

CHAPTER IV

RESULTS

This chapter presents the findings of the data analysis. The chapter is divided into two major sections: quantitative and qualitative data analysis. The quantitative data analysis reports on the survey outcomes and is subdivided into three parts, (i) univariate analysis, (ii) bivariate analysis and (iii) multivariable analysis of these independent and dependent variables. The qualitative data analysis deals with the outcomes from the in-depth interviews on social networks and personal experiences.

4.1 QUANTITATIVE DATA ANALYSIS

4.1.1 Univariate Analysis

The univariate analysis includes the distribution of frequencies and proportions on the respondents' socio-demographic characteristics, social support, source of information, knowledge, attitude and practices on the prevention of HIV/AIDS.

(i) Socio-demographic Characteristics

Table 3 presents the socio-demographic characteristics of respondents in Mahachai, Samut Sakorn, Thailand. The distribution of the proportions shows that 64.1 percent of the respondents were between 15 to 25 years of age, 27.9 percent were between 26 to 35 years and 8 percent were between 36 to 45 years. Almost 53 percent were male and 47 percent were female. Among the respondents, 61.7 percent were single, 28.3 percent were married and live with husband/wife, 8.5 percent were divorced or live apart from husband or wife and 1.5 percent were widowed. As for the educational status 46.8

percent attended middle school education, 29.5 percent attended high school education, 19.6 percent attended primary school education, 3.6 percent attended university education and 0.5 percent attended religious school education. The majority of the respondents were of Bamar race, 69.3 percent, 20.2 percent were Mon, 9.6 percent were Karen. Shan, Lisu and Hindus were less than 1 percent each. Most of the respondents were Buddhist, 95.3 percent. Very few were Christian or Muslim, 3.6 percent and 1.1 percent respectively. 97.2 percent were factory workers and 2.8 percent were accountants. 46.5 percent earned between 3,001 to 4,000 Baht, 26.1 percent earned 2,000 to 3,000 Baht, 20.2 percent of the respondents earned more than 4,000 Baht, and 7.2 percent earned between 1,000 to 2,000 Baht only. Around 54 percent of the respondents had lived 1 to 4 years in Thailand, 22 percent had lived for less than 1 year, around 17 percent had lived for 5 to 9 years and 5.7 percent for more than 9 years.

Table 3: Percentage Distribution of Respondent by Socio-demographic Characteristics

Socio-demographic Characteristics		Number	Percent
Age:	15 to 25 years	248	64.1
	26 to 35 years	108	27.9
	36 to 45 years	31	8.0
Gender:	Male	204	53.0
	Female	183	47.0
Marital status:	Single	239	61.7
	Married and live with husband/wife	109	28.3
	Divorced	33	8.5
	Widowed	6	1.5
Education:	Religious school	2	0.5
	Primary school	76	19.6
	Middle school	181	46.8
	High school	114	29.5
	University	14	3.6
Race:	Bamar	268	69.3
	Mon	78	20.2
	Karen	37	9.6
	Shan	2	0.5
	Hindus	1	0.2
	Lisu	1	0.2
Religion:	Buddhist	369	95.3
	Christian	14	3.6
	Islam	4	1.1
Position in factory:	Accountant	11	2.8
	Factory worker	376	97.2
Income:	1,000 - 2,000	28	7.2
	2,001 - 3,000	101	26.1
	3,001 - 4,000	180	46.5
	more than 4,000	78	20.2
Duration of staying In Thailand	Less than 1 year	85	22.0
	1 - 4 years	212	54.8
	5 - 9 years	68	17.5
	more than 9 years	22	5.7

(ii) Social Network and Social Support of the Respondents

Table 4 shows that almost 50.4 percent lived with a family member or relative, 36.7 percent lived with friends, 10.6 percent lived alone and 2.3 percent lived with their fiancée. Among these respondents, when they feel distressed, 54.5 percent were reduced by their friends, 35.9 percent were reduced by a family member or relative, 7.8 percent by their fiancée, very a few were reduced by self-control, monk or employer. The ways to reduce their distress included watching movie/video together (41.2 percent), a soothing talk (about 39 percent), drinking together (16.7 percent), visiting karaoke with friends (1.3 percent), reading religious books (1.8 percent). About 47 percent of the respondents know the confidant for 1 to 4 years, 21.2 percent for less than 1 year, about 15 percent each for 5 to 10 years and more than 10 years. Regarding the frequency of meeting with their confidants, almost 75 percent met every day, about 18 percent met once a week, 6.2 percent met once a month and less than 1 percent met with no exact frequency. 33.3 percent met confidants at their apartment or room, 16 percent at video-shops, 14 percent at the factory, about 10 percent each met at the market and/or a teashop, 8.7 percent at bars and 5.2 percent at the Temple. As to the type of support, 80.6 percent received emotional support (soothing intense distress), 11.4 percent received informational support (sharing general information) and 6.7 percent received instrumental support (helping respondents in a material way).

Table 4: Percentage Distribution of Social Support and Social Network of Respondents

Social Network/ Social support Characteristics	Number	Percent	
Live with:	Family or relative	195	50.4
	Friend	142	36.7
	Fiancée	9	2.3
	Alone	41	10.6
Distress reduced by:	Family or relative	139	35.9
	Friend	211	54.4
	Fiancée	30	7.8
	Monk	1	0.3
	Self-control	5	1.3
	Employer	1	0.3
Ways of reducing distress: (together with/by confidant)	Watching movie/video	160	41.2
	Soothing talk	150	39.0
	Drinking	65	16.7
	Singing Karaoke	5	1.3
	Reading religious books	7	1.8
Duration of knowing the confidant:*	Less than 1 year	81	21.2
	1 - 4 years	171	44.8
	5 - 10 years	52	13.6
	More than 10 years	71	18.6
	Missing	7	1.8
Frequency of meeting with confidant:*	Daily	287	74.2
	Weekly	69	17.8
	Monthly	24	6.2
	No exact frequency	2	0.5
Place of meeting with confidant:*	Apartment/room	129	33.3
	Temple	20	5.2
	Market	39	10.1
	Factory	54	14.0
	Tea-shop	44	11.4
	Video-shop	62	16.0
	Bar	34	8.7
Type of support:*(received from confidant)	Informational	44	11.4
	Emotional	312	80.6
	Instrumental	26	6.7

Note: Characteristics indicated with "*" do not contain "No need to answer" 5 respondents (1.3 %) since they were reduced by self-control.

(iii) Source of Information on HIV/AIDS

The respondents could answer more than one source in the questionnaire and, therefore, the total percent of sources of information will not be equal to 100 percent. Out of many sources, the majority of the respondents (45.2 percent) received information from their friends, about 29 percent each from Myanmar Magazines and Myanmar Television, about 27 percent from Myanmar Newspapers, 23.5 percent from Myanmar radio station, less than 15 percent each from their family members and relatives, 8.5 percent from Non-governmental Organization activities, less than 5 percent each from their fiancée, Thai Newspapers and Thai Television. (Table 5)

Table 5: Percentage Distribution of Source of Information from which Respondents knew about HIV/AIDS

Source of Information	Number	Percent (out of total)
Friends	175	45.2
Myanmar Magazine	113	29.2
Myanmar Television	112	28.9
Myanmar Newspaper	103	26.6
Myanmar Radio	91	23.5
Family Member	60	15.5
Relative	47	12.1
Non-Governmental Organization	33	8.5
Fiancée	14	3.6
Thai Television	14	3.6
Thai Newspaper	10	2.6

(iv) Distribution of Total Knowledge on HIV/AIDS and its Prevention

Table 6 shows the mean, standard deviation, frequency and percentage distribution of total knowledge on HIV/AIDS and its prevention among the respondents in Mahachai. Mean scores for knowledge on HIV/AIDS are similar in both male and female respondents (around 18.5 out of 30 score). More than 40% of both male and female respondents have more than 70% correct knowledge on HIV/AIDS (total knowledge).

Table 6: Percentage Distributions of Total Knowledge on HIV/AIDS and its prevention

Total knowledge	Male	Female
	Number (%)	Number (%)
Mean score	18.54 (61.8%)	18.92 (63.1%)
Standard deviation	5.96	5.56
More than 70% correct score	84 (41.2%)	79 (43.2%)
70% or less correct score	120 (58.8%)	104 (56.8%)

(v) Distribution of Knowledge on Symptoms of AIDS

Table 7 shows percentage distribution of knowledge on symptoms of AIDS. 40.2% of male and 48.6% of female respondents have more than 70% correct knowledge on symptoms of AIDS. More than 75% of both male and female respondents aware of chronic diarrhoea and weight loss as symptoms of AIDS, while less than 70% of both male and female respondents aware of prolonged fever as a symptom of AIDS.

Table 7: Percentage Distributions of Knowledge on Symptoms of AIDS

Knowledge on symptoms of AIDS	Male	Female
	Number (%)	Number (%)
More than 70% correct score	82 (40.2%)	89 (48.6%)
70% or less correct score	112 (59.8%)	94 (51.4%)
Chronic diarrhoea		
Yes	172 (83.4%)	142 (77.6%)
No	8 (3.9%)	8 (4.4%)
I don't know	23 (11.3%)	31 (16.9%)
Not answer	1 (0.5%)	2 (1.1%)
Sneezing		
Yes	40 (19.6%)	21 (11.5%)
No	81 (39.7%)	90 (49.2%)
I don't know	81 (39.7%)	69 (37.7%)
Not answer	2 (1%)	3 (1.6%)
Weight loss		
Yes	181 (88.7%)	159 (86.9%)
No	7 (3.4%)	5 (2.7%)
I don't know	16 (7.8%)	18 (9.8%)
Not answer	0 (0%)	1 (0.5%)
Prolonged fever		
Yes	124 (60.8%)	126 (68.9%)
No	26 (12.7%)	23 (12.6%)
I don't know	52 (25.5%)	32 (17.5%)
Not answer	2 (1%)	2 (1.1%)
Constipation		
Yes	32 (15.7%)	23 (12.6%)
No	92 (45.1%)	83 (44.8%)
I don't know	77 (37.7%)	75 (41.0%)
Not answer	3 (1.5%)	3 (1.6%)

(vi) Distribution of Knowledge on HIV/AIDS Transmission

Table 8 expresses that 50% of male and 45.3% of female respondents have more than 70% correct knowledge on transmission. Around 40% of both male and female respondents have misconception on transmission of HIV/AIDS. 15 to 25% of male and female respondents believed that mosquito or insect bite, sharing accommodation and toilet can transmit HIV infection.

Table 8: Percentage Distributions of Knowledge on HIV/AIDS Transmission

Knowledge on Transmission	Male	Female
	Number (%)	Number (%)
More than 70% correct score	102 (50%)	83 (45.3%)
70% or less correct score	102 (50%)	100 (54.7%)
Misconceptions on transmission (out of total)	87 (42.6%)	69 (37.7%)
Mosquito/insect bite		
Yes	52 (25.5%)	33 (18.0%)
No	86 (42.2%)	82 (44.8%)
I don't know	63 (30.9%)	65 (35.5%)
Not answer	3 (1.5%)	3 (1.6%)
Sharing toilet		
Yes	39 (19.1%)	27 (14.8%)
No	95 (46.6%)	102 (55.7%)
I don't know	68 (33.3%)	51 (27.9%)
Not answer	2 (1.0%)	3 (1.6%)
Sharing accommodation		
Yes	46 (22.5%)	35 (19.1%)
No	90 (44.1%)	93 (50.8%)
I don't know	66 (32.4%)	52 (28.4%)
Not answer	2 (1.0%)	3 (1.6%)

(vii) Distribution of Knowledge on Prevention of HIV/AIDS

Table 9 represents that only about 30% of male and female respondents have more than 70% correct score in knowledge on prevention of HIV/AIDS. 35% of males and 26% of females know that they can prevent HIV/AIDS by washing reproductive organ with antiseptic solution after sex, every time. 14.2% of males and 18% of females think that they can use contraceptive pills to prevent AIDS. 11.3% of males and 8.7% of females take it that if they take Chinese traditional medicine (like Gensen) daily, they cannot get HIV infection. Around 30% of male and female respondents think that eating more chicken, fish, or vegetables can prevent AIDS. About more than 23% of male and female respondents think that doing physical exercises daily can also prevent HIV infection.

Table 9: Percentage Distributions of Knowledge on HIV/AIDS prevention

Knowledge on prevention	Male	Female
	Number (%)	Number (%)
More than 70% correct score	58 (28.4%)	55 (30.0%)
70% or less correct score	146 (71.6%)	128 (70.0%)
Misconceptions on prevention (out of total)	130 (63.7%)	103 (56.2%)
Wash reproductive organ with antiseptic solution after sex every time		
Yes	72 (35.3%)	49 (26.8%)
No	61 (29.9%)	67 (36.6%)
I don't know	69 (33.%)	65 (35.5%)
Not answer	2 (1.0%)	2 (1.1%)
Use contraceptive pills		
Yes	29 (14.2%)	33 (18.0%)
No	85 (41.7%)	80 (43.7%)
I don't know	87 (42.6%)	67 (36.6%)
Not answer	3 (1.5%)	3 (1.6%)

Table 9: Percentage Distributions of Knowledge on HIV/AIDS prevention (continued)

Knowledge on prevention	Male	Female
	Number (%)	Number (%)
Taking Chinese traditional medicine (like Gensen daily)		
Yes	23 (11.3%)	16 (8.7%)
No	79 (38.7%)	78 (42.6%)
I don't know	101 (49.5%)	87 (47.5%)
Not answer	1 (0.5%)	2 (1.1%)
Eat more chicken, fish, or vegetables		
Yes	61 (29.9%)	49 (26.8%)
No	76 (37.3%)	75 (41.0%)
I don't know	65 (31.9%)	56 (30.6%)
Not answer	2 (1.0%)	3 (1.6%)
Doing physical exercise daily		
Yes	48 (23.5%)	45 (24.6%)
No	62 (30.4%)	60 (32.8%)
I don't know	92 (45.1%)	76 (41.5%)
Not answer	2 (1.0%)	2 (1.1%)

(viii) Distribution of Attitude towards HIV/AIDS and its prevention

Table 10 shows that around 56% of male and female respondents have more than 70% positive attitude towards HIV/AIDS for all attitude questions. 64.7% of males and 56.3% of females have more than 70% positive attitude towards HIV/AIDS. More than 50% of male and female respondents have 70% or less positive attitude towards AIDS patients. About 41% of males and 52% of females have more than 70% positive attitude towards AIDS prevention. Around 10% of males and 6% of females disagree the fact that married couples should be faithful to their spouses. 28% of males and 29% of females believe that having sex without a condom only once will not infect a person with HIV.

Table 10: Percentage Distributions of Attitude towards HIV/AIDS and its prevention

Attitude	Male	Female
	Number (%)	Number (%)
Total attitude		
More than 70% positive attitude	115 (56.4%)	104 (56.8%)
70% or less positive attitude	89 (43.6%)	79 (43.2%)
Attitude towards HIV/AIDS		
More than 70% positive attitude	132 (64.7%)	103 (56.3%)
70% or less positive attitude	72 (35.3%)	80 (43.7%)
I am sure that I cannot get AIDS whatever I do.		
Strongly agree	30 (14.7%)	35 (19.1%)
Agree	39 (19.1%)	42 (23.0%)
Disagree	70 (34.3%)	59 (32.2%)
Strongly disagree	65 (31.9%)	47 (25.7%)
I think AIDS can be cured totally in well-developed countries nowadays.		
Strongly agree	17 (8.3%)	13 (7.1%)
Agree	29 (14.2%)	27 (14.8%)
Disagree	102 (50.0%)	90 (49.2%)
Strongly disagree	55 (27%)	52 (28.4%)
Not answer	1 (0.5%)	1 (0.5%)
AIDS is a disease of the rich person only.		
Strongly agree	24 (11.8%)	17 (9.3%)
Agree	21 (10.3%)	27 (14.8%)
Disagree	92 (45.1%)	79 (43.2%)
Strongly disagree	66 (32.4%)	59 (32.2%)
Not answer	1 (0.5%)	1 (0.5%)
Attitude towards AIDS Patients		
More than 70% positive attitude	98 (48.0%)	89 (48.6%)
70% or less positive attitude	106 (52.0%)	94 (51.4%)
All AIDS patients should be forced to live in an isolated community like Tuberculosis patients.		
Strongly agree	61 (29.9%)	29 (15.8%)
Agree	33 (16.2%)	60 (32.8%)
Disagree	73 (35.8%)	62 (33.9%)
Strongly disagree	35 (17.2%)	31 (16.9%)
Not answer	2 (1.0%)	1 (0.5%)

Table 10: Percentage Distributions of Attitude towards HIV/AIDS and its prevention (continued)

Attitude	Male	Female
	Number (%)	Number (%)
If I know that one of my friends has HIV/AIDS, I will treat him/her the same as usual.		
Strongly agree	51 (25.0%)	37 (20.2%)
Agree	96 (47.1%)	96 (52.5%)
Disagree	36 (17.6%)	34 (18.6%)
Strongly disagree	19 (9.3%)	16 (8.7%)
Not answer	2 (1.0%)	
Attitude towards AIDS prevention		
More than 70% positive attitude	83 (40.7%)	95 (51.9%)
70% or less positive attitude	121 (59.3%)	88 (48.1%)
Married couples should be faithful to their spouses; they should not have sex partners other than their spouse (husband/wife).		
Strongly agree	106 (52.0%)	79 (43.2%)
Agree	76 (37.3%)	90 (49.2%)
Disagree	11 (5.4%)	3 (1.6%)
Strongly disagree	10 (4.9%)	9 (4.9%)
Not answer	1 (0.5%)	2 (1.1%)
In my opinion, using a condom or requiring the partner to use a condom is a sign of not trusting your partner.		
Strongly agree	73 (35.8%)	38 (20.8%)
Agree	71 (34.8%)	73 (39.9%)
Disagree	47 (23.0%)	49 (26.8%)
Strongly disagree	12 (5.9%)	21 (11.5%)
Not answer	1 (0.5%)	2 (1.1%)
If a woman carries condoms with her, it usually means that she has more sex partner.		
Strongly agree	36 (17.6%)	22 (12.0%)
Agree	56 (27.5%)	60 (32.8%)
Disagree	80 (39.2%)	73 (39.9%)
Strongly disagree	31 (15.2%)	27 (14.8%)
Not answer	1 (0.5%)	1 (0.5%)

Table 10: Percentage Distributions of Attitude towards HIV/AIDS and its prevention (continued)

Attitude	Male	Female
	Number (%)	Number (%)
Generally, having sex without a condom only once will not infect a person with HIV.		
Strongly agree	24 (11.8%)	10 (5.5%)
Agree	33 (16.2%)	43 (23.5%)
Disagree	95 (46.6%)	83 (45.4%)
Strongly disagree	51 (25.0%)	46 (25.1%)
Not answer	1 (0.5%)	1 (0.5%)
I think all sex workers may have HIV/AIDS.		
Strongly agree	28 (13.7%)	23 (12.6%)
Agree	52 (25.5%)	72 (39.3%)
Disagree	91 (44.6%)	71 (38.8%)
Strongly disagree	31 (15.2%)	16 (8.7%)
Not answer	2 (1.0%)	1 (0.5%)
I think some sex workers do not have HIV/AIDS and we do not need to use condoms.		
Strongly agree	11 (5.4%)	9 (4.9%)
Agree	22 (10.8%)	20 (10.9%)
Disagree	104 (51%)	93 (50.8%)
Strongly disagree	65 (31.9%)	60 (32.8%)
Not answer	2 (1.0%)	1 (0.5%)
I am sure that I cannot get AIDS by avoiding extramarital sex and intravenous drug use.		
Strongly agree	74 (36.3%)	57 (31.1%)
Agree	74 (36.3%)	86 (47.0%)
Disagree	44 (21.6%)	24 (13.1%)
Strongly disagree	10 (4.9%)	16 (8.7%)
Not answer	2 (1.0%)	
I think there is no problem if we share needle just one time for intravenous drug use.		
Strongly agree	17 (8.3%)	12 (6.6%)
Agree	27 (13.2%)	30 (16.4%)
Disagree	96 (47.1%)	90 (49.2%)
Strongly disagree	63 (30.9%)	50 (27.3%)
Not answer	1 (0.5%)	1 (0.5%)

(ix) Distribution of Practice on HIV/AIDS prevention

Table 11 presents that 67.1% of male respondents and 47% of female respondents have had sex before. 56.8% of males and 32.2% of females had their first sexual experience at the age of 20 years or less. 33.3% of males and 7.1% of females confessed that they have more than one sexual partner. 22.1% of male respondents said that they had visited commercial sex workers in the past. 25.8% of males and 17.6% of females consistently use a condom with non-marital sex. 4.4% of male respondents use intravenous drug and 1.5% shared needle for using intravenous drug.

Table 11: Percentage Distributions of Practice on HIV/AIDS prevention

Practices	Male	Female
	Number (%)	Number (%)
Had sex before		
Yes	137 (67.1%)	87 (47.5%)
No	60 (29.4%)	93 (51.0%)
Refuse to answer	4 (2.0%)	2(1.0%)
Missing	3 (1.5%)	1 (0.5%)
Age at first sex		
20 years or less	116 (56.8%)	59 (32.2%)
More than 20 years	21 (10.4%)	28 (15.4%)
Not applicable	60 (29.4%)	93 (50.8%)
Missing	7 (3.4%)	3 (1.6%)
Use condom with husband/wife		
Yes	13 (6.4%)	11 (6.0%)
No	65 (31.8%)	49 (26.8%)
Refuse to answer	1 (0.5%)	1 (0.5%)
Not applicable	123 (60.3%)	116 (63.4%)
Missing	2 (1.0%)	6 (3.3%)
More than one sexual partner		
Yes	68 (33.3%)	13 (7.1%)
No	127 (62.3%)	163 (89.1%)
Refuse to answer	2 (1.0%)	4 (2.2%)
Missing	7 (3.4%)	3(1.6%)

Table 11: Percentage Distributions of Practice on HIV/AIDS prevention (continued)

Practices	Male	Female
	Number (%)	Number (%)
Visiting commercial sex worker		
Yes	45 (22.1%)	0 (0%)
No	151 (74%)	183 (100%)
Refuse to answer	1 (0.5%)	0 (0%)
Missing	7 (3.4%)	0 (0%)
Frequency of non-marital sex		
Every day	4 (2.0%)	3 (1.6%)
Once a week	14 (6.9%)	4 (2.2%)
Once a month	25 (12.2%)	6 (3.3%)
3 monthly	25 (12.2%)	6 (3.3%)
6 monthly	13 (6.4%)	7 (3.8%)
Cannot remember	12 (5.9%)	8 (4.4%)
Refuse to answer	1 (0.5%)	1 (0.5%)
Never	103 (50.5%)	145 (79.3%)
Missing	7 (3.4%)	3 (1.6%)
Condom use among those who admit non-marital sex		
Always	24 (25.8%)	6 (17.6%)
Often	29 (31.2%)	3 (8.8%)
Sometimes	20 (21.5%)	5 (14.7%)
Never	18 (19.3%)	16 (47.1%)
Refuse to answer	2 (2.2%)	4 (11.8%)
Sex after drinking		
Yes	87 (42.6%)	19 (10.4%)
No	110 (54.0%)	161 (88%)
Missing	7 (3.4%)	3 (1.6%)
Intravenous drug use		
Yes	9 (4.4%)	0 (0%)
No	195 (95.6%)	183 (100%)
Share needle for using intravenous drug		
Yes	3 (1.5%)	0 (0%)
No	201 (98.5%)	183 (100%)

4.1.2 Bivariate Analysis

(i) Bivariate Analysis of Source of Information and Knowledge of the Respondents on HIV/AIDS and its Prevention

The results in Table 12 shows that among various sources of information, the respondents who gained information on AIDS from friends and NGOs were associated with having more than 70% correct knowledge on HIV/AIDS and its prevention.

Table 12: Association between source of Information and Knowledge of the Respondents on HIV/AIDS and its prevention

Source of Information	Knowledge Score		Total n(%)	Chi- Square	p value
	>70% n(%)	≤ 70% n(%)			
From NGO	26 (78.8)	7 (21.2)	33 (100)	19.77	0.000
Not from NGO	137 (38.8)	216 (61.2)	353 (100)		
From friends	86 (49.1)	89 (50.9)	175 (100)	6.27	0.012
Not from friends	77 (36.5)	134 (63.5)	211 (100)		

(ii) Bivariate Analysis of Source of Information and Attitude of the Respondents Towards HIV/AIDS and its Prevention

Gaining information on AIDS from NGOs was significantly associated with having more positive attitude towards HIV/AIDS compared with other sources. (Table 13)

Table 13: Association between source of Information and Attitude of the Respondents towards HIV/AIDS and its prevention

Source of Information	Attitude Score		Total n(%)	Chi- Square	p value
	>70% n(%)	≤ 70% n(%)			
From NGO	25 (75.8)	8 (24.2)	33 (100)	5.31	0.021
Not from NGO	194 (54.9)	159 (45.1)	353 (100)		

(iii) Bivariate Analysis of Knowledge on HIV/AIDS Prevention by Socio-demographic Characteristics and Social Network and Support of the Respondents

Among various socio-demographic and social network and support characteristics, only marital status (p-value 0.01), income (p-value 0.05) and duration of knowing confidants (p-value 0.03) was associated with knowledge of respondents. There was an association between respondents who were married and live with husband/wife and more than 70% correct knowledge on HIV/AIDS and its prevention. Among the respondents, higher income groups were associated with better knowledge on HIV/AIDS and its prevention. Longer duration of knowing confidants was associated with better knowledge on HIV/AIDS. (Table 14)

Table 14: Association between Knowledge on HIV/AIDS and its Prevention by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Knowledge Score		Total n(%)	Chi-Square	p value
	>70% n(%)	≤ 70% n(%)			
Marital status					
Married and live with husband/wife	57 (52.3)	52 (47.7)	109 (100)	6.44	0.01
Single, divorced, widowed or live apart from husband/wife	106 (38.1)	172 (61.9)	278 (100)		
Income (Baht)					
1,000-2,000	6 (21.4)	22 (78.6)	28 (100)	7.63	0.05
2,001-3,000	42 (41.6)	59 (58.4)	101 (100)		
3,001-4,000	75 (41.7)	105 (58.3)	180 (100)		
More than 4,000	40 (51.3)	38 (48.7)	78 (100)		
Duration of knowing confidants					
Known for less than 1 year	22 (27.2)	59 (72.8)	81 (100)	10.56	0.03
Known for 1-4 years	78 (45.3)	94 (54.7)	172 (100)		
Known for 5-9 years	21 (40.4)	31 (59.6)	52 (100)		
Known for more than 10 years	36 (50.7)	35 (49.3)	71 (100)		

(iv) Bivariate Analysis of Attitude towards HIV/AIDS and its Prevention by Socio-demographic Characteristics and Social Network and Support of the Respondents

Table 15 shows that there was a significant association between married and live with husband or wife and more positive attitude of the respondents towards HIV/AIDS and its prevention (p-value 0.01). Living alone was associated with negative attitude towards HIV/AIDS and its prevention (p-value 0.04). The place, where respondents meet with their confidants, was also important. The association between bar or video-shop, where the respondents meet their confidants, and negative attitude was highly significant at 0.001 level. Duration of knowing their confidants for more than 10 years was associated with more positive attitude towards HIV/AIDS.

Table 15: Association between Attitude towards HIV/AIDS and its Prevention by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Attitude Score		Total n(%)	Chi- Square	p value
	>70% n(%)	≤ 70% n(%)			
Marital Status					
Married and live with husband/wife	73 (67.0)	36 (33.0)	109 (100)	6.66	0.01
Single, divorced, widowed or live apart from husband/wife	146 (52.5)	132 (47.5)	278 (100)		
Live with					
Family member or relatives	122 (59.8)	82 (40.2)	204 (100)		
Friends	81 (57.0)	61 (43.0)	142 (100)	6.02	0.04
Alone	16 (39.0)	25 (61.0)	41 (100)		
The place respondents met confidants					
Bar or video-shop	43 (44.8)	53 (55.2)	96 (100)		
Market or Temple	27 (45.8)	32 (54.2)	59 (100)		
Tea-shop	27 (61.4)	17 (38.6)	44 (100)		
Factory	33 (62.3)	21 (39.6)	54 (100)	19.24	0.001
Living room	89 (69.0)	40 (31.0)	129 (100)		
Duration of knowing confidants					
< 1 year	35 (43.2)	46 (56.8)	81 (100)		
1-4 years	107 (62.2)	65 (37.8)	172 (100)		
5-10 years	28 (53.8)	24 (46.2)	52 (100)	14.10	0.007
> 10 years	46 (64.8)	25 (35.2)	71 (100)		

(v) Bivariate Analysis of Practice of the Respondents on HIV/AIDS Prevention by Socio-demographic Characteristics and Social Network and Support of the Respondents

Table 16 shows that the older ages, being male, being married and living with husband or wife, being of Bamar race, longer duration of stay in Thailand, live with family members or relatives or fiancée, weekly meeting their confidants and drinking or singing karaoke as ways of reducing distress were associated with previous sexual experiences.

Table 16: Association between Previous Sexual Experiences by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Sex Experience		Total n(%)	Chi- Square	p value
	Yes n(%)	No n(%)			
Age					
15-25 years	113 (47.1)	127 (52.9)	240 (100)	43.1	0.000
26-35 years	83 (78.3)	23 (21.7)	106 (100)		
36-45 years	28 (90.3)	3 (9.7)	31 (100)		
Gender					
Male	137 (69.5)	60 (30.5)	197 (100)	17.5	0.000
Female	87 (48.3)	93 (51.7)	180 (100)		
Marital status					
Married and live with husband/wife	107 (100)	0 (0.0)	107 (100)	98.7	0.000
Single, divorced, widowed or live apart from husband/wife	117 (43.3)	153 (56.7)	270 (100)		
Race					
Bamar	165 (63.5)	95 (36.5)	260 (100)	7.9	0.01
Mon	35 (45.5)	42 (54.5)	77 (100)		
Shan, Karen, Lisu, Hindus	24 (60.0)	16 (40.0)	40 (100)		
Duration of stay in Thailand					
< 1 year	31 (44.9)	38 (55.1)	69 (100)	18.3	0.000
1-4 years	117 (56.2)	91 (43.8)	208 (100)		
>5 years	76 (76.0)	24 (24.0)	100 (100)		

Table 16 (continued)

Socio-demographic, Social Network and Support Characteristics	Sex Experience		Total n(%)	Chi- Square	p value
	Yes n(%)	No n(%)			
Live with					
Family member, relatives or fiancée	141 (70.5)	59 (29.5)	200 (100)	26.9	0.000
Friends	58 (42.3)	79 (57.7)	137 (100)		
Alone	25 (62.5)	15 (37.5)	40 (100)		
Frequency of meeting confidants					
Daily	153 (54.3)	129 (45.7)	282 (100)	10.9	0.004
Weekly	49 (75.4)	16 (24.6)	65 (100)		
Monthly or not exact	18 (69.2)	8 (30.8)	26 (100)		
Ways of reducing distress					
Drinking or singing	54 (78.3)	15 (21.7)	69 (100)	15.1	0.001
Watching video	79 (50.4)	77 (49.6)	156 (100)		
Soothing talk or Reading religious books	91 (59.9)	61 (40.1)	152 (100)		

Among the various independent variables, only income shows an association with using a condom with husband/wife as shown in the Table 17. The higher income group was associated with using a condom with their husband/wife.

Table 17: Association between Using Condom with Husband/wife by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Use Condom with Husband/Wife		Total n(%)	Chi- Square	p value
	Yes n(%)	No n(%)			
Income					
< 3,000 Baht	3 (6.1)	46 (93.9)	49 (100)	7.5	0.02
3,001-4,000 Baht	13 (19.4)	54 (80.6)	67 (100)		
> 4,000 Baht	8 (29.6)	19 (70.4)	27 (100)		

Table 18 presents that older age groups, being male, longer duration of stay in Thailand, less frequent meeting their confidants, tea-shop and bar or video-shop where the respondents met their confidants, drinking or singing karaoke as a way of reducing distress were associated with having more than one sexual partner.

Table 18: Association between More Than One Sexual Partner by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	> 1 Sex Partner		Total n(%)	Chi-Square	p value
	Yes n(%)	No n(%)			
Age					
15-25 years	39 (16.5)	197 (83.5)	236 (100)	12.0	0.002
26-35 years	30 (28.8)	74 (71.2)	104 (100)		
36-45 years	12 (38.7)	19 (61.3)	31 (100)		
Gender					
Male	68 (34.9)	127 (65.1)	195 (100)	40.9	0.000
Female	13 (7.4)	163 (92.6)	176 (100)		
Duration of stay in Thailand					
< 1 year	8 (11.9)	59 (88.1)	67 (100)	12.6	0.002
1-4 years	40 (19.4)	166 (80.6)	206 (100)		
> 5 years	33 (33.7)	65 (66.3)	98 (100)		
Frequency of meeting confidants					
Daily	51 (18.4)	226 (81.6)	277 (100)	8.4	0.015
Weekly	19 (29.7)	45 (70.3)	64 (100)		
Monthly or not exact	10 (38.5)	16 (61.5)	26 (100)		
Place of meeting with confidants					
Tea-shop	16 (38.1)	26 (61.9)	42 (100)	13.8	0.008
Bar or video-shop	26 (27.9)	67 (72.1)	93 (100)		
Market or Temple	12 (20.7)	46 (79.3)	58 (100)		
Factory	9 (17.6)	42 (82.7)	51 (100)		
Living room	17 (13.8)	106 (86.2)	123 (100)		
Ways of reducing distress					
Drinking or singing	32 (46.4)	37 (53.6)	69 (100)	30.2	0.000
Watching video	27 (17.5)	127 (82.5)	154 (100)		
Soothing talk or reading religious books	22 (14.9)	126 (85.1)	148 (100)		

Visiting commercial sex workers was associated with being male, being single, divorced, widowed, live apart from spouse, longer duration of stay in Thailand, less frequent meeting their confidants, meeting confidants at bar or video-shop, tea-shop, drinking or singing karaoke as a way of reducing distress as shown in Table 19.

Table 19: Association between Visiting Commercial Sex Worker by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Visiting CSW		Total n(%)	Chi-Square	p value
	Yes n(%)	No n(%)			
Gender					
Male	45 (22.9)	151 (77.1)	196 (100)	42.1	0.000
Female	0 (0.00)	178 (100)	178 (100)		
Marital status					
Married and live with husband/wife	5 (4.70)	102 (95.3)	107 (100)	7.7	0.006
Single, divorced, widowed or live apart from husband/wife	40 (15.0)	227 (85.0)	267 (100)		
Duration of stay in Thailand					
< 1 year	3 (4.3)	66 (95.7)	69 (100)	10.2	0.006
1-4 years	22 (10.7)	183 (89.3)	205 (100)		
>5 years	20 (20.0)	80 (80.0)	100 (100)		
Frequency of meeting confidants					
Daily	23 (8.2)	256 (91.8)	279 (100)	14.4	0.001
Weekly	15 (23.1)	50 (76.9)	65 (100)		
Monthly	6 (23.1)	20 (76.9)	26 (100)		
Place of meeting confidants					
Bar or video-shop	21 (22.1)	74 (77.9)	95 (100)	23.6	0.000
Tea-shop	8 (19.0)	34 (81.0)	42 (100)		
Factory	8 (15.7)	43 (84.3)	51 (100)		
Living room	4 (3.2)	121 (96.8)	125 (100)		
Market or Temple	3 (5.2)	54 (94.8)	57 (100)		
Ways of reducing distress					
Drinking or singing	23 (33.3)	46 (66.7)	69 (100)	36.7	0.000
Watching video	13 (8.4)	141 (91.6)	154 (100)		
Soothing talk or reading religious books	9 (6.0)	142 (94.0)	151 (100)		

Table 20 shows that age and race were associated with frequency of non-marital sex. The older age group and Mon (race) were associated with more frequent non-marital sex.

Table 20: Association between Frequency of Non-marital Sex by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Non-marital Sex		Total n(%)	Chi-Square	p value
	daily to monthly n(%)	3-6 monthly n(%)			
Age					
15-25 years	25 (41.0)	36 (59.0)	61 (100)	7.7	0.020
26-35 years	22 (64.7)	12 (35.3)	34 (100)		
36-45 years	9 (75.0)	3 (25.0)	12 (100)		
Race					
Bamar	36 (46.2)	42 (53.8)	78 (100)	8.3	0.016
Mon	13 (86.7)	2 (13.3)	15 (100)		
Shan, Karen, Lisu, Hindus	7 (50.0)	7 (50.0)	14 (100)		

The higher income group was associated with using condoms during non-marital sex as shown in the Table 21.

Table 21: Association between Using Condom with Non-marital Sex by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Use Condom with Non-marital Sex		Total n(%)	Chi-Square	p value
	always n(%)	irregular n(%)			
Income					
< 3,000 Baht	7 (17.1)	34 (82.9)	41 (100)	6.5	0.038
3,000 to 4,000 Baht	12 (21.8)	43 (87.2)	55 (100)		
> 4,000 Baht	11 (44.0)	14 (56.0)	25 (100)		

Sex after drinking was significantly associated with older age group (p value 0.005), being male (p value 0.000), longer duration of stay in Thailand (p value 0.000), living alone (p value 0.005), meeting confidants weekly (p value 0.006), drinking or singing karaoke as a way of reducing distress (p value 0.000) as shown in Table 22.

Table 22: Association between Sex After Drinking by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Sex After Drinking		Total n(%)	Chi-Square	p value
	Yes n(%)	No n(%)			
Age					
15-25 years	58 (24.2)	182 (75.8)	240 (100)	10.5	0.005
26-35 years	32 (30.2)	74 (69.8)	106 (100)		
36-45 years	16 (51.6)	15 (48.4)	31 (100)		
Gender					
Male	87 (44.2)	110 (55.8)	197 (100)	52.6	0.000
Female	19 (10.5)	161 (89.5)	180 (100)		
Duration of stay in Thailand					
< 1 year	10 (14.5)	59 (85.5)	69 (100)	31.0	0.000
1-4 years	47 (22.6)	161 (77.4)	208 (100)		
>5 years	49 (49.0)	51 (51.0)	100 (100)		
Live with					
Family member, relative or Fiancée	58 (29.0)	142 (71.0)	200 (100)	10.8	0.005
Friend	29 (21.2)	108 (78.8)	137 (100)		
Alone	19 (47.5)	21 (52.2)	40 (100)		
Frequency of meeting confidants					
Daily	66 (23.4)	216 (76.6)	282 (100)	10.3	0.006
Weekly	27 (41.5)	38 (58.5)	65 (100)		
Monthly	10 (38.5)	16 (61.5)	26 (100)		
Ways of reducing distress					
Drinking or singing	34 (49.3)	35 (50.7)	69 (100)	22.3	0.000
Watching video	29 (18.6)	127 (81.4)	156 (100)		
Soothing talk or reading religious books	43 (28.3)	109 (71.7)	152 (100)		

According to Table 23, using intravenous drugs was associated with longer duration of stay in Thailand (p value 0.022), drinking or singing karaoke as a way of reducing distress (p value 0.01).

Table 23: Association between Using Intravenous Drug (IVD) by Socio-demographic Characteristics and Social Network and Support of the Respondents

Socio-demographic, Social Network and Support Characteristics	Using IVD		Total n(%)	Chi-Square	p value
	Yes n(%)	No n(%)			
Duration of stay in Thailand					
<1 year	1 (1.4)	68 (98.6)	69 (100)	7.7	0.022
1-4 years	2 (1.0)	206 (99.0)	208 (100)		
>5 years	6 (6.0)	94 (94.0)	100 (100)		
Ways of reducing distress					
Drinking or singing	5 (7.2)	64 (92.8)	69 (100)	9.1	0.010
Watching video	3 (1.9)	153 (98.1)	156 (100)		
Soothing talk or reading religious books	1 (0.6)	151 (99.4)	152 (100)		

(vi) Bivariate Analysis of Attitude by Knowledge of the Respondents on HIV/AIDS and its Prevention

Table 24 shows that there was an association between more than 70% knowledge and more than 70% positive attitude of the respondents towards HIV/AIDS and its prevention (p value 0.002).

Table 24: Association between Knowledge and Attitude of the Respondents on HIV/AIDS and its Prevention

Attitude of the respondents	Correct Knowledge		Total n(%)	Chi-Square	p value
	>70% n(%)	≤ 70% n(%)			
More than 70%	107 (48.8)	112 (51.2)	219 (100)	9.4	0.002
70% or less	56 (33.3)	112 (66.7)	168 (100)		

(vii) Bivariate Analysis of Practice by Knowledge of the Respondents on HIV/AIDS and its Prevention

Table 25 presents that visiting commercial sex worker was associated with 70% or less knowledge on HIV/AIDS of the respondents (p value 0.045).

Table 25: Association between Knowledge and Practice of the Respondents on HIV/AIDS and its Prevention

Practice of the respondents	Correct Knowledge		Total n(%)	Chi-Square	p value
	>70% n(%)	≤ 70% n(%)			
Visit commercial sex workers				4.03	0.045
Yes	13 (28.9)	32 (71.1)	45 (100)		
No	147 (44.7)	182 (55.3)	329 (100)		

(viii) Bivariate Analysis of Practice by Attitude of the Respondents on HIV/AIDS and its Prevention

More than 70% positive attitude was significantly associated with using condom when having non-marital sex (p value, 0.02) and not using intravenous drug (p value, 0.03).

(Table 26)

Table 26: Association between Attitude and Practice of the Respondents on HIV/AIDS and its Prevention

Practice of the respondents	Positive Attitude		Total n(%)	Chi- Square	p value
	>70% n(%)	≤ 70% n(%)			
Using condom when having non-marital sex					
Yes	22 (73.3)	8 (26.7)	30 (100)		
No	45 (49.5)	46 (50.5)	91 (100)	5.20	0.02
Using intravenous drug					
Yes	2 (22.2)	7 (77.8)	9 (100)		
No	214 (58.2)	154 (41.8)	368 (100)	4.63	0.03

4.1.3 Multivariable Analysis using Binary Logistic Regression Model

The purpose of using multivariable analysis was to find out whether there were statistically significant relationships between independent and dependent variables, controlling other independent variables. To use of the binary logistic regression model, the independent variables were changed to either continuous or binary or dummy variables, while dependent variables were changed to dichotomous outcomes. The results of binary logistic regression are presented with Expected Beta values or odds ratio. The odds ratio was interpreted as the proportion change in the odds of the events occurring for the unit change in the value of the predictor variable. The odds ratio for the reference category is 1 by definition.

Table 27 presents that marital status, income, education and with whom the respondents live were significantly associated with HIV/AIDS knowledge of the respondents. Single, divorced, widowed or live apart from husband/wife had higher odds of having 70% or less knowledge on HIV/AIDS, than married and live with

husband or wife (odds ratio 1.841). Respondents with more than 2,000 Baht income were less likely to have poor knowledge on HIV/AIDS than those with income between 1,000 and 2,000 Baht (odds ratio 0.722). Respondents with high school or university education had lower odds of having 70% or less knowledge on HIV/AIDS than those with primary or religious education (odds ratio 0.488). Respondents living with friends had also lower odds of having 70% or less knowledge on HIV/AIDS than those living alone (odds ratio 0.406).

Table 27: Binary Logistic Regression Analysis of Knowledge of the Respondents by Socio-demographic and Social Network Characteristics*

Socio-demographic, Social Network and Support Characteristics	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for less knowledge (Exp B)
Marital status			
Married and live with spouse [®]	-	-	-
Single, divorced, widowed or live apart from spouse	0.610	0.030	1.841
Income (Baht)			
1,000-2,000 [®]	-	-	-
More than 2,000	-0.325	0.040	0.722
Education			
Primary or religious school [®]	-	-	-
High school or university	-0.718	0.025	0.488
Live with			
Alone [®]	-	-	-
Friend	-0.901	0.031	0.406

*The non-significant variables were age, gender, race, religion, duration of staying in Thailand, confidants, ways of reducing, duration of knowing confidants, frequency of meeting confidants, meeting place with confidants and type of support. "B" is the modeled coefficient or regression coefficient. The characteristics "[®]" indicates the reference group.

The results show that meeting place with the confidants and previous knowledge levels were significantly associated with attitude towards HIV/AIDS. The respondents who

met their confidants at bar or video-shop and those who had less knowledge on HIV/AIDS were more likely to have less positive attitude towards HIV/AIDS. (Table 28)

Table 28: Binary Logistic Regression Analysis of Attitude of the respondents by Socio-demographic, Social Network Characteristics and their Knowledge on HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics Knowledge	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for less positive attitude(Exp B)
Meeting place with confidants			
Living room, market or Temple [®]	-	-	-
Bar or video-shop	0.713	0.011	2.040
Knowledge Level			
More than 70% [®]	-	-	-
70% or less	0.572	0.012	1.772

*The non-significant variables were age, gender, marital status, education, race, religion, income, duration of staying in Thailand, living with, confidants, ways of reducing, duration of knowing confidants, frequency of meeting confidants and type of support. "B" is the modeled coefficient or regression coefficient. The characteristics "[®]" indicates the reference group.

Table 29 shows that age, gender, marital status, duration of stay in Thailand, meeting place with confidants and type of support the respondents received were significantly associated with previous sexual experience. The respondents who were ≥ 26 year old had higher odds of having previous sexual experience compared with the respondents who were ≤ 25 years age group (odds ratio 1.164). Being male (odds ratio 2.288), staying more than one year Thailand (odds ratio 1.637), and meeting their confidants at bar or video-shop (odds ratio 3.326) were more likely to have previous sexual experience among the respondents compared with being female, one year or less stay in

Thailand and meeting the confidants at home (room), market or temple. Single, divorced, widowed or live apart from spouse (odds ratio 0.007), meeting confidants

Table 29: Binary Logistic Regression Analysis of whether the Respondents have had sex before by their Socio-demographic, Social Network Characteristics and their Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for having sex before (Exp B)
Age			
25 and below [®]	-	-	-
26 and above	0.152	0.000	1.164
Gender			
Female [®]	-	-	-
Male	0.870	0.008	2.388
Marital status			
Married and live with spouse [®]	-	-	-
Single, divorced, widowed or live apart from spouse	-4.927	0.000	0.007
Duration of stay in Thailand			
One year and below [®]	-	-	-
More than one year	0.493	0.035	1.637
Frequency of meeting confidants			
Monthly or not exact [®]	-	-	-
Daily	-1.194	0.015	0.303
Meeting place with confidants			
Living room, market or Temple [®]	-	-	-
Bar or video-shop	1.174	0.002	3.236
Type of support			
Instrumental support [®]	-	-	-
Informational support	-1.386	0.049	0.250

*The non-significant variables were education, race, religion, income, living with, confidants, ways of reducing, duration of knowing confidants, knowledge and attitude towards HIV/AIDS. “B” is the modeled coefficient or regression coefficient. The characteristics “[®]” indicates the reference group.

daily (odds ratio 0.303) and those who got informational support from the confidants (odds ratio 0.250) were less likely to have previous sexual experience than married and live with spouse, meeting confidants monthly or not exactly and those who got instrumental support from their confidants.

According to Table 30, the income and knowledge levels of the respondents were significantly associated with the use of a condom with their spouses. The higher income group had lower odds of not using a condom (odds ratio 0.367) with their spouses compared with those getting 1,000 to 2,000 Baht income per month. The respondents who had better knowledge were more likely to use condom with their spouses (odds ratio 4.807).

Table 30: Binary Logistic Regression Analysis of whether the Respondents Used Condom with Husband/wife by their Socio-demographic, Social Network Characteristics, Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for using condom with spouse (Exp B)
Income (Baht)			
1,000-2,000 [®]	-	-	-
More than 2,000	-1.001	0.018	0.367
Knowledge level			
More than 70% [®]	-	-	-
70% or less	1.570	0.018	4.807

*The non-significant variables were age, sex, marital status, education, race, religion, duration of staying in Thailand, living with, confidants, ways of reducing, duration of knowing confidants, frequency of meeting confidants, meeting place with confidants, type of support and attitude towards HIV/AIDS. “B” is the modeled coefficient or regression coefficient. The characteristics “[®]” indicates the reference group.

Table 31 presents that the respondents with ≥ 26 years were more likely to have more than one sexual partner than those with less than 26 years of age (odds ratio 1.109). Being male (odds ratio 8.633), more than one year stay in Thailand (odds ratio 1.72), being Shan, Karen, Lisu, Hindus (odds ratio 3.073) and meeting confidants at bar or

Table 31: Binary Logistic Regression Analysis of whether the Respondents had more than one sexual partner by their Socio-demographic, Social Network Characteristics and their Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for multiple sex partner (Exp B)
Age			
25 and below [®]	-	-	-
26 and above	0.104	0.000	1.109
Gender			
Female [®]	-	-	-
Male	2.156	0.000	8.633
Duration of staying in Thailand			
One year and below [®]	-	-	-
More than one year	0.542	0.021	1.720
Race			
Bamar [®]	-	-	-
Shan, Karen, Lisu, Hindus	1.123	0.025	3.073
Frequency of meeting confidants			
Monthly or not exact [®]	-	-	-
Daily	-1.054	0.014	0.348
Meeting place with confidants			
Living room, market or Temple [®]	-	-	-
Bar or video-shop	0.923	0.018	2.516
Type of support			
Instrumental [®]	-	-	-
Informational	-1.938	0.007	0.144
Emotional	-1.134	0.043	0.322

*The non-significant variables were marital status, education, religion, income, living with, confidants, ways of reducing, duration of knowing confidants, knowledge and attitude towards HIV/AIDS. "B" is the modeled coefficient or regression coefficient. The characteristics "[®]" indicates the reference group.

video-shop (odds ratio 2.516) more likely to have more than one sexual partner compared with being female, one year or less stay in Thailand, being Bamar and meeting confidants at home (room), market or temple. The respondents who met their confidants daily (odds ratio 0.348), got informational support (odds ratio 0.144) and emotional support (odds ratio 0.322) from their confidants were less likely to have more than one sexual partner compared with those who met the confidants monthly or not exactly and who got instrumental support.

Table 32 indicates that the respondents with ≥ 26 years were more likely to visit commercial sex workers compared with those of 25 years and below (odds ratio 1.086). Being male (odds ratio 101.17) more likely to visit commercial sex workers compared to female. Single, divorced, widowed or live apart from husband or wife were more likely to visit commercial sex workers compared to those who were married and live with spouse (odds ratio 8.395). The respondents who had stayed more than one year in Thailand had higher odds of visiting commercial sex workers compared with those who had stayed less than one year in Thailand (odds ratio 2.526). Respondents who met their confidants at the bar or video-shop and factory were more likely to visit commercial sex workers compared to those who met the confidants at home or apartment (room) or market or temple. Respondents who daily met confidants and got informational support from the confidants were less likely to visit commercial sex workers.

Table 32: Binary Logistic Regression Analysis of whether the Respondents Visited Commercial Sex Workers by their Socio-demographic, Social Network Characteristics and their Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for visiting sex worker (Exp B)
Age			
25 and below [®]	-	-	-
26 and above	0.082	0.047	1.086
Gender			
Female [®]	-	-	-
Male	4.617	0.000	101.170
Marital status			
Married and live with spouse [®]	-	-	-
Single, divorced, widowed or live apart from spouse	2.128	0.003	8.395
Duration of staying in Thailand			
One year and below [®]	-	-	-
More than one year	0.927	0.008	2.526
Frequency of meeting confidants			
Monthly or not exact [®]	-	-	-
Daily	-1.174	0.046	0.309
Meeting place with confidants			
Living room, market or Temple [®]	-	-	-
Bar or video-shop	1.759	0.003	5.806
Factory	1.624	0.027	5.075
Type of support			
Instrumental [®]	-	-	-
Informational	-2.898	0.012	0.055

*The non-significant variables were education, race, religion, income, living with, confidants, ways of reducing, duration of knowing confidants, knowledge and attitude towards HIV/AIDS. "B" is the modeled coefficient or regression coefficient. The characteristics "[®]" indicates the reference group.

Table 33 presents that the modeled odds ratio of respondents with older than 25 years age for having more frequent (i.e. daily to once a month) non-marital sex was 1.108. Mon respondents had more frequent non-marital sex compared to Bamar respondents (odds ratio, 12.817).

Table 33: Binary Logistic Regression Analysis of Frequency of Non-marital Sex of the Respondents by their Socio-demographic, Social Network Characteristics and their Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for frequency of non-marital sex (Exp B)
Age			
25 and below [®]	-	-	-
26 and above	0.103	0.031	1.108
Race			
Bamar [®]	-	-	-
Mon	2.551	0.005	12.817

*The non-significant variables were sex, marital status, education, religion, income, duration of staying in Thailand, living with, confidants, ways of reducing, duration of knowing confidants, meeting place with confidants, frequency of meeting confidants, type of support, knowledge and attitude towards HIV/AIDS. “B” is the modeled coefficient or regression coefficient. The characteristics “[®]” indicates the reference group.

The result on binary logistic regression in Table 34 showed that only attitude of the respondents was associated with using condom during non-marital sex. The respondents with poor attitude were less likely to use condom with non-marital sex (odds ratio 3.498).

Table 34: Binary Logistic Regression Analysis of Frequency of Using Condom with Non-marital Sex by their Socio-demographic, Social Network Characteristics and Knowledge and Attitude Towards HIV/AIDS of the Respondents*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds ratio for using condom with non-marital sex (Exp B)
Attitude Level			
More than 70% [®]	-	-	-
70% or less	1.252	0.033	3.498

*The non-significant variables were age, gender, marital status, education, race, religion, income, duration of staying in Thailand, living with, confidants, ways of reducing, duration of knowing confidants, meeting place with confidants, frequency of meeting confidants, type of support and knowledge on HIV/AIDS. “B” is the modeled coefficient or regression coefficient. The characteristics “[®]” indicates the reference group.

The results shown in Table 35 present that the respondents with ≥ 26 years of age were more likely to have sex after drinking compared with 25 years or younger age group (odds ratio 1.091). Male respondents (odds ratio 7.771), single, divorced, widowed or those who live apart from their spouses (odds ratio 1.091), those who had stayed more than one year in Thailand (odds ratio 2.883) and those who met the confidants at bar or video-shop (odds ratio 2.163) had higher odds of having sex after drinking compared with females, married and live with spouse, those who had stayed less than one year in Thailand and those who met the confidants at home (room), or market or temple.

Table 35: Binary Logistic Regression Analysis of whether the Respondents had ever Sex after Drinking by their Socio-demographic, Social Network Characteristics and their Knowledge and Attitude Towards HIV/AIDS*

Socio-demographic, Social Network, Support Characteristics, Knowledge and Attitude	Modeled Coefficient (B)	p-value	Modeled Odds Ratio for sex after drinking (Exp B)
Age			
25 and below [®]	-	-	-
26 and above	0.087	0.001	1.091
Gender			
Female [®]	-	-	-
Male	2.050	0.000	7.771
Marital status			
Married and live with spouse [®]	-	-	-
Single, divorced, widowed or live apart from spouse	1.367	0.001	1.091
Duration of staying in Thailand			
One year and below [®]	-	-	-
More than one year	1.059	0.000	2.883
Meeting place with confidants			
Living room, market or Temple [®]	-	-	-
Bar or video-shop	0.771	0.039	2.163

*The non-significant variables were education, race, religion, income, living with, confidants, ways of reducing distress, duration of knowing confidants, frequency of meeting confidants, type of support, knowledge and attitude towards HIV/AIDS. “B” is the modeled coefficient or regression coefficient. The characteristics “[®]” indicates the reference group.

4.2 QUALITATIVE DATA ANALYSIS (IN-DEPTH INTERVIEWS)

4.2.1 Introduction

The purpose of these in-depth interviews was to explore and describe the social networks among the Myanmar Migrant respondents in Mahachai, Samut Sakorn, Thailand. This data collection was based on the theory that young people's behaviors and beliefs are shaped positively and negatively by their relationships with others and the societies in which they live (Bond, K., et al, 1999). While interviewing 20 Myanmar migrants (10 males and 10 females) in Mahachai, male respondents were interviewed by a male interviewer and female respondents by a female interviewer. To protect confidentiality, the names of respondents were not recorded, but only their socio-demographic characteristics were noted down with a code number. The Snowball sampling method was used in this qualitative study to arrive at the 10 respondents for each gender group. A logbook and code-book were maintained and tabulation was used to facilitate data analysis. This report makes use of a set of questions in exploring the various aspects related to social networks among Myanmar Migrant respondents in Mahachai.

4.2.2 Report

1. From whom did respondents receive assistance/guidance with migration to Thailand?

Regarding migration to Thailand, the respondents received assistance from two main social networks: family members and relatives for most female respondents and peers and friends for most male respondents. Almost all male and female respondents knew this place for their relative, peer or friend had been living in Mahachai before they came there. Some respondents heard about Mahachai from neighbors.

Verbatim: A 24 year old, married, male, M2 said, “ I have been 8 years in Thailand. I came here with 2 friends, who were my neighbors in Myanmar. We heard about Mahachai since my friend’s relative was working here for more than 10 years. Now, we are working at the construction site.”

Verbatim: A 18 year old, single, female, F1 said, “I came here with my cousin brother 2 years ago. We know this place from our neighbors. During our migration to Thailand, we had to pay 4,500 Baht for each person to Thai Policemen.”

2. With whom do respondents share shelter in Mahachai?

Most male respondents shared shelter with their peers or friends but females shared with their family members or relatives. Very few respondents lived with their partners (as presented in the Social Network Mapping). The social networks were formed during traveling to Thailand, while working at the factory, and via

roommates. Some male and female respondents became partners while working at the same factory.

Verbatim: A 24 year old, single, male, M4 said, "I came here with 2 friends. But on the way to Thailand, we got one more friend. We all 4 persons live in one room to save money since we all are singles."

Verbatim: A 19 year old, single, female, F3 said, "I came here with my 2 aunts. One of my aunts had been working in Mahachai for 1 year. She came back and brought me and another aunt with her to Mahachai. We three live in this room. We work in the same prawn-processing factory."

3. Who is involved in respondents' main social activities?

Most social activities are performed among their peers and friends compared to family members and relatives. Few migrants maintained social activities with their partners, because only a few live with a partner. The activities usually consisted of watching video, going out, sharing personal experiences about deportation, discussing about sex, visiting commercial sex workers and drinking for male respondents. Watching video, shopping, sharing news about deportation and reading magazines were the common activities among female respondents.

Verbatim: A 37 year old, married, male (his wife lives in Myanmar), M10 said, "I have 5 friends here. Every 15 days, we get salary. My friends and I go out for drinking especially when we get money from our job. During drinking we chat

about fun, girls, discuss our problems, share news about deportation, and finally talk about sex. Some of my friends who have money left after drinking go to commercial sex workers. But I do not go with them now. I just went there 5 years ago for 2 times. Now I am no longer interested in it."

Verbatim: A 18 year old, single, male, M5 said, "I have more than 15 friends but 2 intimate friends, one Shan and one Bamar. I work as a fisher-man on the boat. Once I go with the boat, it takes at least 10 to at most 45 days. When I come back from the sea and land for 2 to 5 days, I usually go to commercial sex workers with my friends, up to affordable limit. I rarely used a condom. These two friends are very intimated with me since we have the same idea to go there."

Verbatim: A 29 year old, divorced, female, F4 said, "I live with 3 friends here in Mahachai. I work at fish processing factory. Since I do not have work permit, the salary is less than those with work permit. One of my friends who has work permit usually buys meat and vegetables and we have to cook meal for all of us in this small room. We dare not go round like other friends for not having work permit. So, in the free time, we read magazines, talk about personal experiences and other hot news."

4. What were key channels to assess information on health issues among respondents?
The two main social channels for gaining knowledge about health were (i) peers and friends, and (ii) NGO (Non-Governmental Organization) services. Some gained

knowledge about health from family members and relatives and also from the community hospital in Mahachai.

Verbatim: A 31 year old, married, female, F6 said, " I work at prawn factory. I came here with my husband. We have been working in Mahachai for 4 years. Once in a while, health education was given by NGO (Raks Thai Foundation) at our factory. Only those workers who were taking rest at that time can attend the health education. They also distributed pamphlets on Elephantiasis, AIDS and Diarrhoea."

5. Who are the trusted persons with whom respondents share personal problems?

Most male respondents shared personal problems and experiences with their friends or peers but married male respondents shared their problems also with their spouses. But the majority of female respondents share their personal problems with family members or relatives.

Verbatim: A 25 year old, single, male, M9 said, "I have 8 friends, 5 factory workers and 3 fisher-men. Among my friends, factory workers use condoms when they visit commercial sex workers but fishermen do not use condoms. Most of them know AIDS and its preventive method, but the fishermen believe that Thai commercial sex workers are free of the disease (AIDS). They also told me that if they use condoms, the feeling is not very good."

Verbatim: A 24 year old, married, male, M2 said, "I have more than 10 friends from the same factory and from neighboring rooms. My friends usually go to commercial sex workers. They have to use condoms. If they do not carry condoms, all sex workers have condoms. If they do not want to use condoms, they have to pay more money (100 Baht). The usual price is 250-350 Baht."

Verbatim: A 19 year old, single, female, F2 said, "I came and live here with my mother 18 months ago. I have 3 intimate friends. Even though I watch video with my friends at their house, I usually discuss about personal and health problems with my mother. I usually go to clinic with my mother."

6. What was the nature of respondents' relationship with their first sexual partner?

The age at first sex experience for most respondents, both male and female, is less than 20 years of age. Regarding the first sexual experience, male respondents have sex more with commercial sex workers (CSW) than with their wives or girl friends, but all females who disclosed about this issue, had their first sex experience with their husbands (Social Network Mapping). Most male respondents said it was good to use condom while having non-marital sex to prevent infection and also pregnancy. Whether they use condom or not depends on with whom they have sex. Most of the male respondents (except fishermen) usually use condom when they visit commercial sex workers, but they do not use condom with their wives. A few irregularly and a few rarely use condom with their girl friends.

Verbatim: M3 said, "I am now 24 year old. I married when I was 21. I had my first sex experience with one commercial sex worker for just one time at the age of 19 in Thailand. I had to use condom since I am afraid of AIDS. One of my far relative died of AIDS in Myanmar. My friends usually go to commercial sex workers but now I am not because I'm married."

Verbatim: A 18 year old, single, male, M5 said, "I work as a fisher-man on the boat. Once I go with the boat, it takes at least 10 to at most 45 days. When I come back from the sea and land for 2 to 5 days, I usually go to commercial sex workers with my friends, up to affordable limit. I rarely used a condom."

Verbatim: A 27 year old, single, male, M7 said, "I am single. I have stayed here in Thailand since last 4 years. I live here alone. I have a girl friend, from the factory I work for, since the last 3 years. She sometimes sleeps in my room. Sometimes I used condom but sometimes did not. She uses oral contraceptive pills to prevent pregnancy. I never visit commercial sex workers."

Verbatim: A 29 year old, divorced, female, F4 said, "I live with 3 friends here in Mahachai. I married at the age of 22. We got one child. We divorced 5 years later and left the child with his father in Myanmar."

7. How did respondents obtain information on HIV/AIDS?

Most respondents have heard about AIDS. The interviewees gained knowledge about AIDS and its prevention mainly from peers and friends, secondly from NGO

activities, and some from their family members or relatives. Some gained AIDS knowledge from their partners, magazine and television. Very few respondents knew people living with AIDS. Most respondents knew that using condoms can prevent AIDS transmission.

Verbatim: A 19 year old, single, female, F3 said, "I work in prawn processing factory. One of migrant workers from our factory suffered AIDS and had to go back to Myanmar. During that time, co-workers from our factory talk about this disease and I gained some knowledge about AIDS."

8. Who is assisting respondents in seeking medical treatment?

The respondents usually went to seek treatment at the clinic/hospital for their illness mainly with their peers or friends for male and family members or relatives for female migrants because they feel safe with them. Some respondents, having a work permit, asked personnel from the factory employer to come along with them while seeking treatment at a public hospital since they cannot communicate with the health personnel from the hospital.

Verbatim: A 37 year old, married, male (his wife lives in Myanmar), M10 said, "I live with 4 friends in this room. We help each other in times of health problem among our friends. My friends accompanied me going clinic or hospital. Sometimes a person from employer side came along with me in seeking treatment to communicate with health care personnel. Since I have a work permit, I get health service under 30 Baht scale."

Verbatim: A 43 year old, married, female, F5 said, “my husband has lived and worked in Mahachai for 8 years. 5 years ago, he came back to Myanmar and brought me to Mahachai. Once, I suffered malaria attack, I went to Mahachai hospital with my husband since he could communicate in Thai language. It was also safe for me to go with him.”

9. What is the nature of relationships between respondents and their social network members?

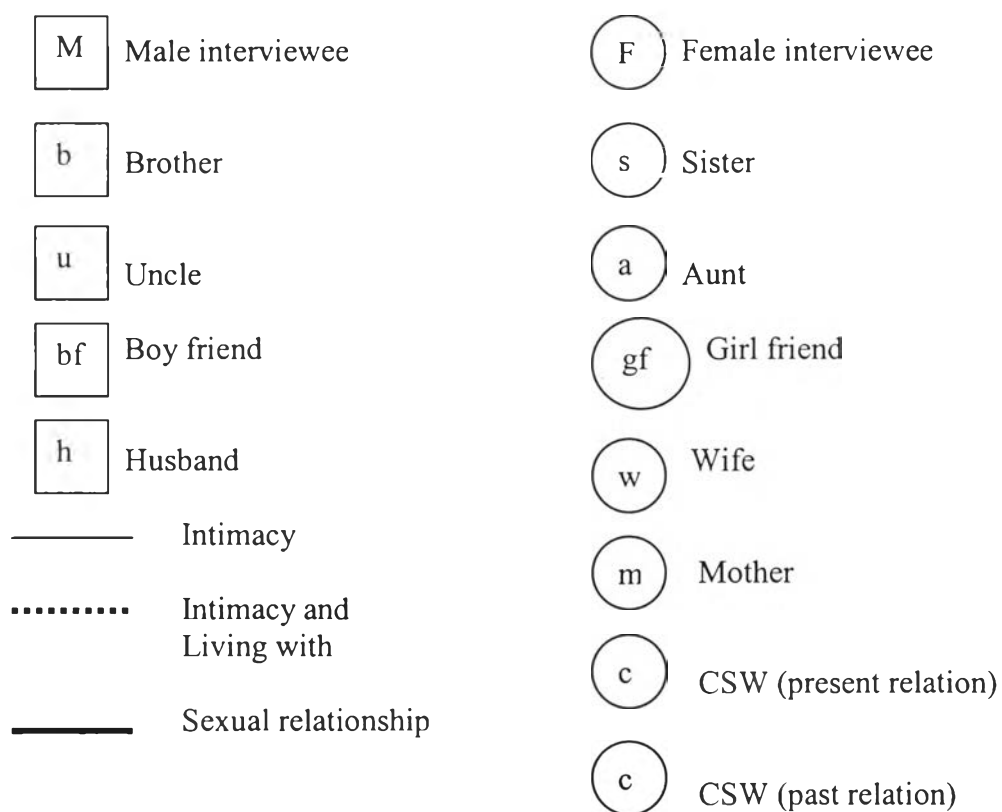
Most respondents did have their husband/wife or relative such as aunt, uncle, brother and or sister in Mahachai, but some did not have. Among those, who did not have husband/wife or relative in Mahachai, there were more males than females, that is, male respondents seem to be more independent compared to female respondents. Very few single respondents had a girl friend or a boy friend. The interrelationships among the interviewees' friends and relatives are not shown in the diagrams below due to limited time during interviews for exploration.

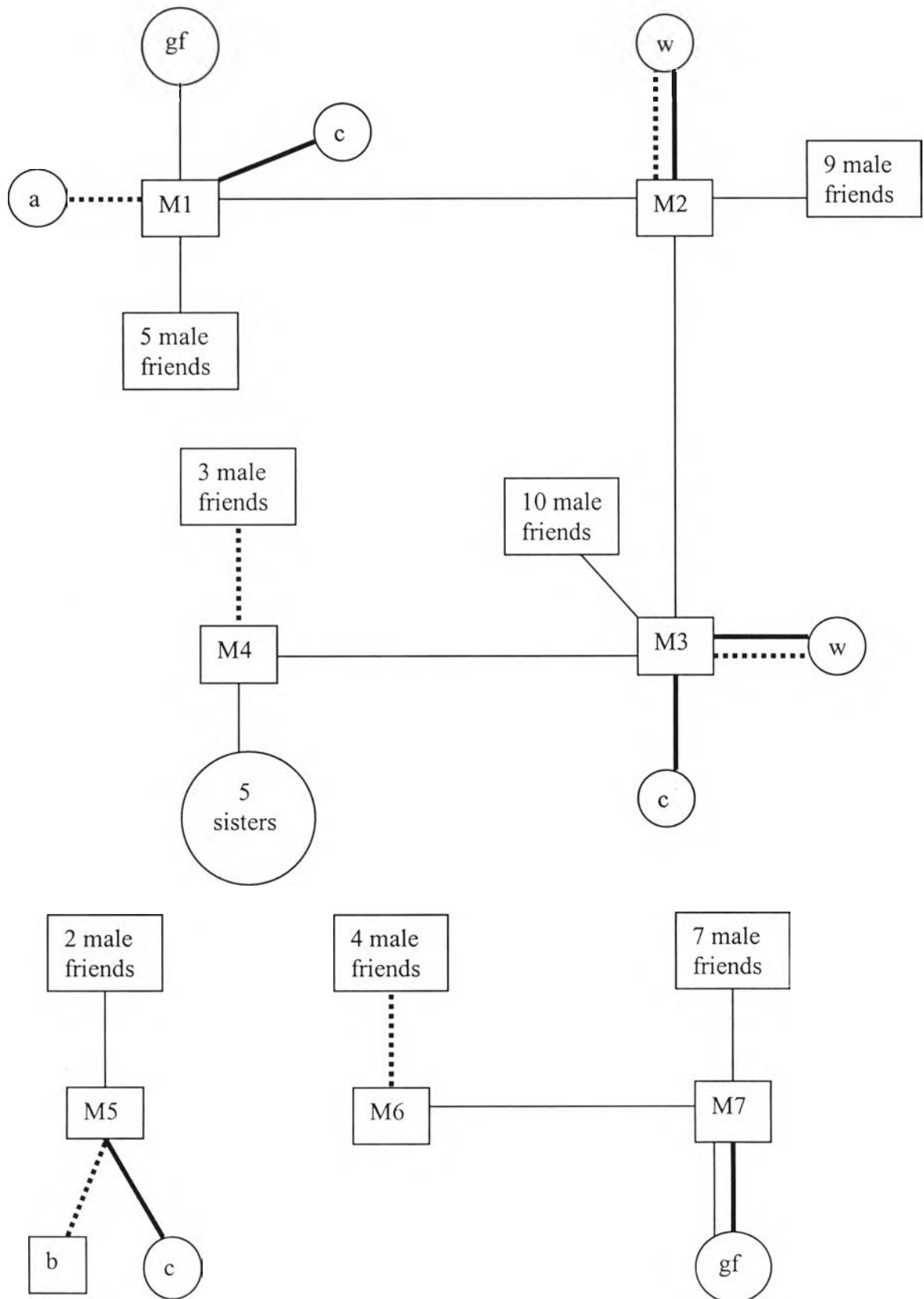
4.2.3 Social Network Mapping

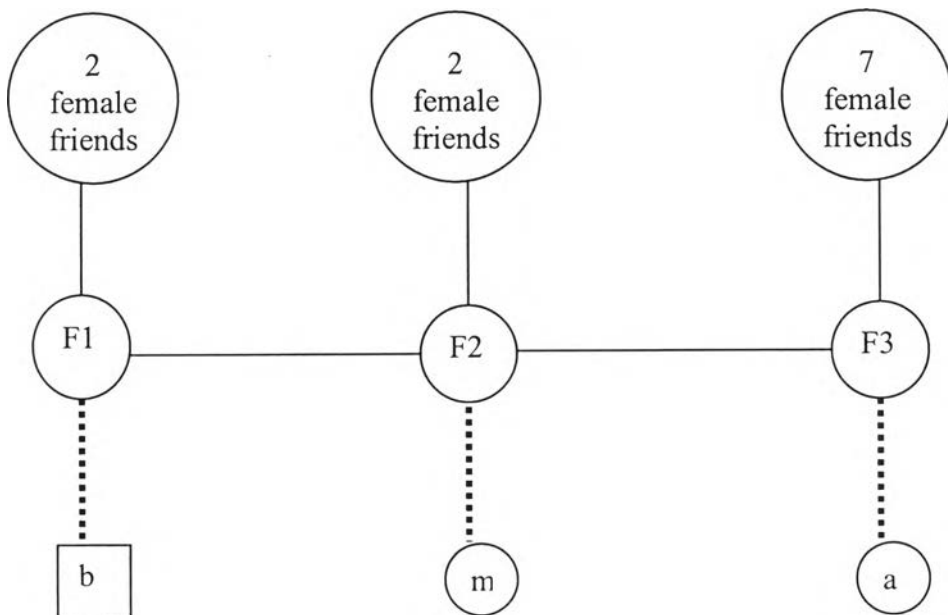
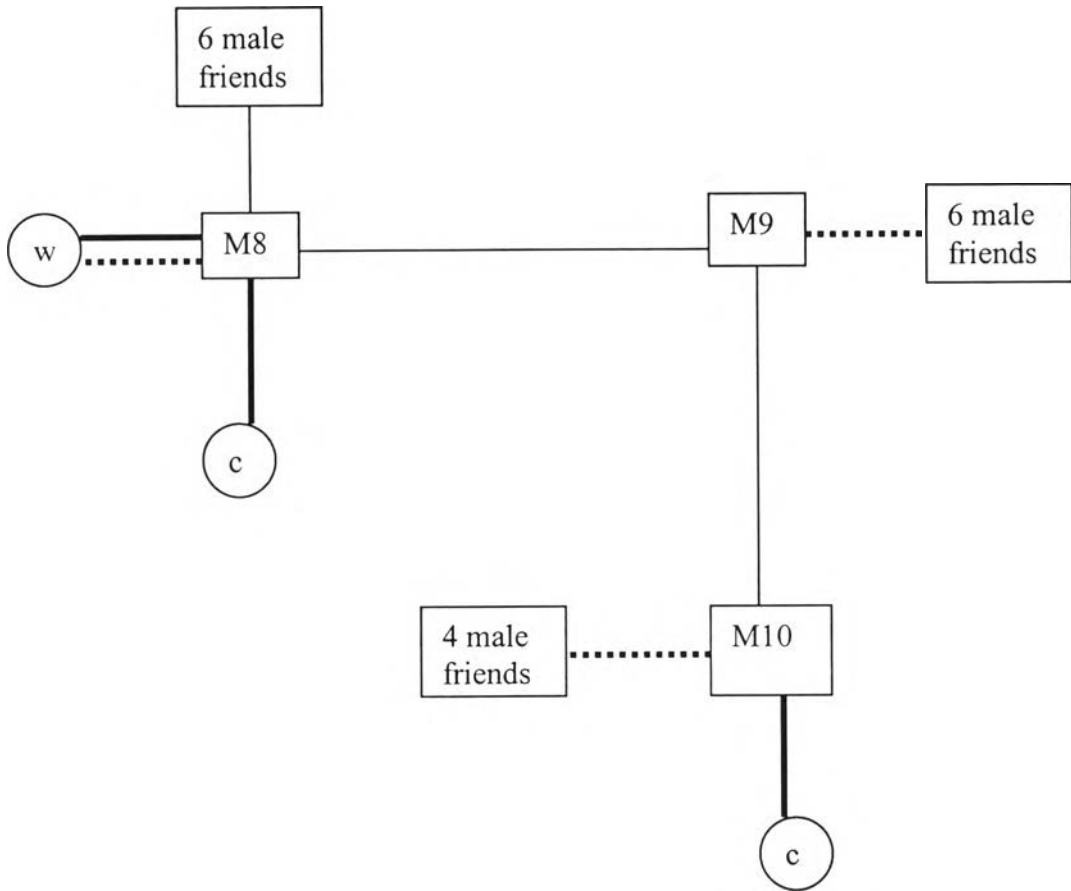
The following diagrams illustrate the social network of the respondents in Mahachai.

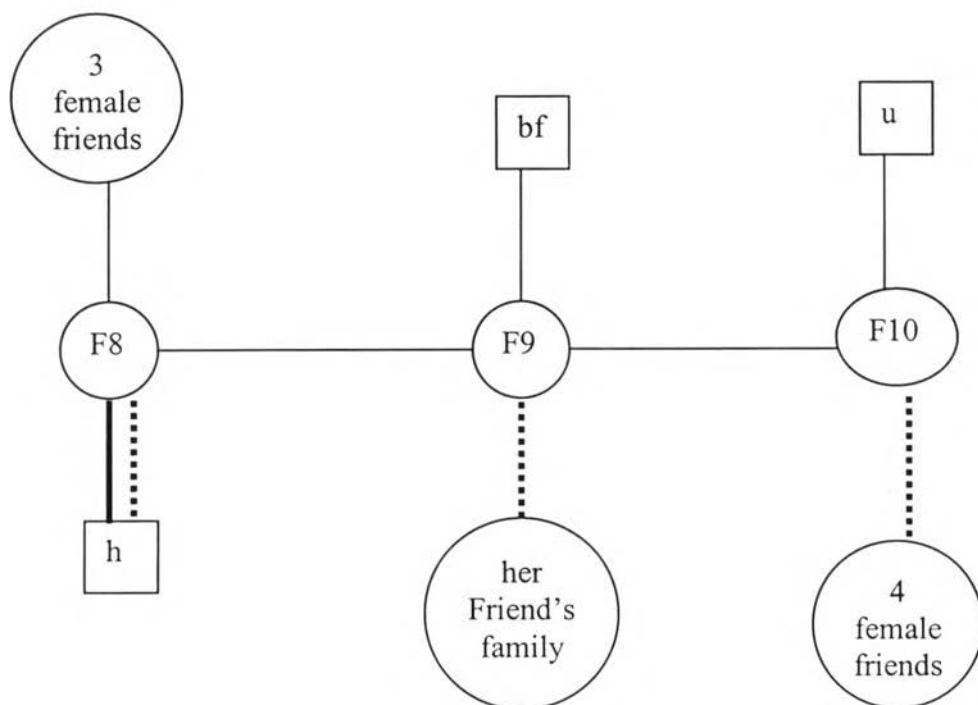
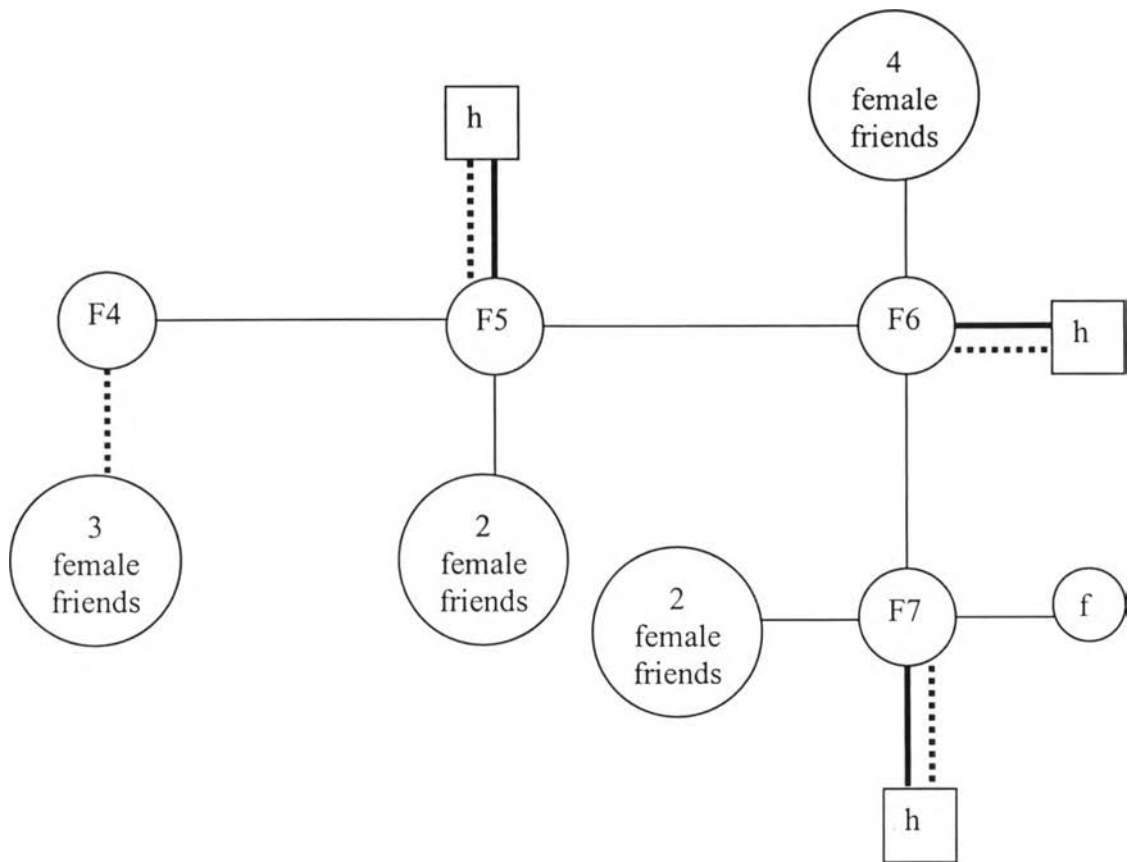
The symbols for explaining social network are as follow:

Figure 4.1: Social Network Mapping









4.2.4 Summary

From the above social network analysis, it is obvious that close friends as well as general peers are important social networks for the migrant respondents. Some male respondents married in Thailand and lived with their wife in Mahachai. Whether single or married, male respondents, among those who disclosed about their sexual experience, the majority had their first sex experience at the age of below 20 with a commercial sex worker. The social activities usually performed are watching video, going out, sharing personal experiences and deportation, discussing about sex, visiting commercial sex workers and drinking. Most respondents received knowledge about AIDS and the use of condoms from their friends and some through NGO's activities. They also said that they used condoms while having extramarital sex. Some fishermen believe that Thai CSWs are free of AIDS; therefore they usually do not use a condom. CSWs seem to facilitate clients' preference for not using a condom by charging an extra fee. Some male respondents were reluctant to express about their sexual activities, some might have referred to "my friends" while talking about themselves. As for the female respondents, they were very shy to answer these personal activities, except married persons, since the interviewer was a stranger for them. Therefore, female respondents did not admit any extramarital sex whether past or present. Male respondents admitted having extramarital sex in the past only.