เหตุผลสำหรับการมีพฤติกรรมทางเพศที่ขาดการป้องกันของวัยรุ่นตอนปลาย และวัยผู้ใหญ่ตอนต้นเพศชาย

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REASONS FOR UNPROTECTED SEXUAL BEHAVIOR OF LATE ADOLESCENT AND YOUNG ADULT MALES

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การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาพฤติกรรมทางเพศที่ขาดการป้องกันของวัยรุ่นตอนปลายและวัยผู้ใหญ่ตอนต้นเพศชาย ผู้เข้าร่วมวิจัยเป็นวัยรุ่นตอนปลายเพศชาย จำนวน 30 คน และวัยผู้ใหญ่ตอนต้น เพศชาย จำนวน 30 คน ทุกคนผ่านการทดสอบแบบวัดความรู้ความเข้าใจเกี่ยวกับโรคเอดส์ในระดับดีและเข้าร่วมการสัมภาษณ์กึ่งโครงสร้างคนละประมาณ 30 นาที เหตุผลในการมีพฤติกรรมทางเพศที่ขาดการป้องกันถูกนำไปวิเคราะห์เชิงเนื้อหา (Content Analysis) เพื่อจัดกลุ่มของเหตุผล และคำนวณเปรียบเทียบค่าร้อยละของกลุ่มเหตุผลแต่ละคู่นอนในแต่ละกลุ่มอายุโดยใช้การวิเคราะห์ความแปรปรวนทางเดียว (one way ANOVA)

ผลการวิจัยพบว่า

(1) ทั้งกลุ่มวัยรุ่นตอนปลายและวัยผู้ใหญ่ตอนต้นเพศชายมีพฤติกรรมทางเพศที่ขาดการป้องกันทั้งที่มีการศึกษาและมีความรู้ความเข้าใจเกี่ยวกับโรคเอดส์หรือเชื้อเอชไอวีในระดับดี

(2) กลุ่มของเหตุผลภายในตัวบุคคลเป็นเหตุผลหลักของทั้งสองกลุ่มอายุในการมีพฤติกรรมทางเพศที่ขาดการป้องกัน

(3) ทั้งสองกลุ่มอายุรายงานถึงการใช้ “Illusory Strategies” หรือความเชื่อที่ผิดในการป้องกันตนเองจากการติดเชื้อเอชไอวี

สาขาวิชา จิตวิทยาพัฒนาการ ลายมือชื่อนิสิต .....

ปีการศึกษา 2546 ลายมือชื่ออาจารย์ที่ปรึกษา.....

ลายมือชื่ออาจารย์ที่ปรึกษาร่วม.....

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KEY WORD: UNPROTECTED SEXUAL BEHAVIOR/ ADOLESCENT/ ADULT/ CONDOM USE

NATTHAPONG CHANYOO: REASONS FOR UNPROTECTED SEXUAL BEHAVIOR OF LATE ADOLESCENT AND YOUNG ADULT MALES. THESIS ADVISOR: ASST. PROF. PANRAPEE SUTTIWAN, Ph.D., THESIS CO-ADVISOR: ASST. PROF. MARK E. BARRETT, Ph.D., 218 pp. ISBN 974-17-5001-3

The purpose of this research was to study unprotected sexual behavior of late adolescent and young adult males. Thirty late adolescent males and 30 young adult males participated in the study. All participants passed the test for HIV/AIDS knowledge above the good level . The semi-structured interview was conducted for each participant and lasted for approximately 30 minutes. The reasons for having unprotected sexual behaviors were content analized into 3 domains of reason. The percent of reasons reported under the three domains with different types of sex partner were statistically compared within each age group by the one-way ANOVA.

The results are as follows:

(1) Both late adolescent and young adult Thai males have engaged in unprotected sexual behaviors, despite their good education and good knowledge about HIV/AIDS.

(2) The "Intrapersonal Domain" is the main domain of reasons for both groups of Thai males engaging in unprotected sexual behaviors.

(3) Both groups of Thai males have reported "Illusory Strategies" or "Misconceptions" in protecting themselves from HIV infection.

Field of study Developmental Psychology Student's signature…….

Academic Year 2003 Advisor's signature……

Co-Advisor's signature …….

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CHAPTER 1

INTRODUCTION

1.1 Background of the study

After the first case of acquired immunodeficiency syndrome (AIDS) was identified in Thailand in 1984, cumulative statistics gathered by various organizations have consistently indicated an increasing number of persons infected with the human immunodeficiency virus (HIV). The latest cumulative report on AIDS in Thailand from September 1984 to May 2002 indicates 195,982 cases of whom 53,989 had died (Ministry of Public Health, 2002). These statistics, however, may be underestimated because the World Bank's statistics estimated about 1 million infections in Thailand in the year 2000 (The World Bank, Thailand Office, 2000). According to the report of the Ministry of Public Health (2002), the AIDS epidemic in Thailand involves four traditional routes of transmission, which are sexual contact (164,097 cases or 84.94%), intravenous drug use (9,381 cases or 5.38%), transmission from mother to child (8,703 cases or 3.93%) and blood donation (55 cases or 0.02%). As seen above, *sexual contact* is the major route of HIV transmission amongst the Thai population. Moreover, interestingly, 98.6% of these cases (159,722 persons) are heterosexual. This is similar to HIV report from the U.S. that unprotected sexual intercourse has been found to be the most significant cause of HIV infection in that country (Colorado Department of Public Health and Environment, 2001).

In Thailand, the Institute of Health Research of Chulalongkorn University (1999) reported that 1,243 research articles on "*AIDS in Thailand*" were publicized during the year 1992-1996. Among these, 13.1%, or 163 articles, focused on education and intervention programs for HIV/AIDS prevention in Thailand. In spite of a high number of prevention programs in Thailand, the number of HIV infected patients is continually increasing each year (Ministry of Public Health, 2002). One question is whether those education and prevention programs have found the right approach for the Thai society.

If we try to stop the spread of HIV infection, the study should first focus on the main route of HIV/AIDS transmission, which is "sexual contact" between sex partners. If we can find

out the reasons why Thai people, especially the risk groups, engaging in unprotected sexual behaviors, we should have basic information to understand their unprotected sexual behaviors. Besides, these studies can suggest more appropriate intervention programs that can apply directly to the problems of each specific population.

In this study, the researcher focused his research on two groups of Thai males; late adolescents (aged 19-22 years) and young adults (aged 30-35 years). By doing so, there are two main questions to address; "*Why males*?" and "*Why these two specific age groups*?"

The emphasis on *male* is because research consistently shows that men in any culture engage more in health-risk behaviors. Compared to women, men have far fewer health-promoting behaviors and have less healthy lifestyle patterns (Kandrack, Grant & Segall, 1991). Hundreds of large-scale studies in the US have revealed that men of all ages are more likely than woman to engage in more than 30 risk behaviors (i.e. eat more fat and less fibre, sleep less, and more often overweight that woman). These risk behaviors are conclusively linked with a greater risk of disease, injury, and death (Jadack, Hyde & Keller, 1995).

In term of sexual transmitted diseases, males are considered to be a risk group. This is partly because many societies like the US (Huberman, 2002) and especially in Thai culture, accepts and even encourages men's expression of their sexuality but punishes the same behavior among women. Additionally, men also engage in riskier sexual practices (Wiley, James & Jordan, 1996; Pinch, Heck & Vinal, 1986; O'Leary, Goodhart, Jemmott & Bocher-Lattimore, 1992; Kotloff, Tacket & Wasserman, 1991). Among college students, research in both the US and Thailand shows that men begin sexual activity earlier in their lives, have more sexual partners, and are more likely than women to have sex under the influence of alcohol or other drugs (Puttiganont, 1994; Mahatthano, 1996; Lollis, Johnson, Antoni, & Hinkle, 1996; Dhongsiri, 2000; and Kumpirat, 2003). College men, for example, are two times more likely than women to have had more than 10 sexual partners (Taylor, Dilorio, Stephens, & Soet, 1997; Zuckerman, 1983).

The most important rational to study Thai males in this study is because of statistics in Thailand (Ministry of Public Health, 2002). The Public Health statistics clearly shows that the number of males with HIV infection is very much higher than females in Thailand.

Consequently, the reason for focusing on the two age groups of Thai males, late adolescents (aged 19-22 years of age) and young adults (aged 30-35 years of age), is because they are the most sexually active age groups in Thailand (Puttiganont, 1994; Mahatthano, 1996; Dhongsiri, 2000; and Kumpirat, 2003) and *ranked the highest in percentage of HIV infected population* (62.9%) in Thailand (Ministry of Public Health, 2002). Many studies from other countries also support the active involvement of these two male age groups in practicing risky sexual behaviors (i.e. Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Brown, DiClemente, & Park, 1992; Dilorio, Dudley, Soet, Watkins & Maibach, 2000). It is interesting to investigate whether there is any similarity or difference between these two age groups in engaging in unprotected sexual behaviors. Many developmental and health-related theories (e.g. Piaget, 1972 as cited in Huberman, 2002; Erikson, 1968, 1982, 1993; Elkind, 1967 as cited in Thato, 2002; Snyder, 1997) suggested that there might be some difference between them.

The purpose of this study was to investigate *"reasons"* why late adolescent and young adult Thai males engage in unprotected sexual behaviors. However, even though there have been many educational programs providing knowledge about HIV/AIDS for people, especially in education settings, the number of HIV infected patients in Thailand is continually increasing each year (Ministry of Public Health, 2002). This statistics have inspired the researcher to focus his interest on the population of educated Thai males of the two specific age groups. This is to examine whether they have engaged in unprotected sexual behaviors despite their well-education and good knowledge about HIV/AIDS, and why they do so.

In addition to the study of "*reasons"*, this study also tries to investigate *"Illusory Strategies"* of these two age groups. As stated earlier, the number of HIV infected patients in Thailand is continually increasing each year despite the knowledge provided to the societies (Institute of Health Research, Chulalongkorn University, 1999; Ministry of Public Health, 2002). This statistic reflects the "misconceptions" of people in protecting themselves from HIV.

"Illusory Strategies" are ineffective methods that people misbelieve for effective protected sexual behaviors (Scandell et al., 2000). By using *"Illusory Strategies",* they are convinced they will be safe from HIV infection and put themselves for the risk of HIV infection.

In summary, the purpose of this research was to study the unprotected sexual behavior of late adolescent and young adult Thai males, who are well educated about HIV/AIDS. The study aimed at three investigations;

1) whether they engage in unprotected sexual behaviors, despite their good education and good knowledge about HIV,
2) the *"reasons"* why they engage in unprotected sexual behaviors , and
3) *"Illusory strategies"* or misconception of these two age groups in protecting themselves from HIV infection.

1.2 Relevant Theories

1.2.1 Human Development Theory

1.2.1.1 Erikson's Psychosocial Development Theory

In Erikson's view (Erikson, 1968), personality development is a lifelong process through which a person tries to resolve the conflicts created by biological maturation and the psychological, and social challenges that he encounters.

Erikson's first stage which corresponds to Freud's oral stage is the psychosocial crisis of *trust versus mistrust*. Because infants are extremely helpless and dependent on their care-givers, during this period they develop a basic trust in their parents or care-givers that take care of them adequately; or, if they do not, they remain mistrustful of people, living in fear that they will be abandoned.

The second stage, the child must go on to resolve the crisis of *autonomy versus shame and doubt*. Children must learn to what degree he can take pride in his own body and in his doubt about his choices. For example, it is inevitable that any child will make errors in toilet training. A child who is treated respectfully for his failures as well as for his successes will

eventually achieve autonomy (independence and self-direction) in this area, but one who is consistently shamed may develop an inadequate, doubting sense of autonomy.

According to Erikson, the child focuses on his or her genitals as a source of pleasure and on achieving greater independence of movement of all activity. It is the period *of initiative versus guilt* crisis. Initiative refers to a beginning of new activities and exploring new ideas (Seifert & Hiffnung, 1991). This crisis involves all conflicts that occur when a child takes on more than she can handle. If the child's conflict of being independent and dependent are ignored, belittled, or ridiculed, her resulting feelings can be very negative. Besides, there is a tendency of a child to try new things which can make her feel guilty about not fulfilling her parents' expectation.

The next stage runs roughly from age six to twelve. The child must resolve feeling of *industry versus inferiority*. She must develop a belief in her ability to learn the basic requirement of intellectual and social skills for being a full member in the society and having a sense of being able to start and complete tasks successfully. Thus, failure to be "productive" can lead to a belief in their own "inferiority".

During the physical changes of puberty, adolescents must resolve the crisis of *identity versus role confusion*. Adolescents try to discover their identity in many perspectives. At the same time, they have to adjust themselves in accordance with their parents' views, social norms, as well as peer's values. The one who cannot resolve this issue cannot integrate their identity properly with surrounding's demand, and might be in a state of "Identity crisis or role confusion".

Erikson's final three stages occur after adolescence. The first one is *intimacy versus isolation*. The young adult must develop the capacity to develop close and committed relationships with other at the same time of tolerating the fears of identity loss which may imbalance with intense intimacy rise.

In midlife, a person faces the crisis of *generativity versus stagnation*. Generativity is the feeling that one's work, family and other activities are both personally satifying and socially meaningful in ways that contribute to future generations (Seifert & Hoffnung, 1991). Stagnation results when life no longer seems purposeful.

Finally, during late adulthood and old age, people must confront the psychosocial crisis of *ego-integrity versus despair*. Ego integrity refers to the capacity to look back upon the strengths and weaknesses of one's life with a sense of dignity, optimism, and wisdom (Seifert & Hoffnung, 1991). However, many elderlies in society are in conflict with the despair resulting from physical problems, economic difficulties, social isolation, and lack of meaningful work experience.

Table 1.1 Erikson's Psychosocial Stages and Developmental Process (Adapted from Seifert & Hoffnung, 1991; Tsien Jin, 2003)

Psychosocial Stage	Approximate Age	Description
Trust versus Mistrust	Birth- 1 year	Focus on oral-sensory activity; development of trusting relationships with care-givers and self-trust
Autonomy versus shame and doubt	1-3 years	Focus on muscular-anal activity; development of control over bodily functions and activities
Initiative versus guilt	3-6 years	Focus on loco motor-genital activity; testing limits of self-assertion and purposefulness
Industry versus inferiority	6-12 years (latency period)	Focus on mastery, competence, and productivity
Identity versus role confusion	12-22 years (adolescence)	Focus on formation of identity and coherent self-concept
Intimacy versus isolation	22-40 years (early adulthood)	Focus on achievement of an intimate relationship and career direction
Generativity versus stagnation	40-65 years (adulthood)	Focus on fulfillment through creative, productive activity that contributes to future generations
Ego integrity versus despair	65 and older	Focus on belief in integrity of life, including successes and failures

According to Erikson, throughout these eight stages an individual's personality development will be influenced by three interrelated developmental forces: (1) his biological and physical strengths and limitations; (2) his unique life circumstances and developmental history, including early family experiences and how well he has resolved the previous developmental

crises; and (3) the particular social, cultural, and historical forces at work during his lifetime- for example, racial prejudice, rapid technological change, or war.

According to Erikson, people never fully resolve any of their psychosocial conflicts. Rather, they achieve more or less favorable ratios of trust to mistrust, industry to inferiority, ego integrity to despair, and so on. Crises are also not necessarily resolved at certain points in life; unresolved conflicts may resurface and achieve fuller resolution later in life.

Hjell & Ziegler (1992: 209) stated that Erikson's theory has a major impact on the growing field of life-span developmental psychology. His ideas have also been applied to the fields of early childhood education, vocational counseling, social work, and business.

1.2.2 Health Related Behavior Theories

1.2.2.1 Protection Motivation Theory (PMT)

Protection Motivation Theory is one formulation of the effects of threatening health information on attitude and behavior change. It was originated to explain *the effects of fear appeals on persuasions*. Rogers (1975, 1983 as cited in Gochman, 1997) provided a complete description of the theory. The diagram of Protection Motivation Theory is presented as in Figure 1.1.

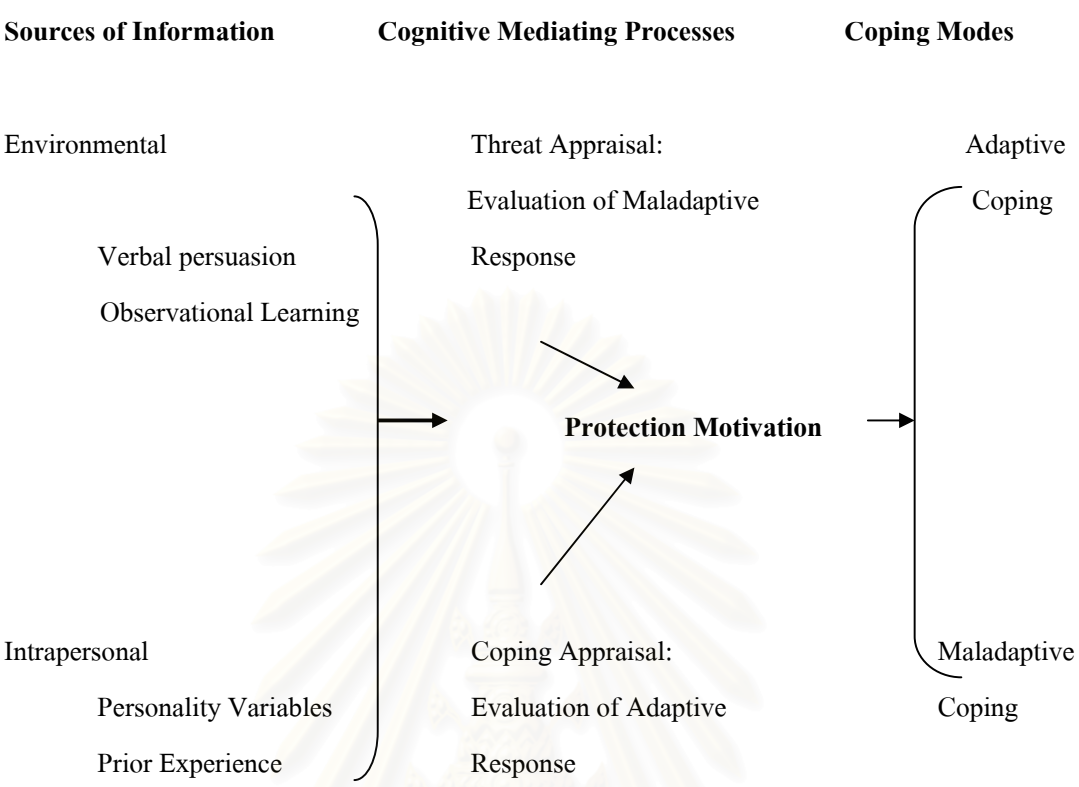

Figure 1.1. Overall model of Protection Motivation Theory (Rogers, 1983 as cited in Gochman, 1997)

1.2.2.1.2 Constructs of Protection Motivation Theory

1.2.2.1.2.1 Sources of Information

Sources of information may initiate the cognitive mediating processes. These sources may be categorized as either *environmental* and *intrapersonal*. Intrapersonal sources include the individual's personality or characteristics and prior experiences with similar threats. Such experiences which Rogers (1983 as cited in Gochman, 1997) termed "Feedback from coping activity" may influence subsequent reactions to health threats.

1.2.2.1.2.2 Cognitive Mediating Processes

Information about a health threat initiates cognitive mediating processes. These processes appraise maladaptive response(s) or adaptive response(s). The Cognitive Mediating Process are illustrated in Figure 1.2.

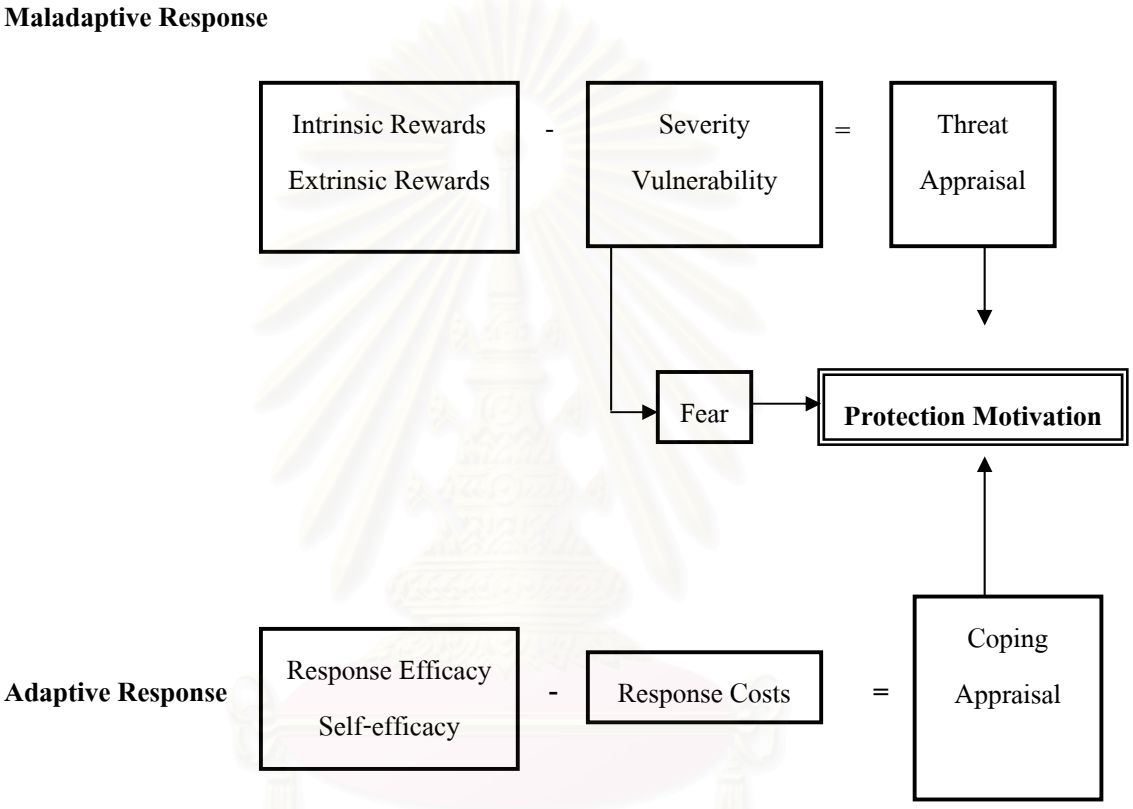

Figure 1.2 Cognitive Mediating Processes (Rogers, 1983 as cited in Gochman, 1997)

As illustrated in Figure 1.2, *Threat appraisal* evaluated the maladaptive response, which may be a current behavior (e.g. unprotected sex) or one that could be started (e.g. alcohol abuse). The threat appraisal reasons that increase the probability of the maladaptive response include *intrinsic rewards* (e.g. physical or psychological pleasure) and *extrinsic rewards* (e.g. peer approval or social norms). The threat appraisal reasons that decrease the likelihood of the maladaptive response are *the severity of the threat* and *the expectancy of being exposed to the*

threat which is now labeled "*vulnerability*" (Rogers, 1975 as cited in Gochman, 1977). Severity refers to the degree of physical harm, psychological harm (e.g., self-esteem), social threats (e.g., family and work relationships), and economic harm (e.g., higher energy prices). It is assumed that the appraisal of these reasons is *intrinsic and extrinsic rewards* minus *severity vulnerability* to produce *the final appraisal of threat* (Gochman, 1997).

Fear plays only an indirect role in threat appraisal. Rogers (1983 as cited in Gochman, 1997) found that fear influences attitude and behavior change, not directly, but indirectly by influencing the *appraisal* of the severity of the danger. Rippetoe and Rogers (1987) discovered that fear could have an indirect and detrimental effect on attitude change by influencing maladaptive coping, specifically defensive avoidance.

The Coping appraisal process evaluates one's ability to cope with and avert the threatened danger. As shown in Figure 2, the coping appraisal factors that increase the probability of the adaptive response(s) are *the belief that the recommended coping response is effective response efficacy* (e.g. stop smoking is an effective way to avoid the dangers associated with smoking) and that *individual can successfully perform the coping-response-self-efficacy* (e.g. he can overcome the difficulty of smoking cessation). Thus, the coping appraisal is the summation of these appraisals of response efficacy and self-efficacy, minus any physical and psychological "cost" of adopting the recommended preventive response (Gochman, 1997).

1.2.2.1.2.3 Coping Modes

Protection Motivation eventuates in *maladaptive coping* or *adaptive coping* or both. In their dichotomy, maladaptive and adaptive coping is similar (Roger, 1983 as cited in Gochman, 1997). Any changes in coping will feed back as a source of information in the model of protection motivation as "prior experience" (Rippetoe & Roger, 1987).

In summary, PMT is one theory of how health threat information can persuade people to adopt a health communicator's recommendations. A review of published research investigating PMT revealed that the predicted main effects were confirmed in over 90% of these studies (Gochman, 1997).

There were a large number of studies testing on PMT (Prentice-Dunn, & Roger, 1986). Overall tests of the theory, for example, was conducted by Rhodes, Woliski, and Thornton-Johnson (1992) using videos, role plays, and discussion based on three PMT variables to influence females whose sex partner were intravenous drug users. They reported several adaptive changes, including an increase in condom use.

1.2.2.2 The Expanded Health Belief Model (EHBM)

The EHBM, one of the most widely used sociocognitive theories, postulates that preventive behavior is largely determined by *cognitive processes* that impact decision making, such as knowledge, attitudes, and beliefs (Lollis, Johnson, Antoni, & Hinkle, 1996). The original HBM was developed to explain health-related behavior and focused on cognitive processes. It was later expanded to include other constructs, such as self-efficacy to increase its explanatory power.

1.2.2.2.1 Constructs of the EHBM

1.2.2.2.1.1 Perceived susceptibility of health condition

Perceived susceptibility refers to the subjective belief of the risk of becoming pregnant/impregnating someone, and contracting Sexually Transmitted Disease (STDs) or Human Immunodeficiency Virus (HIV). Individuals are believed to vary in their *acceptance of personal susceptibility to a condition*, such as the likelihood of becoming pregnant and contracting STDs/ HIV. However, an adolescent develops an increasing recognition of the thoughts and perspectives of others but believes that he/she is the focus of those thoughts. This egocentrism contributes to the notion of *a personal fable*, hypothesized by David Elkind (1967 as cited in Thato, 2002). He describes an adolescent's belief that he/she is an exception to the rules because of her/his uniqueness or special quality. Therefore, the adolescent underestimates the risk of unprotected sexual behavior and thinks that she/he is invulnerable to the negative consequences of risky sexual behavior.

1.2.2.2.1.2 Perceived seriousness of the consequences

The degree of seriousness may be judged both by *the degree of emotional arousal* created by the thought of a disease or *an unwanted consequences*. The future-oriented thoughts might play a major role in this process. An older adolescent can think before hand and imagine future consequence of action that she/he might take now. Perceived susceptibility and severity have a strong cognitive component and are at least partly dependent on knowledge. The combination of susceptibility and severity has been labeled the *"perceived threat."*

1.2.2.2.1.3. Perceived benefits of taking action and barriers to taking action

The action direction is thought to be influenced by belief of available effectiveness alternatives in reducing the disease threat which the individual perceives or judges by his/her own (subjective judgment).

An individual may believe that using a condom and any other contraception will be effective in reducing the risk of becoming pregnant/ impregnating someone and getting STDs/HIV infection. At the same time, adolescents may see that using a condom and any other contraception are inconvenient, decreasing sexual pleasure, or risky of losing the partner. These negative feelings serve as *barriers* to action (e.g. condom use). If the readiness to act is high and the negative aspects are seen as relatively weak, the action is likely to be taken. If, in contrast, the readiness to act is low while the potential negative aspects are seen as strong, the negative aspects is being taken as barriers to prevent action.

1.2.2.2.1.4. Self-efficacy

Self-efficacy is one of the constructs of the EHBM. In 1977, Bandura introduced the concept of self-efficacy, or efficacy expectation (Bandura, 1977a as cited in Thato, 2002), which must be added to the HBM in order to increase its explanatory power. Self-efficacy is defined as "the belief that one can successfully perform the required behavior for the specific outcomes". Thus, condom self-efficacy would be defined as one's confidence in one's ability to use condoms. Condom self-efficacy consists of three domains: (a) communication skills related to

condom use, (b) consistent condom use, and (c) correct condom use abilities (Hanna, 1999 as cited in Thato, 2002).

1.2.2.2.1.5. Modifying factors

Other variables that might affect the perception of susceptibility of the health threats, and the perception of benefits from and barriers to condom use are gender, age, knowledge of STDs/HIV , peer norms, and duration of the current sexual relationship. These variables serve to condition both individual perceptions and the perceived benefits of preventive actions.

In summary, the EHBM is being used as a common sociocognitive model of prevention. The HBM was expanded to include other constructs, such as self-efficacy to increase its explanatory power. Condom use, one of the preventive health behaviors, is influenced by adolescent's knowledge, belief and attitudes. In this study, based on the cognitive development of Piaget's view of formal operational thought, young adults' responses are typically more future-oriented, more thoughtful, and more questioning than adolescents. Instead of thinking only about real things and actual consequences, as a adolescents do, young adults can think about possible outcomes. They can think about options and possibilities, such as imagining themselves using condoms, and having children or not. They can imagine future consequences of actions they might take now (Dimetteo & Martin, 2002). They can imagine the negative outcomes of unprotected sexual behavior, including contracting STDs/HIV ideally much more concrete than adolescents who are in the "personal fable" as cited before.

Janz and Becker (1984 as cited in Thato, 2002) conducted a critical review of 29 EHBM-related publications during the period of 1974-1984. Twenty-four studies investigated preventive-health behaviors. They found that summary results provided empirical support for the EHBM. "Perceived barriers" proved to be the most powerful of the HBM dimensions across the various studies. "Perceived susceptibility" was a stronger contributor to understand preventive health behaviors. "Perceived severity" was the least powerful of the HBM dimensions, especially for preventive health behaviors. From the empirical evidences, "perceived severity" was not related to preventive health behaviors (Thato, 2002).

1.2.2.3 Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) in an extension of the Theory of Reasoned Action (TRA) and is summarized in Figure 1.2. Ajzen and colleagues (Ajzen, 1991; Ajzen and Drive, 1991; Ajzen and Madden, 1986 as cited in Montanõ, Kasprzuk, & Taplin, 1997) added *perceived behavioral control* to the TRA in an effort to account for factors outside the individual's control that may affect his intention and behavior.

Additionally, the theory postulates that *perceived control* is an independent determinant of behavioral intention along with attitude toward the behavior and subjective norm. According to TPB, perceived control is determined by control beliefs concerning the presence or absence of resources and impediments to behavioral performance, weighted by the perceived power or impact of each resource and impediment to facilitate or inhibit the behavior. Thus, a person who holds strong control beliefs about the existence of factors that facilitate the behavior will have high-perceived control over the behavior. Conversely, a person who holds strong control beliefs about the existence of factors that impede the behavior will have low perceived control over the behavior.

Table 1.2 Theory of Reasoned Action and Theory of Planned Behavior Constructs and Definitions (Montanõ et al., 1997)

Concept	Definition	Measurement
Behavioral intention	Perceived likelihood of performing the behavior	Bipolar unlikely-likely scale; scored –3 to +3
Attitude		
Behavioral belief	Belief that behavioral performance is associated with certain attributes or outcomes	Bipolar unlikely-likely scale; scored –3 to +3
Evaluation	Value attached to a behavioral outcome or attribute	Bipolar bad-good scale; scored –3 to +3
Subjective norm		
Normative belief	Belief about whether each referent approves or disapproves of the behavior	Bipolar disagree- agree scale; scored –3 to +3
Motivation to comply	Motivation to do what each referent thinks	Unipolar unlikely-likely scale; scored 1 to 7
Perceived behavioral control		
Control belief	Perceived likelihood of occurrence of each facilitating or constraining condition	Unlikely-likely scale; scored –3 to +3 or 1 to 7
Perceived power	Perceived effect of each condition in making behavioral performance difficult or easy	Bipolar difficulty-easy scale; scored –3 to +3

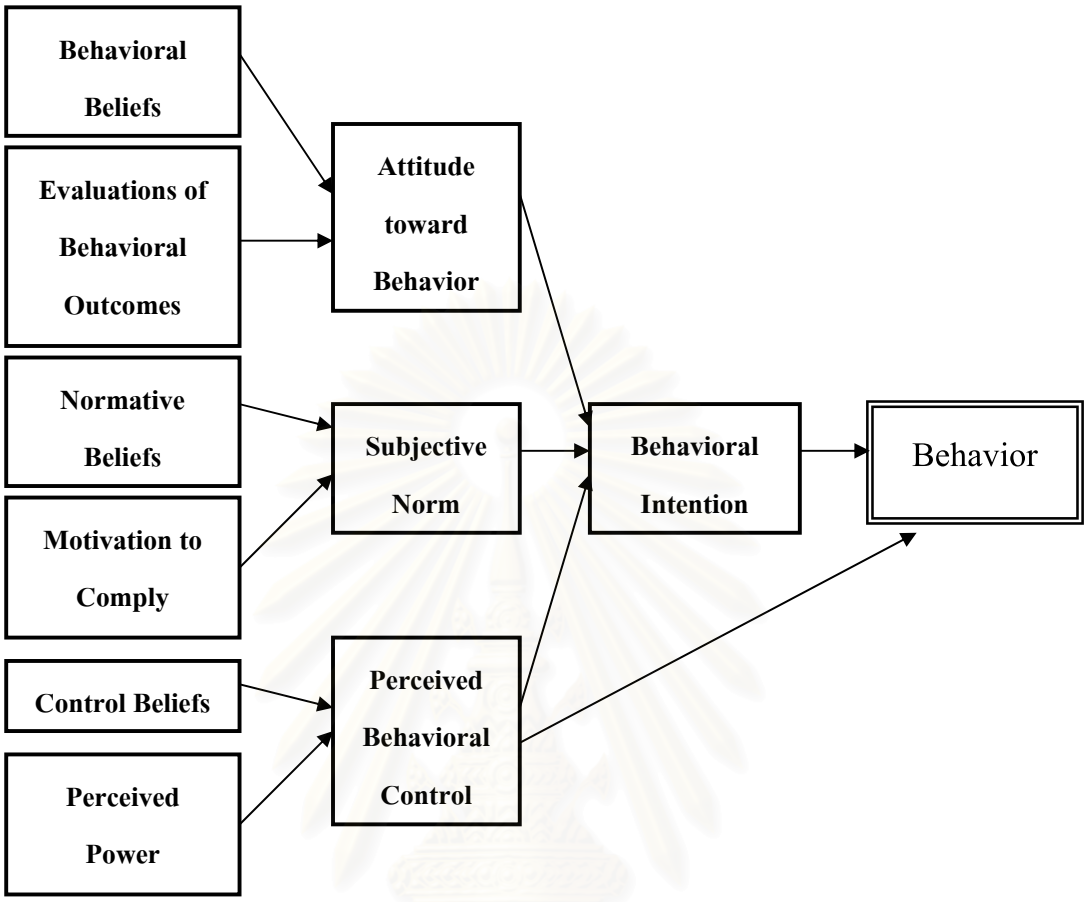

Figure 1.3 Theory of Planned Behavior (Montanõ et al., 1997)

In summary, the TRA original model was revised in 1985 to include the element of perceived behavioral control. Perceived behavioral control is simply the degree to which a person believes that he or she controls over a particular behavior of his or her own. It is an additional component that influences the intention to perform the behavior. Because the model applies only to planned or purposeful behavior, the model was renamed the Theory of Planned Behavior (Ajzen, 1985 as cited in DiMetto & Martin, 2002).

In summary, according to those theoretical framework reviewed, which are based on developmental and health-related theories (e.g. Piaget, 1972 as cited in Huberman, 2002; Erikson, 1968, 1982, 1993; Elkind, 1967 as cited in Thato, 2002; Snyder, 1997), there might be some differences between late adolescent and young adult males in engaging in risky sexual behaviors. According to Erikson's Psychosocial Development Theory, there are different psychosocial developmental tasks for late adolescent and young adult groups (Erikson, 1982).

Elkind (1976 as cited in Thato, 2002) proposed the notion of "*personal fable*" during adolescence. Because of egocentrism in this age group, adolescents perceive the identity of themselves as being different and distinguished from others. This concept supports Erikson's developmental task of this age group, which is "Identity VS. Role confusion". This concept of "personal fable" is close to the construct of Expanded Health Belief Model (Thato, 2002) which is one of the ground framework theories in this study. This model proposed that when one considers doing any life threatening health behavior, they first calculate the perceived susceptibility of that health condition. Because of "personal fable", adolescents seem to care less about life threatening perceptions. The adolescent believes that he/she is an exception to the rules because of her/his uniqueness or special quality. Therefore, he/she underestimates the risk of unprotected sexual behavior and thinks that he/she is invulnerable to the negative consequences of risky sexual behavior. Snyder (1997) also proposed this similar idea as *"unique invulnerability"*. According to Snyder (1997), unique invulnerability means a bias to distort information so that negative outcomes are less likely to happen to individual than other people. This concept is also similar to "*death anxiety perception*" (White, Elsom, & Prawat, 1978). Late adolescents' perception differs a lot from young adults. Adolescents have less anxiety about death, and at the same time, less acceptation of their own death because they perceive that death is far away from them. Adults, on the other hand, accept death better and perceive of death as finality, inevitability and universality (Bee & Boyd, 2002).

Regarding sexual issues, there are also differences between the two age groups. Adolescents are expected to engage in more risky sexual behavior due to the fact that they are in the period of sexual experimentation and try to discover something new in their lives (Huberman, 2002). Young adults, in contrast, are in the period for health-compromising behaviors. They are

more concerned with health promotion and healthy life style with self-responsibility for their health care (Huberman, 2002).

1.3 Relevant Research Studies

Washington State Department of Health (2001:1) defined that sexual behaviors are any actions that allow the expressions of one's sexual feelings. These behaviors include holding hands and kissing as well as masturbation and penetrative intercourse. Sexual behavior is part of normal human experience. Unprotected sexual behavior can have a number of physical and mental health effects including unintended pregnancy, HIV, and other sexually transmitted diseases.

The framework of domains in this study is based on the study of Mei & Tzeun (2002). By having synthesized a large scale of studies (i.e. Montano et al., 1997; Mei and Tzeun, 2002; Kegeles, Adler & Irwin, 1989; Stall, Barrette, Bye, Catania, Frutcher, Henne, Lemp & Paul, 1992), the studies could be categorized into three domains of reasons affecting unprotected sexual behavior as presented in table 1.3 and figure 1.4.

Table 1.3 Summary of Research Studies relevant to Reasons for Unprotected Sexual Behavior

Domain of Reasons	Sub-domain	Relevant research studies
Intrapersonal	Attitudes/ Beliefs/ misconceptions	Kegeles et al. (1989) Sawangdee & Isarapakdi (1990) Hay et al. (1997) Kelly & Kalichman (1998) Poka (1998) Albarracin et al. (2001) Surez et al. (2001) Mei & Tzeun (2002) Dhongsiri (2001)
	Self-efficacy	Wulfert & Wan (1993) Dilorio et al. (2000, 2001)
	Perceived Invulnerability	Stall et al. (1992) Buchanan (1992) Wulfret & Wan (1993) Reitman et al. (1996) Thompson et al. (1996, 1999)Kelly & Kalichman (1998) Surez et al. (2001) World Health Organization (1999) Scandell et al. (2000)
	Perceived benefits not to use condom	Parson et al. (2000)
	Self-sexual urge	Crosby (1993) MacDonald et al. (2000)
Interpersonal	Trust between partners	Buchanan (1992) Jadack et al. (1997) Mei & Tzeun (2002)
	Reinforcement from others	Crosby (1993) Tao (1995)
	Lack of sexual assertiveness	Hay et al. (1997) Kelly & Kalichman (1998) Zombani et al. (2000)
	Loss of control for sexual arousal from partners	Catherine (2001) Mei & Tzeun (2002)
Situational	Less time for decision making	Mei & Tzeun (2002)
	Drug/ alcohol intoxication	Tao (1995) MacDonald et al. (2000) Mei & Tzeun (2002)
	Condom unavailability/ inaccessibility	Wuttiwan (1990) Jadack et al. (1997)

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1.3.1 Intrapersonal Domain

In this study, intrapersonal domain refers to *reasons from inner thought or feeling of the individual*. The subdomains are presented as followings:

1.3.1.1 Attitudes/ Beliefs and Misconceptions

Many studies reported that attitudes/ beliefs and misconceptions that internalized individual play important role for one to have a risky sexual behavior. According to Theory of Planned Behavior (TPB), a person who holds strong beliefs that most positively valued outcomes resulting from performing behavior will have a positive outcome toward that behavior (Montano et al., 1997). Attitudes/ beliefs and misconceptions affect one's intention to use/not to use condom.

Swangdee & Isarapakdi (1990) studied about condom promotion in brothels to prevent the spread of AIDS. This study showed that some Commercial Sex Worker (CSW) revealed of misconception that using antiseptic after having sex without condom use can kill HIV and they would be safe of HIV infection. Dhongsiri (2001) examined sexual risk behavior, including factors influencing risk behavior among adolescents in Muang district, Nan province. The major results show that about 28 percent of the study sample has a misunderstanding of safe sex. This study suggested that in order to reduce sexual risk behavior among adolescents, knowledge about safe sex, attitude and belief about sexual behaviors should be taken into consideration.

Furthermore, it is similar to the study of Poka (1998) which studied about factors leading to use condom among male adolescents in Northern Thailand. The finding suggested the reason for not using condom was due to their misbelieve that condom use would reduce joyfulness during sexual episode.

Albarracin et al. (2001) found that *condom use was related to intentions*. *Intentions were based on attitudes and subjective norms*, and *attitudes were associated with behavioral beliefs*. Consistent with the theory of planned behavior's predictions, perceived behavioral control was related to *condom use intentions* and condom use. Kelly & Kalichman (1998) assessed the reinforcement value of unsafe sex as a predictor of condom use and continued HIV/AIDS risk behavior among gay and bisexual men. By performing regression analysis, they also found that

knowledge, condom attitudes, as well as *behavior change intentions* could be accounted for variance in predicting levels of condom use.

Kegeles et al. (1989) studied the associations of beliefs and intentions to use condom in adolescents. They reported that young men *believed* that the withdrawal method could prevent them from getting HIV infection. The participants in this study also believed that condom use was not totally safe. Using condom could feel negative sensation. Hay, Kengeles & Coates (1997) also found that *misperception about safe sex* was also one of the factors associated with unprotected sexual intercourse of young gay men and their boyfriends. Surez, Kelly, Pinkerton, Stevenson, Hayat, Smith & Ertl (2001) studied the perceptions of gay and bisexual men concerning the risk of HIV transmission. They also found that some gay and bisexual men perceived receptive unprotected anal sexual intercourse, insertive unprotected anal intercourse, and oral sex to ejaculation as riskiest to least risky, respectively. They perceived oral sex without ejaculation as less risky than those three prior mentioned. The results revealed that perceived barriers were associated with decreasing condom use intentions. *Intention not to use condom is also based on attitude*

There has been more research support in the Asian context; Mei & Tzeun (2002) studied the understanding of intrapersonal, interpersonal, and situational reasons that affect risky sexual behavior in Singaporean context. Their results showed that males used condom only during sex with commercial sex workers that they believed required protection. They also used some *illusory strategies* for preferring to have sex without using condom.

1.3.1.2 Self-efficacy

According to Bandura's theory (Bandura, 1977), self-efficacy is an individual's judgment of how well he can perform a behavior under various inhibiting conditions. *Self-efficacy* has been identified as an important variable in the practice of safe sex behavior and condom use specifically (Fisher and Fisher, 1992; Goldman and Harlow, 1993 Grimley et al., 1996; Parsons et al., 1998 cited in Parson, Halktis, Bimbi & Borkowski, 2000). There are two different components of self-efficacy to consider (Parson et al., 2000): (1) confidence in the ability to practice safer sex (e.g. confidence in using condoms correctly, negotiating safer sex

with a partner); and (2) situational motivation to have unsafe sex (e.g. under the influence of alcohol or drugs, when condoms are not available).

There are many research studies about self-efficacy, for example, Wulfret & Wan (1993) surveyed of heterosexually active college students' information about condom use, self-efficacy, outcome expectations, sexual attitudes, peer group influences, acquired AIDS knowledge, and perceived vulnerability of AIDS. On the basis of Bandura's social cognitive theory, *they found that this model explain 46% of the variance in condom use from judgments of self-efficacy* and effects attributable to peers and 53% of the variance in self-efficacy from outcome expectancies and peer group influences. Sexual attitudes, AIDS knowledge, and perceived vulnerability did not predict condom use. Dilorio et al. (2000) studied a social cognitive-based model for condom use among college students. They also found that *self-efficacy was related directly to condom use* behaviors and indirectly through its effects on outcome expectancies. Self-efficacy was related to anxiety, but anxiety was not related to condom use. Substance use during sexual encounters was related to outcome expectancies but not to condom use. Dilorio, Dudley, Soet, Kelly, Mbwara & Sharpe (2001) examined the role of self-efficacy, outcome expectancies, and perception of peer attitudes in the delay of onset of sexual activity among 13 through 15-year-old adolescents. The result showed that amongst sexually active adolescents, *those who expressed confidence in putting on a condom, and in being able to refuse sex with a sexual partner*, and who expressed more favorable outcome expectancies associated with using a condom were more likely to use condom consistently.

1.3.1.3 Perceived invulnerability

Bee & Boyd (2002) stated that psychologists hypothesized that young people formed defensive reaction which believed that people who die at young age are placed in a special category. This belief was termed "unique invulnerability".

There are some studies about perceived invulnerability associated with non-condom use. Stall et al. (1992) compared younger and older gay men's HIV risk-taking behavior. Gay men under the age of 30 reported higher risk behavior for HIV infection than did gay men who were 30 years of age and older. However, they both reported that having a primary partner and *a lower*

perceived impact of the AIDS epidemic on their sexual behavior are associated with risk. This reason was confirmed with the study of Buchanan (1992) which explored the utility of the Health Belief Model (HBM) in predicting sexual risk taking in gay and bisexual males and identified the psychosocial reasons that may predict sexual risk taking in gay and bisexual males in Washington D.C. The result showed that one of the major reasons associated to sexual risk taking among gay and bisexual males was *perceived invulnerability*.

There were more research support by Kelly & Kalichman (1998) who found that *perceived vulnerability* related to condom use intention. Wulfret & Wan (1993) found that most students were well informed about HIV transmission but *reported not feeling at risk, even though many engaged in risky sexual behavior*. Reitman, Lawrance, Jefferson, Alleyne, Brasfield & Shirley (1996) evaluated predictors of risky and safer behavior in a sample of low income African American adolescents, assessed their perceptions of the risk associated with their sexual behaviors, and examined differences between adolescents who use condoms consistently, inconsistently, or engaged only in unprotected sexual intercourse. The result revealed that *the adolescents generally did not perceived themselves to be a risk for HIV infection*.

Thompson, Anderson, Freedman & Swan (1996) investigated the role that costs, benefits and perceptions of invulnerability play in condom use. In multiple regression analyses, past condom use was related to relative invulnerability, low present risk, and inexperience. Less intended condom use was associated with *high perceptions of relative invulnerability and low perceptions of present risk*. World Health Organization (1999) studied with a sample of 500 resident men and a sample of 300 non-resident men aged 18-40 in Nepal. The indept-interview was conducted. The result revealed that most residents (89%) and non-residents (85%) who had had casual sex *did not perceived themselves to be at risk of contracting STDs/HIV*.

1.3.1.4 Perceived benefits to have unprotected sexual encounters

Parson et al. (2000) studied the perceptions of the benefits and costs associated with condom use and unprotected sex among late adolescent college students. They found that among late adolescents, *perceived benefits of the unhealthy behavior* (unprotected sex) *were better determinants of sexual risk-taking* than were perceived benefits (or costs) associated with the

healthy behavior (condom use). Perceived costs associated with unprotected sex were unrelated to sexual behaviors. Adolescents are more driven by their perceptions of the positive benefits associated with risky behaviors, rather than knowledge of the costs or danger involved in risk-taking

1.3.1.5 Loss of control of self- sexual impulse/sexual arousal

Crosby (1993) examined reasons that contribute to unprotected sex among gay/bisexual male substance abusers in San Francisco. They found that having less control of their impulses is one of the key risk of HIV infection.

1.3.2 Interpersonal Domain

Intrapersonal reason domain refers to *reasons from the influence of other people.* The subdomains are presented as followings.

1.3.2.1 Trust and honesty between partners

Buchanan (1992) found that one of the major factors related to sexual risk taking among gay and bisexual males is *partner norms*. This result was confirmed with the study of Jadack, Freesia, Rompalo, & Zenilman (1997) which investigated the reasons for not using condoms of clients at urban sexually transmitted diseases clinics. They found *reasons related to partner relationship* was one of the reasons for not using condom. Most frequent explanations given for not using condoms included *partner's trust.* Mei & Tzeun (2002) reported that many of Singaporean males used the *degree of trust*, and/or the presence of a committed relationship with one's partner as being a main factor in the often mutual agreement not to use condoms for sexual intercourse.

1.3.2.2 Reinforcement from others

Crosby (1993) examined reasons that contribute to unprotected sex among gay/bisexual male substance abusers. There were four hundred and fifty five gay/bisexual men entering substance abuse treatment at a gay identified agency in San Francisco. The unprotected group was significantly more likely to *not perceive that safer sex is the community norm, not to have encouragement from friends to practice safe sex*, have less control of their impulses, feel that sex without love is satisfying, and perceived their risk of HIV infection.

Tao (1995) tried to identify historical trends and predictors of high-risk behaviors in gay and bisexual youth, using Social Learning Theory as a conceptual framework. The findings indicated that with the increase of social supports, participants have an increase in their AIDS knowledge, but that good AIDS knowledge does not guarantee that participants change in their high-risk sexual behaviors. High-risk sexual behaviors are correlated with participants' motivation, drug and alcohol use, parental relationship, AIDS knowledge, suicide attempts, and *peer support*.

1.3.2.3 Lack of sexual assertiveness

Hay et al. (1997) found factors associated with unprotected intercourse included greater relationship involvement and time spent together, sexual behavior patterns, less involvement with the gay community, *poor sexual communication skills*, and misperceptions about safe sex. Kelly & Kalichman (1998) also found that *sexual communication skills* is one of the reinforcement value in predicting levels of condom use.

Zombani, Crawford & Williams (2000) explored the relationship between communication and assertiveness in general and sexual contexts and examined each construct's differential ability to predict reported condom use among college students. The results suggested *sexual assertiveness is a better predictor of condom use* than general assertiveness, general communication, and sexual communication.

1.3.2.4 Loss of control for sexual arousal from partner

Catherine (2001) studied about risk-relevant information influenced sexual behavior. The results showed that people were unwilling to engage in intercourse if the person had a history of drug use, a large number of sexual partners, or was not attractive. Individuals rely on *physical attractiveness* when deciding to engage in unprotected sexual intercourse.

Mei & Tzeun (2002) found *that partner's attractiveness* had an influence on people's decision to carry on with risky sexual behaviors. Individual used *physical appearance* of partner as an indication of whether his/her partner was free from HIV infected.

1.3. 3 Situational Domain

Situational reason domain refers *to reasons which were from influence of time or environmental cues.* The subdomains in this domain are presented as followings:

1.3.3.1 Less time available for decision making

Mei & Tzeun (2002) studied about risky sexual behaviors of Singaporean males in Singapore. The result revealed that one went ahead with risky sexual situations because of *their perception that they would lose the short-lived chance at satisfying their sexual urge* if they carried on making a decision whether to have unprotected sex or not.

1.3.3.2 Alcohol/ substance intoxication

Tao (1995) found that *drug and alcohol use* can be accounted for HIV risk reduction. MacDonald et al. (2000) also found that when participants were *intoxicated*, however, those who felt sexually aroused had more favorable attitudes, thoughts, and intentions toward having unprotected sex than did those who did not feel aroused. Sexual arousal is a powerful internal cue that interacts with alcohol intoxication to enhance attitudes and intentions toward risky sexual behaviors. Males encounter risky sexual behavior by being *under the influence of alcohol intoxication* (Mei & Tzeun, 2002). This research was consensus with the study of MacDonald, MacDonald, Zanna & Gong (2000) which showed that for those participants who were intoxicated, they *felt sexually aroused*. The participants showed more favorable attitudes, thoughts, and intentions toward having unprotected sex than did those who did not intoxicated. Sexual arousal is a powerful internal cue that interacts with alcohol intoxication to increase attitudes and intentions toward risky sexual behaviors.

1.3.3.3 Condom unavailability/ inaccessibility

Wuttiwun (1990) found that the variables affecting the use of condom is educational level, perceptions of costs-benefits of condom use, AIDS knowledge, alcohol intoxication and *condom price respectively*. Jadack, et al. (1997) also found that *lack of condom availability* was frequently reported by 11.5% of those reasons of having risky sexual behaviors among males.

1.4 Objectives of the Study

1.4.1 To investigate sexual behaviors of late adolescent and young adult Thai males.

1.4.2 To identify and categorize any possible ineffective strategy which the participants used (or think to use) for prevent them from HIV infection into three domains of reason (i.e. intrapersonal, interpersonal and situational).

1.4.3 To identify any "Illusory Strategy" in these two age groups.

1.5 Limitation of the study

The researcher conducted an in-depth interview as a mean of data collecting in this study. The sample groups of 30 late adolescent and 30 young adult Thai males in Bangkok area cannot be the best representation of what nationwide Thai males think and do. However, if a varied sample is obtained, we can gain useful information about the nature of the phenomena. However, this can be a preliminary study that brings some knowledge about Thai adult males regarding their risky sexual behaviors into the light.

1.6 Operational Definitions

1.6.1 *Late adolescent* refers to males 19-22 year of age in Bangkok area who are undergraduate or graduate students or just on a few years working experience.

1.6.2*Young adult* refers to males 30-35 year of age who are the residence of Bangkok.

1.6.3 *Unprotected sexual behavior* refers to having sexual intercourse without condom use or misused of condom during the sexual episode.

1.6.4 *Intrapersonal reason* refers to any reason that comes from an internal thought, believe, attitude or feeling of each individual. This domain includes beliefs, attitude, misconceptions, self-efficacy, perceived invulnerability, perceived benefits not to use condom, and self- sexual urge.

1.6.5 *Belief* refers to any feeling of certainty that something exists is true, or is good.

1.6.6 *Attitude* refers to the way that individual thinks and feels about something.

1.6.7 ***Misconception*** refers to any idea which is not correct (or ineffective ones) for an individual intend to use for protecting themselves from HIV infection.

1.6.8 *Self-efficacy* refers to confidence in the ability to practice safer sex.

1.6.9 *Perceived Invulnerability* refers to any bias to distort information that negative outcomes are less likely to happen to individual than other people.

1.6.10 *Perceived Benefits* refers to have unprotected sexual encounter refers to any benefit-perception of an individual who intend not using condom during sexual episode.

1.6.11 *Self-sexual urge* refers to strongly sexual desire of an individual.

1.6.12 *Interpersonal reason* refers to a reason resulted from the influence of other people to individual (e.g. his partner, friends). This domain of reason includes trust partner, reinforcement from others, lack of sexual assertiveness, and loss of control for sexual arousal from partner.

1.6.13 *Sexual assertiveness* refers to an ability to accept or refuse clearly in fulfilling one's sexual needs.

1.6.14 *Situational reason* refers to any situation, influencing of time or environmental cues, which dominates people to engage in unprotected sexual behavior. This reason includes less time for decision making, substance abuse or intoxication, and condom unavailability or inaccessibility.

1.6.15 *Condom unavailability/inaccessibility* refers to intention to use condom but because of the unavailability of condoms, inconvenience to use condoms, or the bad quality of condoms, an individual resulted in not using one during the sexual intercourse.

1.6.16 *Sexual Intercourse* refers to a penetration of penis into either vagina or anus.

1.6.17 *Regular Sex Partner* refers to a male or female with whom the participant has had sex for at least one year, or if they have had sex for less than one year, one with whom the participant expects to continue having sexual contact.

1.6.18 *Casual Sex Partner* refers to someone with whom the participant has had sex with sometimes outside of a committed relationship.

1.6.19 *Casual Sex Worker* refers to someone such as prostitute, both woman and man working in massage parlors, bars or on the street who performs sex for money.

1.6.20 *Effective protection strategy* refers to strategy which is effective in reducing risk of getting HIV infection. These strategies include not having sex, mutual masturbation and condom use.

1.6.21 *Ineffective protection strategy* refers to any strategy which is ineffective in protecting ones from HIV infection besides those effective ones. These strategies include oral sex, not using condom, withdrawal technique etc.

1.6.22 *Illusory Strategies* refer to any ineffective strategy which an individual misperceives that strategy is effective in protecting himself from HIV infection.

1.7 Benefits from the study

1.7.1 To identify the reasons associated with unprotected sexual behaviors and strategies used to prevent HIV or STD infection of late adolescent and young adult Thai males.

1.7.2 To help the health researchers to have an understanding of basic reasons of unprotected sexual behaviors of late adolescent and young adult Thai males.

1.7.3 To suggest appropriate intervention and prevention programs for late adolescents and young adults to avoid or to cope with risky sexual behaviors.

CHAPTER 2

METHODOLOGY

The purpose of this research was to study the unprotected sexual behavior (i.e. having sex without correct use of condom during the sexual episode) of late adolescent and young adult Thai males. For the number of participants who reported not using condom, the first purpose was to identify *any possible ineffective strategies* the participants reported of using, or planed to use, in protecting themselves from HIV infection. Then, the *reasons why* they used those ineffective strategies would be identified and classified into each of three domains (i.e. Interpersonal, Intrapersonal, and Situational). The purpose of this latter part was to identify the domain which was an important rationale for Thai males in each age group engaged in unprotected sexual behaviors. In addition, the researcher tried to investigate "Illusory Strategy" in these two age groups.

2.1 Participants

The participants were 68 Thai males in the two age groups; 36 late adolescents (19-22 years) and 32 young adults (30-35 years). To exclude the factor of "*inadequate knowledge about HIV/AIDS"* , the participants were asked to take an HIV/AIDS General Knowledge Test (AIDSGT) before the in-depth interview. All 68 participants went through the interview process but only 60 (30 late adolescents and 30 young adults) who got the AIDSGT scores of more than 70% were recruited as participants of the study and their interview data were further analyzed. The descriptive information of the participants was presented in table 3.1 and 3.31 in chapter 3.

2.2 Instruments

2.2.1 HIV/AIDS General Knowledge Test (AIDSGT)

The AIDSGT was developed by the researcher. There were 14 items which were composed of 5 components of knowledge about HIV/AIDS (Appendix B); general knowledge (4 items), epidemic (1 item), HIV/AIDS infection causes (3 items), treatment (3 items), and prevention (3 items).

2.2.1.1 The test development procedures:

2.2.1.1.1 The researcher reviewed the AIDS or HIV general knowledge tests which were published in Thailand (i.e. Po-on, 1992; Chooto, 1992; Sawangwong, 1990; Wuttiudom, 1993; Krailert, 1994; Manassathit, 1992) and developed 32 items of HIV/AIDS general knowledge under 6 components; general knowledge (6 items), epidemics (3 items), HIV/AIDS infection causes (12 items), symptoms (3 items), treatments (3 items), and preventions (5 items).

2.2.1.1.2 The construct and content validity of the test were validated by an unanimously agreement of three experts (appendix A). All items were approved from the experts with minor language correction.

2.2.1.1.3 A pilot study of the AIDSGT was done with a group of 20 late adolescent males and 20 young adult males. The AIDSGT items were analyzed for the corrected item-total correlation (CITC), at a .05 significant level as shown in Table 2.1. After CITC, the nonsignificant items were excluded and the final version of AIDSGT contained 14 items under 5 components of knowledge with the Cronbach's alpha of .82

Table 2.1 The Corrected Item-Total Correlation of the AIDSGT. (n=40)

Statements	CITC alpha	
	1st Calculation (32 items)	2nd Calculation (14 items)
1. AIDS is the infectious disease caused by the same virus as herpes. (1)[1]	.3429	.4054
2. When someone gets HIV infection, his immunity would be deficient within 12 hours. (2)	.3605	.3048
3. There is an AIDS vaccine now. (3)	.5049	.6269
4. A person who is good-looking and well dressed should not get HIV infection. (4)	.3134	.3626
5. One way to detect AIDS is by blood checking.	.0415	-
6. A person who is sophisticated and well educated has less chance to get HIV infection.	.1884	-
7. There is a small prevalence of HIV positive cases among students. (5)	.3572	.4243
8. The commercial sex workers are the most prevalence group of HIV infection in Thailand.	.0501	-
9. Homosexual and bisexual males are the most risky group of HIV infection.	.0638	-
10. There are many AIDS patients in Thailand who show no symptoms. (6)	.4116	.3892
11. We can get HIV infection by contaminating with body fluid of AIDS patients.	.2356	-
12. We can get HIV infection by mosquito's bite.	.2715	-

[1] The numbers in the parentheses are the final version of AIDSGT item numbers.

Statements	CITC alpha	
	1st calculation (32 items)	2nd Calculation (14 items)
13. We can get HIV infection by sharing a toilet with AIDS patients. (7)	.4138	.4894
14. We can get HIV infection by swimming in the same swimming pool with AIDS patients.	.1226	-
15. All infants get HIV infection from their mothers during the time of delivery.	.2358	-
16. A husband will pass on HIV to his wife if there is no effective protection while engaging in sexual behavior with her.	.0153	-
17. The correct condom use during anal sex can reduce a risk for HIV infection.	.2318	-
18. We can get HIV infection by sharing the dining table with AIDS patients. (8)	.4618	.5261
19. We cannot get HIV infection by touching or talking with AIDS patients.	-.0298	-
20. Oral sex is risky for getting HIV infection.	.0500	-
21. People who share their needles are risky for HIV infection.	.0767	-
22. The AIDS symptoms will appear after a year of infection.	-.0193	-
23. Any AIDS patients who show no symptoms can pass on his HIV to his partner if they do not use condom correctly during the sexual episode.	.2104	-
24. We can detect HIV after 90 days of infection.	.0223	-
25. AIDS is incurable disease. (9)	.4792	.3626
26. We can cure AIDS if we get an early diagnosis. (10)	.5930	.5311

Statements	CITC alpha	
	1st Calculation (32 items)	2nd Calculation (14 items)
27. There is a medication for AIDS nowadays. (11)	.4848	.4057
28. Having a long-term relationship with only one regular sexual partner is an effective way for the HIV protection.	.2029	-
29. Monogamy is one of the HIV protection.	.0087	-
30. Taking an antibiotic medication after having sexual intercourse can kill HIV. (12)	.3703	.5246
31. Correct condom use can reduce a risk for HIV infection. (13)	.4447	.4237
32. Washing genital organs by antiseptic solution before and after having sexual intercourse can prevent HIV infection. (14)	.4397	.6163
Cronbach's Alpha	.73	.82

2.2.1.2 Scoring Criterion

A criterion for AIDSGT scoring is shown in Table 2.2.

Table 2.2. Scoring Criterion for AIDSGT

Score	First AIDSGT Items	Updated AIDSGT items
Yes = 1, No= 0	5, 9, 10, 11, 16, 17, 19, 20, 23, 24, 25, 29, 31	6, 9, 13
No = 1, Yes = 0	1, 2, 3, 4, 6, 7, 8, 12, 13, 14, 15, 18, 21, 22, 26, 27, 28, 30, 32	1, 2, 3, 4, 5, 7, 8, 10, 11, 12, 14

2. 2.2 Semi-structured Interview Form

The Semi-structured Interview Form (Appendix C) was developed by the researcher to assist him during the in-depth interview. The interview was based on the study of Thompson et al. (1996, 1999), Scandell et al. (2000), and Barrett, Suttiwan, Thapinta, Skulphan, Suraprakit, Chanyoo & Bentelspacher (2003) and composed of 3 parts:

2.2.2.1 General sexual behaviors of the participants with their regular sex partners (RSP), their casuals sex partners (CSP), and commercial sex workers (CSW).

This first part of the interview was for over viewing the participants' sexual behavior in general. The interview also asked about their thought and feeling for condom, HIV/AIDS, safe sex, and risky sex. The perceived risky sexual behaviors in which the participants last engaged and the reasons why they performed those risky sexual behaviors were included during this part of the interview.

2.2.2.2 The scenarios about to engage in unprotected sexual behavior with RSP, CSP and CSW.

This part was included in the interview to get information about *any possible ineffective strategies* the participants reported of using, or planed to use, in protecting themselves from HIV infection with three types of sexual partners (RSP, CSP and CSW). Then, the researcher asked for *reasons why* they used those ineffective strategies. A brief summary of scenarios for different sexual partners is presented in table 2.3.

2.2.2.3 The Illusory Strategies checklist.

This part of the interview was to get information about any strategies, whether effective or ineffective, that the participants used and perceived as the effective way to protect them from HIV infection.

There are 32 strategies in this part, based on the study of Barrett et al. (2003). Among these 32 strategies, there are only 3 effective ones; use condom, mutual masturbation and no sex (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002; Thompson et al., 1999). The remaining are all ineffective strategies. Besides those strategies provided, the participants were welcomed to report other strategies that were not included in the checklist.

Table 2.3 Scenario Questions with Three Types of Sexual Partners

	Used Strategy		Scenarios							
	Strategy for protecting yourself from HIV infection	**Your Favorite strategy**	**1. Partner didn't like your initiation of condom use**	**2. There was no condom available at the time of sexual intercourse**	**3. Partner insist not to use condom**	**4. You have ever suspected Partner infecting HIV**	**5. You ever suspected yourself having HIV infection and may pass on the virus to your partner**	**6. Condom slippery or breaking when you were having sexual intercourse**	**7. CSW didn't mention about using condom**	**8. You know this CSW very well**
RSP	X	X	X	X	X	X	X	X		
CSP	X	X	X	X	X	X	X	X		
CSW	X	X	X	X	X	X		X	X	X

2.2.2.4 Validity and Reliability

2.2.2.4.1 The content validity of the questions in the interview form was validated by three psychology professors (appendix A). All experts unanimously agreed with the interview questions with only minor language change. Then, **a pilot study** was conducted with 2 late adolescent males and 2 young adult males to ensure the understanding of the interview questions. There was no language change for the questions at this point.

2.2.2.4.2 The Inter-interviewer agreement of the interview form was performed. To check for accuracy of information during the interview sessions, there were 10 randomized sessions (five sessions for each cohort) to validate inter-interviewers' agreement. The research assistant observed the researcher's interview process and took note of participant's information during the session with no interfering. The inter- interviewer agreement between the researcher and his research assistant was 100 percent agreement after discussion.

2.3 Content Analysis

All reasons the participants reported for engaging in unprotected sexual behaviors during the interview sessions were categorized into three domains; *intrapersonal, interpersonal, and situational*. The researcher developed the categorizing criteria based on literature review and with agreement of the two experts. Two blind raters, using the categorizing criteria presented in table 2.3 did the content analysis of the participants' reasons. The inter-rater agreement was 97.05%, with unanimously 100 percent agreement after discussion.

Table 2.3 Criteria for Content Analysis of Participants' Reasons

Domain	Sub-domain	Sample Statements
• **Intrapersonal Domain**: *Reasons from inner thought or feeling of the individual*.	Attitude/belief or misconceptions	"I don't like condom. I don't feel like using it. It is unnatural."
	Self-efficacy	"I didn't want to wear condom and my girlfriend seemed to OK about that. She said it was up to my decision. She let me do what I wanted."
	Perceived invulnerability	"It's impossible for me to get infected. I am absolutely sure I won't get HIV infection."
	Perceived benefits of having unprotected sexual intercourse	"I considered using condom was good but I didn't like it."
	Self-sexual urge	"At that time, I only thought about having sex. I went ahead without thinking anything except sex."
• **Interpersonal Domain**: *Reasons were from influence of other people (e.g. his partner, friends etc.)*	Trust partner	"She had good sexual history. She couldn't get infected HIV."
	Reinforcement from others / Peer Pressure	"All my friends don't use condom. A real man must fear nothing."
	Lack of sexual assertiveness	"My girlfriend didn't want to use condom. I didn't want to fight with her. So, I ended up having sex without condom."
	Loss of control for sexual arousal from partners	"She was very sexy. I could not stop my sexual urge. I think of nothing at that time only having sex with her"
• **Situational Domain:** *Reasons were from influence of time or environmental cues*	Less time for decision making	"We were in a rush at that time. I had no time to think well. I went ahead having sex without condom."
	Drug/ alcohol intoxication	"I was drunk. I thought nothing except for sex."
	Condom unavailability/ inaccessibility	"We were too lazy to go buying condom. So, we had sex without condom." "We didn't think about having sex that day. We were unprepared. No condom. So, we had sex without condom."

2.4 Data Collection

All interview sessions were conducted in Bangkok. The participants were 36 late adolescent (19-22 years of age) and 32 young adult (30-35 years of age) Thai males. The data collecting procedures were presented as follows:

2.4.1 Initial Recruitment

2.4.1.1 The researcher searched for participants using "Snowball Technique" (Juntavanich, 2002). Once he got a participant referred from his friend or his previous participant, the researcher called that participant to introduce himself, briefly summarize his research, and asked for permission to interview. If the participant agreed, the researcher made an appointment for interview based on participant's preference on date, time, and place that were convenient for the participant.

2.4.1.2 One day before appointment, the researcher called again to reconfirm an appointment with the participant.

2.4.2 Interview Process

2.4.2.1 The researcher introduced himself and his research assistant (if any) to the participant.

2.4.2.2 The participant was informed regarding issue of confidentiality and his freedom to leave or stop the interview at any time. Once the participant agreed, the researcher would continue the interviewing process. There was no participant dropouts in this study.

2.4.2.3 The participant completed the AIDSGT test for approximately 10 minutes. After the test, the interview session started.

2.4.2.4 Each interview session lasted for approximately 30 minutes. Due to the fact that it was a semi-structured interview, the interviewer did not follow each question restrictively. The interviewer was able to conduct a relaxing interview session as far as he kept his interview questions within the framework of the interview form.

2.4.2.5 After interview, each participant was offered a small incentive in appreciation for his time and participation in the study.

2.4.3. Final Recruitment

The researcher checked for AIDSGT scores, only the data of 60 participants who obtained the score of more than 70% (10 out of 14 points) were selected as participants of the study and their data were further analyzed.

2.5 Data Analysis

The participants' data for having unprotected sexual behaviors were analyzed separately of each group cohort and partners. These are main data analysis procedures.

2.5.1 Late adolescent group

2.5.1.1 Adolescents' unprotected sexual behavior with RSP

2.5.1.2 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.1.3 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.1.4 Adolescents' unprotected sexual behavior with CSP

2.5.1.5 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.1.6 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.1.7 Adolescents' unprotected sexual behavior with CSW

2.5.1.8 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.1.9 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.1.10 Illusory Strategies

2.5.2 Young Adult group

2.5.2.1 Adults' unprotected sexual behavior with RSP

2.5.2.2 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.2.3 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.2.4 Adults' unprotected sexual behavior with CSP

2.5.2.5 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.2.6 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.2.7 Adults' unprotected sexual behavior with CSW

2.5.2.8 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

2.5.2.9 A one way ANOVA analysis of variance to compare mean difference of each domain

2.5.2.10 Illusory Strategies report

CHAPTER 3

RESULTS

The main purpose of this research was to study the unprotected sexual behavior (i.e. having sex without correct use of condom during the sexual episode) of late adolescent and young adult Thai males.

The results will be organized and presented under each age group as the followings:

3.1 Late Adolescents

3.1.1 General Background of the Participants

Thirty late adolescent Thai males participated in this study as described in the table 3.1. All of them were university or high-school students. Their age range was 19-22 years with a mean of 21.0 years (S.D. =1.4). The AIDS General Knowledge Test scores (AIDSGT scores) ranged from 10-14 and the mean score was 12.8 (S.D. =1.2).

Table 3.1 General demographic data of late adolescent participants (n=30)

	Range	**Mean**	**SD**
Age	19-22	21.0	1.4
AIDSGT scores	10-14	12.8	1.2

Before starting the depth-interview, the researcher asked the participants a series of open-ended question to examine their general *thought and feelings* about HIV/AIDS, risky sexual behaviors and protective sexual behavior. The questions and answers are presented in Appendix D and the top three answers are presented in Table 3.2.

Table 3.2 Numbers of answer about general thoughts and feelings

Questions	Total Number of Answers	Top Three Answers (n)
1. What do you think about condom?	47	sex (10) safety (10) preventing STDs (9)
2. What do you think about HIV/AIDS?	48	Pity for those who have got HIV infection (8) Scary for those who have got HIV infection (8) Those who have got HIV infection are promiscuous (7)
3. What do you think about safe sex?	53	using condom (23) non-promiscuity (7) prevention (3)
4. What do you think about risky sexual behavior?	45	no condom use (12) CSW (10) promiscuity (9)

Note: n= number of answers

Among the answers, the top three answers for the question "What do you think about condom?" were *sex* (n=10), *safety* (n=10) and *preventing STDs* (n=9). For the second question asking about HIV/AIDS, "What do you think about HIV/AIDS?" the top three answers were *pity* (n=8), *scary* (n=8) and *promiscuity* (n=7). The top three answers for the thought about safe sex were *using condom* (n=23), *non-promiscuity* (n=7) and *prevention* (n=3). The last question was "What do you think about risky sex?" and the top three responds were *no condom use* (n=12), *CSW* (n=10) and *promiscuity* (n=9).

Besides the high scores on the AIDSGT test, the participants' general thoughts and feelings about HIV/AIDS revealed that they were well aware of the issue. They had general knowledge about HIV/AIDS, risky sexual behaviors, and how to protect themselves from HIV infection. This is to confirm that the participants in this study generally had adequate knowledge and understanding of the issue. Interestingly however, it should be noted that there was an indication for feeling of **"unique invulnerability"** among the adolescent participants in the answers of "What do you think about HIV/AIDS?". All answers of that specific question reflected the orientation of thought and feeling toward others, not to themselves. Examples are; scary, pity, promiscuity, we need to help encouraging them, we need to understand them, and bad luck. These answers suggested that the way adolescent participants thought about HIV/AIDS is as something dangerous to people but may not happen to them.

3.1.1.1 Sexual Orientation and Sexual Behavior

With regards to *sexual orientation* (Table 3.3), of the total 30 participants, there were 29 ones reported themselves as heterosexual and only 1 bisexual. No homosexual was reported.

Regarding *sexual behaviors,* there were 23 participants who reported they have had sex only with female partners while 7 participants who reported having sex with both males and females. No one reported having sex only with a male. Interestingly, however, of the 7 participants who reported having sex with both males and females, 6 perceived themselves as heterosexual while 1 perceived himself as bisexual.

Table 3.3 Sexual Orientation and Sexual Behavior of Adolescent Groups (n=30).

Sexual Orientation	Sexual Behavior		
	Sex with male only	Sex with female only	Sex with both male and female
Homosexual (n=0)	0	0	0
Heterosexual (n=29)	0	23	6
Bisexual (n=1)	0	0	1
Total	0	23	7

3.1.1.2 Condom Use

To gain more detail about late adolescents' sexual behavior, the researcher asked them how often they use condom with each type of partner. The answers are as presented in table 3.4.

Table 3.4 Report of condom use with each type of partner (n=30).

	Condom use						No condom use n (%)
	Very often	often	moderate	rare	Very rare	TOTAL n (%)	
RSP (n=29)	3	4	5	1	9	22 (73.3)	7 (26.7)
CSP (n=28)	16	2	3	0	3	24 (85.7)	4 (14.3)
CSW (n=11)	11	0	0	0	0	11 (100.0)	0 (0.0)

RSP = Regular Sex Partner , CSP = Casual Sex Partner , CSW = Commercial Sex Worker

As shown in Table 10, 96.6 % of the adolescent participants (29 of 30) reported they had RSPs. Among these, 73.3 % (22 of 29) reported of condom use with their RSP. However, only 3 persons or 13.7% reported for very consistent use of condom.

There were 93.3% (28 of 30) of the participants who reported having CSP. Of all 28 participants with CSP, 85.7% (24 of 28) reported using condom. Among the condom users, 66.7% of them (16 of 24) used condoms consistent.

Only 36.67% (11 of 30) of the participants reported having sex with CSW. Interestingly, however, all of them (100% or 11 of 11) were very careful in protecting themselves as they reported of very consistent use of condom with the commercial sex workers.

The results showed that the adolescent participants consistent used condom with CSW, but used it less with CSP and RSP. However, comparing between the last two partners, RSP was the partner with whom adolescent participants used condom the least.

The results showed that the condom use behavior of adolescent participants varied according to their sex partners. As in this study, they demonstrated very careful consideration in protecting themselves with commercial sex worker. However, they seemed to have less concerned when having sex with casual sex partner (CSP) and regular sex

partner (RSP). In this case, RSP seems to be the partner with whom Thai adolescents worried the least for engaging in unprotected sexual behavior.

3.1.2 Sexual Behavior with Partners

This section is the result of adolescents' sexual behavior according to their different partners; regular sex partner (RSP), casual sex partner (CSP), and commercial sex worker (CSW).

3.1.2.1 Regular Sex Partner (RSP)

3.1.2.1.1 Strategies for HIV protection.

To investigate any strategies or methods the adolescent participants might use to protect themselves from getting HIV from their RSP, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.5 HIV Protective Strategies with RSP of Adolescent Group

HIV Protective Strategies	Numbers of answer
Condom	19
Blood test before engaging in sexual relationship	5
Trusting partner	4
No strategy	3
Single sex partner	2
Withdrawal technique	1
Total	34

Of all the answers, the top three answers were condom, blood test, and trusting partner. 63.3% of participants (19 of 34) reported of "*condom use*" as their HIV protective strategy, followed by 16.7% (5 of 34) of "*blood test before engaging in sexual relationship*", and 13.3% (4 of 34) of *"trusting in partner"*.

These answers, however, might reflect only their thought or general knowledge about protective strategies for HIV protection. They might not be strategies that adolescent participants

actually used during their sexual episode. To investigate that, the researcher specifically asked the second question "What is the most favorite HIV protective strategy that you used? Please specify only ONE".

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real sexual life. The answers are presented in table 3.6.

Table 3.6 HIV Protective Strategies of Adolescents Actually Used with RSP

Actual Protective Strategies	**Numbers of answer**
Condom	19
Withdrawal technique	4
No strategy	4
Genital cleaning after sex	1
Blood test before engaging in sexual relationship	1
Single sex partner	1
Total	30

When asking about the actual HIV protective strategy of each adolescent participant, the results were quite different from the previous ones. The top three strategies reported were "*condom use*" (19 of 30, or 63.33%), ***"withdrawal technique"*** (4 of 30, or 13.3%) and, surprisingly, *"no strategy"* (4 of 30, or 13.3%).

The results from the first and second questions indicated that the adolescent participants might know about some HIV protective strategies. However, once we compared the answers of Question 1 and 2, it showed that the knowledge they had might not reflect the way they actually behaved in their sexual relationship with RSP. Besides, some strategies reported in both table 3.5 and 3.6 such as ***"withdrawal technique", "Trusting in Partner", "No strategy use", or*** "*Genital cleaning after sex"*, revealed the misconception about HIV protection among the adolescent participants.

The third question during this interview period was about how adolescent participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results were shown in table 3.7.

Table 3.7 Detected Strategies for RSP of Adolescent Group

Detected Strategy	Number of answers
Physical health	10
Daily life behaviors	7
Physical appearance	7
Sex history	7
Enough time getting to know partner before engaging in sexual relationship	6
Blood test	4
Body smell	1
Education	1
Very young age	1
No strategy	2
Total	46

Of the total 46 answers, the top one (10 of 46 or 21.7%) was *"physical health"*. The participants reported of "physical health" as a general observation to check whether their partner looked healthy, pale or fatigue, or having some signs of sores, rash, or skin problems. The second rank (7 of 46 or 15.2%) was "*physical appearances*", "*daily life behavior*", and "*sex history*" of the partners. Physical appearances were reported as good looking, attractiveness, or well dressed. Daily life behaviors were reported as their partners were good girls, no having a party at night, and studying hard. The third ranked answer (6 of 46 or 13.0%) was "*Time getting to know partner before engaging in sexual relationship*", which means they must know their partners for quite some times before deciding to have sexual relationship.

Again, most the answers for this third interview question, except for blood test (8.7% or 4 of 46), revealed the misconception of adolescent participants about signs of HIV infection on their RSP. Even though blood test is an effective answer, it seems to be a theoretical answer rather than an actual behavior since not many people will actually take their partners to check for

HIV infection. Besides, the one-time test is not reliable because it takes about 90 days for HIV to be detectable for blood test currently used in Thailand (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002).

3.1.2.1.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 6 scenarios of the participants engaging, or about to engage, in risky sexual behavior with RSP. For each risky scenario, the participants were asked whether that particular situation has ever occurred to them. If it had occurred, they were asked about the *protective strategies used* in that situation. If it had not occurred, they were asked about the protective strategies they *planned to use*. The answers were judged by the researcher as "effective" or "ineffective" strategies according to the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis and will be reported in the next result topic (1.2.3 Content Analysis).

The 6 risky scenarios and the results are summarized in table 3.8 and are presented as follows;

Table 3.8 Risky Scenarios of Adolescents with RSP

Responses			Scenarios					
			1. RSP didn't like your initiation of condom use	2. There was no condom available at the time of sexual intercourse	3. RSP insist not to use condom	4. You have ever suspected RSP infecting HIV	5. You ever suspected yourself having HIV infection and may pass on the virus to your partner	6. Condom slippery or breaking when you were having sexual intercourse
Occurred	Number of responses		7 (23.33%)	20 (66.67%)	7 (23.33%)	8 (26.67%)	6 (20.00%)	8 (26.67%)
	Actual Strategy Used	Effective Strategy (n)	Condom use (3)	Go buying condom (3) No sex (2)	Condom use (2)	No sex during the period of suspect (2) No sex and break off relationship (1) Condom use (1)	Condom use during the period of suspect (1)	Change condom (5)
		Ineffective Strategy (n)	Sex w/o Condom (4)	Sex w/o Condom (15)	Sex w/o Condom (5)	Sex w/o Condom and blood test (2) Sex w/o Condom and checking behavior (1) Sex w/o Condom and let it be (1)	Think it's impossible (3) Sex w/o Condom and blood test (2)	Sex w/o Condom (3)
Never occurred	Number of responses		23 (76.67%)	10 (33.33%)	23 (76.67%)	22 (73.33%)	24 (80.00%)	22 (73.33%)
	Strategy Planned to Used	Effective Strategy (n)	Negotiate to use condom (2) Insist to use condom (2) No sex (5)	Go buying condom (2) No sex (2)	Insist to use condom (3) No sex (4)	Condom use (7) No sex during the period of suspect (1) No sex and break off relationship (3)	No sex and become a monk (1) No sex and commit suicide (1) Condom use (1)	Change condom (6)
		Ineffective Strategy (n)	Sex without condom (9) Rely on RSP's decision (3) Withdrawal technique (2)	Sex w/o Condom (5) Withdrawal technique (1)	Sex w/o Condom (n= 11) Rely on RSP's decision (5)	Sex w/o Condom and blood test (10) Sex w/o Condom (1)	Think it's impossible (5) Sex w/o Condom and blood test (11) Sex w/o Condom and physical checkup (3) Sex w/o Condom and let it be (2)	Sex with broken condom (16)

Scenario 1: RSP didn't like your initiation for condom use.

1. *This situation has occurred.* Of the 30 adolescent participants, there was only 7 participants (23.3%) reported having that experience during their sexual episode with RSP.

Among these 7 experienced participants, the answers of 3 participants were defined as "effective strategy" ("*insisting for condom use*"). The remaining 4 participants ended up *"having sex without condom"*, which was considered an "ineffective strategy".

2. *This situation has never occurred.* The majority of adolescent participants (23 of 30 or 76.7%) reported no experience in that situation. When the researcher asked for one strategy they planned to use if that situation has occurred, the answers of 9 participants were defined as effective strategies while the remaining 14 were ineffective ones.

The 9 effective answers were "*negotiating for condom use"* (2 of 9),"*insisting for condom use*" (2 of 9), and *"not having sex"* (5 of 9).

The ineffective strategies were "*have sex without condom*" (9 of 14) "*rely on their partner's decision*" (3 of 14), and "*withdrawal technique*" (2 of 14).

Scenario 2: There was no condom available at the time of sexual episode.

1. This situation has occurred. Of those 30 participants, there were 20 persons (66.7%) reported having experience of no condom available at the time engaging sexual intercourse.

Among these experienced participants, there were 3 persons reported they *"went buying condom"* and 2 persons "*did not have sex"* at that time. These answers were defined as "effective strategies". However, there were 15 persons reported they *"had sex without condom"* which was considered an "ineffective" one.

2. This situation has never occurred. The remaining 10 adolescents (10 of 30 or 33.3%) of the adolescent participants reported never having had such experience.

For those who reported that it had occurred, 4 participants planned to use what defined as "effective strategies" (2 persons would *"go buying condom*", and 2 persons would "*not have sex"*) while 6 participants planned for "ineffective strategies" (5 persons would have *"sex without condom"* and 1 person planned to use *"withdrawal technique"*).

<u>Scenarios 3:</u> RSP insisted not to use condom.

1. ***This situation has occurred.*** There were 7 of 30 adolescents (23.3%) reported experiencing of RSP insisted not to use condom during the sexual episode.

Among these 7 participants, there were 2 types of answer reported. One answer was reported by two persons and defined as an "effective strategy" ("*insisted to use condom*"), while the other answer was reported by 5 persons but defined as an "ineffective strategy" ("*sex without condom"*).

2. ***This situation has never occurred.*** There were 23 of 30 adolescents (76.7%) reported never have had such situation.

If occur, 7 persons planned for the strategies defined as "effective" (3 persons would "*insist to use condom"*, and 4 persons would *"not have sex"* at that time). However, there were 16 persons who planned to use "ineffective strategies" (11 persons would have *"sex without condom"*, and 5 ones would "*rely on their partner's decision"*).

<u>Scenario 4:</u> You have ever suspected your RSP infecting HIV.

1. ***This situation has occurred.*** There were 8 of 30 adolescents (26.7%) reported they have suspected their RSP might get HIV infection.

Among these, there were reports of 4 persons that could be defined as "effective strategies". The results showed that 2 of them *"stopped having sex with that RSP during the period of suspicion",* one "*stopped having sex with that RSP permanently and broke off relationship later"*, and the last one reported he did have sex with his suspected RSP with *"condom use"*.

There were reports of the other 4 persons defined as "ineffective strategies". In spite of the suspicion, 2 persons reported *"having sex without condom and went for a blood test later"*, another reported he *"checked for his partner's daily life behavior*" but still had sex without condom, and the last one thought it would be *"his bad luck if he got HIV infection"* and still had sex without condom with his RSP.

2. This situation has never occurred. The majority of adolescent participants (22 of 30 or 73.3%) reported never had this experience. If occur, 11 people reported what can be defined as "effective strategies", while equally 11 ones reports for "ineffective strategies".

The answers defined as effective ones were, 7 people would have sex with "*condom"*, another 3 persons would "*break off their relationship",* and one would "*not have sex at the period of suspicion*".

The ineffective reports of 11 persons were consistent one answer, "*having sex without condom".*

<u>Scenario 5</u>: Have you ever suspected yourself having HIV infection and may pass on the virus to your partner?

1. *This situation has occurred.* There were 6 of 30 adolescents (20.0%) thought they might have got HIV infection. Consequently, there was only one person that reported for a strategy defined as effective one, *"sex with condom during the period of suspicion".*

The remaining 5 people reported behaviors defined as "ineffective strategies" because they continued having sex without condom. Among these 5 ineffective reports; 3 persons thought it *"would be impossible to get HIV infection and continue having sex without condom*", and 2 persons had *"sex without condom and went for a blood test later".*

2. *This situation has never occurred.* Similar to Scenario 4, the majority of adolescents (24 of 30 or 80.0%) reported that this situation never happened to them. Among these 24 inexperienced participants, only 2 persons planned for strategy defined as "effective", which are "*having sex with condom*" (n=1) and *"not to have sex and become a monk"* (n=1).

In contrast, there were 21 persons reported the use of strategies defined as "ineffective". Among these; 11 people reported they "*would have sex without condom, then go having blood test later*", 5 persons reported they *"think it is impossible to get HIV, and continue having sex without condom"*, 3 persons reported they would have *"sex without condom, then having physical checkup later"*, and the remaining 2 persons reported *"let it be, and continue having sex without condom".*

Interestingly, however, there was one adolescent who gave a unique reason that cannot be defined whether effective or ineffective strategy. He reported he *"would stop having sex and commit suicide"*.

Scenario 6: Condom slippery or breaking when you were having sexual intercourse.

1. *This situation has occurred.* There were 8 of 30 adolescents (26.7%) reported they have had such experience. Among the 8 experienced participants, there were 5 persons consistent reported for one "effective strategy" as they *" replaced a broken condom with a new one"*. The other 3 persons uniformly reported they *"continued having sex with broken condom"* which can be defined as an "ineffective strategy".

2. *This situation has never occurred.* The majority of adolescents (22 of 30 or 73.3%) reported never have had such situation. Their answers were similar to the experienced participants in the previous section. A group of 6 participants uniformly reported they *" replaced a broken condom with a new one"* which was defined as an "effective strategy". The other 16 participants uniformly reported they *"continued having sex with a broken condom"* and was defined as an "ineffective strategy"

3.1.2.3 Reasons for using ineffective strategies

In this section, all the reasons for unprotected sexual behavior with RSP that the adolescent participants previously reported from all scenarios' interview were gathered together. These reasons were content analyzed and grouped into subdomains of reason by 2 blind raters. The subdomains, then, were further categorized into 3 major domains according to the criteria described earlier in chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

The results of the study were as follows;

Of the total 30 adolescent participants, there were only two participants who reported all effective strategies in protecting themselves from risky sexual behavior. The remaining 28 participants reported some ineffective strategies during the scenario's interview. When asking

about reasons for using those ineffective strategies, there were a total of 106 reasons reported by 28 adolescent participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by *each participant* (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons, were categorized for subdomains, and then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.9.

Table 3.9 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the result of the group was calculated by combining each participant's data together and calculated for the *mean percent of the group* for the three domains as shown in table 3.10.

Table 3.10 The Mean Percentage of Reasons for Unprotected Sexual Behavior with RSP of the Adolescent Group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
54.1	29.0	33.8	26.1	12.1	18.1

As shown in table 3.10, the mean percentage of domain of reason for unprotected sexual behavior of late adolescents with RSP of Intrapersonal domain is 54.1 (SD=29.0), Interpersonal domain is 33.8 (SD=26.1), and Situational domain is 12.1(SD=18.1)

Table 3.11 ANOVA Table of Reasons for Unprotected Sexual Behavior with RSP of the Adolescent Group (n=28)

	df	SS	MS	F	Sig.
Between groups	2	24732.864	12366.432	19.975	.000***
Within groups	81	50147.635	619.107		
Total	83	74880.499			

*** p<.001

Note: n= numbers of reported participant

A one way between-group analysis of variance was conducted to explore the difference among the three domains of reason (i.e. Intrapersonal, Interpersonal, and Situational domains). There was a statistically significant difference at the $p < .001$ level in the mean percent for the three domains [$F (2, 81) = 19.975$, $p < .001$]. Post-hoc comparisons using Tukey HSD test (table 14) indicated that the mean percent for Intrapersonal domain (M=54.1, SD=29.0) was significantly higher than Interpersonal domain (M=33.8, SD=26.1) and Situational domain (M=12.1, SD=18.1) respectively, at the $p < .01$.

Table 3.12 A Post Hoc Comparison of Reasons for Unprotected Sexual Behavior with RSP of Adolescent Group (n=28).

Reason domains	Intrapersonal (54.1)	Interpersonal (33.8)	Situational (12.1)
Intrapersonal (54.1)	0.00	20.3**	42.0***
Interpersonal (33.8)	-20.3**	0.00	21.7**
Situational (12.1)	-42.0***	-21.7**	0.00

**p< .01, *** p< .001

The results showed that the reasons adolescent participants used unprotected sexual behaviors with their regular sex partners were mainly Intrapersonal (e.g.

misconceptions, perceived invulnerability, and self-sexual urge), followed by Interpersonal, and the least one was Situational.

3.1.2.2 Casual Sex Partner (CSP)

3.1.2.2.1 Strategies for HIV protection.

To investigate any strategies or methods the adolescent participants might use to protect themselves from getting HIV from their casual sex partners, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.13 HIV Protective Strategies with CSP of Adolescent Group

Protective Strategies	Numbers of answer
Condom	23
Sex history checking	2
Spermatocide	2
Body checking	2
Daily life behavior	1
Withdrawal technique	1
Mutual masturbation	1
Total	32

Of all the answers, the top three answers that 71.9% (23 of 32) reported of "*condom use*" as their HIV protective strategy, followed by 6.3% (2 of 32) of "*sex history checking*", 6.3% (2 of 32) of "*spermatocide*", and 6.3% (2 of 32) of "*body checking*". These answers revealed their thought or general knowledge about protective strategies for HIV protection. However, that might not be strategies they actually used. To investigate that, the researcher specifically asked the second question.

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real life. The answers were presented in table 3.14.

Table 3.14 HIV Protective Strategies of Adolescents Actually Used with CSP

Actual Protective Strategy	Numbers of answer
condom	27
No strategy	2
Withdrawal technique	1
Total	30

Each participant could give only one answer. When asking about the preferred HIV protective strategy of each adolescent participant, the results were quite different from the previous ones. The top three strategies reported were "*condom use*" (27 of 30, or 90.0%), ***"withdrawal technique"*** (1 of 30, or 3.3%) and, surprisingly, *"no strategy use"* (2 of 30, or 6.7%).

The results from the first and second questions indicated that the adolescent participants might know about some HIV protective strategies. However, once we compared the answers of Question 1 and 2, it showed that the knowledge they had might not reflect the way they actually behaved in their sexual relationship with CSP. Besides, some strategies reported in table 3.13 and 3.14 such as ***"withdrawal technique",***"*spermatocide", or "body checking"* , revealed the misconception about HIV protection among the adolescent participants. These strategies could not consider effective strategies for HIV protection.

The third question during this interview period was about how the adolescent participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results are shown in table 3.15.

Table 3.15 Detected Strategies for CSP of Adolescent Group

Detected Strategies	Number of answers
Socioeconomic status	1
Body checking	2
History checking	4
Never trust partner	5
health	15
Education level	1
Sexual behavior checking	4
Physical attractiveness	5
Younger age	2
Smell checking	1
Total	40

Of the total 40 answers, The top one (15 of 40 or 37.5%) was *"detected their partner's physical health"*, i.e., whether they looked healthy, had some signs of sores, rash, or skin problems, look pale or fatigue. The second rank (6 of 40 or 15.0%) was "*partner's physical sores*", the third ranked answer (5 of 40 or 12.5%) was *"never trust partner is free of HIV"*.

3.1.2.2.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 6 scenarios of the participants engaging or about to engage in risky sexual behavior with CSP. For each risky scenario, the participants were asked whether that particular situation has occurred to them. If occurred, they were asked about the protective strategies used in that situation. If not occurred, they were asked about the protective strategies they planned to use. The answers were judged as "effective" or "ineffective" strategies following the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis as will be reported in the next topic.

The 6 risky scenarios and the results were summarized in table 3.16 and are presented as follows;

Table 3.16 Risky Scenarios of Adolescents with CSP

Responses			Scenarios					
			1. CSP didn't like your initiation of condom use	2. There was no condom available at the time of sexual intercourse	3. CSP insist not to use condom	4. You have ever suspected CSP infecting HIV	5. You ever suspected yourself having HIV infection and may pass on the virus to your partner	6. Condom slippery or breaking when you were having sexual intercourse
Occurred	Number of responses		6 (20.00%)	14 (46.67%)	4 (13.33%)	9 (30.00%)	6 (20.00%)	2 (6.67%)
	Actual Strategy Used	Effective Strategy (n)	Condom use (2) No sex (1) Mutual Masturbation (1)	Go buying condom (8) Mutual Masturbation (1)	Insist to use condom (2) No sex (2)	No sex (2) Condom use (3)		Change condom (1)
		Ineffective Strategy (n)	Sex w/o condom (2)	Sex w/o condom (5)	-	Sex w/o condom and blood test (3) Sex w/o condom (1)	Sex w/o condom and think invulnerable (1) Reduce having Sex w/o condom (2) Sex w/o condom and let it be (2) Sex w/o condom and have blood test (1)	Sex w/o condom (1)
Never occurred	Number of responses		24 (80.00%)	16 (53.33%)	26 (86.67%)	21 (70.00%)	24 (80.00%)	28 (93.33%)
	Strategy Planned to Used	Effective Strategy (n)	No sex (18) Insist to use condom (4) Mutual Masturbation (1)	No sex (6) Go buying condom (6) Mutual Masturbation (1)	No sex (18) Insist to use condom (4) Mutual masturbation (1)	No sex (13) Condom use (2)	No sex (4) Condom use (1) Suicide (1)*	Stop sex (4) Change condom (13) Mutual masturbation (2)
		Ineffective Strategy (n)	Sex w/o condom (1)	Sex w/o condom (2) Withdrawal technique (1)	Sex w/o condom (3)	Sex w/o condom (1) Sex w/o condom and blood test (4) Sex w/o condom and think invulnerable (1)	Sex w/o condom and physical chekup check up (11) Sex w/o condom and though impossible (7)	Sex with broken condom (9)

<u>Scenario 1</u>: CSP didn't like your initiation for condom use.

1. This situation has occurred. There were 6 of 30 participants (20.0%) reported having that experience during their sexual episode with CSP.

Among these 6 experienced participants, 4 ones reported reasons defined as "effective strategy" which were 2 of *"condom use"*, one of *"not having sex"* and another of "*mutual masturbation"*. In contrast, the remaining 2 participants reported of "*sex without condom use"* which was defined as "ineffective strategy".

2. This situation has never occurred. The majority of adolescent participants (24 of 30 or 80.0%) reported no experience in that situation. When the researcher asked for a strategy they planned to use if that situation has occurred, 23 participants reported strategy which defined as "effective strategy".

Among effective strategies, the answer were *"not having sex"* (18 of 23), *"insist use to condom"* (4 of 23), and "*mutual masturbation"* (1 of 23).

However, there was only 1 remaining participant reported *"sex without condom"* which was defined as "ineffective strategy".

<u>Scenario 2:</u> There was no condom available at the time of sexual episode.

1. This situation has occurred. Of those 30 participants, there were 14 persons (46.7%) reported having experience of no condom available at the time engaging sexual intercourse.

Among these experienced participants, there were 8 persons reported of strategies which considered "effective strategies" as 8 of "*go buying condom"* and 1 of "*mutual masturbating"*. However, there were 5 persons reported they performed *"sex without condom"* which considered an "ineffective" one.

2. This situation has never occurred. There were 16 of 30 persons (53.3%) reported never have had experience of this situation.

If occur, 13 people planned to use what defined as "effective strategies". Among these effective strategies, 6 ones *"would go buying condom"*, another 6 persons *"would not have sex"*, and the remaining *"one would do mutual masturbation"*.

The remaining 3 persons would do what defined as "ineffective strategies". Among these ineffective reports, 2 people planned to *"have sex without condom"* and 1 would *"use withdrawal technique"*.

<u>Scenarios 3:</u> CSP insisted not to use condom.

1. This situation has occurred. There were 4 of 30 participants (13.3%) reported having this experience of CSP insisted not to use condom in the sexual episode.

Among these 4 experienced participants, 2 reported of *"insisting to use condom"* while another 2 reported of "*not having sex"*. All 4 reports were considered as "effective strategy". However, no "ineffective strategy" was reported.

2. *This situation has never occurred*. The majority of adolescent (26 of 30 or 86.7%) reported never have this experience.

When the researcher asked whether strategy they planned to use, 23 reported of what considered as "effective strategy". Among effective strategies reported, 18 ones planned to *"not having sex"*, 4 ones planned of *"insisting to use condom"* , and another one of "*mutual masturbating"*. However, the remaining 3 adolescents planned to do what defined as "ineffective strategy" which was *"sex without condom"*.

<u>Scenario 4:</u> You have ever suspected your CSP infecting HIV.

1. *This situation has occurred*. There were 9 of 30 persons (30.0%) reported that they have suspected their CSP might get infected HIV.

Among these, there were 5 reports that could be defined as "effective strategies" as 3 participants reported of "*condom use"* and another 2 reported of *"stopped having sex with CSP in the period of suspicion"*.

Nevertheless, there were 4 adolescents reported of what defined as "ineffective strategies". Among these 4 ineffective ones, 3 reported of *"sex without condom and went for having a blood test later*", and another one reported of *"sex without condom"*.

2. *This situation has never occurred*. The majority of adolescents (21 of 30 or 70.0) reported not having this experience. If occur, 15 people reported that they planned to do what

can be defined as "effective strategies". Among these effective reports, 13 ones planned to "*no sex"* and another 2 of *"condom use"*.

However, there were remaining 6 persons planned to do what can be defined as "ineffective strategies". Among these ineffective ones, 4 planned to "*have sex without condom and have a blood test later".* Another two planned to have *"sex without condom"*.

<u>Scenario 5</u>: You ever suspected yourself infecting HIV and may pass virus on to your partner

1. ***This situation has occurred.*** . There were 6 of 30 adolescents (20.0%) thought they might have got HIV infection. None reported for a strategy defined as "effective one". Hence, all strategy they used was defined as "ineffective strategies". Among these ineffective reports, 2 of *"reducing sex without condom"*, 2 of *"let it be and continue having sex without condom"*, one of *"sex without condom and thought he had no risk of HIV infection*", and one of *"sex without condom and had a blood test later*".

2. *This situation has never occurred*. The majority of adolescents (24 of 30 or 80.0%) reported that this situation never happened to them. Among these 24 ones, only 5 persons planned to use strategies defined as "effective ones", which were "*no sex"* (n=4) and *" sex with condom"* (n=1).

In contrast, there were 18 persons reported they planned to use what defined as "ineffective strategies". Among ineffective reports, there were 11 adolescents planned to *"have sex without condom, then go for a physical checkup"* while another 3 people planned to *"think it is impossible to get HIV, and continue having sex without condom "*, and last 4 persons for "*trusted their partners would not get HIV infection"*.

However, there was the remaining one participant gave a reason which could not be defined as either effective or ineffective one, which was he planned "*not having sex and commit suicide"*.

<u>Scenario 6:</u> Condom slippery or breaking when you were having sexual intercourse.

1. ***This situation has occurred***. There were 2 of 30 adolescents (6.7%) reported they have had this experience. One person reported what defined as "effective strategy" that he *"replace a broken condom with a new one"* while another one reported of what defined as "ineffective strategy" which was *"having sex without condom"*.

2. ***This situation has never occurred***. The majority of adolescents (28 of 30 or 93.3%) reported they never have had such situation. Among these inexperienced participants, there were 19 persons reported of which defined as "effective strategies" which were 13 of "*replaced a broken condom with a new one*", 4 of "*stop having sex"* and 2 of *"mutual masturbation"*. The remaining 9 participants reported of which defined as "ineffective strategy", which was "*continue having sex with broken condom.*

3.1.2.3 Reasons for using ineffective strategies

All the (or unprotected sexual behavior) with CSP from all scenarios' interview of the adolescent participants were gathered together and content analyzed into subdomains of reason. The subdomains, then, categorized into 3 major domains according to the criteria described earlier in chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

Of the total 30 adolescent participants, there were only six participants who reported all effective strategies in protecting them from risky sexual behavior. The remaining 24 participants reported ineffective strategies during the scenario's interview. When asking about reasons for using those strategies, there were a total of 56 reasons reported by those 24 adolescent participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by <u>*each participant*</u> (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons, were categorized for subdomains, and then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.17.

Table 3.17 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the data of each participant was gathered together and calculated for the *mean percent of the group* for the three domains as shown in table 3.18.

Table 3.18 The Mean Percentage of Reasons for Unprotected Sexual Behavior with CSP of Adolescent group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
59.3	44.3	22.5	33.9	18.2	34.3

As shown in table 3.18, the mean percentage of domain of reason for unprotected sexual behavior of late adolescents with CSP of Intrapersonal domain is 59.3 (SD=44.3), Interpersonal domain is 22.5 (SD=33.9), and Situational domain is 18.2 (SD=34.3).

Table 3.19 ANOVA table of Reasons for Unprotected Sexual Behavior with CSP of Adolescent Group. (n=24).

	df	SS	MS	F	Sig.
Between groups	2	24506.474	12253.237	8.556	.000***
Within groups	69	98815.748	1432.112		
Total	71	123322.22			

*** p<.001

Note: n= numbers of reported participant

A one way between-groups analysis of variance was conducted to explore the difference among the three domains of reason (i.e. Intrapersonal, interpersonal, and situational domains). There was a statistically significant difference at the $p < .001$ level in the mean percent for the three domains [$F (2, 69) = 8.556$, $p < .001$]. Post-hoc comparisons using Tukey HSD test (table 3.20) indicated that the mean percent for Intrapersonal domain (M= 59.3, SD= 44.3) was significantly higher than Interpersonal domain (M= 22.5, SD= 33.9) and Situational domain (M= 18.2, SD= 34.3) respectively.

Table 3.20 A Post Hoc Comparison of Reasons for Unprotected Sexual Behavior with CSP of Adolescent Group (n=28).

Reason domains	Intrapersonal (59.3)	Interpersonal (22.5)	Situational (18.2)
Intrapersonal (59.3)	0.0	36.8**	41.1**
Interpersonal (22.5)	-36.8**	0.0	4.3
Situational (18.2)	-41.1**	-4.3	0.0

**p< .01

The results showed that the reasons adolescent participants had unprotected sexual behavior with their regular sex partners was again mainly for Intrapersonal reasons.

3.1.2.3 Commercial Sex Worker (CSW)

3.1.2.3.1 Strategies for HIV protection.

To investigate any strategies or methods the adolescent participants might use to protect themselves from getting HIV from their commercial sex workers, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.21 HIV Protective Strategy with CSW of Adolescent Group

Protective Strategy	Numbers of answer
condom	29
No kissing	1
Total	30

Of all the answers, the top three answers that 96.3 % (29 of 30) reported of "*condom use*" as their HIV protective strategy. There was only one participant (3.33%) reported "no kissing" as his protection strategy. However, that might not be strategies they actually used. To investigate that, the researcher specifically asked the second question.

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real life. The answers were presented in table 3.22.

Table 3.22 HIV Protective Strategies of Adolescents Actually Used with CSW

Actual Protective Strategy	Numbers of answer
condom	29
No kissing	1
Total	30

Each participant could give only one answer. When asking about the preferred HIV protective strategy of each adolescent participant, the results were not different from the previous ones. The main strategies reported were "*condom use*" (29 of 30, or 96.7%) and the only one participant (3.3%) reported *"no kissing"* as his actually protective strategy.

The third question during this interview period was about how the adolescent participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results were shown in table 3.23.

Table 3.23 Detected Strategy for CSW of Adolescent Group

Detected Strategy	Number of answers
Never trust CSW to be free of HIV	14
health	12
Physical attractiveness	5
Skin sores	5
cleanliness	1
SES	1
Total	38

Of the total 38 answers, the top one (14 of 38 or 36.8%) was *"never trust CSW to be free of HIV*. The second rank (12 of 38 or 31.6%) was "*CSW's health*", the third ranked answer was "*partner's physical attractiveness*" and *"skin sores"* (5 of 38 or 13.2% each)

3.1.2.3.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 7 scenarios of the participants engaging or about to engage in risky sexual behavior with CSW. For each risky scenario, the participants were asked whether that particular situation has ever occurred to them. If occurred, they were asked about the protective strategies used in that situation. If not occurred, they were asked about the protective strategies they planned to use. The answers were judged as "effective" or "ineffective" strategies following the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis as will be reported in the next topic.

The 7 risky scenarios and the results were summarized in table 3.24 and are presented as follows;

Table 3.24 Risky Scenarios of Adolescents with CSW

Responses			Scenarios						
			1. CSW didn't like your initiation of condom use	2. There was no condom available at the time of sexual intercourse	3. CSW insists not to use condom	4. You have ever suspected CSW infecting HIV	5. Condom slippery or breaking when you were having sexual intercourse	6. CSW didn't talk about using condom	7. You were getting to know CSW well, would you use condom?
Occurred	Number of responses		0	1 (3.3%)	0	8 (26.7%)	3 (10.0%)	4 (13.3%)	0
	Actual Strategy Used	Effective Strategy (n)	0	Go buying condom (1)	0	Condom use (8)	Change condom (2)	Condom use(3)	0
		Ineffective Strategy (n)	0	0	0	0	Clean genital after sex (1)	Condom use (1)	0
Never occurred	Number of responses		30 (100.00%)	29 (96.7%)	30 (100.0%)	22 (73.3%)	27 (90.0%)	26 (86.7%)	30 (100.0%)
	Strategy Planned to Used	Effective Strategy (n)	No sex (25) Change CSW and Condom use(2) Insist to use condom (2)	No sex (24) Condom use(4) Change CSW and condom use (1)	No sex (15) Condom use (12) Change CSW and Condom use (1)	No sex (18) Condom use (4)	Change condom (14) Stop sex (3) Mutual masturbation (2)	Condom use (17) No sex (8)	Condom use (30)
		Ineffective Strategy (n)	Sex w/o condom (1)	0	Sex w/o condom (2)	0	Sex with broken condom (2) let it be (2) Sex with broken condom and blood test (4)	sex w/o condom (1)	

<u>Scenario 1</u>: CSW didn't like your initiation for condom use.

1. This situation has occurred. No adolescent reported to have had this experience.

2. This situation has never occurred. All 30 participants (100.0%) reported never have had this experience. When the researcher asked what strategy they planned to do if occurred, there were 29 ones reported of what considered as "effective strategy". Among these effective strategies reported, 25 ones planned to *"not having sex"*, another 2 of *"change CSW and condom use"* and another 2 of "*insisting to use condom"*

Interestingly, however, there was only 1 person who planned to have *"sex without condom"* if CSW was good looking which was considered as "ineffective strategy".

<u>Scenario 2:</u> There was no condom available at the time of sexual episode.

1. This situation has occurred. There was only one adolescent (or 3.3%) reported of having this experience and he "*went buying condom"* which considered as "effective strategy".

2. This situation has never occurred. There were 29 of 30 participants (96.7%) reported never have this experience. If occurred, all of them reported of which considered as "effective strategies" as 24 ones reported *"would not have sex"*, 4 participants of "*condom use*", and 1 of "*changing CSW and sex with condom"*.

<u>Scenarios 3:</u> CSW insisted not to use condom.

1. This situation has occurred. There was no participant reported this situation.

2. *This situation has never occurred.* All 30 participants (100.0%) reported never have this experience. When the researcher asked whether strategy they planned to do, 28 ones reported what considered as "effective strategies". Among effective reports, 15 ones planned of "*not having sex"*, 12 of *"insisting to use condom*" and the last one of *"changing CSW and having sex with condom"*.

However, there were remaining 2 reports what defined as "ineffective strategies". All of them planned to have *"sex without condom use"* by detecting from CSW's physical appearances.

Scenario 4: You have ever suspected CSW infecting HIV.

1. *This situation has occurred*. There were 8 of 30 adolescents (26.7%) reported that they had suspected their CSW would get HIV infection. All of them reported "*condom use"* during the sexual episode which considered as "effective strategy".

2. *This situation has never occurred*. The majority of adolescents (22 of 30 or 73.3%) reported never had this experience. All of them planned to use what defined as "effective strategy". Among these, 18 participants reported of "*not having sex"* and 4 reported of *"condom use"*.

Scenario 5: **Condom slippery or breaking during sexual intercourse**

1. *This situation has occurred*. There were 3 of 30 adolescents (10.0%) reported having this experience. Among these, 2 effective- defined as a report of "*replacing a broken condom with a new one"* while another ineffective- defined as a report of *"cleaning his genital organ after having sex*".

2. ***This situation has never occurred***. The majority of adolescent (27 of 30 or 90.0%) reported that they never had this experience. Among these 27 inexperienced participants, 14 planned to *"replace a broken condom with a new one"*, another 3 planned to "*stop having sex"* and the remaining two planned of "*mutual masturbation"*. The remaining 8 participants reported of what considered as "ineffective strategies". All of them reported of *"continue having sex with broken condom*".

Scenario 6: CSW didn't talk about using condom.

1. This situation has occurred. There were 4 of 30 adolescents (13.3%) reported of having this experience. There were 3 participants reported *"having sex with condom"* which defined as "effective strategy". However, another remaining one reported of "*having sex without condom"* which considered as "ineffective strategy".

2. ***This situation has never occurred***. There were 26 of 30 adolescent participants (86.7%) reported they never had this experience. Among these inexperienced ones, there were 25 reports considered as "effective strategy" which were 17 of *"having sex with condom use"*, and 8

of *"not having sex"*. There was only 1 report of "ineffective strategy" which was "*trying to have sex without condom*" because he thought he would not get HIV infection.

Scenario 7: **You know this CSW very well**.

1. ***This situation has occurred***. No participant reported having known CSW well before having sex.

2. ***This situation has never occurred***. All 30 adolescents (100%) reported they planned to have "*sex with condom"* even though they knew CSW well before having sex which considered as "effective strategy".

3.1.2.3.3 Reasons for using ineffective strategies

All the (or unprotected sexual behavior) with CSW from all scenarios' interview of the adolescent participants were gathered together and content analyzed into subdomains of reason. The subdomains, then, categorized into 3 major domains according to the criteria described earlier in chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

Of the total 30 adolescent participants, there were 20 participants who reported all effective strategies in protecting them from risky sexual behavior. The remaining 10 participants reported ineffective strategies during the scenario's interview. When asking about reasons for using those strategies, there were a total of 14 reasons reported by those 10 adolescent participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by *each participant* (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons were categorized for subdomains, and then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.25.

Table 3.25 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain/	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the data of each participant was gathered together and calculated for the *mean percent of the group* for the three domains as shown in table 3.26.

Table 3.26 The Mean Percentage of Reasons for Unprotected Sexual Behavior with CSW of Adolescent group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
65.0	47.4	30.0	12.6	5.0	15.8

As shown in table 3.26, the mean percent for Intrapersonal domain is 65.0 (SD= 47.4) was significantly higher than Situational domain (M= 5.0, SD= 15.8). However, there was no difference of Intrapersonal and Interpersonal domains as well as no difference of Interpersonal and Situational domain.

Table 3.27 ANOVA table of Reasons for Unprotected Sexual Behavior with CSW of Adolescent Group. (n=10).

	df	SS	MS	F	Sig.
Between groups	2	18166.667	9083.333	6.370	.005**
Within groups	27	38500.000	1425.926		
Total	29	56666.667			

** p<.01

Note: n= numbers of reported participant

A one way between-groups analysis of variance was conducted to explore the difference among the three domains of reason (i.e. Intrapersonal, interpersonal, and situational domains). There was a statistically significant difference at the $p < .01$ level in the mean percent for the three domains [$F(2, 27)= 8.556$, $p < .01$]. Post-hoc comparisons using Tukey HSD test (table 3.28) indicated that the mean percent for Intrapersonal domain (M= 65.0, SD= 47.4) was

significantly higher than Situational domain (M= 5.0, SD= 15.8). However, there was no difference of Intrapersonal and Interpersonal domains as well as no difference of Interpersonal and Situational domain.

Table 3.28 A Post Hoc Comparison of Reasons for Unprotected Sexual Behavior with CSW of Adolescent Group (n=10).

Reason domains	Intrapersonal (65.0)	Interpersonal (30.0)	Situational (5.0)
Intrapersonal (65.0)	0.0	35.0	60.0**
Interpersonal (30.0)	-35.0	0.0	25.0
Situational (5.0)	-60.0**	-25.0	0.0

**p< .01

The results showed that the reasons adolescent participants had unprotected sexual behavior with their regular sex partners were again mainly intrapersonal reasons.

3.1.3 Illusory Strategies

The final part of the interview was about illusory strategies. The purpose of this part of interview was to identify any illusory strategies in which adolescents used, and misbelieved that these were effective methods from getting HIV infection. The researcher would like to test his proposed ideas that Thai adolescents, besides their good knowledge about HIV, still have some misconceptions about effective methods in protecting HIV infection. Illusory strategies were considered to be within the Intrapersonal domain of reasons for unprotected sexual behavior.

There was a 32-item checklist about protective strategies (3 effective and 29 ineffective ones) based on Barrett 's study (Barrett, et al., 2003). In addition, one open-ended question was provided for the participant to report any additional strategy, if different from the items provided. The participants were free to report as many strategies that they actually used, with any types of sex partners. According to the checklist items in this study, the only effective ways of reducing chance for HIV infection were; always use condom, no sex, and mutual masturbation (Krailert,

1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002; Thompson et al., 1999). From all 288 answers of strategies reported by 30 adolescents (Appendix E), only 14.6% of answers (42 of 288) were defined as effective strategies. The remaining 85.4% (246 of 288) were considered ineffective or "illusory strategies". Among them, the top three answers are presented in table 3.29.

Table 3.29 Effective Strategy Report

Illusory Strategy Checklist	Numbers of answer (%)
Condom Use	26 (61.9)
Mutual Masturbation	11 (26.2)
No sex	5 (12.5)

Table 3.30 Illusory Strategy Report

Illusory Strategy Checklist	Numbers of answer (%)
Avoid having sex with the risky group	22 (8.9)
Single sex partner	21 (8.5)
Having sex with only RSP	19 (7.7)
Sexual history checking	16 (6.5)
Having sex with one who is HIV negative	16 (6.5)
Withdrawal technique	14 (5.7)
Avoid having sex with drug user	14 (5.7)
Having known each other some times before having sex	13 (5.3)
Having sex with someone I know well	12 (4.9)
Douching after sex	11 (4.5)

As shown in table 3.30, all the illusory strategies reported by adolescents represented their misconception of HIV protection strategy. These results have confirmed the data from the scenarios interview. That is, besides their good general knowledge about HIV and AIDS of

adolescent participants in this study, they still have some misunderstanding about effective methods in protecting themselves from HIV infection.

3.2 Young Adults

3.2.1 General Background of the Participants

There were 30 young adult Thai males participated in this study as described in the Table 3.31. Their age range was 30-35 years with a mean of 31.9 years (S.D. =2.2). The AIDS General Knowledge Test scores (AIDSGT scores) ranged from 10-14 and the mean score is 12.7 (S.D. =1.0). The mean AIDSGT scores in this age group was less than late adolescent group.

Table 3.31 General demographic data of young adult participants (n=30)

	Range	**Mean**	**SD**
Age	30-35	31.9	2.2
AIDSGT scores	10-14	12.7	1.0

Before starting the depth-interview, the researcher asked the participants a series of open-ended question to examine their general *thought and feelings* about HIV/AIDS, risky sexual behaviors and protective sexual behavior. The questions and answers are presented in Table 3.32.

Table 3.32 Numbers of answer about general thoughts and feelings

Questions	Total Number of Answers	Top Three Answers (n)
1. What do you think about condom?	40	prevention (12) safety (8) convenience (4)
2. What do you think about HIV/AIDS?	41	HIV patients are going to die (9) HIV patients are pitiful (5) HIV patients are in need for encouragement (5)
3. What do you think about safe sex?	44	using condom (19) having sex with RSP only (7) monogamy (6)
4. What do you think about risky sexual behavior?	48	CSW (12) Not using condom (9) Promiscuity (6)

Note: n= number of answers

All the answers were reported in appendix D. Among those, the top three answers for the question "What do you think about condom?" were *prevention* (n=12), *safety* (n= 8) and *convenience* (n=4). For the second question asking about HIV/AIDS, "What do you think about HIV/AIDS?" the top three answers were *death* (n= 9), *pity* (n= 5) and *need for encouragement* (n= 5). The top three answers for the thought about safe sex were *using condom* (n=19), *sex with RSP only* (n=7) and *monogamous* (n=6). The last question was "What do you think about risky

sex?" and the top three responds were *CSW* (n=12), *not using condom* (n=9) and *promiscuity* (n=6).

Besides the high scores on the AIDSGT test, the participants' general thoughts and feelings about HIV/AIDS revealed that they were aware of the issue well. They had general knowledge about HIV/AIDS, risky sexual behaviors, and how to protect themselves from HIV infection. This is to confirm that the participants in this study had adequate knowledge and understanding of the issue. However, in comparison with late adolescent group, the gathered answer from young adult group was rather not different. Interestingly however, it should be noticed that there was an indication for feeling of **"unique invulnerability"** among the adult participants in the answers of "What do you think about HIV/AIDS?" All answers reflected the orientation of thought and feeling toward others, not to themselves. Examples were; fatality, pity, promiscuity, and need of encouragement. These answers suggested that the way adult participants thought about HIV/AIDS is for something dangerous to people but may not happen to them.

3.2.1.1 Sexual Orientation and Sexual Behavior

With regards to *sexual orientation* (Table 3.33), of the total 30 participants, there were 26 ones reported themselves as heterosexual, 2 ones as bisexual, and another 2 as homosexual.

Regarding *sexual behaviors,* there were 22 participants reported they have had sex only with female partners while 6 participants reported having sex with both males and females. There were remaining 2 reported having sex only with male. Interestingly however, of the 6 participants reported having sex with males and females, 4 perceived themselves as heterosexual while 2 perceived them as bisexual.

Table 3.33 Sexual Orientation and Sexual Behavior of Adult Group (n=30).

Sexual Orientation	Sexual Behavior		
	Sex with male only	Sex with female only	Sex with both male and female
Homosexual (n=2)	2	0	0
Heterosexual (n=26)	0	22	4
Bisexual (n=2)	0	0	2
Total	2	22	6

3.2.1.2 Condom Use

To gain more detail about late adults' sexual behavior, the researcher asked them how often they use condom with each type of partner. The answers are as presented in table 3.34.

Table 3.34 Report of condom use with each type of partner (n=30).

	Condom use						No condom use n (%)
	Very often	often	moderate	rare	Very rare	TOTAL n (%)	
RSP (n=29)	4	3	4	6	1	18 (62.1)	11 (37.9)
CSP (n=28)	14	7	2	1	1	25 (89.3)	3 (10.7)
CSW (n=24)	20	2	0	0	1	23 (95.8)	1 (4.2)

RSP = Regular Sex Partner CSP = Casual Sex Partner CSW = Commercial Sex Worker

As shown in Table 3.34, 96.6 % of the participants (29 of 30) reported they had RSP. Among these, 62.1%(18 of 29) reported of condom use with their RSP but only 4 persons or 22.2% reported for very consistent use of condom.

There were 93.3% (28 of 30) of the participants reported having CSP. Of all 28 participants with CSP, 89.3% (25 of 28) reported using condom. Among the condom users, there were 56.0 % or (14 of 25) reported to use condom very consistent.

There were 80% (24 of 30) of the participants reported having sexual intercourse with CSW. Most of them (91.7% or 22 of 24) were very careful in protecting themselves as they reported of very consistent use of condom with the commercial sex workers.

The results showed that the adult participants consistent used condom with CSW, but used it less with CSP and RSP. However, comparing between the last two partners, RSP was the partner with whom adult participants use a condom the least. Moreover, when compare adults' answers with adolescent's group, both groups reported the same pattern of condom use.

The result showed that the condom use behavior of adult participants varied according to their sex partners. As in this study, they demonstrated very careful consideration in protecting themselves with commercial sex worker. However, they seemed to have less concerned when having sex with CSP and RSP. In this case, RSP seemed to be

the partner with whom Thai adults worried the least for engaging in unprotected sexual behavior.

3.2.2 Sexual Behavior with Partners

In this section, the researcher reported the results of adult participants' sexual behavior according to their different partners; regular sex partner (RSP), casual sex partner (CSP), and commercial sex worker (CSW).

3.2.2.1 Regular Sex Partner (RSP)

3.2.2.1.1 Strategies for HIV protection

To investigate any strategies or methods the adult participants might use to protect themselves from getting HIV from their regular sex partners, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.35 HIV Protective Strategies with RSP of Adult group

HIV Protective Strategies	Numbers of answer
Condom	16
No strategy	5
Blood checking before engaging in sexual relationship	3
Trusting in partner	1
Physical health	2
Not practicing oral sex	1
Asking partner taking oral pills	1
Withdrawal technique	1
Basic intercourse position	1
Total	31

Of all the answers, the top three answers were condom, blood test, and trusting partner. 51.6% of participants (16 of 31) reported of "*condom use*" as their HIV protective strategy, followed by, interestingly, 16.1% (5 of 31) of "*no strategy*", and 9.7% (3 of 31) of *"blood checking before engaging in sexual relationship"*.

These answers, however, might reveal only their thought or general knowledge about protective strategies for HIV protection. They might not be strategies that adult participants actually used during their sexual episode. To investigate that, the researcher specifically asked the second question "What is the most favorite HIV protective strategy that you used? Please specify only ONE".

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real life. The answers were presented in table 3.36.

Table 3.36 HIV Protective Strategies of Adults Actually Used with RSP

Actual Protective Strategies	Numbers of answer
Condom	23
Withdrawal technique	2
No strategy	2
Genital cleaning after sex	1
Asking partner taking oral pills	1
Basic intercourse position	1
Total	30

When asking about the preferred HIV protective strategy of each adult participant, the results were quite different from the previous ones. The top three strategies reported were "*condom use*" (23 of 30, or 76.7%), ***"withdrawal technique"*** (2 of 30, or 6.7%) and, surprisingly, *"no strategy"* (2 of 30, or 6.7%).

The results from the first and second questions indicated that the adult participants might know about some HIV protective strategies. However, once we compared the answers of Question 1 and 2, it showed that the knowledge they had might not reflect the way they actually behaved in their sexual relationship with RSP. Besides, some strategies reported in both table 14 and 15, such as ***"withdrawal technique", "No strategy use",*** *or* "*Genital cleaning after sex"* , revealed the misconception about HIV protection among the adult participants. These strategies could not consider effective strategies for HIV protection. Additionally, when compared with adolescent group, the result was quite the same among both age groups.

The third question during this interview period was about how the adult participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results are shown in table 3.37.

Table 3.37 Detected Strategies for RSP of Adult Group

Detected Strategies	Number of answers
Physical health	11
Daily life behaviors	7
Physical appearance	4
Sex history	3
Time getting to know partner before engaging in sexual relationship	6
Blood test	2
Body smell	1
Education	1
Very young age	1
No strategy	7
Intuition	1
SES	2
Personality	1
Total	47

Of the total 47 answers, The top one (11 of 47 or 23.4%) was *"physical health"*. The participants reported of "physical health" as a general observation to check whether their partner looked healthy, pale or fatigue, or having some signs of sores, rash, or skin problems. The second rank (7 of 47 or 14.9%) was "*daily life behavior*" and "*no strategy*" of the partners. Daily life behaviors were reported as their partners were good girls, having no party at night, and studying hard. The third ranked answer (6 of 47 or 12.7%) was "*Time getting to know partner before engaging in sexual relationship*", which mean they must know their partners for quite some times before deciding to have sexual relationship. Again, when compare the result with adolescent group, the overall strategy were not different among the two age groups.

Again, most the answers for this third interview question, except for blood test (8.7% or 4 of 47), revealed the misconception of adult participants about signs of HIV infection on their RSP. Even though blood test is an effective answer, it seems to be a theoretical answer rather than an actual behavior since very few people will actually take their partners to check for HIV infection. Besides, the one-time test is not reliable because it takes about 90 days for HIV to be

detectable for blood test currently used in Thailand (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002).

3.2.2.1.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 6 scenarios of the participants engaging or about to engage in risky sexual behavior with RSP. For each risky scenario, the participants were asked whether that particular situation has occurred to them. If occurred, they were asked about the *protective strategies used* in that situation. If not occurred, they were asked about the protective strategies they *planned to use*. The answers were judged as "effective" or "ineffective" strategies according to the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis and will be reported in the next result topic (1.2.3 Content Analysis).

The 6 risky scenarios and the results were summarized in table 3.38 and were presented as follows;

Table 3.38 Risky Scenarios of Young Adults with RSP

Responses			Scenarios					
			1. RSP didn't like your initiation of condom use	2. There was no condom available at the time of sexual intercourse	3. RSP insist not to use condom	4. You have ever suspected RSP infecting HIV	5. You ever suspected yourself having HIV infection and may pass on the virus to your partner	6. Condom slippery or breaking when you were having sexual intercourse
Occurred	Number of responses		12 (40.0%)	16 (53.3%)	12 (40.0%)	1 (3.3%)	6 (20.0%)	10 (33.3%)
	Actual Strategy Used	Effective Strategy (n)	Condom use (3) No sex (1)	Go buying condom (1) No sex (1)	No sex (1)	0	Condom use in period of suspect (2)	Change condom (6)
		Ineffective Strategy (n)	Sex w/o condom (3) Rely on RSP's decision (2) Withdrawal technique (3)	Sex w/o condom (9) Withdrawal technique (5)	Sex w/o condom (7) Take oral pills (1) Withdrawal technique (3)	Sex w/o condom and physical checkup (1)	Sex w/o condom and blood test (3) Think impossible (1)	sex with broken condom (4)
Never occurred	Number of responses		18 (60.0%)	14 (47.7%)	18 (60.0%)	29 (96.7%)	24 (80.0%)	20 (66.7%)
	Strategy Planned to Used	Effective Strategy (n)	Insist to use condom (2) Stop sex (3)	Go buying condom (1) No sex (3)	Insist to use condom (4) No sex (1)	Condom use (1) Break off relationship (3)	Condom use (5) No sex during the period of suspect (1)	Change condom (6)
		Ineffective Strategy (n)	Sex w/o condom (12) Withdrawal technique (1)	Sex w/o condom (9) Withdrawal technique (1)	Sex w/o condom (13)	Sex w/o condom (5) Sex w/o condom and blood test (16) Sex w/o condom and think impossible (3) Sex w/o condom and physical checkup(1)	Think impossible (6) Sex w/o condom and physical checkup (12)	sex with broken condom (12) Genital cleaning after sex (1) Genital cleaning by alcohol after sex (1)

<u>Scenario 1</u>: RSP didn't like your initiation for condom use.

1. This situation has occurred. Of 30 adult participants, there were 12 participants (40.0%) reported having this experience. Among these experienced ones, 3 participants reported of "*having sex with condom"* and another one reported of *"not having sex"* which considered "effective strategies". On the contrary, there were 8 reports of which defined as "ineffective strategy" which were 3 of *"withdrawal technique"* and 5 of *"relying on their partner's decision"*.

2. *This situation has never occurred*. The remaining 18 of 30 participants (60.0%) reported no experience in this situation. When the researcher asked for one strategy they planned to use if that situation has occurred, 5 of 18 reported the uses of what defined as "effective strategies" while the remaining 13 chose of which defined as "ineffective ones".
Among the 5 effective answers, 2 reports of "*insisting for condom use*" and 3 reports of *"not having sex"*.

However, the ineffective strategies-defined reports were 12 of "*having sex without condom*" and 1 of "*withdrawal technique*".

<u>Scenario 2:</u> There was no condom available at the time of sexual episode.

1.This situation has occurred. Of those 30 participants, there were 16 persons (53.3%) reported having this experience. Among these experienced adults, there were only two participants reported what considered "effective strategies". Among these two effective ones, one participant reported of *"going buy a condom"* and another one of "*not having sex"*

However, there were 14 reports which considered as "ineffective strategies". Among these ineffective reports, 9 ones reported of *"having sex without condom"*, and 5 of *"withdrawal technique"*.

2.*This situation has never occurred*. The remaining 14 of 30 adults (47.6%) reported never having such situation. If occurred, only 4 participant planned to use what defined as "effective strategy" which were one of *"going buy condom*" and another 3 of "*not having sex"*.
However, there were 10 persons reported of which considered as "ineffective strategy" which were 9 of *"sex without condom"* and other remaining one of *"withdrawal technique"*.

<u>Scenarios 3:</u> RSP insisted not to use condom.

1.1This situation has occurred. There were 12 of 30 participants (40.0%) reported having this experience. Among these experienced ones, there was only one report which could be defined as "effective strategy" which was "*insisting to use condom*".

Nevertheless, there were remaining 11 reports of which "ineffective strategy" defined, as 7 of *"sex without condom use"*, 3 of *"withdrawal technique"* and one of *"asking partner to take an oral pill"* as their protective strategy.

2.This situation has never occurred. There were 18 of 30 participants (60.0%) reported never having such situation. When the researcher asked whether strategy they planned to do, 5 ones reported of what defined as "effective strategy". Among effective strategy reports, 4 reported of "*insisting to use condom"* and another one of *"not having sex"*. However, there were remaining 13 persons consistent planned to have *"sex without condom"* which considered as "ineffective strategy".

<u>Scenario 4:</u> You have ever suspected your RSP infecting HIV.

1. *This situation has occurred*. Of all 30 participants, there was only one person (3.3%) reported having this situation. The strategy he used was "*sex without condom"* which considered as "ineffective strategy".

2. *This situation has never occurred*. The majority of adults (29 of 30 or 96.7%) reported never having this experience. If occurred, only 4 people reported of what considered "effective strategies" as 3 reports of ""*stopped having sex with that RSP permanently and broke off relationship later"* and another one of "*having sex with condom".*

However, there were 25 remaining reports considered as "ineffective ones" which were "*having sex without condom use"*.

<u>Scenario 5</u>: *You have ever suspected yourself getting HIV infection and may pass on the virus to your partner.*

1. ***This situation has occurred***. There were 6 of 30 adults (20.0%) thought they might have got HIV infection. As a consequence, 2 participants reported of what considered as

"effective strategy". These effective strategy reports were *"sex with condom during the period of suspicion"*.

Nevertheless, there were remaining 4 people reported of what defined as "ineffective strategy" which were "*sex without condom"*.

2. ***This situation has never occurred***. The majority adults (24 of 30 or 80.0%) reported that this situation never happened to them. Among these inexperienced ones, only 6 persons reported of what defined as "effective strategies". Among these effective strategy reports, 5 reported of "*having sex with condom*" and another one reported of *"not to have sex and become monk"*.

In contrast, there were remaining 18 reports which could be considered as "ineffective strategy". All of them reported of " *having sex without condom*".

<u>Scenario 6</u>: Condom slippery or breaking when you were having sexual intercourse.

1. ***This situation has occurred***. There were 10 of 30 participants (33.3%) reported of having this experience. Among these experienced adults, 6 persons consistent reported of what defined as "effective strategy", which was *"changing condom"*. However, there were 4 people reported of what considered as "ineffective strategy" which was *"continue having sex with broken condom"*.

2 ***This situation has never occurred***. There were 20 of 30 participants (66.7%) reported of no experience in such situation. Among these, there were only 6 people reported of what considered as "effective strategy" which was "*replacing a broken condom with a new one"*. Nevertheless, the remaining 14 reports were considered as "ineffective strategy". Among these ineffective ones, 12 reports of *"continue having sex with a broken condom"* and 2 of "*genital organ cleaning after sex*".

3.2.2.3 Reasons for using ineffective strategies

All the (or unprotected sexual behavior) with RSP from all scenarios' interview of the adult participants were gathered together and content analyzed into subdomains of reason. The subdomains, then, categorized into 3 major domains according to the criteria described earlier in

chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

Of the total 30 adult participants, there was only one participant who reported all effective strategies in protecting them from risky sexual behavior. The remaining 29 participants reported ineffective strategies during the scenario's interview. When asking about reasons for using those strategies, there were a total of 101 reasons reported by those 29 adult participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by *each participant* (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons, were categorized for subdomains, then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.39.

Table 3.39 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the data of each participant was gathered together and calculated for the *mean percent of the group* for the three domains as shown in table 3.40.

Table 3.40 The Percentage Domain of Reasons for Unprotected Sexual Behavior with RSP of Adult group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
37.2	35.2	32.2	23.9	27.2	23.8

Table 3.41 ANOVA table of Reasons for Unprotected Sexual Behavior with RSP of Adult Group. (n=29).

	df	SS	MS	F	Sig.
Between groups	2	1551.724	775.862	.995	.374
Within groups	84	65514.943	779.940		
Total	86	67066.667			

Note: n= numbers of reported participant

A one way between-groups analysis of variance was conducted to explore the difference among the three domains of reason (i.e. Intrapersonal, interpersonal, and situational domains). There was no difference in the mean percent for the three domains [F (2, 84) = 0.995].

The results showed that there was no main reason for adult participants to have unprotected sexual behavior with their regular sex partners.

3.2.2.2 Casual Sex Partner (CSP)

3.2.2.2.1 Strategies for HIV protection.

To investigate any strategies or methods the adult participants might use to protect themselves from getting HIV from their regular sex partners, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.42 HIV Protective Strategies with CSP of Adult Group

Protective Strategies	Numbers of answer
Condom use	23
Sex history checking	2
Spermatocide	2
Body checking	1
Daily life behavior	1
Withdrawal technique	1
Mutual masturbation	1
No oral sex	1
Total	32

Of all the answers, the top three answers that 71.9% (23 of 32) reported of "*condom use*" as their HIV protective strategy, followed by 6.3% (2 of 32) of "*sex history checking*" and 6.3% (2 of 32) of "*spermatocide*". These answers revealed their thought or general knowledge about protective strategies for HIV protection. However, that might not be strategies they actually used. To investigate that, the researcher specifically asked the second question.

These answers, however, might reveal only their thought or general knowledge about protective strategies for HIV protection. They might not be strategies that adult participants actually used during their sexual episode. To investigate that, the researcher specifically asked the second question "What is the most favorite HIV protective strategy that you used? Please specify only ONE".

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real life. The answers were presented in table 3.43.

Table 3.43 HIV Protective Strategies of Adults Actually Used with CSP

Actual Protective Strategy	Numbers of answer
Condom use	29
Withdrawal technique	1
Total	30

Each participant could give only one answer. When asking about the preferred HIV protective strategy of each adult participant, the results were quite different from the previous ones. The reported strategies were "*condom use*" (29 of 30, or 96.7%) and ***"withdrawal technique"*** (1 of 30, or 3.3%).

The third question during this interview period was about how the adult participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results are shown in table 3.44.

Table 3.44 Detected Strategies for CSP of Adult Group

Detected Strategies	Number of answers
Physical appearance	16
SES	4
education	2
Trusting	1
Daily life behavior	7
Physical health	17
Sex history checking	2
Intuition	1
Younger age	1
Never trust CSP	2
Total	53

Of the total 53 answers, the top one (17 of 53 or 32.1%) was *"detected their partner's physical health"*, i.e., whether they looked healthy, had some signs of sores, rash, or skin problems, look pale or fatigue. The second rank (16 of 53 or 30.2%) was "*partner's physical attractiveness"*, e.g. how good looking the partner was. The third ranked answer (7 of 53 or 13.2%) was "*Daily life behavior of a partner"* .

Again, most the answers for this third interview question, revealed the misconception of adult participants about signs of HIV infection on their CSP. Even though blood test is an effective answer, it seems to be a theoretical answer rather than an actual behavior since not many people will actually take their partners to check for HIV infection. Besides, the one-time test is not reliable because it takes about 90 days for HIV to be detectable for blood test currently used in Thailand (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002).

3.1.2.1.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 6 scenarios of the participants engaging or about to engage in risky sexual behavior with CSP. For each risky scenario, the participants were asked whether that particular situation has occurred to them. If occurred, they were asked about the protective strategies used in that situation. If not occurred, they were asked about the protective strategies they planned to use. The answers were judged as "effective" or "ineffective" strategies following the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis as will be reported in the next topic.

The 6 risky scenarios and the results were summarized in table 3.45 and presented as follows;

Table 3.45 Risky Scenarios of Young Adults with CSP

Responses			Scenarios					
			1. CSP didn't like your initiation of condom use	2. There was no condom available at the time of sexual intercourse	3. CSP insist not to use condom	4. You have ever suspected CSP infecting HIV	5. You ever suspected yourself having HIV infection and may pass on the virus to your partner	6. Condom slippery or breaking when you were having sexual intercourse
Occurred	Number of responses		5 (16.7%)	16 (53.3%)	6 (20.0%)	9 (10.0%)	7 (23.3%)	8 (13.3%)
	Actual Strategy Used	Effective Strategy (n)	Condom use (3) No sex (1)	Go buying condom (4) No sex (2)	No sex (2) Mutual masturbation (1)	No sex (2) Condom use (2)	Condom use (2)	Change condom (6)
		Ineffective Strategy (n)	Withdrawal technique (1)	Spermatocide (1) Sex w/o condom (5) Withdrawal technique (4)	Sex w/o condom (1) Spermatocide (1) Withdrawal technique (1)	Let it be (1) Sex w/o condom (4)	Physical checkup (1) Blood test (3) Do nothing (1)	Oral sex (1) sex with broken condom (1)
Never occurred	Number of responses		25 (83.3%)	14 (46.7%)	24 (80.0%)	21 (90.0%)	23 (76.7%)	22 (86.7%)
	Strategy Planned to Used	Effective Strategy (n)	No sex (12) Insist to use condom (10)	No sex (8) Go buying condom (4) Mutual masturbation (1)	No sex (12) Insist to use condom (9)	No sex (13) Condom use (4)	No sex (3) Condom use (3)	No sex (1) Change condom (10)
		Ineffective Strategy (n)	Sex w/o condom (2) spermatocide (1)	Sex w/o condom (1)	Sex w/o condom (3)	Sex w/o condom (4)	Think impossible (6) Physical checkup(7) Blood test (4)	Sex w/o condom (6) Sex w/o condom and blood test (3) Sex w/o condom and genital cleaning (2)

<u>Scenario 1</u>: CSP didn't like your initiation for condom use.

1. This situation has occurred. There were 5 of 30 adults (16.7%) reported having this experience. Among these experienced ones, there were 4 participants reported of what defined as "effective strategy" which were 3 of *"condom use"* and one of *"not having sex"*. In contrast, there was one participants reported he used *"withdrawal technique"* which considered as "ineffective strategy".

2. This situation has never occurred. The majority adults (25 of 30 or 83.3%) reported never having this experience. When the researcher asked what strategy they planned to do if occurred, 22 participants reported of what considered as "effective strategies". Among effective strategy plans, 12 ones planned of *"not having sex"* and 10 ones of *"insisting to use condom*.

Nonetheless, there remaining 3 reports defined as "ineffective strategies". Among those ineffective ones, 2 reports of *"sex without condom"* and another one report of *"spermatocide usage".*

<u>Scenario 2:</u> There was no condom available at the time of sexual episode.

1. This situation has occurred. There were 16 of 30 persons (53.3%) reported having this experience. Among these experienced ones, 6 participants reported of what defined as "effective strategies". Of all effective strategy reports, 4 ones reported of "*going buy condom"* and 2 ones of *"not having sex*".

However, the remaining10 reported considered as "ineffective strategies". Among these ineffective considered reports, 5 ones reported of *"sex without condom"*, 4 persons reported of *"withdrawal technique"* and the remaining one "*spermatocide*".

2. This situation has never occurred. There were 14 of 30 persons (46.7%) reported never have this experience. When the researcher asked whether strategy they planned to use, 13 participants planned to use what defined as "effective strategies". Among these effective one, 8 ones planned of *"not having sex"*, 4 of *"buying condom"*, and another one of *"mutual masturbation"*. There was remaining one participant planned of *"sex without condom"* which considered as "ineffective strategy".

<u>Scenarios 3:</u> CSP insisted not to use condom.

1.This situation has occurred. There were 6 of 30 adult participants (23.3%) reported having this experience. Among these experienced ones, three reports could be considered as "effective strategies" as 2 participants reported of *"not having sex"* while another one of "*mutual masturbation"*. In the contrary, there were 3 reports considered as "ineffective strategies". Among these ineffective considerations, one did *"sex without condom"*, one of *"spermatocide"*, and the last one of *"withdrawal technique"*.

2.This situation has never occurred. The majority of adult participants (24 of 30 or 80.0%) reported never have this experience. When the researcher asked whether strategy they planned to do, 21 reports considered as "effective strategy" as 12 participants reported they *"not having sex"* and 9 ones reported of *"insisting to use condom"*. However, there were remaining 3 reports defined as "ineffective strategies" which were *"sex without condom"*.

<u>Scenario 4:</u> You have ever suspected your CSP might get HIV infection.

1. *This situation has occurred.* There were 9 of 30 participants (10.0%) reported having this experience. Among these experienced ones, 4 reports considered "effective strategies" as 2 reports of "*condom use during the period of suspicion*", another two of "*not having sex"*. Nevertheless, there were 5 participants reported *"sex without condom"* which considered as "ineffective strategy".

2.This situation has never occurred. There were 21 of 30 adults (90.0%) reported not having this experience. When the researcher asked whether strategy they planned to do, 17 people reported that they planned to do of which considered as "effective strategies". As a consequence, 13 people reported of "*not having sex"* and another 4 reported of *"having sex with condom"*. However, there were remaining 4 persons reported what considered as "ineffective strategies". All of them planned of *"having sex without condom"*.

<u>Scenario 5</u>: You ever suspected yourself infecting HIV and may pass on to your partner

1.This situation has occurred. There were 7 of 30 participants (23.3%) thought they might get HIV infection. There were 2 participants reported of what considered as "effective strategy" as *"condom use"*. The remaining 5 participants reported of "*sex without condom*" which considered as "ineffective strategies".

2. *This situation has never occurred*. The majority adults (23 of 30 or 76.7%) reported of not having this experience. Among these inexperience reports, there were 6 participants reported of what defined as "effective strategies" which were 3 of "*not having sex"* and 3 of *" sex with condom"* . In contrast, there were 17 reports of which considered as "ineffective strategies" which were *"sex without condom"*.

<u>Scenario 6:</u> Condom slippery or breaking when you were having sexual intercourse.

1. ***This situation has occurred***. There were 8 of 30 adults (23.3%) reported having this experience. Among these, 6 ones reported of what considered as "effective strategies" which were "*replacing a broken condom with a new one"*. In contrast, another two reports of what defined as "ineffective strategy" which was *"sex with broken condom"*.

2. ***This situation has never occurred***. There were 22 of 30 participants (76.7%) reported they never have this experience. Among these inexperienced ones, 11 reports were defined as "effective strategies" as 10 reports of "*changing condom*" and one of "*stop having sex"*. The remaining 11 participants consistent reported of what defined as "ineffective strategy" which was "*having sex without condom.*

3.2.2.3 Reasons for using ineffective strategies

All the unprotected sexual behavior with CSP from all scenarios' interview of the adult participants were gathered together and content analyzed into subdomains of reason. The subdomains, then, categorized into 3 major domains according to the criteria described earlier in chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

Of the total 30 adult participants, there were only two participants who reported all effective strategies in protecting them from risky sexual behavior. The remaining 28 participants reported ineffective strategies during the scenario's interview. When asking about reasons for using those strategies, there were a total of 63 reasons reported by those 28 adult participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by *each participant* (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons, were categorized for subdomains, and then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.46.

Table 3.46 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the data of each participant was gathered together and calculated for the *mean percent of the group* for the three domains as shown in table 3.47.

Table 3.47 The Content Analysis of Reasons for Unprotected Sexual Behavior with CSP of Adult group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
66.9	41.4	15.2	29.9	17.9	33.2

Note: n=numbers of given answer

As shown in table 3.47, the mean percentage for Intrapersonal domain is 66.9 (SD= 41.4), Interpersonal domain is 15.2 (SD= 29.9), and Situational domain is 17.9 (SD= 33.2).

Table 3.48 ANOVA table of Reasons for Unprotected Sexual Behavior with CSP of Adult Group. (n=28).

	df	SS	MS	F	Sig.
Between groups	2	47604.167	23802.283	19.220	.000***
Within groups	81	100312.50	1238.406		
Total	83	147916.67			

*** p<.001

Note: n= numbers of reported participant

A one way between-groups analysis of variance was conducted to explore the difference among the three domains of reason (i.e. Intrapersonal, interpersonal, and situational domains). There was a statistically significant difference at the $p < .001$ level in the mean percent for the three domains [$F (2, 81)= 19.220$, $p < .001$]. Post-hoc comparisons using Tukey HSD test (table 14) indicated that the mean percent for Intrapersonal domain (M= 66.9, SD= 41.4) was

significantly higher than Interpersonal domain (M= 15.2, SD= 29.9) and Situational domain (M= 17.9, SD= 33.2) respectively.

Table 3.49 A Post Hoc Comparison of Reasons for Unprotected Sexual Behavior with CSP of Adult Group (n=28).

Reason domains	Intrapersonal (66.9)	Interpersonal (15.2)	Situational (17.9)
Intrapersonal (66.9)	0.0	51.7***	49.0***
Interpersonal (15.2)	-51.7***	0.0	-2.7
Situational (17.9)	-49.0***	-2.7	0.0

***p < .001

The results showed that the reasons adult participants had unprotected sexual behavior with their regular sex partners was mainly Intrapersonal reasons.

3.2.2.3 Commercial Sex Worker (CSW)

3.2.2.3.1 Strategies for HIV protection.

To investigate any strategies or methods the adult participants might use to protect themselves from getting HIV from their commercial sex workers, the interview questions were directly aimed to "HIV protection", not just general protection from any sexual transmitted diseases (STDs). During this part of the interview, each participant could give more than one answer.

Table 3.50 HIV Protective Strategy with CSW of Adult Group

Protective Strategy	Numbers of answer
Condom use	28
No oral sex	1
Practice only oral sex	1
Basic sexual intercourse position	1
Avoid having sex with CSW	1
Total	32

Of all the answers, the top three answers that 87.5 % (28 of 32) reported of "*condom use*" as their HIV protective strategy. The remaining 4 participants reported "*no oral sex*" (1 of 4, or 3.1%), "practice only oral sex" (1 of 4, or 3.1%), "basic sexual intercourse position" (1 of 4, or 3.1%), and "avoid having sex with CSW" (1 of 4, or 3.1%) as their protection strategies. However, that might not be strategies they actually used. To investigate that, the researcher specifically asked the second question.

These answers, however, might reveal only their thought or general knowledge about protective strategies for HIV protection. They might not be strategies that adult participants actually used during their sexual episode. To investigate that, the researcher specifically asked the second question "What is the most favorite HIV protective strategy that you used? Please specify only ONE".

This time, the question aimed at only one strategy the participant actually used and preferred to use in their real life. The answers were presented in table 3.51.

Table 3.51 HIV Protective Strategies of Adults Actually Used with CSW

Actual Protective Strategy	**Numbers of answer**
Condom use	29
Two-layer condom	1
Total	30

Each participant could give only one answer. When asking about the preferred HIV protective strategy of each adult participant, the results were rather not different from the previous ones. The main strategies reported were "*condom use*" (29 of 30, or 96.7%) and, interestingly, there was one participant showed his misconception of using "two-layer condom" at the time of sexual episode.

The third question during this interview period was about how the adult participants could detect whether their partners were free from HIV infection. Each participant could give more than one answer. The results are shown in table 3.52.

Table 3.52 Detected Strategies for CSW of Adult Group

Detected Strategy	Number of answers
Physical attractiveness	12
education	1
Never trust CSW	10
Personality	2
Physical health	16
Total	41

Of the total 41 answers, The top one (16 of 41 or 39.0%) was "*CSW's health*". The second rank (12 of 41 or 29.3%) was "*physical attractiveness*" and *"never trust CSW is free of HIV"* (10 of 41 or 24.4%).

Again, most the answers for this third interview question, except for blood test (8.7% or 4 of 41), revealed the misconception of adult participants about signs of HIV infection on their CSW. Even though blood test is an effective answer, it seems to be a theoretical answer rather than an actual behavior since not many people will actually take their partners to check for HIV infection. Besides, the one-time test is not reliable because it takes about 90 days for HIV to be detectable for blood test currently used in Thailand (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002).

3.2.2.3.2 Scenarios of Risky Sexual Behavior

During this interview session, the researcher set up 7 scenarios of the participants engaging or about to engage in risky sexual behavior with CSW. For each risky scenario, the participants were asked whether that particular situation has occurred to them. If occurred, they were asked about the protective strategies used in that situation. If not occurred, they were asked about the protective strategies they planned to use. The answers were judged as "effective" or "ineffective" strategies following the operational definition defined in chapter one. The reasons for using "ineffective strategies" were asked and used for further content analysis as will be reported in the next topic.

The 7 risky scenarios and the results were summarized in table 3.53 and were presented as follows;

<u>Scenario 1</u>: CSW didn't like your initiation for condom use.

1. This situation has occurred. There were only 3 participants (10.0%) reported having this situation. All of the answers were considered as "effective strategy". Among these, 2 reported of *"sex with condom"* and another one of "*not having sex"*.

2. This situation has never occurred. The majority adults (27 of 30 or 90.0%) reported never have this experience. When the researcher asked what strategy they planned to do, 26 ones reported of which considered as "effective strategies" as 22 participants reported of *"not having sex"*, and another 4 of "*insisting to use condom"*. There was only 1 person planned to have *"oral sex"* which considered as "ineffective strategy".

<u>Scenario 2:</u> There was no condom available at the time of sexual episode.

1. This situation has occurred. There were 5 of 30 participants (or 16.7%) reported having this experience. Among these 5, there were only two reports considered as "effective strategy" as one reported of "*buying condom"* and another one of "*not having sex*". The remaining three people reported of "*sex without condom*" which considered as "ineffective strategy".

2. This situation has never occurred. The majority of adults (25 of 30 or 83.3%) reported never having this experience. When the researcher asked whether strategy they planned to use, 23 of 25 reported what considered "effective strategies". Among these effective strategy reports, 17 participants reported of *"not having sex"* and 6 participants reported of "*buying condom"*. However, the remaining two participants reported of "*practicing oral sex*" which considered "ineffective strategy".

<u>Scenarios 3:</u> CSW insisted not to use condom.

1. This situation has occurred. There were 3 participants (10.0%) reported having this experience. Among those 3, two reports considered as "effective strategies" as "*not having sex*" while another one reported of "*sex without condom*" if CSW was good looking which defined as "ineffective strategy".

2.This situation has never occurred. There were 27 of 30 participants (90.0%) reported never have this experience. When the researcher asked whether strategy they planned to use, 25 ones reported of what defined as "effective strategies". Among these effective reports, 16 ones reported of "*not having sex"* and another 9 participants reported of *"insisting to use condom*".

However, there were remaining 2 participants planned to use what defined as "ineffective strategies". One would have *"sex without condom"* if CSW was good looking and another one would ask CSW to "*perform him an oral sex"*.

<u>Scenario 4:</u> You have ever suspected CSW infecting HIV.

1. *This situation has occurred*. There were 4 of 30 participants (13.3%) reported having this experience. Three answers were defined as "effective strategy" as a report of "*condom use"*. The remaining one reported of "*avoid having sex with suspicious CSW*" which considered "ineffective strategy".

2. *This situation has never occurred*. There were 26 of 30 participants (86.7%) reported never having this experience. Among inexperienced adults, all of them planned to use of which considered "effective strategy" as 20 participants reported planned of "*not having sex"* and 6 ones reported of *"sex with condom"*.

<u>Scenario 5</u>: Condom slippery or breaking during sexual intercourse

1. *This situation has occurred*. There were 3 of 30 participants (10.0%) reported having this experience. Among these, 2 participants reported of which considered as "effective strategy" which was "*replacing a broken condom with a new one"* while another one *"performed an oral sex*" which considered as "ineffective one".

2. ***This situation has never occurred***. There were 27 people (90.0%) reported never having this experience. Among these 27 participants, 16 planned to use of what defined as "effective strategy" as 11 planned of *"changing condom"*, and another 5 of "*stop having sex"*. The remaining 11 participants reported of what defined as "ineffective strategies". Among these ineffective plans, 9 of them reported of *"continue having sex without condom*" and another two reported of "*washing their genital organs after sex*".

<u>Scenario 6:</u> CSW didn't talk about using condom.

1. ***This situation has occurred***. There were 4 of 30 participants (13.3%) reported of having this experience. There were two participants reported *"condom use"* and another one reported of "*not having sex*" which were considered as "effective strategies". The remaining one participant reported of "*having sex without condom"* which considered "ineffective strategy".

2. ***This situation has never occurred***. There were 26 of 30 participants (86.7%) reported they never having this experience. All of them planned to use what considered "effective strategy" as 16 of *"condom use"* and 10 of *"not having sex"*.

<u>Scenario 7</u>: You know this CSW very well.

1. *This situation has occurred*. There was one participant (3.3%) reported of having known CSW well before having sex but he reported of *"condom use"* which was defined as "effective strategy".

2. *This situation has never occurred*. The majority adults (29 of 30 or 96.7%) reported of never having this experience. Among 29 inexperienced participants, 27 reports were defined as "effective strategies" as 25 ones planned of "*condom use"* and 2 ones of "*not having sex*". There were 2 participants planned of "*sex without condom*" if they knew her well which considered "ineffective strategy".

3.2.2.3 Reasons for using ineffective strategies

All the unprotected sexual behavior reasons with CSW from all scenarios' interview of the adult participants were gathered together and content analyzed into subdomains of reason. The subdomains, then, categorized into 3 major domains according to the criteria described earlier in chapter two. The content analysis was done by 2 blind raters with 100% inter-rater agreement after discussion.

Of the total 30 adult participants, there were 15 participants who reported all effective strategies in protecting them from risky sexual behavior. The remaining 15 participants reported ineffective strategies during the scenario's interview. When asking about reasons for using those

strategies, there were a total of 27 reasons reported by those 15 adult participants (Appendix F). The reasons were content analyzed as follows.

First, the content analysis was done for the reasons answered by *each participant* (Appendix F). To quantify the reasons of each participant, the total reasons answered by each one was counted. The reasons, were categorized for subdomains, then further categorized under each domain (i.e. interpersonal, intrapersonal, and situational domain). The number of reasons of each participant was calculated for percentage of reasons under each domain as an example in table 3.54.

Table 3.54 Percentage Calculation of each domain of reason.

Interview No.	Total number of answers	Verbatim	Sub domain/	Domain	Summary (by %)		
					Intra	Inter	Situa
1	2	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	inter	50	50	0
		I could do nothing, just let it be	Invulner-ability	intra			
2	2	Up to my RSP, but we rarely used condom.	trust	inter	50	50	0
		We rarely used condom. I didn't feel good to use condom.	belief	intra			
				Average	50.0	50.0	0

Finally, the data of each participant was gathered together and calculated for the *mean percent of the group* for the three domains as shown in table 3.55.

Table 3.55 The Content Analysis of Reasons for Unprotected Sexual Behavior with CSW of Adult group

Intrapersonal Domain		**Interpersonal Domain**		**Situational Domain**	
M (%)	**SD**	**M (%)**	**SD**	**M (%)**	**SD**
66.7	45.0	18.3	30.6	15.0	29.6

As shown in table 3.55, the mean percentage of Intrapersonal domain is 66.7 (SD= 45.0), Interpersonal domain is 18.3 (SD= 30.6) and Situational domain is 15.0 (SD= 29.6).

Table 3.56 ANOVA table of Reasons for Unprotected Sexual Behavior with CSW of Adult Group. (n=15).

	df	SS	MS	F	Sig.
Between groups	2	25083.333	12541.667	9.815	.000***
Within groups	42	53666.667	1277.778		
Total	44	78750.000			

* ** p<.001

Note: n= numbers of reported participant

A one way between-groups analysis of variance was conducted to explore the difference among the three domains of reason (i.e., Intrapersonal, interpersonal, and situational domains). There was a statistically significant difference at the $p < .001$ level in the mean percent for the three domains [$F (2, 42) = 9.815$, $p < .001$]. Post-hoc comparisons using Tukey HSD test (table 3.57) indicated that the mean percent for Intrapersonal domain (M= 66.7, SD= 45.0) was significantly higher than Interpersonal domain (M= 18.3, SD= 30.6) and Situational domain

(M= 15.0, SD= 29.6). However, there was no difference of Interpersonal and Situational domains.

Table 3.57 A Post Hoc Comparison of Reasons for Unprotected Sexual Behavior with CSW of Adult Group (n=15).

Reason domains	Intrapersonal (66.7)	Interpersonal (18.3)	Situational (15.0)
Intrapersonal (66.7)	0.0	48.4**	51.7**
Interpersonal (18.3)	-48.4**	0.0	3.3
Situational (15.0)	-51.7**	-3.3	0.0

**p< .01

The results showed that the reasons adult participants had unprotected sexual behavior with their regular sex partners were mainly Intrapersonal reasons.

3.2.3 Illusory Strategies

The final part of the interview was about illusory strategies. The purpose of this part of interview was to identify any illusory strategies in which adolescents used, and misbelieved that these were effective methods from getting HIV infection. The researcher would like to test his proposed ideas that Thai adolescents, besides their good knowledge about HIV, still have some misconceptions about effective methods in protecting HIV infection. Illusory strategies were considered Intrapersonal domain of reasons for unprotected sexual behavior.

There were 32-item checklist about protective strategies (3 effective and 29 ineffective ones) based on Barrette's study (Barrette, et al., 2003). In addition, one open-ended question was provided for the participant to report any additional strategy, if different from the items provided. The participants were free to report as many strategies that they actually used, with any types of sex partners. According to the checklist items in this study, the only effective ways of reducing chance for HIV infection were; always use condom, no sex, and mutual masturbation (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001; Thato, 2002; Thompson et al., 1999). From all 254

answers of strategies reported by 30 adults (Appendix E), only 15.4% of answers (39 of 254) were defined as effective strategies. The remaining 84.6% (215 of 254) were considered ineffective or "illusory strategies". Among them, the top ten answered are presented in table 3.58.

Table 3.58 Effective Strategy Report

Illusory Strategy Checklist	Numbers of answer (%)
Condom Use	27 (69.2)
Mutual Masturbation	8 (20.5)
No sex	4 (10.3)

Table 3.59 Illusory Strategy Report

Illusory Strategy Checklist	Numbers of answer (%)
Avoid having sex with the risky group	26 (12.1)
Single sex partner	17 (7.9)
Avoid having sex with drug user	15 (7.0)
Having known each other some times before having sex	15 (7.0)
Having sex with one who is HIV negative	14 (5.7)
Having sex with only RSP	13 (5.3)
Having sex with someone I know well	12 (4.9)
Douching after sex	12 (4.9)
Sexual history checking	12 (4.9)
Withdrawal technique	10 (4.7)

As shown in table 3.59, similar to adolescent group, even though the most chosen item was condom use, which represent their knowledge of protection strategy, adults group presented their misconception of HIV protection strategy. As a result, their chosen strategies were avoid

risky group, having single sex partner, avoid drug users, and having sex after getting to know for a while. All of the latter 4 items were ineffective strategies for HIV protection.

CHAPTER 4

DISCUSSION

The main purpose of this research was to *study the unprotected sexual behavior* of late adolescent and young adult Thai males despite their good knowledge of HIV. The definition of "unprotected sexual behavior" was defined earlier in this study as "having sexual intercourse without condom use, or misuse of condom during the sexual episodes", or sometimes stated shortly as "no consistent use of condom" in the discussion.

The first investigation was whether participants had engaged in unprotected sexual behaviors, despite their good education and good knowledge about HIV/AIDS. Then, the reasons *why* they had unprotected behaviors were identified and classified into each of the three categories (i.e. Interpersonal, Intrapersonal, and Situational). In addition, the researcher identified "*Illusory Strategies"* or misconceptions of these two age groups in protecting themselves from HIV infection.

There were 60 males that participated in the study, 30 late adolescents and 30 young adults. The age range of the Late Adolescent group was between 19-22 years old, and the Young Adult group was between 30-35 years. Following the criteria for recruitment of participants in this study, all the participants passed the test for HIV/AIDS knowledge above the good level or 70% (range 71.4-100.0%, mean 91.1%). The semi-structured interview was conducted for each participant and lasted for approximately 30 minutes. The themes of sexual behaviors in semi-structured interview were developed from research studies of Thompson et al. (1996, 1999), Scandell et al. (2000) and Barrett et al. (2003). The questions in the interview were about

(1) General sexual behaviors of the participants with their regular sex partners (RSP), their casuals sex partners (CSP), and commercial sex workers (CSW),

(2) The scenarios of participants engaged or about to engage in unprotected sexual behaviors with RSP, CSP and CSW, and

(3) Illusory strategies in protecting themselves from HIV infection.

The results of the study are discussed according to the purposes of the study:

4.1 Whether the participants have engaged in unprotected sexual behaviors, despite their good education and good knowledge about HIV/AIDS.

Results from table 3.4 and table 3.34 in chapter three showed that, despite the good knowledge about HIV/AIDS, most adolescents and young adult males in this study still engaged or planned to engage in unprotected sexual behaviors by having sex with no consistent use of condoms.

However, these unprotected sexual behaviors or the report of not using condom regularly seem to ***vary according to sexual partners*** (Table 3.4 and 3.34). Both of the two age groups demonstrated very careful consideration in protecting themselves when having sex with CSW, but less concerned with CSP and RSP. The percent of consistent use of condoms was highest for CSW and very low for RSP and CSP.

The results suggested that *sexual partners* have important effect on sexual protective behaviors. In addition, however, the results have demonstrated that sexual partners also play an important effect on the amount of sexual encounters of the participants.

The findings showed that the late adolescent group reported they had more ***sexual encounters*** with their RSP and CSP but very few with CSW. A similar finding is also found in the young adult group. This should be because the participants in both age groups perceived CSWs as the riskiest partner and a major source of HIV transmitters (Table 3.4 and 3.34). The highest percent of consistent condom use with CSW can support this idea. Examples of their perceptions for CSW were; "I absolutely have no trust for CSW", "CSW is a risky group", "Even though she is very pretty, I have no trust in her and I insist to use condom". On the contrary, the higher percent of sexual encounters with RSP and CSP, and the lower percent of consistent condom use with these two partners are because the participants perceived of these partners as safe and free from HIV infection. However, comparing between the two, RSP ranked the lower percent of consistent condom use than CSP. Some examples of their perceptions of trust for RSP and CSP were; "I am sure that my girlfriend (RSP) is free from AIDS", "My girlfriend (RSP) is dating only with me for a while. There's no chance for her to get HIV infection", "She's (CSP) quite young. She should be free from HIV infection", "She (CSP) is good looking and I don't think she will have AIDS".

These results are similar to a study of Thai adolescents by Tungkulboriboon et al. (1999). The participants in their study were vocational and high school students in Khon Kaen province. They reported that the percent of condom use among adolescents varied by partners as shown by a report of 52.6% with CSW, but only 15.8% with RSP and CSP combined. Similar results in Thailand were found from two studies of late adolescents' risky sexual behaviors by Katianurak (1992) and Puttikanont (1994).

In addition, the results of several multiracial studies are also supportive for the concept of "trusting partner, then no condom use", especially with RSPs, found in this study. WHO's report (WHO, 1999) on Nepalese men's unprotected sexual behaviors found that the "trust of girlfriends or lovers" was the key factor that influenced them not to use condom during the sexual episode. The study of Thompson et al. (1996) also reported that many U.S. college students refused to use condom with RSP but still felt protected from HIV if they had a monogamous relationship with the RSP and a good sexual history. Recently, Mei & Tzeun (2002) studied factors affecting Singaporean males in engaging in risky sexual behavior. Their results revealed that most of Singaporean males consistent used condom when they engaged in sexual intercourse with CSWs whom they perceived as the riskiest partners for HIV transmission.

Even for the case of homosexual relationships, RSPs are also perceived as less risky. Stall et al.(1992) noted that U.S. gay men perceived less risky of HIV infection if they had sexual encounter with primary partner or RSP. Choi et al. (1999) also studied gay men in San Francisco and found that these men would not use condom in their sexual relationship with RSP because they trusted their partners.

The results of this study and the supportive studies mentioned earlier all point to the importance of RSP status on male's unprotected sexual behavior. This is because RSPs are related to the concept of "trust", which consequently influences the males not to use condom consistent to protect themselves from HIV infection.

In summary, the results suggested that even though the Thai males in both age groups have good education and good knowledge about HIV/AIDS, they still have engaged in unprotected sexual behaviors. Their unprotected sexual behaviors (i.e. not consistent use of condom), and the amount of sexual encounters seem to associate with types of sexual partners. This is because the males perceived trust differently for different partners. The CSW was perceived as the riskiest group and ranked the highest for reports of consistent condom use while the RSP seems to be the most trusted ones and ranked the lowest group for the males' consistent use of condom.

4.2 What are the reasons *for* the Thai males in both late adolescent and young adult groups to engage in unprotected sexual behaviors (i. e. not using condom consistent)? Do they have any "Illusory Strategies" to protect themselves from HIV infection?

As mentioned earlier, "trust" seems to be one reason for Thai males in both late adolescent and young adult groups to engage in unprotected behaviors. Besides trust, there were more reasons identified in this study. As shown in appendix F, the total of 365 answers reported by 30 adolescents and 30 young adults during the scenario interviews was classified into many subcategories of reasons; such as, misbelieve, perceived invulnerability, sexual urge, trust, lack of sexual assertiveness, drug or alcohol intoxication, condom unavailability, loss of control for sexual arousal from partners, and less time for decision making. These subcategories were further grouped into 3 categories of reasons, namely Intrapersonal, Interpersonal, and Situational domains.

With an exception of RSP, the "Intrapersonal" reasons were significantly more reported across the two male groups as reasons for having unprotected sexual behaviors with CSP and CSW (table 3.12, 3.20, 3.28, 3.41, 3.49, 3.57). There was no difference between "Interpersonal" and "Situation" reasons with those two partners as reported by both male groups.

In summary, the pattern of reasons reported by both male groups for having unprotected sexual behavior with CSP and CSW are similar. The reasons for RSP, however, are quite different. In late adolescent group, the adolescents reported significantly more intrapersonal reasons than interpersonal and situational reasons respectively (Table 3.12). In young adult group, there was no difference among the three domains of reasons for having unprotected sexual behavior with RSP. Again, RSP seems to be distinguished from other types of partner that researcher should be interested for further investigation.

In general, the results show that the major domain of reasons for unprotected sexual behavior of the Thai males is "Intrapersonal Domain". Each subcategory of Intrapersonal Domains as identified in this study, which are, misbelief or misconception, perceived invulnerability, and sexual urge.

Since the "Intrapersonal Domain" is found to be a major category of reasons for unprotected sexual behavior of the Thai males in this study, the researcher will focus his discussion on the "Intrapersonal Domain" and further discuss each subcategory as follows.

4.2.1 Intrapersonal Domain

4.2.1.1 Misbeliefs or misconceptions.

There were some misconceptions among males in both of the age groups about reasons not to use condom. They misbelieved they had good reasons for not using condom. In other words, they misbelieved they had other effective methods to protect themselves from HIV infection, and they did not need to use condoms. These misconceptions or misbeliefs have also been defined as "illusory strategies" by researchers (Scandell et al., 2000; Barrett et al., 2003). Examples of strategies that both groups of Thai males reported for protecting themselves from HIV were ***withdrawal technique,*** *genital cleaning after sex, blood test after sex, taking oral contraceptives, using spermatocides, etc.* (e.g. Table 3.5, 3.6, and 3.43). These revealed the misconception about HIV protection among the participants.

The misconceptions found in this study can be grouped together as follows;

4.2.1.1.1Confusion between HIV protective strategies and pregnancy protective strategies.

Any reports such as *withdrawal technique*, *taking oral contraceptives, or using spermatocides,* indicated that the participants had confused ideas between HIV protective strategies and pregnancy protective strategies. It is true that condom is an effective method for both HIV protection and birth control but some participants may generalize this concept to other birth control methods. This result is supported by the study of Kegeles et al. (1989) about the misunderstanding of young men who *believed* that the withdrawal method could prevent them from getting HIV infection.

4.2.1.1.2 The concept of "Safe Sex" and "HIV transmission"

In this study, many answers during the interviews showed that the participants had misconceptions about the concept of "safe sex" and "the route for HIV transmission". For example, one young adult gay man reported that "if my boyfriend is gentle with me during sexual intercourse, this should be safe and reduce chance to get HIV infection". Two young adult males reported that "if you refuse to do oral sex for your partner (but can still having regular sexual intercourse), you won't get HIV infection". One young adult male, who reported himself as having sex with both female and male, reported that "Having sex by performing a basic position (missionary position) is safe because this is gentle and you won't get any tearing during the intercourse". This same person and one adolescent male also reported the use of "double-layer condom" or put two condoms on top of each other to ensure better HIV protection. In fact, this "double-layer condom" method is considered risky

because it increases the chance for condom break during intercourse (Krailert, 1994; Promyoo, 1987; Simtaraj, 2001).

Many studies from other countries also found this type of misconception. Hay et al. (1997) noted that *misperception about safe sex* was one factor associated with unprotected sexual intercourse of young gay men with their boyfriends. Surez et al. (2001) also reported the misbeliefs among some gay and bisexual men about HIV transmission. They believed that "receptive unprotected anal sexual intercourse" is the most risky one to get HIV infection, followed by "insertive unprotected anal intercourse", and "oral sex to ejaculation", respectively. The "oral sex without ejaculation" was perceived as less risky than the first three.

4.2.1.1.3 The HIV killing agents.

Another type of misconception found in this study is about the use of some cleaning solutions to "kill HIV". During the scenario interview of "condom break or slippery during intercourse", one young adult male reported that they "will continue having intercourse with broken condom and use *alcohol* to clean his genital after the intercourse". Another young adult male and one adolescent male also reported similar answer but one planned to use antiseptic and the other one would use soap.

The misconception that "cleaning or disinfecting" can kill HIV was reported by one study in Thailand by Swangdee & Isarapakdi (1990). They reported that some CSW had misconception that the use of antiseptic after having sex without condom use can kill HIV and they would be safe from HIV infection.

4.2.1.2 Perceived Invulnerability

Within the Intrapersonal Domain, "Perceived Invulnerability" is one subtype of reasons for unprotected sexual behavior among Thai males in this study (Appendix F). As stated earlier in chapter 1, "**Unique Invulnerability"** is "*a bias to distort information so that negative outcomes are less likely to happen to individual than other people*" (Bee & Boyd, 2002, p. 202). According to the psychosocial development theory (Erikson, 1963, 1983) and Snyder's study (Snyder, 1997), that suggested the strong perception of unique invulnerability among adolescents but less perceived in adults, the researcher expected that late adolescents might differ from young adults about the

perception of this concept. The adolescent males in this study were expected to engage in risky sexual behavior because of "Unique Invulnerability" more than young adult males.

The result in this study did not support the researcher's idea. The results from table 3.2 and 3.32 and the appendix F can imply that both male groups were similar to each other in term of "Unique Invulnerability". This is because when both male groups answered the interview questions about "General Sexual Behavior-Thought and Feeling about HIV/AIDS", most of the answers are similar between the two groups and reflected the orientation of thought and feeling toward others, not to themselves. For example, the answers for the question "What do you think about HIV/AIDS?" were; *the infected people are scary feeling, pity for them, promiscuity of those infected people, we need to help encouraging them, we need to understand them, and fatality of those people*, etc. Most of these answers seem to be concluded that even though males in both age groups in this study perceived the severity of HIV/AIDS, they did not perceive that they could get HIV infection.

Furthermore, during the scenario interview "Have you ever suspected yourself getting HIV infection and may pass on your virus to your partners?", Twenty-five young adults and twenty-two adolescents reported similar answers such as "I don't think I would get HIV infection", "It could not happen to me", and "It's impossible for me to get HIV infection" (Appendix F).

The answers in this study suggested the way both groups of Thai males in this study perceived HIV/AIDS as something dangerous to other people but would not happen to them. These answers can imply that both male groups are similar to each other in term of perception of "Unique Invulnerability". The studies of Frankenberger (2000) and Green et al. (2000) support this finding. They reported that even though adolescents are reported to be different from adults in term of unique invulnerability, when splitting adults into 3 groups, the recent research showed that there is no difference between adolescents and young adults in this characteristic. Frankenberger (2000) suggested that the concept of "uniqueness" or "egocentrism" does not present only in adolescence but extend at least into early adulthood.

This similar result was reported by the study of Stall et al. (1992). They studied a comparison of younger and older gay men's HIV risk-taking behavior. The results indicated that "*a lower perceived impact of the AIDS epidemic on their sexual behavior",* which is a perception of unique invulnerability. This reason was confirmed by the study of Buchanan (1992). That study explored the utility of the Health Belief Model (HBM) in predicting sexual risk taking, and identified the psychosocial reasons that may predict sexual risk taking in gay and bisexual males in Washington D.C.

The result showed that one of the major reasons associated to sexual risk taking behavior among gay and bisexual males was *perceived invulnerability*.

Kelly & Kalichman (1998) suggested that *perceived invulnerability* related to condom use intention. This study was in agreement with the study of Wulfret & Wan (1993), Reitman et al. (1996), Thompson et al. (1996), and World Health Organization (1999) as described in the following.

Wulfret & Wan (1993) found that even though high-school students were well informed about HIV transmission, they still reported not feeling at risk for HIV infection, and many of them actively engaged in risky sexual behavior by not using condom. Similarly, Reitman, et al. (1996) evaluated predictors of risky and safer behavior among three groups of low-income African American adolescents, ones who use condoms consistent, ones who used condom inconsistent, and ones who do not use condom at all. The result revealed that the adolescents generally did not perceive they were at risk for HIV infection.

Thompson, et al. (1996) investigated the roles of *costs, benefits*, and *perceptions of invulnerability* in condom use. In multiple regression analyses, the high amount of condom use in the past was related to less perception of unique invulnerability, low-risk sexual behavior, and inexperience in sex. Less intention to use condom in the future was associated with high perception of unique invulnerability and low perception of present risk. World Health Organization (1999) revealed that most resident (89%) and non-resident (85%) men in Nepal who have had casual sex partners *did not perceived themselves to be at risk of contracting STDs/HIV* and did not use condom with their partners.

4.**2.1.3. Self-sexual urge**

Self-sexual urge also found as one major type of reasons reported for unprotected sexual behavior under the Intrapersonal Domains for both late adolescents and young adult males in this study

At first, the researcher expected that adolescent males should have more reports for reasons under this type than young adults because the adolescent are in the period of sexual experimentation (Huberman, 2002) and might not be able to control their sexual impulses well. The results showed that both groups of males reported having self-sexual urges. For example, during the scenario interview of "Condom break or slippery during intercourse", one adult reported that he would

continue the intercourse because “I must have great sexual desire at that time”, another adult reported similarly and his reason to continue the sexual intercourse was because of “my lust”. Six adults and thirty-two adolescents reported of that experience of condom breaking and he continued the intercourse. The reason commonly reported by all adults was similar to adolescents that was because “ I had sexual urge and want to reach orgasm” or “at that time, all my thought was about my orgasm”.

One explanation of *Self-sexual urge* among Thai males in this study is because these two groups of males are in the period of being sexually active. Besides, all the males in this study are single and the premarital sexual relationship in Thai culture is still not openly acceptable. Once they are having sexual intercourse, they may have great urge from the excitement to spend the high intimate time with their partners. They may want to satisfy themselves at that moment rather than interrupting their desire even for any practical reasons. This is because the reaching of orgasm is such a strong desire of human being, especially during the middle of sexual intercourse. The report of MacDonald et al. (2000) seems to support this idea. They stated that sexual arousal is a powerful internal cue to enhance attitudes and intentions toward risky sexual behaviors.

4.2.2 Interpersonal Domain

This study also found reasons for late adolescent and young adult Thai males engaged in unprotected sexual behaviors under the domain of Interpersonal domain. The subcategories of reasons under this domain found in this study are trust between partners, reinforcement from others, lack of sexual assertiveness, and loss of control for sexual arousal from partner. Among these subcategorized reasons of Interpersonal domain, “trust between partners” seems to be the outstanding reason.

There were 79 answers from both age groups (32 answers of late adolescents and 47 answers of young adults) indicating that “trust” was the reasons for them to engage in unprotected sexual behavior. Most of the answers from both adolescents and young adults reported trust with RSP. Only 3 answers of adolescents reported trust with CSP and 1 answer with CSW. Similarly, only 2 answers of young adults reported trust with CSP and 1 with CSW. Examples are, “I trust my partner because she behaves well” or “I’m absolutely sure my partner would never get HIV infection”. When asking about RSP, 29 young adults and 29 adolescent males reported they were having RSP at the time of the interview. Interestingly, however, young adults reported more reasons under the issue of trust for

RSP (n=44) than adolescents (n=32). It may be because young adults are in the developmental period of "Intimacy versus Isolation" (Erikson, 1968). Their developmental task is in the period of partner selection and some even agree to have concrete commitment with their RSP (Huberman, 2002). This may affect the way young adults focus their answers to "trust of their RSP" more than adolescents.

The concept about trusting partner, especially RSP, was discussed earlier in the previous discussion. Many studies have supported that "Trusting partner" is considered a risk factor for HIV infection. Mei and Tzeun's study (Mei & Tzeun, 2002) reported that one of the risky factor for unprotected sexual behavior (i.e. not using condom) was "trust their partner would be free from HIV infection". The WHO's study (WHO, 1999) in Nepal noted that one reason for men not using condom during sexual intercourse was because they trusted their girlfriends. Moreover, Catherine's study (Catherine, 2001) reported that the intention to use condom was associated to "trust partner". She stated that people intended not to use condom with their partner if their partner had a good sexual history. Choi et al. (1999) also noted that "trusting a partner in a relationship" is the powered predictor for people engaging in unprotected sexual intercourse.

4.2.3 Situational Domain

Even though situational domain was not the main finding in this study, there were a small group of Thai males reported reasons under this domain as their reasons for not using condom. Among the 59 answers from both adolescent and young adult males in this study, "condom unavailability" (n=57) is a main subcategory found under this domain. Another subcategory, "alcohol and drug intoxication", was detected but with a smaller number (n=2) compared to the first one.

The subcategory of "condom unavailability" was identified when the participants reported that they intended to use condom but because of the unavailability of condoms, inconvenience to use condoms, or the bad quality of condoms, they resulted in not using during the sexual intercourse. "Condom unavailability" was subcategorized for 15 answers from adolescent groups and 42 answers from young adults', during the two scenario interviews, "condom broke or slippery during the sexual intercourse" and "no condom available at the time of sexual episode". Examples are; *"It was not my fault. I did use the condom at first but I didn't notice of condom breaking. It was out of my control. It's because of the bad quality of the condom"* or "I *intend to use condom, but if I have no condom available at that time, I would perform sex without condom*".

However, it should be noted that if asking further, "condom unavailability" was usually reported as coupled with other reasons. It is possible that the unavailability of condom itself may lead to other reasons such as, trust partner, sexual urge, or loss of control for sexual arousal from partner. However, the reasons that were identified under this subcategory in this study were all reasons that based on *primary intention to use condom*. Otherwise, they will be identified under other subcategories.

Condom accessibility is important. The study of Wuttiwun (1990) in Thailand stated that condom price is one of variables affecting the amount of condom use among late adolescents. In the U.S., Jadack et al. (1997) also found that *lack of condom availability* was reported for 11.5% of reasons for having risky sexual behaviors among males.

Conclusion and Suggestion

It is surprising to find that even though both age groups of participants in this study are educated Thai males with a high score on general knowledge test of HIV/AIDS (AIDSGT), they could not always apply their theoretical knowledge to sexual practice. This result indicates that any campaign that provides only general knowledge to people may not be effective. Since the results indicates the major role of "Intrapersonal Domain" of reasons for unprotected sexual behaviors among both groups of Thai males in this study, the campaign to educate people should focus more on this domain. The misconceptions within each group of people should be clarified. Many appropriate campaigns specific to solve the misconceptions or illusory strategies are highly needed as effective protective strategy in the society. Training sessions to clarify the misconceptions should be presented to small groups of people using the scenario settings similar to the scenario interview in this study. Once the participants reported any misconceptions, the group can discuss for that answer and finally the instructor can give the right feedback and the clarification of each misconception. The training sessions may be more appropriate for a high-risk group because the instructor can give feedback directly to the audience.

Another method that aims for mass education can be a booklet of misconceptions frequently found among people in our society. The booklet should provide the reader with the clarification for each misconception. The correct information should be provided for each misconception and make it simple and convenient for people to understand the point and be able to adapt into the safe sexual practices.

Another interesting finding is the importance of relationships with RSP. This is because RSP is related to the concept of "trust", and consequently influences the males not to use condom consistent to protect themselves from HIV infection. If trust is applied to CSP, this group of partner should be included also.

This may be another explanation why general knowledge these Thai males learned from school about HIV/AIDS or from the government's campaign does not seem to apply to their real lives. Most of the campaign and knowledge provided to the public in Thailand are about general knowledge of the HIV transmission and how people can protect themselves from viral infection. The CSW is presented to the public as the risky group for HIV transmission (Ministry of Public Health, 1990; Narapanich, 1996; Wuttiwan, 1989) and the results showed that Thai males are well aware in protecting themselves when having sex with this group of partner. However, the importance of RSP as the risky group, or may be the riskiest one, seems to be left out. Besides, the concept of "trust" between sexual partners is also very important and considered as being an "illusory strategy". This is because one may easily "misplace his trust" with the wrong person and finally getting HIV infection from that trusted partner.

Finally, it was shown in the study that both group of Thai males tend to rely on their perception of "unique invulnerability" for HIV infection. Therefore, the campaigns such as "AIDS for All-No Exception even for You" should be strongly publicized.

CHAPTER 5

CONCLUSIONS AND SUGGESTIONS

The purpose of this research is to study the unprotected sexual behavior of late adolescent and young adult Thai males. The first investigation was whether late adolescent and young adult males have engaged in unprotected sexual behaviors, despite their good education and good knowledge about HIV/AIDS. After that, the reasons *why* they have had unprotected behaviors were identified and classified into each of the three categories namely Interpersonal, Intrapersonal, and Situational domains. In addition, the researcher identified "*Illusory Strategies"* or misconceptions of these two age groups in protecting themselves from HIV infection.

5.1 Objectives of the study

5.1.1 To investigate sexual behaviors of late adolescent and young adult Thai males.

5.1.2 To identify and categorize any possible ineffective strategy which the participants used or think to use to prevent them from HIV infection into three domains of reason (i.e. intrapersonal, interpersonal and situational).

5.1.3 To identify any "Illusory Strategy" in these two age groups.

5.2 Participants

There were 60 males that participated in the study, 30 late adolescents and 30 young adults. The age range of the Late Adolescent group was between 19-22 years old, and the Young Adult group was between 30-35 years. Following the criteria for recruitment of participants in this study, all the participants passed the test for HIV/AIDS knowledge above the good level or 70% (range 71.4-100.0%, mean 91.1%). The semi-structured interview was conducted for each participant and lasted for approximately 30 minutes. The themes of sexual behaviors in semi-structured interview were developed from research studies of Thompson et al. (1996, 1999), Scandell et al. (2000) and Barrett et al. (2003). The questions in the interview were about

(1) General sexual behaviors of the participants with their regular sex partners (RSP), their casuals sex partners (CSP), and commercial sex workers (CSW),

(2) The scenarios of participants engaged or about to engage in unprotected sexual behaviors with RSP, CSP and CSW, and

(3) Illusory strategies in protecting themselves from HIV infection.

5.3 Procedures

5.3.1 Initial Recruitment

5.3.1.1 The researcher searched for participants using "Snowball Technique" (Juntavanich, 2002). Once he got a participant referred from his friend or his previous participant, the researcher called that participant to introduce himself, briefly summarize his research, and asks for permission to interview. If the participant agreed, the researcher made an appointment for interview based on participant's preference on date, time, and place that were convenient for the participant.

5.3.1.2 One day before appointment, the researcher called again to reconfirm an appointment with the participant.

5.3.2 Interview Process

5.3.2.1 The researcher introduced himself and his research assistant (if any) to the participant.

5.3.2.2 The participant was informed regarding issue of confidentiality and his freedom to leave or stop the interview at any time. Once the participant agreed, the researcher would continue the interviewing process. There was no participant dropout in this study.

5.3.2.3 The participant completed the AIDSGT test for approximately 10 minutes. After the test, the interview session was started.

5.3.2.4 Each interview session lasted for approximately 30 minutes. Due to the fact that it was a semi-structured interview, the interviewer did not necessarily to follow each question restrictively. The interviewer was able to conduct a relaxing interview session as far as he kept his interview questions within the framework of the interview form.

5.3.2.5After interview, each participant was offered a small incentive in appreciation for his time and participation in the study.

5.3.3 Final Recruitment

The researcher checked for AIDSGT score, only the data of 60 participants who obtained the score of more than 70% (10 out of 14 points) were selected as participants of the study and further analyzed.

5.4 Data Analysis

The participants' data for having unprotected sexual behaviors were analyzed separately of each group cohort and partners. These are main data analysis procedures.

5.4.1 Late adolescent group

5.4.1.1 Adolescents' unprotected sexual behavior with RSP

5.4.1.2 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.1.3 A one way ANOVA to compare mean difference of each domain

5.4.1.4 Adolescents' unprotected sexual behavior with CSP

5.4.1.5 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.1.6 A one way ANOVA to compare mean difference of each domain

5.4.1.7 Adolescents' unprotected sexual behavior with CSW

5.4.1.8 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.1.9 A one way ANOVA to compare mean difference of each domain

5.4.1.10 Illusory Strategies

5.4.2 Young Adult group

5.4.2.1 Adults' unprotected sexual behavior with RSP

5.4.2.2 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.2.3 A one way ANOVA to compare mean difference of each domain

5.4.2.4 Adults' unprotected sexual behavior with CSP

5.4.2.5 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.2.6 A one way ANOVA to compare mean difference of each domain

5.4.2.7 Adults' unprotected sexual behavior with CSW

5.4.2.8 Content analysis of reasons into three main domain of reasons; intrapersonal, interpersonal and situational reasons

5.4.2.9 A one way ANOVA to compare mean difference of each domain

5.4.2.10 Illusory Strategies report

5.5 Results

5.5.1 Most late adolescent and young adult males in the study have engaged in unprotected sexual behaviors despite their good education and good knowledge about HIV/AIDS.

5.5.2 The main reasons for both the late adolescent and young adult groups in having had unprotected sexual behaviors are the Intrapersonal domain of reasons.

5.5.3 Both the late adolescents and young adults have reported "Illusory Strategies" in protecting themselves from HIV infection.

5.6 Suggestions

5.6.1 The future study should take in female group at the same age in order to compare whether pattern of having unprotected sexual behaviors is the same or not.

5.6.2 The authority should set up the appropriate intervention differently for each types of sex partners in both age groups.

5.6.3 Misconception, perceived invulnerability, as well as issue of trust for safe sex practice are in need for intervention.

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Appendices

Appendix A

List of Experts

HIV/AIDS General Knowledge Test (AIDSGT)

1. Associate Professor Sompoch Iamsupasit, Ph.D. Faculty of Psychology, Chulalongkorn University
2. Professor Surasak Taneepanichskul, M.D. Faculty of Medicine, Chulalongkorn University
3. Associate Professor Darawan Thapinta, Ph.D. Faculty of Nursing Science, Chiang Mai Uninversity

Semi-structered Interview Form

1. Associate Professor Sompoch Iamsupasit, Ph.D. Faculty of Psychology, Chulalongkorn University
2. Associate Professor Darawan Thapinta, Ph.D. Faculty of Nursing Science, Chiang Mai Uninversity
3. Associate Professor Puntip Sirivannabood, Ph.D. Faculty of Psychology, Chulalongkorn University

Appendix B

AIDS GENERAL KNOWLEDGE TEST (AIDSGT)

<u>ตอนที่ 1</u> แบบวัดความรู้ความเข้าใจเกี่ยวกับโรคเอดส์

ข้อความ	ถูก	ผิด	สำหรับผู้วิจัย
1. โรคเอดส์เป็นโรคติดต่อทางเพศสัมพันธ์ที่เกิดจากเชื้อไวรัสชนิดหนึ่งซึ่งเป็นตัวเดียวกับไวรัสที่ทำให้เป็นโรคเริม			
2. เมื่อได้รับเชื้อ HIV เข้าสู่ร่างกายแล้วจะทำให้ภูมิคุ้มกันเสื่อมลงภายใน 12 ชั่วโมง			
3. ในปัจจุบันนี้มีวัคซีนป้องกันโรคเอดส์ได้แล้ว			
4. คนที่แต่งกายสะอาด เนื้อตัวสะอาด ไม่น่าจะมีเชื้อ HIV ได้			
5. ปัจจุบันไม่ค่อยมีการระบาดของเชื้อ HIV ในกลุ่มนักศึกษา			
6. ในปัจจุบันมีผู้ติดเชื้อ HIV โดยไม่แสดงอาการเป็นจำนวนมากในประเทศไทย			
7. คนปกติสามารถได้รับเชื้อ HIV จากการใช้ห้องน้ำร่วมกับผู้ติดเชื้อ HIV			
8. การรับประทานอาหารกับผู้มีเชื้อ HIV ทำให้มีโอกาสได้ติดเชื้อ HIV			
9. เมื่อป่วยเป็นโรคเอดส์แล้วไม่มีทางรักษาให้หายขาดได้			
10. โรคเอดส์สามารถรักษาให้หายขาดได้ถ้ารู้ตัวตั้งแต่ระยะเริ่มแรก			
11. ปัจจุบันมียารักษาโรคเอดส์ให้หายขาดได้			
12. การกินยาฆ่าเชื้อหลังการร่วมเพศสามารถทำลายเชื้อ HIV ได้			
13.การใช้ถุงยางอนามัยอย่างถูกวิธีทุกครั้งจะลดการเสี่ยงต่อการติดเชื้อ HIVได้			
14. การใช้น้ำยาฆ่าเชื้อโรคล้างอวัยวะเพศก่อนและหลังมีเพศสัมพันธ์สามารถป้องกันการติดเชื้อ HIVได้			

ตอนที่ 2 ข้อมูลทั่วไปเกี่ยวกับผู้ตอบแบบสอบถาม

1.อายุ .....ปี

2. ระดับการศึกษา

- ☐ มัธยมศึกษา
- ☐ อนุปริญญา
- ☐ ปริญญาตรี
- ☐ ปริญญาโท
- ☐ ปริญญาเอก

3. บทบาททางเพศ

- ☐ รักต่างเพศ
- ☐ รักสองเพศ
- ☐ รักเพศเดียวกัน

4. ประสบการณ์ทางเพศ

- ☐ เฉพาะต่างเพศเท่านั้น
- ☐ เฉพาะเพศเดียวกันเท่านั้น
- ☐ ทั้งต่างเพศและเพศเดียวกัน

APPENDIX C

SEMI-STRUCTURED INTERVIEW FORM

แบบสัมภาษณ์

<u>แนะนำตัว (Introduction)</u>

สวัสดีครับ เรากำลังทำการศึกษาเกี่ยวกับโรคเอดส์และพฤติกรรมทางเพศ และอยากได้ข้อมูลจากบุคคลทั่วไปว่ามีความคิดและรู้สึกอย่างไรในเรื่องนี้ การสัมภาษณ์ครั้งนี้จะเป็นความลับที่สุด จะไม่มีการบันทึกชื่อหรือข้อมูลใด ๆ ที่เป็นการระบุถึงตัวคุณได้เลย ข้อมูลที่ได้จากการสัมภาษณ์ครั้งนี้ จะนำไปรวมกัน เพื่อวิเคราะห์และวิจัยถึงสิ่งที่คนทั่วไปคิดและปฏิบัติในภาพรวม

ในการวิจัยครั้งนี้ เราต้องการสัมภาษณ์ผู้ที่มีกิจกรรมทางเพศอย่างสม่ำเสมอ ซึ่งหมายถึง <u>การมีเพศสัมพันธ์ภายในระยะเวลาไม่เกิน 1 ปีที่ผ่านมา</u> คุณเป็นอย่างนั้นหรือไม่

☐ **ไม่ใช่** *ขอบคุณสำหรับการสละเวลาให้ความร่วมมือ* (สัมภาษณ์คนอื่นต่อ)

☐ **ใช่** *ระหว่างการสัมภาษณ์ ถ้าคุณรู้สึกไม่สะดวกใจในการพูดถึงเรื่องบางเรื่อง คุณ <u>ไม่จำเป็น</u>ต้องตอบคำถามนั้น หรือคุณสามารถ<u>หยุดให้สัมภาษณ์เมื่อไรก็ได้</u>โดยไม่มีข้อแม้ใด ๆ ทั้งสิ้น*

คุณเข้าใจชัดเจนถึงสิ่งที่ผมอธิบายเกี่ยวกับงานวิจัยนี้ และแนวทางที่เราจะสัมภาษณ์คุณแล้วนะครับ

☐ **ไม่เข้าใจ** (อธิบายใหม่)

☐ **เข้าใจ** ……. *ผมอยากจะได้รับการยืนยันจากคุณว่าคุณยินยอมที่ให้สัมภาษณ์หรือไม่*

☐ **ไม่ยินยอม**…….. *ขอบคุณมากครับที่ได้สละเวลาคุยกับเรา*

☐ **ยินยอม** <u>**เริ่มสัมภาษณ์**</u>

แบบบันทึกการสัมภาษณ์

สำหรับผู้สัมภาษณ์ อ่านคำนิยามที่ขีดเส้นใต้ให้ผู้ถูกสัมภาษณ์ฟัง ***คำสัมภาษณ์เป็นตัวเอียง*** คำสั่งสำหรับผู้สัมภาษณ์อยู่ในวงเล็บ สำหรับคำถามปลายเปิด ให้เวลาผู้เข้าร่วมการสัมภาษณ์คุยอย่างเสรี ชี้นำเมื่อเขามีปัญหาเกี่ยวกับเรื่องที่พูด ถามถ้าคุณไม่เข้าใจในสิ่งที่เขาพูด ถ้ามีการพูดถึงบางประเด็นที่น่าสนใจ แต่ไม่ได้อยู่ในหัวข้อสัมภาษณ์ ให้คุยเกี่ยวกับเรื่องนั้นในเชิงลึก

ข้อตกลงเบื้องต้น

ผู้ให้สัมภาษณ์เป็นเพศชายวัยรุ่นตอนปลาย (อายุ 19-22 ปี) และกลุ่มวัยผู้ใหญ่ตอนต้น (อายุ 30-35 ปี) โดยทั้งหมดยังไม่มีสถานภาพสมรสในปัจจุบัน

คำนิยาม (Definitions) อ่านให้ผู้ถูกสัมภาษณ์ฟังและต้องแน่ใจว่าผู้ถูกสัมภาษณ์เข้าใจหัวข้อเหล่านั้น

การร่วมเพศ (Sexual intercourse) หมายถึง การมีเพศสัมพันธ์โดยมีการสอดใส่อวัยวะเพศชายเข้าไปในช่องคลอดและ/หรือทวารหนัก

คู่ถาวร หมายถึง แฟน คนรัก หรือคู่หมั้น หรือคนที่คุณต้องการจะรักษาความสัมพันธ์ในระยะยาว ทั้งนี้ คุณและคู่ถาวร ต้องตัดสินใจคบกันในฐานะแฟนมาไม่น้อยกว่า 6 เดือนแล้ว

คู่นอนชั่วคราว (Casual sex partner) หมายถึง คนที่คุณมีเพศสัมพันธ์ด้วยโดยไม่มีข้อผูกมัดใด ๆ

ผู้ขายบริการทางเพศ (Casual sex worker) หมายถึง ผู้ที่คุณต้องจ่ายเงินเพื่อมีเพศสัมพันธ์ด้วย เช่น โสเภณี ผู้ที่ทำงานในสถานอาบอบนวด หรือ บาร์ เป็นต้น

ตอนที่ 1 ข้อมูลพื้นฐาน

ประกอบด้วยข้อคำถามเกี่ยวกับข้อมูลส่วนบุคคลเพื่อตรวจสอบเกี่ยวกับความคิดเห็นและพฤติกรรมทางเพศของผู้ให้สัมภาษณ์แต่ละคน เพื่อทำความรู้จัก สร้างความคุ้นเคยกับผู้ให้สัมภาษณ์ ข้อมูลที่ได้จะไม่นำมาวิเคราะห์ แต่จะแสดงเป็นข้อมูลเชิงบรรยาย (Descriptive Information) เพื่อให้เข้าใจพฤติกรรมทางเพศของผู้ให้สัมภาษณ์แต่ละคน

ในช่วงแรก เราขอทราบข้อมูลเกี่ยวกับพฤติกรรมทางเพศของคุณหน่อยนะครับ

คุณอายุกี่ปี ตอบ ..... ปี

1. พฤติกรรมทางเพศกับคู่ถาวร/แฟน (Regular Sex Partner: RSP)

มีการใช้ถุงยางอนามัยขณะที่มีเพศสัมพันธ์กับแฟนของคุณหรือไม่ □ใช้ □ ไม่ใช้

คุณใช้ถุงยางอนามัยในขณะที่มีเพศสัมพันธ์มากน้อยเพียงใด

□มากที่สุด □ มาก □ปานกลาง

□ น้อย □น้อยที่สุด

กรุณาอธิบายเหตุผลที่คุณและแฟนของคุณตัดสินใจว่าจะใช้หรือไม่ใช้ถุงยางอนามัย

.....

คุณมีวิธีตกลงกันได้อย่างไร และใครเป็นผู้ตัดสินใจในที่สุด

.....

2. พฤติกรรมทางเพศกับคู่นอนชั่วคราว (Causual Sex Partner: CSP)

มีการใช้ถุงยางอนามัยขณะที่มีเพศสัมพันธ์กับคู่นอนชั่วคราวของคุณหรือไม่ □ใช้ □ ไม่ใช้

คุณใช้ถุงยางอนามัยในขณะที่มีเพศสัมพันธ์มากน้อยเพียงใด

□มากที่สุด □ มาก □ปานกลาง

□ น้อย □น้อยที่สุด

กรุณาอธิบายเหตุผลที่คุณและคู่นอนชั่วคราวของคุณตัดสินใจว่าจะใช้หรือไม่ใช้ถุงยางอนามัย

.....

คุณมีวิธีตกลงกันได้อย่างไร และใครเป็นผู้ตัดสินใจในที่สุด

.....

3. พฤติกรรมทางเพศกับหญิงขายบริการทางเพศ(Commercial Sex Worker: CSW)

มีการใช้ถุงยางอนามัยขณะที่มีเพศสัมพันธ์กับหญิงขายบริการทางเพศหรือไม่ □ใช้ □ ไม่ใช้

คุณใช้ถุงยางอนามัยในขณะที่มีเพศสัมพันธ์มากน้อยเพียงใด

□มากที่สุด □ มาก □ปานกลาง

□ น้อย □น้อยที่สุด

กรุณาอธิบายเหตุผลที่คุณและหญิงขายบริการทางเพศตัดสินใจว่าจะใช้หรือไม่ใช้ถุงยางอนามัย

.....

คุณมีวิธีตกลงกันได้อย่างไร และใครเป็นผู้ตัดสินใจในที่สุด

.....

4. ความคิดและความรู้สึกเกี่ยวกับพฤติกรรมทางเพศ

ในส่วนนี้เราสนใจจะศึกษาในเรื่องของความคิดและความรู้สึกของคนทั่วไป ผมจึงอยากถามคุณว่าคุณคิดและรู้สึกอย่างไรในหัวข้อต่อไปนี้ เมื่อผมพูดถึงข้อความที่กำหนดไว้ ขอให้คุณพูดถึงอะไรก็ได้ตามที่คุณนึกถึงในขณะนั้น

ถุงยางอนามัย

1)..... 2) ..... 3) .....

4) .....5) ..... 6) .....

คนติดเชื้อเอดส์หรือ HIV

1)..... 2) ..... 3) .....

4) .....5) ..... 6) .....

การมีเพศสัมพันธ์ที่ปลอดภัย (safe sex)

1)..... 2) ..... 3) .....

4) .....5) ..... 6) .....

<u>การมีเพศสัมพันธ์ที่เสี่ยง (risky sex)</u>

1)..... 2) ..... 3) .....

4) .....5) ..... 6) .....

1. คู่ถาวร/แฟน

ตอนนี้เราจะคุยเกี่ยวกับวิธีการที่คุณจะใช้เพื่อป้องกันตัวเองจากเอดส์หรือ HIV

1. มีหลายวิธีในการป้องกันตัวเองจากเอดส์หรือHIV คุณใช้วิธีการไหนบ้างเพื่อป้องกันตัวคุณเองเมื่อมีเพศสัมพันธ์กับคู่ถาวรของคุณ (แฟน สามี/ภรรยาหรือคู่หมั้น)

……

……

2. วิธีการที่คุณนิยมใช้เพื่อป้องกันการติดเชื้อเอดส์กับคู่ถาวรของคุณคืออะไร (เช่นการหลั่งข้างนอก การใช้ถุงยางอนามัย การล้างอวัยวะเพศ เป็นต้น)

……

3.คุณดูจากอะไรว่าแฟน สามี/ภรรยา หรือคู่หมั้นของคุณน่าจะปลอดจากเอดส์ (เช่น เชื้อชาติ อายุ ฐานะ รูปร่างหน้าตา สุขภาพ อาการอักเสบบนร่างกาย กลิ่น ศาสนา เป็นต้น)

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สถานการณ์สมมติที่ 1: คู่ถาวร

ขณะมีเพศสัมพันธ์กับคู่ถาวรของคุณ (แฟน สามี/ภรรยาหรือคู่หมั้น) คุณจะทำอย่างไรถ้าอยู่ในสถานการณ์ต่อไปนี้

สถานการณ์ที่ 1.1 ***คุณกำลังจะมีเพศสัมพันธ์กับแฟน แต่แฟนของคุณไม่ชอบวิธีการป้องกันที่คุณใช้***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

……..

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

.....

.....

สถานการณ์ที่ 1.2 ***คุณกำลังจะมีเพศสัมพันธ์กับแฟน แต่คุณพบว่าในตอนนั้นคุณไม่มีถุงยางอนามัย***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

.....

.....

สถานการณ์ที่ 1.3 ***แฟนของคุณยืนยันที่จะไม่ใช้ถุงยางอนามัยขณะที่มีเพศสัมพันธ์ (อาจจะเป็นเพราะรู้สึกไม่ชอบ หรือไม่ได้อารมณ์อย่างเต็มที่)***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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สถานการณ์ที่ 1.4 ***คุณสงสัยว่าแฟนของคุณอาจจะติดเชื้อเอดส์***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.5 ***คุณสงสัยว่าคุณเองที่มีความเสี่ยงต่อการเป็นเอดส์หรือการติดเชื้อ HIV และอาจนำไปติดแฟนของคุณได้***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.6 ***ขณะที่กำลังมีเพศสัมพันธ์กับแฟน แล้วถุงยางอนามัยเกิดแตกหรือลื่นหลุด***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

2. คู่นอนชั่วคราว

ตอนนี้เราจะคุยเกี่ยวกับวิธีการที่คุณจะใช้เพื่อป้องกันตัวเองจากเอดส์หรือ HIV

1. มีหลายวิธีในการป้องกันตัวเองจากเอดส์หรือHIV คุณใช้วิธีการไหนบ้างเพื่อป้องกันตัวคุณเองเมื่อมีเพศสัมพันธ์กับคู่นอนชั่วคราวของคุณ

……

……

2. วิธีการที่คุณนิยมใช้เพื่อป้องกันการติดเชื้อเอดส์กับคู่นอนชั่วคราวของคุณคืออะไร (เช่นการหลั่งข้างนอก การใช้ถุงยางอนามัย การล้างอวัยวะเพศ เป็นต้น)

……

*3.**คุณดูจากอะไรคู่นอนชั่วคราวของคุณน่าจะปลอดจากเอดส์ (เช่น เชื้อชาติ อายุ ฐานะ รูปร่างหน้าตา สุขภาพ อาการอักเสบบนร่างกาย กลิ่น ศาสนา เป็นต้น)***

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……

สถานการณ์สมมติที่ 2: คู่นอนชั่วคราว

ขณะมีเพศสัมพันธ์กับคู่นอนชั่วคราวหรือคู่ควง คุณจะทำอย่างไรถ้าอยู่ในสถานการณ์ต่อไปนี้

สถานการณ์ที่ 1.1 ***คุณกำลังจะมีเพศสัมพันธ์กับคู่นอนชั่วคราว แต่คู่นอนชั่วคราวของคุณไม่ชอบวิธีการป้องกันที่คุณใช้***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

……..

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.2 ***คุณกำลังจะมีเพศสัมพันธ์กับคู่นอนชั่วคราว แต่คุณพบว่าในตอนนั้นคุณไม่มีถุงยางอนามัย***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.3 ***คู่นอนชั่วคราวของคุณยืนยันที่จะไม่ใช้ถุงยางอนามัยขณะที่มีเพศสัมพันธ์ (อาจจะเป็นเพราะรู้สึกไม่ชอบ หรือไม่ได้อารมณ์อย่างเต็มที่)***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.4 ***คุณสงสัยว่าคู่นอนชั่วคราวของคุณอาจจะติดเชื้อเอดส์***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.5 ***คุณสงสัยว่าคุณเองที่มีความเสี่ยงต่อการเป็นเอดส์หรือการติดเชื้อ HIV และอาจนำไปติดคู่นอนของคุณได้***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 1.6 ***ขณะที่กำลังมีเพศสัมพันธ์กับคู่นอนชั่วคราว แล้วถุงยางอนามัยเกิดแตกหรือลื่นหลุด***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

3. ผู้ขายบริการทางเพศ

1. ***วิธีการไหนที่คุณใช้เพื่อป้องกันตัวคุณเองจากผู้ขายบริการทางเพศ***

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.....

2.วิธีการที่คุณนิยมใช้เพื่อป้องกันการติดเชื้อเอดส์จากผู้ขายบริการทางเพศคืออะไร (เช่นการหลั่งข้างนอก การใช้ถุงยางอนามัย การล้างอวัยวะเพศ เป็นต้น)

…….

*3.**คุณดูจากอะไรว่าผู้ขายบริการทางเพศน่าจะปลอดจากเอดส์ (เช่น เชื้อชาติ อายุ ฐานะรูปร่างหน้าตา สุขภาพ อาการอักเสบบนร่างกาย กลิ่น ศาสนา เป็นต้น)***

.....

.....

สถานการณ์สมมติที่ 3: ผู้ขายบริการทางเพศ

ขณะมีเพศสัมพันธ์กับผู้ขายบริการทางเพศ คุณจะทำอย่างไรถ้าอยู่ในสถานการณ์ต่อไปนี้

สถานการณ์ที่ 3.1 ***คุณกำลังจะมีเพศสัมพันธ์กับหญิงขายบริการ แต่เธอไม่ชอบวิธีการป้องกันที่คุณใช้ เคยเกิดเหตุการณ์นี้หรือไม่***

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 3.2 ***คุณกำลังจะมีเพศสัมพันธ์กับผู้ขายบริการ แต่คุณพบว่าในตอนนั้นคุณไม่มี ถุงยางอนามัย***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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.....

สถานการณ์ที่ 3.3 ***ผู้ขายบริการไม่ต้องการให้คุณใช้ถุงยางอนามัย เพราะเขา/เธอระมัดระวังตัวเป็นอย่างดี เป็นคนสะอาด ตรวจ สุขภาพเป็นประจำ และแข็งแรงดี ไม่เป็นโรคใด ๆ***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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สถานการณ์ที่ 3.4 ***คุณสงสัยว่าผู้ขายบริการทางเพศอาจจะติดเชื้อเอดส์หรือการติดเชื้อ HIV***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

.....

☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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สถานการณ์ที่ 3.5 ***คุณกำลังมีเพศสัมพันธ์กับผู้ขายบริการทางเพศและถุงยางอนามัยเกิดแตกหรือลื่นหลุด***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

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☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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สถานการณ์ที่ 3.6 ***ผู้ขายบริการทางเพศ ไม่ได้พูดถึงการใช้ถุงยางอนามัย และดูท่าว่าจะไม่ ขัดข้องหากจะมีเพศสัมพันธ์โดยไม่ใช้ถุงยางอนามัย***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

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☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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สถานการณ์ที่ 3.7 ***ผู้ขายบริการทางเพศเป็นขาประจำที่คุณรู้จักดี มีความน่าเชื่อถือ น่าไว้วางใจเป็นอย่างมาก***

เคยเกิดเหตุการณ์นี้หรือไม่

☐ เคย ***คุณทำอย่างไร***

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☐ ไม่เคย ***แล้วสมมติว่าเกิดเหตุการณ์นี้เกิดขึ้น คุณจะทำอย่างไร***

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4. Illusory Strategies

คุณเคยใช้วิธีการต่อไปนี้ในการป้องกันการติดเชื้อ HIV/AIDS หรือไม่

1. หลั่งข้างนอก (withdrawal)
2. ล้างน้ำ อาบน้ำ
3. สวนล้างช่องคลอดหลังมีเพศสัมพันธ์
4. มีเพศสัมพันธ์ในสระว่ายน้ำ
5. มีเพศสัมพันธ์ในอ่างน้ำร้อน
6. มีเพศสัมพันธ์ในน้ำ
7. ใช้อุปกรณ์ (sex toys) ที่ช่วยให้คู่ได้รับความสุขทางเพศ โดยไม่มีการร่วมเพศ
8. กินยาคุมกำเนิด
9. ฉีดยาคุมกำเนิด
10. ทดสอบกลิ่นของคู่นอน
11. ใช้ยาฆ่าอสุจิ
12. ใช้ยาสมุนไพร
13. เชื่อในพระเจ้าหรือสิ่งศักดิ์สิทธิ์
14. แล้วแต่โชคชะตากำหนด
15. ความโชคดี
16. มีคู่นอนคนเดียว
17. มั่นใจว่าตนไม่มีทางจะติดเชื้อ HIV ได้
18. ตรวจสอบประวัติทางเพศของ คู่นอนก่อนมีเพศสัมพันธ์
19. ตรวจสอบอวัยวะเพศของคู่นอนก่อนมีเพศสัมพันธ์
20. มีเพศสัมพันธ์เฉพาะกับคนที่รู้จักอย่างดี
21. มีเพศสัมพันธ์เฉพาะกับคนรัก
22. มีเพศสัมพันธ์กับคนที่ได้รับการตรวจแล้วว่าไม่มีเชื้อ HIV (negative for HIV)
23. มีเพศสัมพันธ์เฉพาะกับคนที่มีอายุน้อยกว่า
24. หลีกเลี่ยงการมีเพศสัมพันธ์กับกลุ่มเสี่ยง
25. จำกัดจำนวนคู่นอน

26. หลีกเลี่ยงการมีเพศสัมพันธ์กับผู้ใช้ยาเสพติด
27. มีเพศสัมพันธ์กับคู่นอนหลังจากคบหากันสักระยะหนึ่งแล้ว
28. มีเพศสัมพันธ์ด้วยการใช้ปาก (oral sex)
29. ใช้ถุงยางอนามัยเสมอ
30. ไม่มีเพศสัมพันธ์กับใคร
31. หลีกเลี่ยงการสัมผัสสารคัดหลั่งหรือของเหลวจากร่างกายคนอื่น
32. สำเร็จความใคร่ให้กันและกันโดยไม่มีการร่วมเพศ

ข้อสังเกตสำหรับผู้สัมภาษณ์

1. ผู้ให้สัมภาษณ์ให้ความร่วมมือหรือไม่

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2. ผู้ให้สัมภาษณ์แสดงท่าทางสะดวกใจขณะที่ให้สัมภาษณ์หรือไม่

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3. คิดว่าผู้ให้สัมภาษณ์พูดความจริงหรือไม่

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4. ข้อสังเกตอื่น ๆ

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**********สิ้นสุดการสัมภาษณ์**********

APPENDIX D

DATA SUMMARY OF SEMI-STRUCTURED INTERVIEW

Adolescent Report

TEST GAIN	AGE	ED LEVEL	SEX ROLE	SEX EX	Did u use condom when u had hud sex with ur RSP?	condom using ratio	reason for use/non use	how can negotiate	Did u use condom when u had hud sex with ur CSP?	condom using ratio	reason for use/non use	how can negotiate	Did u use condom when u had hud sex with ur CSW?	condom using ratio	reason for use/non use	how can negotiate	Lastest Risky Sexual behavior
10= 2		high school= 3	bisexual= 29	hetero= 23	yes= 27	very much= 3	safe= 1	self= 14	yes= 24	very much= 16	safe= 4	self= 24	yes= 11	very much= 11	safe= 2	self= 8	CSP= 12
11= 0		certificate= 6	homo= 0	homo= 0	no= 7	much= 4	new trials 1	partner= 1	no= 4	much= 2	don't trust partners 3	partner= 1	no= 0	much= 0	don't trust CSW= 1	partner= 2	RSP= 1
12= 6		bachelor= 22	bisexual= 1	both= 7	no RSP= 1	moderate= 4	prevent preg= 7	both= 10	no CSP= 9	moderate= 3	prevent STDs= 4	both= 4	no CSW= 19	moderate= 0	prevent STDs= 8	both= 1	bargin= 1
13= 7		master= 0				rare= 1	prevent pregs STDs= 7			rare= 0	prevent STDs & preg= 8			rare= 0			CSW= 1
14= 15		doctor= 0				very rare= 8				very rare= 3				very rare= 0			no risky report= 16
							condom unavailability= 1				trust partners= 6						
							trust partners= 9				urge= 1						
							self-confidence & partner= 2										
							invulnerability= 1										
							feel unnatural= 1										
							hurry= 1										

did u discuss with your partner at that time	how did u talk	why did u still having sex	T&F Condom	T&F HIV	T&F safe sex	T&F risky sex	protective way from RSP	favorite strategy	how can detect	RSP didn't like ur protective strategy	no condom available	RSP insist not to use condom	suspect RSP infecting HIV	suspect uself	condom slipery or breaking	protective way from CSP	favorite strategy	how can detect
yes= 7	about no condom= 3	drunk= 1	sex= 10	death= 3	blood checks= 1	monudence= 2	condom= 19	condom= 19	health= 8	ever= 7	ever= 26	ever= 7	ever= 8	ever= 6	ever= 9	condom= 27	condom= 27	SES= 1
no= 8	partner's history checking= 4	urge= 7	banana= 1	people= 1	good= 2	CSP= 2	monogamy= 2	withdrawal= 4	age= 1	sex w/o condom= 4	sex w/o condom= 16	sex w/o condom= 6	no sex during period of	thought it's impossible= 3	change condom= 6	no kissing= 2	withdrawal= 1	body= 2
		no condom= 4	ugly= 1	no condom= 5	condom= 23	AIDS= 1	blood checkung= 5	genital washing= 1	trust= 2	sex w/ condom= 4	no sex= 2	insist to use condom= 2	break off relationship= 1	blood test= 2	still having sex= 3	avoid risky group= 1	no= 2	history= 4
		in a hurry= 1	penis= 1	partner= 6	no needle sharings= 1	Homosexual= 1	trust= 4	blood checkings= 1	habit= 7		go buying condom= 3		sex w/ condom= 1	use condom in that period= 1		history checkings= 1		never trust= 5
		check history b4= 1	orgasm= 1	encouragement= 1	no kissing= 2	promiscuous= 10	withdrawal= 1	monogamy= 1	smell= 1				check beh= 1			no oral sex= 1		sores= 8
		get to know b4= 2	partner= 1	loss= 2	non-promiscuous= 7	CSW= 8	no= 3	no=3	appearance= 7				blood test= 2			no= 1		health= 9
		trust= 1	embarrassing= 1	unlucky= 2	trust partner= 1	lust= 1		don't believe it's work anyway=1	history= 6				fatal= 1			total =33		education= 1
			vagina= 1	promiscuous= 7	check history= 2	STDs= 1			body= 2	never= 23	never= 10	never= 23	never= 22	never= 24	never= 22			beh= 4
			convenience= 1	drug user= 1	birth pills= 1	non use condom= 12			blood test= 8	rely on RSP= 5	go buying condom= 2	rely on RSP= 6	sex w/ condom= 7	go detained= 1	still having sex= 16			appearance= 6
			inconvenience= 1	pills= 8	partner= 3	trust= 1			education= 1	negotiate= 2	sex w/o condom= 5	sex w/o condom= 11	blood test= 10	check up= 3	change condom= 6			age= 2
			future= 1	scary= 8	happiness= 1	failure= 2			time get to know= 6	sex w/o consent= 6	no sex= 2	insist to use condom= 3	no sex during period of	blood test= 11				smell= 1
			safety= 10	incurable= 2	withdrawal= 3	drug user= 1			viral/bacteria= 1	withdrawal= 2	withdrawal= 1	no sex= 4	break off relationship= 3	thought it's impossible= 5				
			brand= 1	CSW= 2	healthy= 1	scary= 1			pills= 1	insist to use condom= 2			sex w/o condom= 1	fatal= 2				
			family= 1		prevention= 3	drugs= 1				no sex= 5				suicide= 1				
			non-promiscuous= 1		virginity= 1	bad= 1								sex w/ condom= 1				
			prevent preg= 7															
			prevent STDs= 9															
			feel unnatural=															

CSP didn't like ur protective strategy	no condom available	CSP insist not to use condom	suspect CSP infecting HIV	suspect uself	condom slipery or breaking	protective way from CSW	favorite strategy	how can detect	CSW didn't like ur protective strategy	no condom available	CSW insist not to use condom	suspect CSW infecting HIV	condom slipery or breaking	CSW didn't talk about using condom	get to know well			
ever= 8	ever= 14	ever= 4	ever= 9	ever= 6	ever= 2	condom= 29	condom= 29	appearance= 5	ever= 0	ever= 1	ever= 0	ever= 9	ever= 3	ever= 4	ever= 0			
masturb= 1	go buying= 8	insist to use= 2	no sex= 2	invulnerable= 1	change condom= 1	no kissing= 1	no kissing= 1	never trust= 14		go buying= 1		sex w/ condom= 8	change condom= 2	sex w/ condom= 3				
sex w/ condom= 2	sex w/o condom= 5	no sex= 2	sex w/ condom= 3	reduce sex= 2	still having sex with broken			sores= 5					clean genital= 1	sex w/o condom= 1				
no sex= 1	masturb= 1		blood test= 3	fatal= 2				SES= 1										
sex w/o condom= 2			sex w/o condom= 1	blood test= 1				health= 12										
								cleanness= 1										
never= 24	never= 16	never= 26	never= 21	never= 24	never= 28				never= 30	never= 29	never= 30	never= 22	never= 27	never= 26	never= 30			
no sex= 18	no sex= 8	no sex= 18	no sex= 13	check up= 11	stop sex= 4				no sex= 25	no sex= 24	no sex= 15	no sex= 18	change condom= 14	sex w/ condom= 17	condom= 30			
insist to use condom= 4	sex w/o condom= 2	insist to use= 4	sex w/ condom= 4	no sex= 4	still having sex with broken				change CSW= 2	sex w/ condom= 4	sex w/ condom= 12	sex w/ condom= 4	stop sex= 3	no sex= 8				
sex w/o condom= 1	go buying= 6	sex w/o condom= 3	blood test= 4	sex w/ condom= 1	change condom= 13				insist to use condom= 2	change CSW= 1	sex w/o condom= 2		still having sex= 2	try having sex w/o condom= 1				
masturb= 1	withdrawal= 1	masturb= 1		impossible= 7	masturb= 2				sex w/o condom= 1		change CSW= 1		fatal= 2					
	masturb= 1			suicide= 1									masturb= 2					
													blood test= 4					

Adults Report

TEST GAIN	AGE	ED LEVEL	SEX ROLE	SEX EX	Did u use condom when u had had sex with ur RSP?	condom using ratio	reason for use/non use	how can negotiate	Did u use condom when u had had sex with ur CSP?	condom using ratio	reason for use/non use	how can negotiate
10= 1		nign school= 2	hotero= 26	hetero= 22	yes= 18	very much= 4	safe= 2	self= 11	yes= 25	very much= 14	safe= 4	self= 16
11= 1		certificate= 4	homo= 2	homo= 2	no= 11	much= 3	prevent preg= 7	partner= 3	no= 3	much= 7	don't trust partner= 2	partner= 5
12= 11		bachelor= 15	biseXual= 2	both= 6	no RSP= 1	moderate= 4	prevent preg& STDs= 9	both= 14	no CSP= 2	moderate= 2	prevent STDs= 14	both= 9
13= 10		master=9				rare= 6				rare= 1	prevent preg= 7	
14= 7		doctor= 0				very rare= 1				very rare= 1	trust partner= 1	
							condom unavailability= 2				urge= 1	
							trust partner= 1				condom unavailability= 4	
							know partner well= 1					
							intend not to use= 1					
							feel natural= 1					
							hurry= 1					

Did u use condom when u had had sex with ur CSW?	condom using ratio	reason for use/non use	how can negotiate	Lastest Risky Sexual behavior	did u discuss with your partner at that time	how did u talk	why did u still having sex	T&F Condom	T&F HIV	T&F safe sex	T&F risky sex	protective way from RSP	favorite strategy
yes= 23	very much= 20	good looking= 1	self= 11	CSP= 14	yes= 10	about no condom= 8	trust=5	STDs= 1	STDs= 1	blood test= 2	someone who didn't know well= 3	trust= 1	condom= 23
no= 1	much= 2	don't trust CSW= 1	partner= 3	RSP= 1	no= 6	how to prevent preg= 2	condom unavailable= 1	feel unnatural= 3	normal= 1	monogamous= 6	death= 1	condom= 16	normal intercourse position= 1
no CSW= 6	moderate= 0	prevent STDs= 27	both= 9	CSW= 1			urge= 6	inconvenience= 1	fool= 1	ordinary position intercourse= 1	sadism=1	oral pills= 1	withdrawal= 3
	rare= 0	young= 1					condom only preg= 1	portable= 1	seventy= 3	trust partner= 1	scaring= 1	pill= 5	oral pills= 1
	very rare= 1	CSW asks for use= 2		no risky report= 14			drunk= 4	AIDS= 2	imprudent= 1	non-promiscuous= 2	AIDS= 3	sores= 1	genital washing= 1
							not intend to use condom= 2	prevention= 12	bad= 4	best thing= 1	CSW= 13	body= 1	n= 3
							no knowledge at that time= 1	penis= 2	sex w/o condom= 1	sex only RSP= 7	oral sex= 1	normal intercourse position= 1	
								sex= 8	social unacceptance= 4	withdrawal= 1	anal sex= 1	withdrawal= 1	
								balloon= 4	patient= 4	birth pills= 2	no condom= 9	no oral sex= 1	
								a must= 1	cannot notice= 1	no sex with CSW= 1	substandard condom= 1	blood test= 3	
								convenience= 4	encouragement= 5	safety= 1	promiscuous= 6		
								reliable= 1	scary= 4	condom= 19	sex toys= 1		
									pity= 5		drug user= 6		
									drug user= 2		sharing blade= 1		
									suffer= 4				

how can detect	RSP didn't like ur protective strategy	no condom available	RSP insist not to use condom	suspect RSP infecting HIV	suspect uself	condom slipery or breaking	protective way from CSP	favorite strategy	how can detect	CSP didn't like ur protective strategy	no condom available	CSP insist not to use condom
blood test= 2	ever= 12	ever= 16	ever= 12	ever= 1	ever= 6	ever= 10	condom= 23	condom= 29	appearance= 15	ever= 5	ever= 16	ever= 6
age= 1	sex w/o condom= 3	sex w/o condom= 9	sex w/o condom= 7	go check up= 1	blood test= 3	change condom= 6	history checking= 2	withdrawal= 1	SES= 4	sex w/ condom= 3	go buying= 4	sex w/o condom= 1
time get to know= 6	sex w/ condom= 3	no sex= 1	oral pills= 1		use condom in that period= 2	still having sex= 4	behavior= 1		education= 2	no sex= 1	sex w/o condom= 5	no sex= 2
trust= 7	up to RSP= 2	go buying condom= 1	withdraw= 3		impossible= 1		withdraw= 1		trust= 1	withdraw= 1	withdrawal= 4	masturb= 1
smell= 1	withdrawal=3	withdrawal= 5	no sex= 1				spermatocide= 2		habit= 5		spermatocide= 1	spermatocide= 1
history= 3	no sex= 1						mutual masturb= 1		health= 14		no sex= 2	withdraw= 1
behavior= 7							no oral sex= 1		never trust= 2			
health= 11	never= 18	never= 14	never= 18	never= 29	never= 24	never= 20	sores checking= 1		history checking= 2	never= 25	never= 14	never= 24
appearance= 4	sex w/o condom 12	go buying condom= 1	insist to use condom= 4	trust= 1	impossible= 6	still having sex= 12			intuition= 1	no sex= 12	no sex= 8	no sex= 12
education= 1	insist to use condom= 2	sex w/o condom= 9	sex w/o condom= 13	still having sex= 4	condom= 5	change condom= 6			age= 1	insist to use condom= 10	sex w/o condom= 1	insist to use= 9
intuition= 1	withdraw= 1	no sex= 3	no sex= 1	blood test= 16	body checking= 12	genital cleaning after sex= 1			sores checking= 3	sex w/o condom= 2	go buying= 4	sex w/o condom= 3
SES= 2	stop sex= 3	withdrawal= 1		condom= 1	pause having sex= 1	genital cleaning by alcohol after sex= 1			behavior= 2	spermatocide= 1	masturb= 1	
personality= 1				break off relationship= 3								
				impossible= 3								
				body checking= 1								

suspect CSP infecting HIV	suspect uself	condom slipery or breaking	protective way from CSW	favorite strategy	how can detect	CSW didn't like ur protective strategy	no condom available	CSW insist not to use condom	suspect CSW infecting HIV	condom slipery or breaking	CSW didn't talk about using condom	get to know well
ever= 5	ever= 7	ever= 8	condom= 28	condom= 29	appearance= 12	ever= 3	ever= 5	ever= 3	ever= 4	ever= 3	ever= 4	ever= 1
no sex= 2	check up= 1	change condom= 6	oral sex= 1	twin condom= 1	education= 1	no sex= 1	go buying= 1	no sex= 2	sex w/ condom= 2	change condom= 2	sex w/ condom= 2	sex w/ condom= 1
sex w/ condom= 2	blood test= 3	still having sex with broken condom= 1	normal position= 1	avoid having sex with CSW= 1	never trust= 10	sex w/ condom= 2	sex w/o condom= 1	sex w/ condom= 1	change CSW= 1	oral sex= 1	sex w/o condom= 1	
fatal= 1	do nothing= 1	oral sex= 1	no oral sex= 1		personality= 2		oral sex= 2		no sex= 1		no sex= 1	
	sex w/ condom= 2		avoid having sex with CSW= 1		health= 9		no sex= 1					
					sores checking= 7							
never= 25	never= 23	never= 22				never= 27	never= 25	never= 27	never= 26	never= 27	never= 26	never= 29
no sex= 13	impossible= 6	sex w/o condom= 6				no sex= 22	no sex= 17	no sex= 18	no sex= 20	change condom= 11	sex w/ condom= 15	sex w/ condom= 25
sex w/ condom= 4	no sex= 3	no sex= 1				insist to use condom= 4	oral sex= 2	sex w/ condom= 9	sex w/ condom= 6	stop sex= 5	no sex= 10	sex w/o condom= 1
check self-body= 8	sex w/ condom= 3	change condom= 10				oral sex= 1	go buying= 6	sex w/o condom= 1		still having sex= 2	change CSW= 1	no sex= 2
	check up= 7	genital cleaning by alcohol after sex=2						oral sex= 1		go check up after having sex= 7		oral sex= 1
	blood test= 4	blood test after sex= 3								wash genital=2		

APPENDIX E

A SUMMARY OF ILLUSORY STRATEGIES REPORT

NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Interview No.	withdrawal	douching	vigonal clean	in the pool	warm water	water	sex toys	pills	injection	smell	spermatocide	herb	god	fatal	luck	single sex partner	trust oneself cannot get infected	history	check partner's genital	known well	only RSP	negative HIV	younger	avoid risky group	limit partner	avoid drug users	after get to know a while	oral sex	condom	no sex	avoid others fluid	mutual masturbation
1							1									1					1			1		1			1	1		1
2	1	1				1					1						1	1	1					1	1	1	1		1			1
3															1				1							1	1		1			
4								1						1	1					1				1		1	1	1				
5	1	1	1			1	1			1				1		1		1	1	1	1	1	1	1	1	1	1		1		1	1
6	1	1								1			1	1	1			1		1		1		1		1	1		1		1	1
7	1			1		1		1			1	1	1		1	1	1	1		1	1	1							1	1	1	1
8																1				1	1	1		1	1						1	
9	1	1						1						1	1																	
10			1																					1					1			
11							1									1		1			1	1		1					1			1
12													1							1	1	1		1		1	1		1			
13	1	1														1		1			1					1			1			
14	1							1			1					1		1		1	1	1		1			1		1			
15																1	1			1	1			1			1		1			
16																1	1	1		1	1	1		1		1			1			
17																1					1	1		1		1			1	1		1
18	1	1	1					1								1		1			1			1		1		1	1			
19								1							1	1		1			1	1		1	1	1	1		1			
20																1					1								1			
21	1							1								1		1			1	1		1				1	1	1		
22	1	1					1		1				1	1	1	1	1	1	1			1		1	1	1	1					
23	1	1								1	1		1	1		1		1				1			1	1	1		1			1

Illusory strategy

Interview No.	withdrawal	douching	vigina clean	in the pool	warm water	water	sex toys	pills	injection	smell	spermatocide	herb	god	fatal	luck	single sex partner	trust oneself cannot get infected	history	check partner's genital	known well	only RSP	negative HIV	younger	avoid risky group	limit partner	avoid drug users	after get to know a while	oral sex	condom	no sex	avoid others fluid	mutual masturbation
24	1	1	1													1					1								1			
25																1				1	1	1		1					1			
26																					1								1		1	1
27	1	1														1		1				1		1					1			
28	1	1																1	1	1	1			1	1		1	1	1			1
29																1	1	1	1	1		1		1	1		1	1	1		1	
30													1	1	1	1								1	1				1	1		1
	14	11	4	1		3	4	7	1	3	4	1	6	7	8	21	6	16	6	12	19	16	1	22	9	14	13	5	26	5	6	11
Young Adults																																
31		1	1															1						1					1		1	
32														1		1				1	1			1			1		1			
33		1											1	1		1		1	1			1	1	1			1		1			
34	1	1													1			1	1			1		1		1	1		1			1
35	1	1					1			1					1	1	1			1		1		1		1	1		1			1
36																1		1		1	1	1		1		1	1					
37	1	1								1						1			1	1	1								1			1
38		1														1		1	1		1			1	1	1	1	1	1	1	1	1
39																1					1	1		1					1			
40	1	1						1			1			1	1	1	1	1	1	1		1	1		1		1		1				1
41	1						1						1	1				1				1	1	1			1		1	1		1
42		1								1				1	1					1	1	1	1	1	1	1	1	1	1	1		
43		1						1			1			1	1								1	1			1		1			
44																		1		1				1			1		1		1	
45	1	1											1	1								1		1	1		1		1	1		1
46																1		1		1	1	1		1		1			1			

Total	Interview No.	total	60	59	58	57	56	55	54	53	52	51	50	49	48	47	Interview No.
24	withdrawal	10		1					1				1	1			withdrawal
23	douching	12							1					1			douching
5	viginal clean	1															viginal clean
1	in the pool																in the pool
1	warm water	1		1													warm water
6	water	3		1					1					1			water
7	sex toys	3									1						sex toys
14	pills	7	1	1					1				1	1			pills
1	injection																injection
6	smell	3															smell
6	spermatocide	2															spermatocide
2	herb	1		1													herb
9	god	3															god
15	fatal	8			1												fatal
14	luck	6			1												luck
38	single sex partner	17			1	1	1	1	1					1	1	1	single sex partner
11	trust oneself cannot get infected	5			1				1					1			trust oneself cannot get infected
28	history	12									1			1		1	history
12	check partner's genital	6									1						check partner's genital
25	known well	13				1	1			1				1	1		known well
32	only RSP	13				1		1	1					1	1	1	only RSP
30	negative HIV	14	1	1								1				1	negative HIV
6	younger	5															younger
48	avoid risky group	26	1	1	1		1	1	1	1	1	1		1	1	1	avoid risky group
16	limit partner	7	1						1					1			limit partner
29	avoid drug users	13	1	1					1	1	1	1		1	1	1	avoid drug users
28	after get to know a while	15			1						1				1		after get to know a while
8	oral sex	3									1						oral sex
53	condom	27	1	1	1		1	1	1	1	1	1	1	1		1	condom
9	no sex	4															no sex
10	avoid others fluid	4														1	avoid others fluid
19	mutual masturbration	8		1													mutual masturbration

Illusory strategy

APPENDIX F

A SUMMARY OF VERBATIM CODING

ON REASONS FOR UNPROTECTED SEXUAL BEHAVIOR

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
1	RSP	2	3	Up to my partner, I rely on her decision. I'm sure she is free from AIDS.	trust	interpersonal			
			6	I could do nothing, just let it be	invulnerability	intrapersonal	1	1	0
	CSP	1	5	I would try to have sex with her if she is good looking	sexual arousal by partner	interpersonal	0	1	0
2	RSP	2	1	Up to my RSP. We regulary don't use condom	trust	interpersonal			
			3	A little bit surprised, but we rarely use condom because I don't feel good to use.	belief	intrapersonal	1	1	0
3	RSP	1	6	I continued having sex because no need to call for condom if it was unavailable	condom unavailability	situational	0	0	1
	CSP	1	5	I don't think of myself get HIV infection	invulnerability	intrapersonal	1	0	0
4	RSP	2	3	I trust my partner wouldn't get HIV infection.	trust	interpersonal			
			6	Let it be. I wouldn't know at that time of condom's breaking. I would notice after sexual episode.	condom unavailability	situational	0	1	1
5	RSP	4	1	I intended not to use condom since the first time of sexual relation because I feel not good to use condom.	belief	intrapersonal			
			2	If there weren't, I would not use. How can I do? Even though I wanted to use, it was unavailable.	condom unavailability	situational			
			3	Rely on my partner's decision. If she didn't want to use, I wouldn't use condom. I trust her.	trust	interpersonal			
			6	I still had sex. Condom's breaking was out of my control.	condom unavailability	situational	1	1	2
	CSP	1	5	Let it be. I wouldn't know at that time of condom's breaking. I would notice after sexual episode.	condom unavailability	situational	0	0	1

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
6	RSP	5	1	I trut my girlfriend, so I thought no need to use condom.	trust	interpersonal			
			2	It condom was unavailable, I would not use it for sure.	condom unavailability	situational			
			3	I don't feel like to use condom. I think it reduces my sexual pleasure.	belief	intrapersonal			
			4	Let it be. I wouldn't know at that time of condom's breaking. I would notice after sexual episode.	condom unavailability	situational			
			5	I think it won't happen to me.	invulnerability	intrapersonal	2	1	2
	CSP	2	2	Iwent ahead engaging in sexual relations because of my sexual urge.	self sexual urge	intrapersonal			
			5	I think it won't happen to me.	invulnerability	intrapersonal	2	0	0
	CSW	2	1	She would well protect herself due to all customers would use condom. If she didn't want to use, I would try not to use condom with her.	trust	interpersonal			
			6	Actually, I, myself who don't care about condom use. I don't want to use condom because it make me feel unnatural.	belief	intrapersonal	1	1	0
7	RSP	6	1	I didn't use condom because I trusted my partner.	trust	interpersonal			
			2	Whatever, there wasn't available, I wouldn't use it.	condom unavailability	situational			
			3	I would rely on my partner's satisfaction. If she didn't want to use. I'm OK not to use condom.	trust	interpersonal			
			4	Have sex without condom and asked her to have blood test together. It might work for both of us.	misconception	intrapersonal			
			5	I would have blood test to confirm that I wouldn't get HIV infection, but I still had sex without condom use.	misconception	intrapersonal			
			6	I took condom off and had sex without condom because if it was unavailable, I could not use them for sure.	condom unavailability	situational	2	2	2

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
	CSW	1	4	If she insisted she was free of HIV due to her regular physical checkup, I would feel free to have sex without condom with her.	trust	interpersonal	0	1	0
8	RSP	5	1	I think withdrawal technique effective.	misconception	intrapersonal			
			2	I still performed sex because of my sexual urge.	self sexual urge	intrapersonal			
			3	I rely on my gf's decision. I trust her.	trust	interpersonal			
			5	I don't think of myself get HIV infection	invulnerability	intrapersonal			
			6	I could change condom but if it was unavailable, I wouldn't use it.	condom unavailability	situational	3	1	1
	CSP	1	2	I still ad sex and use withdrawal technique. I think it's an effective one.	misconception	intrapersonal	1	0	0
9		0		No ineffective reason reported					
10	RSP	4	1	I always rely on her. I trust her. To be a good couple, must trust each other.	trust	interpersonal			
			2	It's because my sexual urge.	self sexual urge	intrapersonal			
			3	I still wanted to have sex without condom. I trust her as I stated before.	trust	interpersonal			
			5	Let it be. No matter what I could do anything.	belief	intrapersonal	2	2	0
11	RSP	2	5	Let it be but I don't think myself get HIV infection.	invulnerability	intrapersonal			
			6	At that time, I could think only how to reach orgasm. I would continually perform sex.	self sexual urge	intrapersonal	2	0	0
	CSP	1	6	I could think only sex. If there was something wrong with me, just let it be.	belief	intrapersonal	1	0	0
	CSW	1	5	I would know after finishing having sex. So let it be.	belief	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
12	RSP	2	2	I had sex without condom because I trusted my girlfriend won't be promiscuous.	trust	interpersonal	1	1	0
			3	It was like I want, so we would have sex without condom.	belief	intrapersonal			
	CSP	2	6	I would know after finishing having sex. It was out of my control. It because technical ineffective.	condom unavailability	situational	0	0	1
13	RSP	5	1	No need for protection. I trusted my gf would be free of HIV infection.	trust	interpersonal	2	3	0
			2	I trusted her. I could check by the time we got to know each other. She never had. another affairs. I'm sure in her safety.	trust	interpersonal			
			3	It was often me, myself who decided not to use condom. I felt better when having sex without condom.	trust	interpersonal			
			5	I'm sure no way for me to get HIV infection.	invulnerability	intrapersonal			
			6	I don't think of HIV infection. I still continued having sex.	invulnerability	intrapersonal			
	CSP	3	2	I don't think of HIV infection. I still continued having sex.	invulnerability	intrapersonal	3	0	0
			4	A little bit worried but I think it couldn't happen for me (HIV infection).	invulnerability	intrapersonal			
			5	I'm sure no way for me to get HIV infection.	invulnerability	intrapersonal			
14	RSP	1	2	Sometimes I had sex without condom because of my sexual urge. I didn't concern of condom use.	self sexual urge	intrapersonal	1	0	0
	CSP	1	5	I didn't think of getting HIV infection. I could be a lucky one.	invulnerability	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
15	RSP	1	6	I took condom off and had sex without condom because of my sexual urge.	self sexual urge	intrapersonal	1	0	0
16	RSP	3	2	I had sex without condom because my lust.	self sexual urge	intrapersonal			
			3	I agreed with my gf's demand. I always did as she wanted. I trust her.	trust	interpersonal			
			6	At that moment, I would think of nothing except sex.	self sexual urge	intrapersonal	2	1	0
	CSP	2	2	I had sex withut condom because of my sexual urge.	self sexual urge	intrapersonal			
			3	If she was good-looking, I would have sex without condom use.	sexual arousal by partner	interpersonal	1	2	0
17	RSP	4	1	I didn't use condom because we trusted each other.	trust	interpersonal			
			2	I don't think I would get HIV infection from my gf.	invulnerability	intrapersonal			
			3	I don't think I would get HIV infection from my gf.	invulnerability	intrapersonal			
			6	I continued having sex because of my sexual urge.	self sexual urge	intrapersonal	3	1	0
	CSP	1	6	I would continue having sex at that time because of my lust.	self sexual urge	intrapersonal	1	0	0
	CSW	1	5	I still had sex. Then, I went physical checking up.	misconception	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
18	RSP	4	1	Up to my gf. I let her lead me. I trust her.	trust	interpersonal			
			2	If it was available, I prefer to use it. If it is not, how can I use. I would not use it for sure.	condom unavailability	situational			
			3	I still had sex without condom because of my sexual urge.	self sexual urge	intrapersonal			
			5	I don't think myself will get HIV infection.	invulnerability	intrapersonal	2	1	1
	CSP	1	2	I would find first. If there was really unavailable, I would have sex without condom.	condom unavailability	situational	0	0	1
	CSW	1	5	I would have sex at that time and go phsical checking up.	misconception	intrapersonal	1	0	0
19	RSP	2	1	I agreed with gf's demand. I always did as she wanted. I trust her.	trust	interpersonal			
			3	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal	1	1	0
20	RSP	4	3	Still had sex because of trusting my gf.	trust	interpersonal			
			4	I don't know. It's up to my fate. Whatever will be, will be.	misconception	intrapersonal			
			5	I don't think myself will get HIV infection.	invulnerability	intrapersonal			
			6	I continue had sex because of my sexual urge.	self sexual urge	intrapersonal	3	1	0
	CSP	2	5	Let it be. I don't think I were one who had got a bad luck.	invulnerability	intrapersonal			
			6	I continued having without condom because I could not control my sexual urge.	self sexual urge	intrapersonal	2	0	0
	CSW	1	5	I would continue having sex and go check up after that episode.	misconception	intrapersonal	1	0	0
21	CSP	1	1	If she is good-looking, I would have sex without condom with her	sexual arousal by partner	interpersonal	0	1	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
22	RSP	5	1	I had sex with her because I don't think of HIV infection.	invulnerability	intrapersonal			
			2	I had sex without condom because I didn't think of HIV infection.	invulnerability	intrapersonal			
			3	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal			
			5	I don't think of HIV infection.	invulnerability	intrapersonal			
			6	I continued perorm sex because of my lust.	self sexual urge	intrapersonal	5	0	0
	CSP	3	4	I thought I can detect who is free from AIDS by my intuition. So, the one who I had sex with would be free of HIV.	trust	interpersonal			
			5	I don't think of getting HIV infection.	invulnerability	intrapersonal			
			6	I contined having sex because of my sexual urge.	self sexual urge	intrapersonal	2	1	0
	CSW	2	3	It depended on how good looking she was. If she is beautiful, it may arouse my sexual urge. I may not use condom.	sexual arousal by partner	interpersonal			
			5	Whatever, it was not my fault. Because it's ineffective. I would continued because nothing to loose.	condom unavailability	situational	0	1	1

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
23	RSP	4	1	It depended on my gf. If she didn't want to use condom, I wouldn't use it. I trust her.	trust	interpersonal			
			2	I would have sex without condom because I could think only sex at that time.	self sexual urge	intrapersonal			
			3	I would have sex without condom because I could think only sex at that time.	self sexual urge	intrapersonal			
			6	I would continued having sex with broken condom at that time because I wouldn't notice of condom breaking.	condom unavailability	situational	2	1	1
	CSP	5	1	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal			
			2	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal			
			3	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal			
			4	I would have a blood test after having sex.	misconception	intrapersonal			
			6	I could not stop my sexual urge, so I still continued having sex.	self sexual urge	intrapersonal	5	0	0
24	RSP	1	3	I would ask my gf to have a blood test. If her HIV result is negative, it's no need to use condom. I would believe that she is free from HIV	trust	interpersonal	1	0	0
	CSP	2	5	I would have a blood test. Whenever I was sure, I would continue having sex without condom use.	misconception	intrapersonal			
			6	I contined having sex because of my sexual urge.	self sexual urge	intrapersonal	2	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
25	RSP	3	1	I conformed my gf. I trust her.	trust	interpersonal			
			2	I didn't concern of HIV infection. I thought only pregnant prevention.	belief	intrapersonal			
			4	I would ask my gf to have a blood test and continued not to use condom.	misconception	intrapersonal	2	1	0
	CSP	1	2	I would have sex at that time because I could not stop my sexual urge.	self sexual urge	intrapersonal	1	0	0
26	RSP	6	1	I would use withdrawal technique because it would be effective to protect me from HIV infection.	misconception	intrapersonal			
			2	I didn't use condom. I didn't care too much about HIV infection.	invulnerability	intrapersonal			
			3	I used withdrawal technique because I did care only pregnant prevention.	invulnerability	intrapersonal			
			4	It could be my fatality. I would go having a blood test.	misconception	intrapersonal			
			5	I often used condom consistently. Once, I was sure in my gf, I wouldn't use condom any more.	trust	interpersonal			
			6	I continued having sex because of my sexual urge.	self sexual urge	intrapersonal	5	1	0
	CSP	2	5	I wouldn't use condom if I was not sure in my partner. Once we were getting to know for a while, I would not use condom.	trust	interpersonal			
			6	In that time I wouldn't notice for sure. It was out of my control.	condom unavailability	situational	0	1	1
	CSW	1	5	It would be my fate. I have no choice but accept it.	misconception	intrapersonal	1	0	0
27	RSP	1	4	I would ask her to have a blood test in order to check whether I and my gf were free from AIDS.	misconception	intrapersonal	1	0	0
	CSP	1	5	I don't think I would happen to me.	invulnerability	intrapersonal	1	0	0
28	No ineffective reason reported								

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
29	RSP	4	1	I didn't use condom because I didn't care to use condom.	belief	intrapersonal			
			2	I didn't use condom because of my sexual urge.	self sexual urge	intrapersonal			
			3	I still continued having sex because of my sexual urge.	self sexual urge	intrapersonal			
			6	I would continue having sex because of my sexual urge.	self sexual urge	intrapersonal	4	0	0
	CSW	1	5	At that time, I would have sex for sure. After that, I would very worry. If it happened, I would be my fatality.	belief	intrapersonal	1	0	0
30	RSP	6	1	I didn't thik about prevention at all.	belief	intrapersonal			
			2	I didn't concern of HIV infection. I thought only pregnant prevention.	belief	intrapersonal			
			3	I conformed my gf. I trust her.	trust	interpersonal			
			4	I don't think it would happen with my gf.	trust	interpersonal			
			5	I don't think of HIV infection.	invulnerability	intrapersonal			
			6	I washed my genital organ but I didn't worry because I trust my gf.	trust	interpersonal	3	3	0
	CSP	6	1	I don't think of HIV infection.	invulnerability	intrapersonal			
			2	It was OK because I didn't concern too much.	invulnerability	intrapersonal			
			3	A little bit worried but still having sex because I could not stop my sexual urge.	self sexual urge	intrapersonal			
			4	A little bit worried but still having sex because I could not stop my sexual urge.	self sexual urge	intrapersonal			
			5	It wouldn't happen to me.	invulnerability	intrapersonal			
			6	At that time, I would think only having sex.	self sexual urge	intrapersonal	6	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
1	RSP	6	1	My bf doesn't feel like using condom	lack of sexual assertiveness	interpersonal			
			2	my bf doesn't feel like using condom. I love him. So I need to trust him.	trust	interpersonal			
			3	I told him not to perform too hard. If he didn't perform too hard, it would be ok.	misconception	intrapersonal			
			4	I never thought my bf get HIV infection. No need for protection.	trust	interpersonal			
			5	I don't think myself get HIV infection.	invulnerability	intrapersonal			
			6	He took condom off and performed sex without condom.	condom unavailability	situational	2	3	1
	CSP	1	5	I never thought myself would get HIV infection.	invulnerability	intrapersonal	1	0	0
	CSW	2	3	I could check how good looking he is. If he is good looking, I will be ok to have sex without condom.	loss of sexual arousal control by partner	interpersonal			
			6	I would not use condom if I got to know him well. I would want to be his bf, so no need for protection. I trust him.	trust	interpersonal	0	2	0
2	RSP	4	1	I would not use condom and use withdrawal technique instead.	misconception	intrapersonal			
			2	If it was no condom, I would not use it.	condom unavailability	situational			
			3	I didn't concern about HIV infection. So I would ask her to take an oral pill.	invulnerability	intrapersonal			
			6	I would not notice condom's breaking at that time. I would continue perform sex.	condom unavailability	situational	2	0	2
	CSP	4	1	I would not use condom because I trust she would be free of HIV.	trust	interpersonal			
			2	I continued had sex without condom because It was not available.	condom unavailability	situational			
			3	I would have sex without condom according to her decision.	lack of sexual assertiveness	interpersonal			
			6	I continued had sex without condom because It was not available.	condom unavailability	situational	0	2	2
	CSW	2	2	I would ask CSW do the oral sex for me. It would be safe.	misconception	intrapersonal			
			5	If I didn't notice at the time of condom breaking, I would continue perform sex.	condom unavailability	situational	0	1	1

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
3	RSP	5	1	I would not use condom because I trust she would be free of HIV.	trust	interpersonal			
			2	How can I use if it was no condom.	condom unavailability	situational			
			3	I would follow her decision.	lack of sexual assertiveness	interpersonal			
			5	I didn't think I would get HIV infection.	invulnerability	intrapersonal			
			6	I took condom off and continue performed sex.	condom unavailability	situational	1	2	2
	CSP	4	2	If it was not available, I would not use condom.	condom unavailability	situational			
			4	I detect from her sign desease such as sores on her skin. After we were getting for a while, I would have sex without condom because I would be sure by detecting her skin and her health.	belief	intrapersonal			
			5	I would detect from my health. If it was ok, I would feel ok.	misconception	intrapersonal			
			6	It it was available, I would use condom. In turn, If it was unavailable, I wouldn't use it.	condom unavailability	situational	2	0	2
	CSW	3	2	I had sex at that time because of my lust.	self sexual urge	intrapersonal			
			5	If condom was unavailable, I would not use it.	condom unavailability	situational			
			6	I would not use condom because I thought I would be lucky one of being from HIV infection.	invulnerability	intrapersonal	2	0	1
4	RSP	2	2	I still had sex without condom use	condom unavailability	situational			
			6	I still continued having sex with broken condom because I wouldn't notice at that time.	condom unavailability	situational	0	0	2

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
5	RSP	4	1	I could ask for reason why not but I could what she wanted.	lack of sexual assertiveness	interpersonal			
			2	No condom, I had sex without condom.	condom unavailability	situational			
			3	I didn't use because I trust my gf would be free of HIV.	trust	interpersonal			
			6	I wouldn't notice for sure. So, I would bare on having sex with broken condom.	condom unavailability	situational	0	2	2
	CSP	2	2	I didn't use condom because it was unavailable at that time.	condom unavailability	situational			
			6	I would change condom if it was available. If it was not available, I would carry on sex with broken condom.	condom unavailability	situational	0	0	2
	CSW	1	4	I would protect myself by wear two condoms at the same time.	misconception	intrapersonal	1	0	0
6	RSP	2	2	Still had sex without condom use	condom unavailability	situational			
			3	Still had sex without condom use because trusted he would be free of HIV infection.	trust	interpersonal	0	1	1
	CSP	2	2	There was no condom, how can I use it.	condom unavailability	situational			
			3	I could detect from his appearance, educational level. If I feel ok, I would perform sex without condom use.	trust	interpersonal	0	1	1
7	RSP	3	1	I didn't need protection as usual.	belief	intrapersonal			
			2	I performed sex without condom because it was unavailable.	condom unavailability	situational			
			3	I conformed her decision. I just did what she wanted.	lack of sexual assertiveness	interpersonal	1	1	1
	CSP	1	5	I would go checking up whether I'm free of AIDS or not.	misconception	intrapersonal	1	0	0
8	RSP	1	5	I never thought I would get HIV infection.	invulnerability	intrapersonal	1	0	0
	CSP	1	5	I never thought I would get HIV infection.	invulnerability	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
9	RSP	6	1	I would do as my gf wanted because she is only one who I trust.	trust	interpersonal			
			2	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			3	I would continue having sex without condom use because I trust her.	trust	interpersonal			
			4	I never suspected my gf. I didn't think she would get HIV infection.	trust	interpersonal			
			5	I never thought I would get HIV infection.	invulnerability	intrapersonal			
			6	I still had sex without condom use	condom unavailability	situational	2	3	1
	CSP	3	2	I would continued sex because of my sexual desire.	self sexual urge	intrapersonal			
			5	I never thought I would get HIV infection.	invulnerability	intrapersonal			
			6	I would carry having sex at that time because of my sexual urge.	self sexual urge	intrapersonal	3	0	0
	CSW	1	5	I would have a blood test after having sex at that time.	misconception	intrapersonal	1	0	0
10	RSP	3	1	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			2	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			6	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal	3	0	0
	CSP	1	2	I did withdrawal technique. I thought it is an effective one.	misconception	interpersonal	0	1	0
	CSW	2	2	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal			
			5	I would have a blood test after having sex at that time.	misconception	intrapersonal	2	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
11	RSP	5	1	I trust her. No need to use condom.	trust	interpersonal			
			2	If she was in a safety period, I would do nothing. I didn't concern about HIV too much.	invulnerability	intrapersonal			
			3	If she was in a safety period, I would do nothing. I didn't concern about HIV too much.	invulnerability	intrapersonal			
			5	I feel indifferent. I would net get HIV for sure.	invulnerability	intrapersonal			
			6	I still performed sex with broken condom because I would not notice at that time.	condom unavailability	situational	3	1	1
	CSP	4	2	I would ask her to take a spermatocide.	misconception	intrapersonal			
			3	I would have sex without condom because I thougt she would be free of HIV.	trust	interpersonal			
			4	Eventhough I suspect her, I would let it go. I should be a lucky one who will never get HIV infection.	invulnerability	intrapersonal			
			5	I didn't concern about HIV infection.	invulnerability	intrapersonal	3	1	0
12	RSP	2	2	I did as my gf wanted. I always trusted her.	trust	interpersonal			
			6	I continued had sex with breaking condom.	condom unavailability	situational	0	1	1
	CSP	4	1	If she is good looking, I would have sex without condom use.	loss of sexual arousal control by partner	interpersonal			
			2	There was no condom, how can I use it.	condom unavailability	situational			
			3	I did as she wanted. I could detect before going to have sex with her.	trust	interpersonal			
			6	I continued having sex with breaking condom because of my sexual urge.	self sexual urge	intrapersonal	1	2	1
	CSW	1	5	If I didn't notice at that time. I would know the condom was breaking for sure.	condom unavailability	situational	0	0	1

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
13	RSP	5	1	I did as she wanted because we knew each other for a long time. I trust her.	trust	interpersonal			
			2	No condom, I had sex without condom.	condom unavailability	situational			
			3	I did as she wanted. I trusted her would be free of HIV infection.	trust	interpersonal			
			6	I would not know at that time. I would still performed sex.	condom unavailability	situational	0	2	2
	CSP	1	6	If there was another condom available, I would change condom. If there was not available, I would carry performing sex with breaking condom.	condom unavailability	situational	0	0	1
14	RSP	1	6	I had sex with breaking condom because of my lust.	self-sexual urge	intrapersonal	1	0	0
	CSP	1	6	If there was another condom available, I would change condom. If there was not available, I would carry performing sex with breaking condom.	condom unavailability	situational	0	0	1
	CSW	1	5	I would not notice condom's breaking at that time. I would continue perform sex.	condom unavailability	situational	0	0	1

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
15	RSP	4	1	I didn't use condom because I trusted her.	trust	interpersonal			
			2	How can I use if it was no condom.	condom unavailability	situational			
			3	I did as she wanted because we knew each other for a long time. I trust her.	trust	interpersonal			
			6	I would continue sex because it was not my fault. Condom was breaking is out of my control.	condom unavailability	situational	0	2	2
	CSP	2	2	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal			
			3	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal	2	0	0
	CSW	3	1	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal			
			2	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal			
			3	I asked her to do an oral sex for me. I thought it would be safe for me.	misconception	intrapersonal	3	0	0
16	RSP	2	1	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			2	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal	2	0	0
	CSP	3	2	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			4	I would go having myself a blood test.	misconception	intrapersonal			
			5	I would go having myself a blood test.	misconception	intrapersonal	3	0	0
	CSW	1	4	I would detect her health first. Then I confirmed with my blood test.	misconception	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
17	RSP	3	1	Before having sex, we both had blood test. So, I trusted her would be from HIV infection. No need to use condom	trust	interpersonal			
			2	No condom, I had sex without condom.	condom unavailability	situational			
			6	I would stop having sex and I would clean my genital with alcohol.	misconception	intrapersonal	1	1	1
	CSP	1	6	I would stop having sex and I would clean my genital with alcohol.	misconception	intrapersonal	1	0	0
	CSW	1	7	I would stop having sex and I would clean my genital with antiseptic.	misconception	intrapersonal	1	0	0
18	RSP	4	1	I did as she wanted because we knew each other for a long time. I trust her.	trust	interpersonal			
			2	I used withdrawal technique because I thought it was aneffective one.	misconception	intrapersonal			
			3	I did as she wanted because we knew each other for a long time. I trust her.	trust	interpersonal			
			6	I would carry having sex an check myself whether there is something wrong with myself after that time of sexual episode.	misconception	intrapersonal	2	2	0
	CSP	4	1	I asked her to take a spermatocide. I concerned only impregnanting.	invulnerability	intrapersonal			
			2	I did a withdrawal technique. I only concerned with impregnanting.	invulnerability	intrapersonal			
			3	I asked her to take a spermatocide.	invulnerability	intrapersonal			
			4	I would have a blood test after having sex at that time.	misconception	intrapersonal	4	0	0
	CSW	2	4	I would detect her health first before having sex without condom. If she looked ok, I would do sex without condom.	trust	interpersonal			
			5	I stopped having sexual intercourse. I would ask her to do me an oral sex.	misconception	intrapersonal	1	1	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
19	RSP	3	1	I had a blood test. There was nothing wrong with me. So, I gf would be free from HIV.	trust	interpersonal			
			3	I concerned only impregnanting. I didn't care AIDS.	invulnerability	intrapersonal			
			6	I would continue having sex without condom and then go physical checking.	misconception	intrapersonal	2	1	0
	CSP	2	5	I would have a blood test to confirm I am in a good condition.	misconception	intrapersonal			
			6	I would not notice condom's breaking at that time. I would continue perform sex.	condom unavailability	situational	1	0	1
20	RSP	5	1	I always trust in my gf she would not get HIV infection.	trust	interpersonal			
			3	I trust her. I would have sex without condom.	trust	interpersonal			
			4	It's impossible.	invulnerability	intrapersonal			
			5	I don't think myself get HIV infection.	invulnerability	intrapersonal			
			6	If there was another condom available, I would change condom. If there was not available, I would carry performing sex with breaking condom.	condom unavailability	situational	2	2	1
	CSP	2	4	I don't think my partner get HIV infection.	trust	interpersonal			
			5	I don't think I would get HIV infection.	invulnerability	intrapersonal	1	1	0
21	RSP	3	1	I trust her would be free from AIDS.	trust	interpersonal			
			2	If there was no condom, I would not use condom.	condom unavailability	situational			
			3	I would do as she wanted. I trust her.	trust	interpersonal	0	2	1
	CSP	1	5	I don't think I would get HIV infection.	invulnerability	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
22	RSP	3	1	we didn't protect ourselves. We trusted each other.	trust	interpersonal	0	2	1
			2	I might go out buying.	condom unavailability	situational			
			3	I did as she wanted. I trusted her would be free of HIV infection.	trust	interpersonal			
23	RSP	2	2	There was no condom, how can I use it.	condom unavailability	situational	1	0	1
			5	I would have a blood test to check my serostatus.	misconception	intrapersonal			
	CSP	2	4	I detect from her appreance. If she was good looking, I would perform sex without condom.	loss of sexual arousal control by partner	interpersonal	1	1	0
			5	I would have a blood test to check my serostatus.	misconception	intrapersonal			
24	RSP	5	1	I planned to marry her. It is no need for any protection.	trust	interpersonal	2	3	0
			2	I would use withdrawal technique if condom was unavailable.	misconception	intrapersonal			
			3	I conformed her decision. I just did what she wanted.	trust	interpersonal			
			4	I trust she is free of HIV.	trust	interpersonal			
			6	I continued perform sexual episode because of my lust.	self-sexual urge	intrapersonal			
	CSP	2	4	I didn't have sex with someone I'm not sure. The one whom I have sex with would be free from HIV for sure.	belief	intrapersonal	2	0	0
			6	I asked her to do me an oral sex.	misconception	intrapersonal			
	CSW	1	5	I would ask her to do me an oral sex.	misconception	intrapersonal	1	0	0
25	RSP	3	2	If condom was unavailable, I would not use it.	condom unavailability	situational	1	1	1
			3	I always did what she wanted.	lack of sexual assertiveness	interpersonal			
			6	I continued perform sex and clean my genital after sex.	misconception	intrapersonal			
	CSP	3	4	I would ask her to have a blood test.	misconception	intrapersonal	3	0	0
			5	I never had a risky sexual behavior. So, It would not happen to me.	invulnerability	intrapersonal			
			6	I cleaned my genital organ and went to have a physical checkup.	misconception	intrapersonal			
	CSW	1	5	I would cleaned my genital and have a physical checkup.	misconception	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
26	CSP	2	4	I would have myself physical checkup after having sex with her.	misconception	intrapersonal			
			5	I would have a blood test to confirm I am free of HIV infection.	misconception	intrapersonal	2	0	0
27	RSP	3	1	I regulary don't use it. My gf said nothing. It depends on my decision making.	self-efficacy	intrapersonal			
			2	If condom was unavailable, I would not use it.	condom unavailability	situational			
			3	we trust each other.	trust	interpersonal	1	1	1
	CSP	3	4	I might ask her to have a blood test together after sex.	misconception	intrapersonal			
			5	I would go having myself a blood test.	misconception	intrapersonal			
			6	I cleaned my genital organ with soap.	misconception	intrapersonal	3	0	0
	CSW	1	5	I would clean my genital after sex.	misconception	intrapersonal	1	0	0
28	RSP	3	1	I didn't use condom due to trusting her.	trust	interpersonal			
			2	I didn't use condom because I trusted her.	trust	interpersonal			
			6	I could carry on sex because I didn't know at that time of condom breaking.	condom unavailability	situational	0	2	1
	CSP	3	4	I would go physical checkup after sex.	misconception	intrapersonal			
			5	I would have a blood test after sex.	misconception	intrapersonal			
			6	I could carry on sex and go physical checkup.	misconception	intrapersonal	3	0	0
	CSW	1	5	I could carry on sex and go physical checkup.	misconception	intrapersonal	1	0	0

Interview No	Partner	total answer	Scenario	Verbatim	Subdomain	Domain	Summary		
							intrapersonal	interpersonal	situational
29	RSP	5	1	I used withdrawal technique because I thought it was aneffective one.	misconception	intrapersonal			
			2	I used withdrawal technique because I thought it was aneffective one.	misconception	intrapersonal			
			3	I would do the most natural way. It is not using condom.	belief	intrapersonal			
			4	Have regular checkup as the way of HIV detection.	misconception	intrapersonal			
			5	Have regular checkup as the way of HIV detection.	misconception	intrapersonal	5	0	0
	CSP	3	1	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			2	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal			
			3	I did withdrawal technique. I thought it is an effective one.	misconception	intrapersonal	3	0	0
	CSW	3	2	I asked CSW to do me an oral sex.	misconception	intrapersonal			
			5	I asked CSW to do me an oral sex.	misconception	intrapersonal			
			7	I asked CSW to do me an oral sex.	misconception	intrapersonal	3	0	0
30	RSP	5	1	I had sex without condom use because of trusting my partner.	trust	interpersonal			
			2	No condom, I had sex without condom.	condom-unavailability	situational			
			3	I had sex without condom use because of trusting my partner.	trust	interpersonal			
			4	I would ask my gf to have a physical checkup.	misconception	intrapersonal			
			5	I would have a physical checkup.	misconception	intrapersonal	2	2	1
	CSP	2	4	I would go having myself a blood test after having sex with her.	misconception	intrapersonal			
			5	I would go having myself a blood test after having sex with her.	misconception	intrapersonal	2	0	0

Biography

Mr. Natthapong Chanyoo was born on August 15, 1976 in Surat Thani province, Thailand. He graduated his secondary level from Surat Thani School in 1993. Afterward, he graduated with bachelor's degree of Arts in Education (English major) in 1997 from Prince of Songkla University. He continued his master's of Developmental Psychology at Chulalongkorn University in 2001. He is now an English instructor 1 level 4 in Surat Thani Educational Area 2.