do not know Not answer	4 9	4 9	

Q No.	Question & Filers	Coding Categories		Coding Boxes	i
Q 911	How do you spend		Alone	With Thai	With same
	your leisure time?				nationality
		Read newspaper /	1	1	1
		magazine			
	(Multiple response	Listen to radio	2	2	2
	promptly–Do not read	/cassette/CD			
	the categories)	Watch TV/VDO/VCD/DVD	3	3	3
		Exercise	4	4	4
		Rest	5	5	5
		Playing game	6	6	6
		Gambling	7	7	7
		Shopping	8	8	8
		Drinking	9	9	9
		Visit karaoke bar	10	10	10
		Going for sex worker	11	11	11
		Hang around with sexual	12	12	12
		partner/girlfriend			
		Stay on broad	13	13	13
		Visit tea bar	14	14	14
		Other (specify):	15	15	15



Q No.	Question & Filers	Coding Categories		Co	ding Bo	es	
Q912	Currently living here,			Very	Moder	Little	Not
	how are you satisfied			much	ately		answer
	with your life and	1. Living arrangements		1	2	3	9
	surroundings?	2. Income generation		1	2	3	9
		3. Health status		1	2	3	9
		4. Employer and workpla	ce	1	2	3	9
		5. Friends/ co-workers		1	2	3	9
	(Read the categories.)	6. Neighboring with Thai:		1	2	3	9
		7. Awareness on and prote	ctions	1	2	3	9
		of your rights				_	_
		8. Security in life and pro	perty	1	2	3	9
		9. Other (specify)		1	2	3	9
Q 913	What is your household's		Compa	red Co	mpared		
	wealth status comparing		to Th	nai to	Same		
	to others in your			Na	tionality		
	neighborhood?	Poorer	1		1		
	(Define "household" as	Same	2		2		
	"person/ group of persons	Richer	3		3		
	that share the same	Do not know	8		8		
	financial resource i.e.	Not answer	9		9		
	income)						
Q 914	On a scale of 0 to 10,	Not at all happy	Extrem	nely ha	рру		
	how happy are you with						
	life in general? (Please						
	select the number from	0 1 2 3 4 5	6 7	8	9 10		
	0 to 10 that best reflects						
	your response)						
Q 915	How safe do you feel	Not at all feel	Ex	tremel	y feel		
	in general? (Please	safety		safe			
	select the number from	,			•		
	0 to 10 that best	0 1 2 3 4 5	6 7	8	9 10		
	reflects your response)						

Q No.	Question & Filers	Coding Categories		Coding Boxes
Q 916	Do you have children aged 5 years or older?	Yes No No response	1 2 9	
	If yes, are all of them who is 5 years old or	Yes, all of them are in school (If yes, what school)	1	
	over in school ?	Gov. school	11	
		Private school NGO school	12 13	
		Other - Can be Thai/ Burmese school.	14	
		No, not all of them are in school (why not)	2	
		Do not have ID card Have financial problem	21 22	
		Intend to enroll child in  Myanmar	23	
		Too far Do not want to study	24 25	
		Other	26 9	
Q 917	Have you ever witness or experienced abuse of migrant workers?	Physical Abuse (Ex. Spit at / Punched / Had things thrown at / Slapped / Pinched / Pushed)	1	
		Verbal Abuse (Ex. Called names / Threatened / Yelled at)	2	
		Sexual Abuse (Ex. Touch without consent / Unwanted sexual molestation / Raped)	3	
		No, I never witnessed or experienced	4	
		Other (Specify)	5	
		Don't know No response	9	

Q No.	Question & Filers	Coding Categories		Coding Boxes
Q 918	Have you ever witness or experienced discrimination of	Employment discrimination (Ex. Recruitment/appointed position/ lay off/promotion)	1	
	migrant workers?	Peer discrimination (Ex. Group segregation)	2	
		Public discrimination (Ex. Being refused to services)	3	
		No, I never witnessed or experienced	4	
		Other (Specify)	5	
		Don't know	8	
		No response	9	
Q 919	Have you ever witness or experienced	Payment (Ex. payment deduction for mistakes / Delayed payment)	1	
	exploitation of migrant workers?	Right and freedom at work (Ex.  Documents were kept by employer/ threatening to be reported to the authority by employers/ being forced to work)	2	
		No, I never witnessed or experienced	3	
		Other (Specify)	4	
		Don't know	8	
		No response	9	
Q 920	If possible, would you	Yes	1	
	like to live in Thailand	No	2	
	permanently?	Don't know	8	
		No response	9	
Q 921	Have you ever heard of	Yes	1	If NO,
	Nationality Verification	No	2	skip to Q113
		Don't Know	3	
		No Response	4	

Q No.	Question & Filers	Coding Categories	Coding Boxes	
Q 922	If yes, from where did	Thai Official	1	
	you hear about it?	Migrant health personnel	2	
		Migrant health volunteer	3	
		Friends/ co-workers	4	
		Employers	5	
		Spouse/ partner	6	
		Relatives	7	
		NGO	8	
		Media (TV, Radio, Newspaper,	9	
		Poster, Brochure, etc)		
		Others	10	
		Don't Know	98	
		No Response	99	
Q 923	Have you registered for	Yes	1	If No
	Nationality Verification	No	2	skip to Q925
		Don't Know	3	
		No Response	4	
Q 924	If yes, who did provide	By self	1	
	you assistance?	Thai Official	2	
		Migrant health personnel	3	
		Migrant health volunteer	4	
		Friends/ co-workers	5	
		Employers	6	
		Spouse/ partner	7	
		Relatives	8	
		NGO	9	
		Media (TV, Radio, Newspaper,	10	
		Poster, Brochure, etc)		
		Others	11	
		Don't Know	98	
		No Response	99	

Q No.	Question & Filers	Coding Categories		Coding Boxes
Q 925	What assistance?	Responsible for expenses Transportation Counseling Providing information Translation Others Don't know No response	1 2 3 4 5 6 8 9	
Q926	Are you planning to register for Nationality Verification	Yes No Don't Know No Response	1 2 8 9	If No skip to Q928
Q927	If yes, why	Better to work legally Avoid deportation It's compulsory Travelling in Thailand conveniently Other Don't know No response	1 2 3 4 5 8 9	
Q928	If No, why (multiple responses)	Afraid not to be able to come back to Thailand Detention in home country Afraid to be threatened/ exploited by official at home country No registration/ I.D card at home country Afraid of being discriminated in home country Too expensive Other Don't know No response	01 02 03 04 05 06 07 98 99	