

**SEXUAL RISK BEHAVIORS AND SEXUAL
HARASSMENT AMONG FEMALE BEER PROMOTERS IN
CHIANG MAI PROVINCE, THAILAND**

Miss Mathudara Phaiyarom



**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health in Public Health
Common Course
COLLEGE OF PUBLIC HEALTH SCIENCES
Chulalongkorn University
Academic Year 2018
Copyright of Chulalongkorn University**

พฤติกรรมเสี่ยงทางเพศและการถูกล่วงละเมิดทางเพศของสาวเชียร์เบียร์ในจังหวัด
เชียงใหม่ ประเทศไทย



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรมหาบัณฑิต
สาขาวิชาสาธารณสุขศาสตร์ ไม่สังกัดภาควิชา/เทียบเท่า
วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย
ปีการศึกษา 2561
ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

มธุคารา ไพยารมณ : พฤติกรรมเสี่ยงทางเพศและการถูกล่วงละเมิดทางเพศของสาวเชียร์เบียร์ในจังหวัด
เชียงใหม่ ประเทศไทย. (SEXUAL RISK BEHAVIORS AND SEXUAL
HARASSMENT AMONG FEMALE BEER PROMOTERS IN CHIANG
MAI PROVINCE, THAILAND) อ.ที่ปรึกษาวิทยานิพนธ์หลัก : ดร.มนทกานต์ เชื่อมจิต

สาวเชียร์เบียร์สามารถพบได้ทั่วไปในประเทศไทยรวมทั้งจังหวัดเชียงใหม่ หลังจากที่มีการโฆษณาเครื่องดื่มแอลกอฮอล์จัดเป็นสิ่งผิดกฎหมาย เนื่องจากพระราชบัญญัติควบคุมเครื่องดื่มแอลกอฮอล์ พ.ศ. 2551 จากลักษณะการทำงานส่งผลให้สาวเชียร์เบียร์ต้องเผชิญหน้ากับการถูกล่วงละเมิดทางเพศ และการดื่มเครื่องดื่มแอลกอฮอล์ร่วมกับลูกค้า ซึ่งอาจนำไปสู่พฤติกรรมเสี่ยงทางเพศได้ แต่ด้วยหลักฐานงานวิจัยที่มีอยู่มีปริมาณน้อย ทำให้การแก้ปัญหาดังกล่าวเกิดขึ้นได้ยาก งานวิจัยนี้จึงมีวัตถุประสงค์เพื่อศึกษาข้อมูลทั่วไป กิจกรรมทางเพศ ทักษะคิด ลักษณะการทำงาน พฤติกรรมเสี่ยงทางเพศ และการถูกล่วงละเมิดทางเพศของสาวเชียร์เบียร์ ในจังหวัดเชียงใหม่ รวมทั้งหาความสัมพันธ์ของตัวแปร วิธีการศึกษาแบบตัดขวางได้ถูกนำมาใช้ตั้งแต่เดือนพฤษภาคม ถึงเดือนกรกฎาคม พ.ศ.2561 กลุ่มตัวอย่างสาวเชียร์เบียร์สัญชาติไทย อายุมากกว่าหรือเท่ากับ 18 ปี จำนวน 184 คน จากการสุ่มตัวอย่างแบบสโนว์บอล และใช้แบบสอบถามแบบตนเองเพื่อเก็บข้อมูล การวิเคราะห์ทางสถิติแบบพรรณนาและเชิงอนุมานด้วยการวิเคราะห์ตัวแปรครั้งละ 2 ตัว ได้ถูกนำมาใช้ในการศึกษานี้ ผลการศึกษาพบว่า อายุเฉลี่ยของผู้เข้าร่วมวิจัยอยู่ที่ 22.73 ปี ร้อยละ 58.7 มีสถานะเป็นนักศึกษา และศึกษาอยู่ระดับปริญญาตรี ร้อยละ 62.5 เคยมีเพศสัมพันธ์ และร้อยละ 25.2 ไม่ได้ใช้ถุงยางอนามัยขณะมีการร่วมเพศ ในส่วนการถูกล่วงละเมิดทางเพศ ผู้เข้าร่วมงานวิจัยส่วนใหญ่มีประสบการณ์การถูกล่วงละเมิดทางเพศซึ่งอยู่ในระดับกลาง โดยเฉพาะการถูกล่วงละเมิดทางเพศทางวาจาซึ่งมีความสัมพันธ์กับสถานะนักศึกษาปัจจุบัน ($p\text{-value} = 0.038$) ประสบการณ์การมีเพศสัมพันธ์ ($p\text{-value} = 0.024$) และประเภทของการทำงาน ($p\text{-value} = 0.002$). โดยสรุปพฤติกรรมเสี่ยงทางเพศยังคงพบในได้กลุ่มของสาวเชียร์เบียร์และการถูกล่วงละเมิดทางเพศยังเกิดขึ้นสูง ซึ่งมีความสัมพันธ์กับสถานะนักศึกษา ประสบการณ์การมีเพศสัมพันธ์ และประเภทของการทำงาน ผลจากงานวิจัยนี้แสดงให้เห็นว่า ควรมีการเปิดเผยความสำคัญของพฤติกรรมเสี่ยงทางเพศและถูกล่วงละเมิดทางเพศในวงกว้างมากขึ้น เพื่อให้ทุกคนในสังคมตระหนักถึงความสำคัญของประเด็นดังกล่าว และควรมีการสร้างโครงการเพื่อเสริมสร้างพลังอำนาจของสตรี ในการต่อรองและทักษะชีวิตสำหรับสาวเชียร์เบียร์ สำหรับงานวิจัยต่อไป ควรมีการขยายพื้นที่ในการวิจัย และทำการวิจัยแบบผสมผสาน เพื่ออธิบายข้อมูลในเชิงลึก

ภาควิชา ไม่สังกัดภาควิชา/เทียบเท่า ลายมือชื่อ
สาขาวิชา สาธารณสุขศาสตร์ นิสิต
ปีการศึกษา 2561 ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์หลัก

6078826753 : MASTER OF PUBLIC HEALTH

Female beer promoter, Sexual risk behavior, Sexual harassment

Mathudara Phaiyarom : SEXUAL RISK BEHAVIORS AND SEXUAL HARASSMENT AMONG FEMALE BEER PROMOTERS IN CHIANG MAI PROVINCE, THAILAND. ADVISOR: Montakarn Chuemchit, Ph.D.

Beer promoters can be found throughout the country and Chiang Mai after alcohol drinks advertising was illegal according to Alcohol Beverage Control Act. From their working conditions, they are faced with sexual harassment and encourage to drink with clients which probably leads to sexual risk behaviors. There are few evidence-based researches about their sexual risk behaviors and sexual harassment so it is hard to solve these situations. This study aimed to determine their demographic data, sexual activities, attitudes, working conditions, sexual risk behaviors, and sexual harassment female beer promoters in Chiang Mai. Moreover, it aimed to find the association between variables. Cross-sectional survey was conducted from May to July, 2018. Snowball sample of 184 Thai female beer promoters who were 18 years old or more were asked to complete administrative questionnaire which included demographic data, sexual activities, sexual orientation, attitudes, sexual behaviors, and sexual harassment during working as a beer promoter. Descriptive statistics and bivariate analysis were used to examine responses of participants and association between variables. The results showed that mean age of respondents was 22.73. 58.7% of them were also student and studying in bachelor degree. There were 62.5% of having sex experience with 25.2% of them did not use the condom. For sexual harassment, most of respondents had experiences in medium level especially verbal harassment. It associated with currently student status (p -value = 0.038), having sexual intercourse experience (p -value = 0.024), and type of job (p -value = 0.000). In conclusion, sexual risk behaviors were still found among female beer promoters and the occurrence of sexual harassment remained high. There were association between currently student status, having sexual intercourse experience, and type of job and sexual harassment. The findings highlighted that magnitude of sexual risk behaviors and sexual harassment should be revealed to the public. It is necessary to help people in the society consider about these issues. And campaigns for women empowerment regarding negotiation and life skills for beer promoters should be created. The further study should expand the survey to other area and mixed method is recommended to explain in-depth information.

Department: Common Course

Student's
Signature

Field of Study: Public Health

Advisor's
Signature

Academic Year: 2018

ACKNOWLEDGEMENTS

The author wishes to express the deepest gratitude and appreciation to advisor, Dr. Montakarn Chuemchit for her witnesses, suggestions, encouragement, and providing their invaluable time throughout the course of study.

Gratitude is sincerely grateful to the supportive thesis committee, Asst. Prof. Dr. Ratana Somrongthong, Nipunporn Voramongkol, M.D., MPH for their important and constructive suggestions in this thesis.

Also my special thanks goes to my beloved family for their love, understanding, encouragement, and support for this study. There were many people who helped, encourage and inspired me to carry out this study into success. I feel very thankful to all of them.

Mathudara Phaiyarom

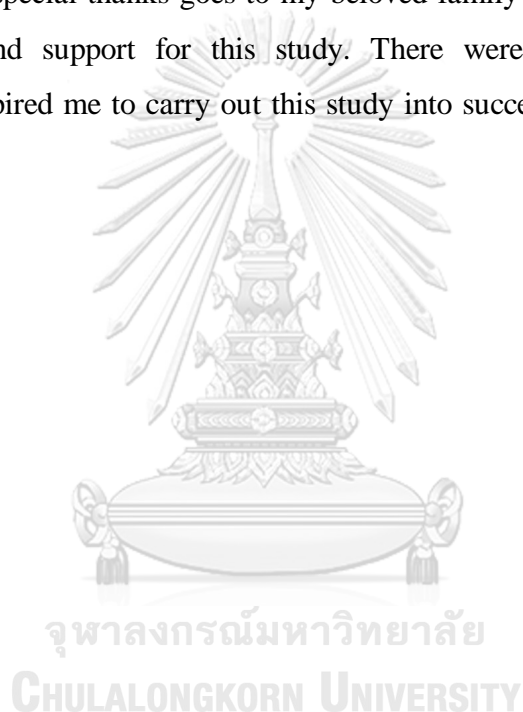


TABLE OF CONTENTS

	Page
ABSTRACT (THAI).....	iii
ABSTRACT (ENGLISH).....	iv
ACKNOWLEDGEMENTS.....	v
TABLE OF CONTENTS	vi
Chapter 1 Introduction	1
1.1 Introduction.....	1
1.2 Research questions	3
1.3 Research objectives	3
1.4 Research hypothesis	4
1.5 Operational definitions.....	5
1.6 Conceptual framework	6
Chapter 2 Literature review	7
2.1 Beer promoters	7
2.2 Sexual harassment	8
2.3 Sexual risk behaviors.....	13
2.4 Nightlife in Chiang Mai	16
2.5 Related studies	17
Chapter 3 Methodology	19
3.1 Research design	19
3.2 Study area.....	19
3.3 Study population.....	19
3.4 Sample size	19
3.5 Sampling technique	20
3.6 Measuring tool	20
3.7 Data collection	23

3.8 Data analysis	24
3.9 Ethical consideration	24
3.10 Limitations	25
3.11 Expected benefits and applications	25
3.12 Obstacles and strategies to solve the problems.....	25
Chapter 4 Results	26
Part I : Descriptive Findings.....	26
Part II: Bivariate analysis	42
Chapter 5 Discussion	57
5.1 Discussion	57
5.2 Conclusion	64
5.3 Recommendations	66
5.4 Further study	66
REFERENCES	67
Appendix.....	74
VITA	89

Chapter 1 Introduction

1.1 Introduction

Thailand has a drink culture that alcoholic beverages are not only the drinks but also can enhance sociability and social participation. Thus, alcohol consumption situation remains high and continuously increases especially beer, and spirit [1]. Moreover, the high numbers of alcohol consumption is caused by many beer organizations try to approach the teenagers which is the new target group. Since the Alcohol Beverage Control Act B.E. 2551 is launched, the advertising of alcohol drink is illegal [2]. The beer organizations try to find the new way of advertising and increase the sells at below the line and the most successful method is beer promoters.

Most of beer promoters are women who migrated to urban area for better economic opportunities [3]. A common career among this group is employed in small restaurants, karaoke, and club to promote and sell alcohol drinks some are employed from the beer companies directly [4, 5]. In the some societies, beer promoters is defined as “indirect sex workers” and stigmatized them to the group of “bad girl” [6]. In addition, working as beer promoters can put them into the risks by the working condition. Thus, many beer promoters are faced with daily sexual harassment and are encouraged to drink alcohol with clients which lead to sexual risk behavior as well [7].

Sexual harassment is defined as unwelcome behavior includes non-verbal or gestural harassment, verbal, and physical harassment [8]. In Thailand in past 20 years, there are more than 40,000 women have had the experiences towards violence and sexual harassment [9]. Despite existing of law prohibiting sexual harassment, they cannot prohibit sexual harassment especially non-verbal harassment. Sexual harassment is defined as a stimulator for physical and mental health consequences [10]. Moreover, sexual harassment also related to sexual risk behaviors by sexual forced as well.

Sexual risk behavior is defined as a behavior which increases risk of negative health consequences by increase a chance of sexual transmitted infection and HIV infection and increase chance of unintended pregnancy [11, 12]. Sexual risk behavior

has impact on health in sexual and reproduction health problems including sexual transmitted infections, HIV/AIDS, unintended pregnancy, and abortion [11, 13, 14]. In fact, some beer promoters have sexual relations with customers or move to sex work, to support their incomes. According to lack of clarify category among this group, it might hard to determine their risks from currently available data and become vulnerable group for sexual and reproductive health [3] which is one of the major public health challenges.

Chiang Mai province is in the northern of Thailand which well-known about several types of travelling including nightlife travelling which can attract the tourists. Moreover, people also migrate to the city for job opportunities especially service and entertainment sector which lead beer promoters can be found throughout Chiang Mai. Although, there are lack of data regarding sexual harassment, sexually-motivated violence and sexual assault, it is the fact that they typically happen at night in the parties or clubs/bars [15]. Concerning reproductive health, there were 20,793 people living with HIV with 314 newly infection and 1,430 people died by the end of 2016 [16]. There is the studies showed that 65.2% of pregnant women aged 15-24 years declared that the pregnancy was unintended [17].

To achieve the goal of end aids by 2030 through prevention programs [18], Thailand must focus more on higher risk population including those who work as indirect sex workers. Moreover, decreasing numbers of sex harassment requires not only protective law, but also requires the collaboration between workplace's owner and clients as well. Although, this population can be found throughout the country, there is little evidence-based researches about their sexual behavior and workplace harassment. In addition, without the authoritative surveillance and accurate data among this group, it hardly find out the accurate situation to solve the problems. Thus, there is the urgent situation to find out their situations to be the start of further strategies.

1.2 Research questions

- What are the socio-demographic characteristics, sexual activities, attitudes toward sexuality, attitudes toward using condom, attitudes toward using emergency contraceptive pills, attitudes toward sexual harassment, working conditions, sexual risk behaviors, and sexual harassment among female beer promoters in Chiang Mai province, Thailand?
- What is the percentage of sexual harassment among female beer promoters in Chiang Mai province, Thailand?
- Is there any association between socio-demographic characteristics, sexual activities, attitudes toward sexuality, attitudes toward using condom, attitudes toward using emergency contraceptive pills, attitudes toward sexual harassment, working conditions and the level of sexual harassment among female beer promoters in Chiang Mai province, Thailand?

1.3 Research objectives

General objective

- To assess sexual risk behaviors and the level of sexual harassment among female beer promoters in Chiang Mai province, Thailand.

Specific objectives

- To describe the socio-demographic characteristics, sexual activities, attitudes toward sexuality, attitudes toward using condom, attitudes toward using emergency contraceptive pills, attitudes toward sexual harassment, working conditions, sexual risk behaviors, and the level of sexual harassment among female beer promoters in Chiang Mai province, Thailand
- To analyze the association between socio-demographic characteristics, sexual activities, attitudes toward sexuality, attitudes toward using condom, attitudes toward using emergency contraceptive pills, attitudes toward sexual harassment, working conditions and the level of sexual harassment among female beer promoters in Chiang Mai province, Thailand.

1.4 Research hypothesis

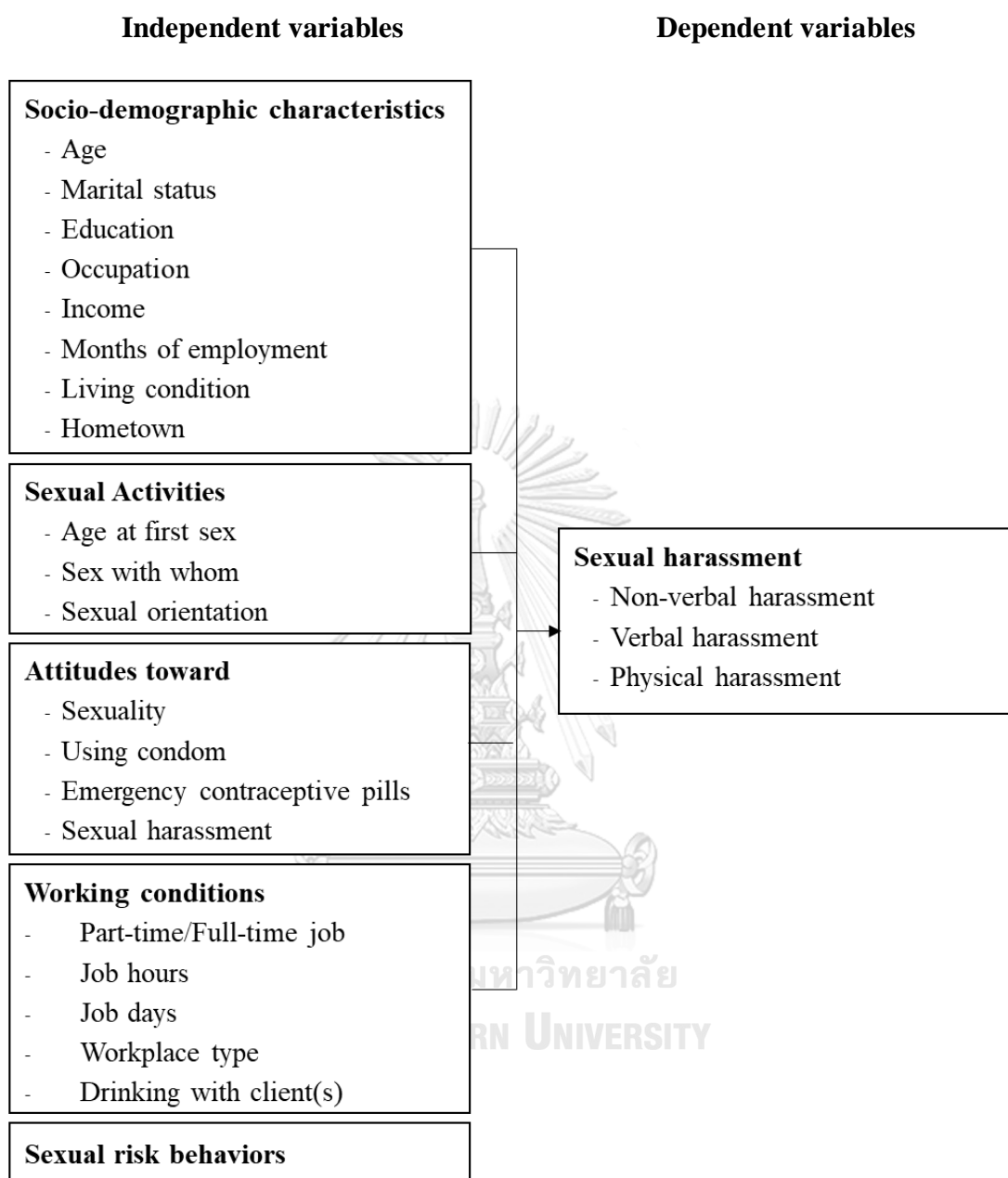
- There is association between socio-demographic characteristics, sexual activities, attitudes toward sexuality, attitudes toward using condom, attitudes toward using emergency contraceptive pills, attitudes toward sexual harassment, working conditions and the level of sexual harassment among female beer promoters in Chiang Mai province, Thailand.



1.5 Operational definitions

- **Age** refers to the self-reported age of the respondents on his/her last birthday.
- **Marital status** refers to a person's relationship with other whether married or single.
- **Education** refers to the latest level of education which the respondents finished the study.
- **Occupation** is a person's work, in this study, refers to additional work or job from beer promoter.
- **Income** refers to all amount of money they get per month including the salary of beer promoter and some can get from the salary of another job.
- **Months of employment** refers to the length of time at job as beer promoter.
- **Sexual activity** in this study refers to sexual activities in the past regarding age at first sex and the person they had ever had sexual intercourse with.
- **Sexual orientation** refers a person's sexual identity in relation to the gender to which they are attracted; the fact of being heterosexual, homosexual, or bisexual.
- **Attitudes** of respondents in this study how they think about sexuality, using the condom, using emergency contraceptive pills, and sexual harassment.
- **Working conditions** refers to working environment and all existing circumstances affecting labor in the workplace. In this study, they include type of working as beer promoter, job hours, job days, workplace type, and drinking with client(s) situation.
- **Sexual risk behaviors** in this study refers to non-use condom during sexual act, multiple sexual partners, sex under alcohol/drugs, sex with clients, and using emergency contraceptive pills.
- **Sexual harassment** refers to unwelcome actions which include non-verbal, verbal, and physical harassment which are classified into 3 level including low, medium, and high level.

1.6 Conceptual framework



Chapter 2 Literature review

The review of literature in this study deals with 5 main aspects as follows

- 2.1 Beer promoters
- 2.2 Sexual harassment
- 2.3 Sexual risk behaviors
- 2.4 Night life in Chiang Mai
- 2.5 Related studies

2.1 Beer promoters

Thailand is focusing more on non-agricultural sector, thus workers, especially women, prefer migrate to urban area for better economic opportunities [19]. A common career among this group is employed in small restaurants, karaoke, and club to promote and sell alcohol drinks [3, 20]. While the accurate numbers of beer promoters are not available, the number remains be thought significant due to total number of migrants who employed as beer promoters in this region. Although the accurate number of beer promoters are not available, the number remains be thought significant due to total number of migrants who employed as beer promoters in this country.

Beer promoter is one of beer advertising to promote and stimulate beer selling due to alcohol drinks control act through the human. Beer promoters have a main responsibility to tell information about beer brand that they work with to the customers or clients to increase to selling of the brand which also affect their own income including the commission. To maintain their income, beer promoters have to satisfy customers which work in the part of commission. Although, there is a law to protect the labors or workforces from workplace harassment, many beer promoters are still faced with daily sex harassment and are encouraged to drink alcohol with clients which lead to sexual risk behavior as well [20]. When the client are drunk, they try to touch the bodies and the beer promoters due to the job property [3], However, without stopping or controlling the clients, the behavior of clients will be more unacceptable.

Moreover, beer promoters can be classified as indirect sex workers along with workers in massage parlors [6]. In fact, some beer promoters have sexual relations with customers or move to sex work, to support their incomes. According to lack of clarify

category among this group, it might hard to determine their HIV risks from currently available data and become vulnerable group for sexual and reproductive health, including HIV and AIDS.

There are few available data regarding beer promoters' background characteristics. From CARE Cambodia survey [21], it demonstrated that the majority of beer promoters were about 20 to 29 years old. The marital status is evenly distributed with married, lived with man, divorced or separated and been single. In addition, Webber's survey [20] revealed the demographics of beer promoters surveyed that the majority of surveyed beer promoters were about 20 to 29 years old. Moreover, Thai participants had never married and were childless. In Thailand, male beer promoters who are transgender can be found however they mostly are in female uniform.

Several features of beer promoters in Thailand include belonging to beer organization, beer booth, festival or occasional events such as winter season. They can also belong to the restaurants or nightclubs or bars. In addition, there are two types of employment including full-time and part-time. In this study, it aimed to focus on beer promoters both in full-time and part-time beer promoters.

2.2 Sexual harassment

Definition of sexual harassment

Term of "sexual harassment" initiated in mid 1970s from investigators works which aimed to take the problem to the light. The issues over definition of sexual harassment was complicated for the investigators according to the meaning would determine the set of boundaries to the specific meaning and would separate from other sexual interest expressions. Thus, these reasons had demonstrated highly difficult to success.

By the argument among academic over this issue, in summary, sexual harassment is defined as unwanted or unwelcome sexual advances, request for sexual favors, and verbal, non-verbal or physical conduct of sexual nature. Sexual harassment is a gender-neutral offense, both men and women can sexually harass each other. However, women are much more likely to be victims of sexual harassment according

to lack power, are in more vulnerable and insecure positions, lack self-confidence, or have been socialized to suffer in silence [22].

Types of sexual harassment

Sexual harassment has defined two types including “quid pro quo” and “hostile environment” [22]

Quid pro quo sexual harassment

Quid pro quo is defining “something for something” or “this for that”, which is Latin phrase, means exchanging the benefits or interests, each person receives something for what he or she gives. In addition, this term can explain as the inducement of sexual compliance through promises including punishment and reward. Thus, this harassment cannot use the law because the victims resists the harm.

Hostile environment sexual harassment

Hostile environment sexual harassment occurs when an employee is received a comments about physical appearance and physical contact at the work environment. This condition lead to the person feels uncomfortable or limit job performance.

Sexual harassment can be divided by the expression or behavior of harassment including non-verbal, verbal, and physical behavior.

- **Non-verbal/Gestural harassment** is the sexual harassment by the actions and body language such as staring at someone, following the person, making sexual gestures through body movements, and making facial expressions.
- **Verbal harassment** includes whistling at someone, making sexual comments, telling sexual jokes or stories, and asking the personal questions.
- **Physical harassment** is sexual harassment which consists of touching the person's clothing or body, hugging, kissing, or standing close to another person.

The severity of the harassment is largely determined by the impact it has on the victim. So "It was just a joke" or "I had too much to drink" is not the execution.

Models of sexual harassment

There are four models including sociocultural, organizational, sex-roles spillover, natural or biological that describe the phenomenon from several view. In term of “models” and “theories” are interchangeable and that is the sexual harassment case [7, 23, 24].

Sociocultural model

Sociocultural theories are broadly context including political and social which leaded and engaged sexual harassment. Gender inequality and sexism already appear in the society, there is the stereotype which male are superiority, female as subordinate in the society. In feminist model, males believes that their manners are justified whilst females blames themselves as the victim. In addition, prevalence studies represent that the majority of harassers is male, and some found that harassment is high in men dominated work fields.

Organizational model

Several organizational related issues consist of inequalities status and power among the organization that encourage sexual harassment. In addition, other factors such as atmosphere in workplace, gendered occupations, norms, and policies in organization possibly encourage sexual harassment.

Sex-role spillover model

Sex-role spillover is explicit when male to female ratio in work field is highly skewed. Thus, females who work in non-traditional field such as construction and engineering are likely norms breakers and faced with sexual harassment at the high rates. On the other hand, sexual harassment also occurs in “feminine” careers such as receptionists and waitresses.

Natural or biological model

This model explains about biological expansion of mate natural or biological aspect which relates to sexual attraction and mate seeking. Biological aspect explains the instinct of the human which males seem to have higher inner sex lead to sexual

aggression than female. Thus, this model would predict that females seem to be the survivors of sexual harassment while males are the harassers.

Effects of sexual harassment

There are several negative consequences of sexual harassment in the victims including job-related, psychological, and somatic health [25]. In terms of job-related consequences, sexual harassment leads to decreased job satisfaction, lowered morale, avoided participation in the workplace, damaged work-relationship, and decreased work productivities [26, 27]. Some employees are forced to quit or lose their jobs as well [28]. The psychological and physical health consequences of sexual harassment are also mentioned. Sexual harassment is linked to anxiety, depression, sleep disorders, and headaches. Moreover, there is an evidence of relationship among depression, lifetime post-traumatic stress disorder, and sexual harassment as well [26, 29, 30].

Sexual harassment prevention

Prevention is the most effective way against sexual harassment because harassment cannot disappear by it owns. Anti-harassment is not only organizations or government's business but also everyone's. Therefore, the best harassment prevention strategy is three-fold as followed:

- **Clear anti-harassment policies which cover everyone;** with formal reporting and investigation mechanisms in place. Moreover, the policies should mention the details about where and how to complain when sexual harassment occurs [31]. In case of sexual harassment in workplace, the policies should let the employees have roles of participation and accepting the policies. In addition, the organizations should promote the as much as possible to motivate all employees. Declaring Zero Tolerance is the most powerful message for all employees [32].
- **Shaping and sustaining a Culture of Voice;** Begin measuring the levels of voice in organization. Reshaping a culture of voice in every business area where silence is a risk. In fact, sexual harassment will be worsen and harder to remedy as time goes on when it cannot be addressed [26, 33].

- **Leadership training in legal, behavioral, and procedural harassment responsiveness;** Make sure that everyone has a deep understanding of the practices that represent risk of harassment within the organization, how to recognize signs of harassment, and how to intervene if it exists [26, 34].

In addition, individuals or employees should commit to observe the situation and be aware of engaging in potential sexual-harassment behaviors or incidents at work. If possible, the victims should confront the sexual harasser immediately to tell them that the behavior is not appropriate or it is offensive [35].

Situations of sexual harassment

Workplace sexual harassment also commonly exists due to workplace characteristics such as organizational, university, and restaurants [7]. In the United State, estimated nearly 50% of women faced with sexual harassment in their work lives. [35] 51% are harassed by a supervisor and the biggest industries including business, trade, and finance have sexual harassment occurrence. In Italy, in 2004, female aged 14- 59 years old had experiences of sexual harassment and 55.4 indicated that they were the victims. One of third of employees resisted to sexual harassment because of job opportunities [34].

Sexual harassment is more concerned across the world nowadays especially after Alyssa Milano, actress, launched the campaign the hashtag #MeToo in social media. This campaign aimed to awake awareness and consideration about sexual harassment and assault. It is not only awake the women but also the men as well [36]. Lately, Google staff around the world are conducting a series of walkout to against the leadership's problems with separating workplace sexual harassment from the company. Many people have supported for the protest on social media, with some indicating their plan to participate. They also have used the hashtag #GoogleWalkout [37].

In Thailand, sexual harassment has been occurring for several decades but little attention due to the cultural and social norms. Women are considered as hind legs of elephants and the property of husband [9]. These mindset have undeniably attributed women's positions in the workplace. Despite existing of law prohibiting sexual

harassment, they cannot prohibit simple habits like teasing, whistling, or commenting which are general habits. Moreover, the law covers for private sectors only.

Reports from the Thailand National Commission on Women's Affairs show that 67% of women actively participate in the workforce who work informal sector, where they are paid less and little welfare to secure their lives. The Promotion of Gender Research and Development Institute stated that in the past 20 years it has dealt with more than 40,000 cases of violence against women including physical and mental violence and sexual harassment [9].

Thai government focuses more on sex harassment in workplaces in recent times by placing the sex harassment prohibit law to protect the workers. However, there are some places remaining red areas such as bars, massage parlors, bathing clubs, and some restaurants which can harassment towards female employees. Despite existing of prohibiting law against sex harassment, there are still these situations due to job properties which have to satisfy the customers [20]. To achieve the goal of decreasing this situation, it requires more evidences-based studies and accurate situations for creating the suitable one.

In this study, sexual harassment experiences among female beer promoters were studied in 3 types including non-verbal, verbal, and physical sexual harassment.

2.3 Sexual risk behaviors

Sexual behavior is private sexual activity which engage in homosexual and heterosexual and be subject to social, cultural, moral, and legal issue [38]. Understanding sexual behavior is the important way for public health research due to predict the further situation of public health [39]. Sexual risk or protective behaviors can be defined by the consequences, if the behaviors can introduce pregnancy [40] or STD or HIV/AIDS rates, they may include as risk behaviors [41]. If the behaviors can pregnancy or STD, they should be included as protective behaviors.

Sexual risk behavior is a behavior or activity which increase the probability of people to infect with sexually transmitted infection including HIV/AIDS or become pregnant or make a partner pregnant. Moreover, there are other negative consequences beyond health consequences including conflict among family, relationship, law, and financial problems [42]. The behavior is described by two meaning including personal's

behavior or partner's behavior. The related risk behavior could be vaginal, oral, and anal intercourse without protection. Substance use including alcohol and drug use is a co-variation with sexual risk behavior as well. Thus, Sexual risk behaviors include multiple sexual partners, sex under the influence of alcohol and drugs, unprotected sexual intercourse, early debut in sexual activities, and also sex between men [41, 43-46].

Sexual risk behavior is largely determined family, community. It is also influenced by sex, marital status, religion, culture, education, and economic factors [43, 47]. All influencing factors can affect both in protective and risk factors [12]. Protective factors are noted such as protective behavior education, knowledge of condom, social support, and positive institutional support. While risk factors include lack of appropriate education or skill, gender inequalities, poverty, unemployment, negative peer pressure, substances or alcohol consumption before sexual intercourse. Religion can be as pro- and con- according to social and cultural context.

Becoming older have significantly effect on sexual behavior especially in teenage group, and likely to have sex which relate to sexual maturity and hormonal changing lead to increase sexual attractiveness, and intimacy and sex. [14] However, comparing between adolescents or high-school group and college group or adults, adolescents are at a high risk group of unsafe sex activity [48] comparing to adults, which associated with lack of knowledge [49] of safe sex and sexuality. Moreover, within same group higher level of education had higher rates of using condom during sexual activity. [13] From the study in Britain, the people who are younger than 25 years are likely higher rates of partners. These results are reflected in higher STIs incidence in this group compared with older group. [50]

Adjusted the age to compare between genders, Puente study in Spain showed that risk behaviors was commonly higher in boys. Moreover, boys had more sexual partners than girls and used condoms less frequently than girls. [51] However, by culture norms shape the societies to think that women should be passive in sexual activity which is a hard situation for safe sex negotiation.[52] Moreover, male power, violence against women, contributes women to be vulnerable group for HIV.[53]

In 2016, more than one million had sexually transmitted infections everyday around the world. Every year there were estimated 357 million become newly infection with 1 of 4 STIs, including gonorrhea, syphilis, chlamydia, and trichomoniasis. Herpes simplex virus (HSV) type 2 infection occurred among more than 500 million people. Moreover, HSV-2 and syphilis infection increase the probability of HIV infection. [54]

Unintended pregnancy are mainly for many pregnancies globally. By in end 2008, pregnancy rates in worldwide were 208.2 million, however 41% of those are unintended. Latin America/Caribbean had the highest rates of unintended pregnancy at 58%. While Asia had the highest rates of total pregnancy which were 118.8 million and 38% of those were unintended, which means that estimated 45.1 million of pregnancy in Asia were unintended. [55] From the study in 2008, the most dominant outcomes of unintended pregnancies globally was abortion.[56]

By the end of 2016, 36.7 million adults living with HIV and 1.0 million people died because of HIV-related causes[6]. The prevalence of HIV infection is different between the countries and regions. Asia and the Pacific region is the second largest number of HIV infection, with Thailand was counting at approximately 9%. By the end 2016, there were 427,332 people living with HIV/AIDS and 6,400 people were the new cases. 16,000 people died from HIV/AIDS-related illnesses[57].

Northern of Thailand where is the largest number of HIV infection, Chiang Mai had 20,793 people living with HIV with 314 newly infection and 1,430 people died by the end of 2016 [16]. Recently, the number of new HIV infection greatly decline than the past due to full package intervention, including prevention programs and HIV testing, however, the effective coverage was still low at 51% [16] among high risk population and vulnerable groups. Also, there is no surveillance among these group, the accurate documents which contain the data about prevalence and incidence of HIV infection are not available.

2.4 Nightlife in Chiang Mai

Chiang Mai province is in the north of Thailand where is the biggest province in Northern and in the second after Nakhon Ratchasima Province. Chiang Mai province is surrounding by the mountains, forests, and lush countryside. There are total populations about 1,730,000 people and most of people live in Mueng district approximately 13.57%. Most of income in Chiang Mai province come from service sectors approximately 67.83%. There are registered restaurants 3,400 restaurants and in the capital had the restaurants almost a thousand restaurants [58]. Thus, many people migrate to Chiang Mai especially in the city, for job opportunities. In 2016, Chiang Mai province had workforces 988,249 people and had legal migration 83,778 people [59].

In Chiang Mai, there are lack of data regarding sexual harassment, sexually-motivated violence and sexual assault. In fact, they typically happen at night in the parties or clubs/bars, often when victims have been drinking due to lack of conscious or separate from their groups [15]. Focusing on sexual behaviors, from population based survey study [60], it was estimated that the majority of men and women have engaged in sexual intercourse. By current age group, about 20% to 30% of teenagers have engaged in sexual intercourse both in male and female. In term of risky behavior, regular condom use within the past 3 months rarely occurred. The numbers of regular condom use is less than 5% for the population although condom use is promoted for undesirable health outcomes prevention, specifically sexually transmitted infections. It is overall estimated that 0.7% of men and 0.2% of women who reported a history of sexual intercourse had more than one sexual partner in the past 3 months. About 1.5% of women across all age groups reported using drugs or alcohol before sexual intercourse which the prevalence is over 10 times higher among men.

Chiang Mai had 20,793 people living with HIV with 314 newly infection and 1,430 people died by the end of 2016 [16]. Although the data of unintended pregnancy in Chiang Mai province is not available, there is the studies among pregnant women aged 15-24 years showed that 65.2% of those declared that the pregnancy was unintended [17].

2.5 Related studies

Kapiga.SH et.al conducted the study in 2002 [61] among women who were working in the bars and hotels in Moshi, Tanzania. The results showed that the prevalence of HIV-1 was 26.3%. From statistical analysis, the risk of HIV/AIDS can be increased by increasing age, the number of sexual partners during the last 5 years, and consuming alcohol more than 2 days per week. These results represent that women working in these occupations were at in a risk of HIV-1.

G.Riedner et.al study in 2003 [62] indicate that there were high prevalence of HIV-1 and STI/RTI among female bar workers in Mbeya Region. Combining with the data about sexual behaviors showed that there were association between low prevalence of reported condom use and having multiple casual partners and prevalent STI.

H.Yang et. al study in 2007 [63] in Beijing and Nanjing, China were analysed showed that women those working in entertainment establishments or personal service engaged in risky sexual practices twice as frequently as those working in non-entertainment establishments. There were 10% of women in the entertainment establishments having sold sex, 30% having multiple sexual partners. These results indicate that working in these settings engaged the employees to have low protective behaviours.

Gail C Webber pilot study in 2010 [3] revealed that workplace harassment was a universal problem which varied from verbal abuse to unwanted touching to threats of severe violence according to alcohol drinks. Moreover, there were reported about lack of safe sex and the risk of sexually transmitted infections in this population.

Abhay Nirgude et.al study in 2011 [64] showed that majority of the bar girls, 43.3% were found to be in the age group of 21–25 years and none of them was having education higher than secondary level. Bar girls working in different types of bars do not start and end with sex always however 73.3% of bar girls practiced commercial sex due to the money and 23.86% went with customer who are affectionate. Majority of bar girls knew that condom use can prevent them from HIV/AIDS. Although they also worked as commercial sex, they were using condom but condom use was less with regular customers.

From 2011 Cambodia STI survey among female entertainment workers [65], the evidence show that estimated 22% of beer promoters is used to have sex with clients and 24.1% did not use the condom during sexual activity. 75% of them was drinking during the work times. Moreover, 20.8% of the respondents have infected any STIs and 3.6% infected HIV as well. Among Beer Girls in Battambang, Cambodia [66], more than a half have sexual partners more than one partners and 75.4% do not use the condom during sexual activity. 26.1% of the respondents were diagnosed as HIV-1 positive.

The study in 2012 [20] showed that mean age of beer promoter surveyed in Thailand was 23.6 and the majority was single and childless. According to sexual behaviors, most of Thai beer promoters never had sex with the clients (78%) and had sex for money (89%). Well half of them never drunk with clients as well (58%) thus 77% of them never get drunk from drinking at work.

Conducted study in Laos in 2016 [67] showed that most of the beer promoters in Laos were prohibited to sit or drink beer with clients, and while some of the clients might be inappropriate, they have to avoid any conflict with the clients which can lead to increasing of sexual harassment. It indicated that job properties which have to satisfy the customers and avoid the conflict with them can engage the beer promoters to inappropriate situations including sexual harassment both in female and male clients.

From the study, drinking with clients was common among beer promoters in Vietnam, Cambodia, and Hanoi, however in Thailand there are only 17% who drink with clients and 7% are getting drunk during working [20].

Chapter 3 Methodology

3.1 Research design

A cross-sectional study was conducted to collect quantitative data regarding to sexual risk behaviors and sexual harassment among female beer promoter in Chiang Mai province, Thailand from May to July, 2018.

3.2 Study area

The study was carried out places selling alcohol drinks including karaoke, bars, pubs, clubs, restaurants, and beer gardens in Mueng district Chiang Mai province, Thailand.

3.3 Study population

The study population consists of beer promoters in Mueng district Chiang Mai province, Thailand who match these criteria.

3.4 Sample size

The sample in this study was calculated by using W.G.Cochran [68] with 95% confidence level with estimated proportion from prior research, 2011 Cambodia Survey Female Entertainment Workers [65].

$$n = \frac{P(1 - P)Z^2}{d^2}$$

When n : sample size

P : the estimated proportion of an attribute that is present in the population (0.3)

Z^2 : the abscissa of the normal curve that cut off an area α at the tails (1.96)

d : the acceptable sampling error (0.05)

$$n = \frac{0.3(1 - 0.3)1.96^2}{0.05^2} = 164.64 \approx 165$$

After sample size calculation by the numbers into the formula, the numbers of sample are 164.64 people. On behalf of authoritative data, the sample size is increased to 165 people and estimate of 20% non-response rate. Thus, the total sample size for the survey is 198.

3.5 Sampling technique

Non-probability snowball sampling was employed due to hard-to-reach population. Snowball sampling began from 4 seeds as first-wave participants for possible distribution to different group of participants. The first potential participant was approached through the employer or head of participant by asking the permission before directly contacting. All the first-wave participants were asked to identify further recruits as the second and subsequent snowball wave until reach the settled sample size. The person who mention name of the next person asked permission that researcher would like to contact her first. After the next person give permission, the researcher made an appointment for giving the information, doing a verbal consent, and giving self-administrative questionnaire.

Inclusion criteria

1. Female beer promoters
2. Age is 18 years old or more.
3. Thai nationality

Exclusion criteria

1. The person who has duration of work less than 1 month.
2. The person who is not willing to participate or cannot fulfill the questions

3.6 Measuring tool จุฬาลงกรณ์มหาวิทยาลัย

The structural questionnaire was modified from Brief Sexual Attitudes Scale (BSAS) [69], Youth Risk Behavior, Deployment risk and resilience inventory-2 (DRRI-2) [70], and Sexual Harassment Attitude Scale (SHAS) [71]. The Brief Sexual Attitudes Scale (BSAS) is used to measure the respondent's multi-dimensional attitudes towards sex. The Youth Risk Behavior Survey (YRBS) which conducted by the Centers for Disease Control and Prevention is used for information about these risk behaviors including sexual behavior. The Deployment Risk and Resilience Inventory (DRRI) is a widely used for assessing risk among employees including sexual harassment which measures exposure to unwanted sexual contact or verbal conduct of a sexual nature in a working environment. Sexual Harassment Attitude Scale is a measurement which aims to assess tolerance of and acceptance of sexual harassment.

These are the standard measurements which are widely used, so they are employed and developed in this study to investigate a variety of data among beer promoters including socio-demographic characteristics, sexual activities, attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, attitude toward sexual harassment, working conditions, sexual risk behaviors, and sexual harassment. The questionnaire consists of 6 parts as followed.

Part 1: Socio-demographic characteristics

In this study, the socio-demographic characteristics include age, marital status education level, currently student status and education level, additional occupation, average income and income status, months of employment as a beer promoter, living condition, and hometown.

Part 2: Sexual activity and sexual orientation

This part consists of sexual activities regarding to age at first sex and sexual orientation by asking “Have you ever had sex?”, “What is the age at first sex?”, “During your life, with whom have you had sexual contact?”, and “Which of the following best describes you?”

Part 3: Attitudes

The respondents’ attitudes toward sexuality, using condom, emergency contraceptive pills, and sexual harassment were stated both in positive and negative statement. 5-point Likert scale [72] is employed to score the respondents’ attitudes.

	Positive statement	Negative statement
Strongly disagree	1	5
Disagree	2	4
Neither agree nor disagree	3	3
Agree	4	2
Strongly agree	5	1

The total attitude scores were calculated and classified into 3 level by mean and standard deviation. All participant's answer were accounted by standard deviation and mean.

- Negative attitude = point \leq mean - SD
- Neutral attitude = mean-SD < point < mean + SD
- Positive attitude = point \geq mean + SD

Part4: Working conditions

The working conditions in this study which are considered include types of working as beer promoter, job hours, job days, types of workplace, and drinking with clients situation by asking "Have you ever drunk with the client?", "How often do you drink with client(s)?", and "Have you ever been drunk from working?"

Part 5: Sexual risk behaviors

In this study, sexual risk behaviors are focused on non-use condom during sexual intercourse, multiple sexual partners, having sex with client, having sex under influence of alcohol and drugs, and using emergency contraceptive pills by 10-items.

Part 6: Sexual harassment

Sexual harassment in this study includes verbal harassment, non-verbal harassment, and physical harassment by 16-items. The frequency of sexual harassment was ranked by 5-point Likert scale [72].

	Frequency
Never	0
Rarely (monthly or less)	1
Sometimes (2-4 times/month)	2
Often (2-3 times/week)	3
Always (4 or more times/week)	4

The frequency scores were calculated and classified into 3 levels by mean and standard deviation. All participant's answers were accounted by standard deviation and mean.

- Low sexual harassment = point \leq mean - SD
- Medium sexual harassment = mean-SD < point < mean + SD
- High sexual harassment = point \geq mean + SD

Validity and reliability

The questionnaire was presented to the committee. Then, the questionnaire was revised due to the recommendations by the committee. The questionnaire is submitted to three experts in related field of public health for content validity testing and calculated of Item-Objective Congruence (IOC) score. And overall IOC score is 0.73

The reliability of the questionnaire was tested by trying out the questionnaire with 30 beer promoters in Bangkok by snowball sampling techniques and calculated by using Cronbach's alpha. The value of Coefficient Cronbach's Alpha in this study is 0.804 which is between 0.7 and 0.9 ($0.7 \leq \alpha \leq 0.9$). Thus, the questionnaire is good reliable.

3.7 Data collection

Self-administration questionnaire was used for collecting the primary data from the respondents under the supervision of researcher in the private place. The survey was conducted from May to July 2018.

There are 2 female research assistants from public health field who are trained on standardized procedures on how to approach the participants. The assistants were also briefed on ethical and safety issues including showing respect for beer promoters and refraining alcohol consumption. To ensure the safety of the researcher and research assistants, the researcher and research assistants would not visit the outlet without asking permission from beer promoters and employers as well.

3.8 Data analysis

Data from questionnaire was coded and cleaned before entering into the software. Data was analyzed using SPSS window software program version 22.0 (licensed for Chulalongkorn University).

Descriptive statistics were expressed as frequency, percentage, mean, standard deviation, minimum, and maximum to describe the population characteristics. Frequency, percentage, minimum, and maximum were used to describe category data. Mean and standard deviation were used to describe continuous data.

Bivariate analysis, Pearson's Chi-square and Fisher Exact test were used in statistical measurement which determine the association between independent variables and the level of sexual harassment with the level of statistical significant 0.05. Fisher Exact test was used as an alternative to Pearson's Chi-square test when 20% of the expected cell frequency is less than 5.

3.9 Ethical consideration

Before giving the questionnaire, the researcher informed a simple and clear explanation about the purposes and processes of the research. The researcher confirmed that any information from the respondent confidentially without disclosing identities. Moreover, all data from the respondents was returned in sealed envelope and kept confidentially in secure place. All the data will be destroyed after the study will be done.

Furthermore, the participants voluntarily did the verbal consent form before participating in this study. The participants who are in a risk or have experiences of sexual harassment were advised to consult with CPAF's confidential hotline at 1-800-339-3940 or 310-784-2525 to 106. Ethical approval in this study was obtained from the Ethics Review Committee for Research Involving Human Research Subjects, Health Sciences Group, Chulalongkorn University. (No. 133/2561)

3.10 Limitations

- A small sample size
- Beer promoters are defined as hard-to-reach population according to the life pattern.
- Non-probability snowball sampling cannot be representative of the population and also result in biasing recruitment towards respondents.
- The data come from the self-administration lead to recall bias.
- Beer promoters participated in this study who are located in Mueng district, so the results cannot be generalized for Chiang Mai province.
- The level of sexual harassment can be used to explain sexual harassment experiences only in this study.

3.11 Expected benefits and applications

- Determine socio-demographic characteristics, sexual behavior, and sexual harassment among female beer promoters in Chiang Mai province, Thailand.
- Motivate regional academic sectors to conduct further research for a deeper understanding.
- Motivate related sector to develop program for beer promoters which can lead to improve their quality of life and create the strategies against the problems.

3.12 Obstacles and strategies to solve the problems

- Participants may misunderstand in some terms in the questionnaire, thus the researcher describe the terms clearly. Moreover, the participants did the questionnaire under supervision of researcher or research assistants.
- Due to sensitive issue of questions, information collecting might not be facts. Thus, the researcher and research assistants have to ensure the participants that all data will be kept confidentially without disclosing identities and does not affect their work as well.

Chapter 4 Results

This cross-sectional study was done to assess socio-demographic characteristics, sexual activities, sexual orientation, attitudes, working conditions, sexual risk behaviors, and sexual harassment of female beer promoters in Chiang Mai. The calculated total sample size was 198 as stated in the previous chapter while there were 184 respondents which was 92.9% of responded rate. According to the researcher excluded the respondents who did not match the criteria and who did not fulfill the questionnaire. The results obtained 2 parts including descriptive findings and bivariate findings and are presented in this chapter.

Part I: Descriptive Findings

4.1 Socio-demographic characteristics of female beer promoters in Chiang Mai province, Thailand.

Table 1 shows the socio-demographic characteristics of female beer promoters in Chiang Mai province, Thailand. A total of 184 female beer promoters with age of the participants from 18 to 30 participated in this study. The mean age of the participants were 22.73; there were 32.6% of the group from 18 to 21 years old, 51.1% of group from 22 to 25 years old, and 16.3% of the group of more than 26 years old. Most of the participants were single (91.3), 8.2% were married, and only 0.5% was divorced or separated. The majority of their education level were college graduate or high vocational certificate (86.4%), 2.2% of them had senior high school or vocational certificate level, and only few had education level lower than senior high school (2.2%). There were 58.7% of the group of currently students that included non-formal education (7.5%), high vocational certificate (32.7%), and bachelor degree (59.8%).

There were 33.2% of group of beer promoters who have additional occupation which included of sellers (27.9%), office workers (32.8%), employees (26.2%), and accountants (13.1%). Almost half of beer promoters had average income less than 15,000 baht (47.8%), 46.8% of group from 15,001 to 30,000 baht, and 5.4% of group more than 30,001 baht. In addition, there were 10.9% of group of insufficient income status, 50.0% of group of sufficient without saving income status, and 39.1% of group of sufficient with saving income status. The mean months of employment were 16.33.

In case of living condition; there were 35.3% of group of living alone, 27.7% of group of living with friend, 16.3% of group of living with family, and 21.2% of group of living with boyfriend or husband. The majority of their hometown were Northern (86.4%), while another region were 13.6% which included 3.3% of group came from Northeastern, 8.7% of group came from Central, 0.5% of group came from Eastern, and 1.1% of group came from Southern.

Table 1: Distribution of socio-demographic characteristics of female beer promoters in Chiang Mai province, Thailand.

Characteristics (n= 184)	Frequency (n)	Percentage (%)
Age (Mean ± SD)	(22.73 ± 2.58)	
	Minimum = 18	Maximum = 30
18-21	60	32.6
22-25	94	51.1
≥ 26	30	16.3
Marital status		
Single	168	91.3
Married	15	8.2
Divorced/Separated	1	0.5
Education level		
< Senior high school	4	2.2
Senior high school/vocational certificate	21	11.4
College graduate/ high vocational certificate	159	86.4
Currently student status		
No	77	41.3
Yes	107	58.7
Currently education level (n=107)		
Non-formal education	8	7.5
High vocational certificate	35	32.7
Bachelor degree	64	59.8
Additional occupation		
No	123	66.8
Yes	61	33.2

Additional occupation (n=61)		
Selling	17	27.9
Office worker	20	32.8
Employee	16	26.2
Accountant	8	13.1
Average income		
< 15,000 baht	88	47.8
15,001 – 30,000 baht	86	46.8
>30,000 baht	10	5.4
Income status		
Insufficient	20	10.9
Sufficient without saving	92	50.0
Sufficient with saving	72	39.1
Months of employment (Mean ± SD)	(16.33 ± 9.42)	
	Minimum = 6	Maximum = 50
Living condition		
Living alone	65	35.3
Living with friend	50	27.2
Living with family	30	16.3
Living with boyfriend/husband	39	21.2
Hometown		
Northern	159	86.4
Another regions	25	13.6

4.2 Sexual activity and sexual orientation of female beer promoters in Chiang Mai province, Thailand.

Table 2 shows the sexual activity and sexual orientation of the respondents. There were more than of respondents ever had sexual intercourse (62.5%) with the average age of first sex 18.90. The majority of those who ever has sexual intercourse had ever had sexual contact with male (86.0%), whereas 14% ever had same sex relationship - 7.0% of group who ever had sexual contact with female and 7.0% of group who ever had sexual contact with both in male and female. In term of sexual orientation, most of female beer promoters were heterosexual or straight (81.5%), lesbians were 11.4%, bisexuals were 3.3%, 3.8% of group of who were not sure about the sexual orientation.

Table 2: Distribution of sexual activity and sexual orientation of female beer promoters in Chiang Mai province, Thailand.

Sexual activity	Frequency (n)	Percentage (%)
Have you ever had sexual intercourse? (n=184)		
No	69	37.5
Yes	115	62.5
Age at first sex (Mean \pm SD)		
	(18.90 \pm 2.13)	
	Minimum = 14	Maximum = 25
With whom have you had sexual contact? (n=115)		
Female	8	7.0
Male	99	86.0
Both	8	7.0
Sexual orientation (n=184)		
Heterosexual (straight)	150	81.5
Lesbian	21	11.4
Bisexual	6	3.3
Not sure	7	3.8

4.3 Attitudes of female beer promoters in Chiang Mai province, Thailand.

Attitude toward sexuality

Table 3 represents about distribution of attitude levels toward sexuality of female beer promoters in 3 levels. The majority of female beer promoters had neutral attitude about sexuality (71.7%) while there were 10.9% of group who had negative attitude, and 17.4% of group of positive attitude toward sexuality.

Table 4 shows the frequencies and percentage of attitude toward sexuality of female beer promoters in each item. There were 90.8% of the respondents disagreed to have sex with many partners. Most of respondents disagreed to be enjoyable with one-night stand (75.5%). Nearly half of female beer promoters in Chiang Mai agreed with “sex is a very important part of life” (37.0%).

Table 3: Distribution of attitude level toward sexuality of female beer promoters in Chiang Mai province, Thailand.

Level of attitude (n=184)	Frequency (n)	Percentage (%)
Negative attitude (≤ 25.95)	20	10.9
Neutral attitude (25.96 – 31.96)	132	71.7
Positive attitude (≥ 31.97)	32	17.4
Mean = 28.96	SD = 3.01	Minimum = 18
		Maximum = 37

Table 4: Distribution of attitude toward sexuality of female beer promoters in Chiang Mai province, Thailand.

Attitude toward sexuality (n=184)	Frequency (Percentage)				
	SD**	D**	D/A**	A**	SA**
1. I do not need to be committed to a person to have sex with*	101(54.9)	54(29.3)	17(9.2)	11(6.0)	1(0.5)
2. I would like to have sex with many partners.*	106(57.6)	61(33.2)	9(4.9)	8(4.3)	0(0.0)
3. One-night stands is sometimes very enjoyable.*	70(38.0)	69(37.5)	41(22.3)	2(1.1)	2(1.1)
4. Sex as a simple exchange of favors is okay if both people agree to it.	16(8.7)	40(21.7)	93(50.5)	29(15.8)	6(3.3)
5. Life would have fewer problems if people could have freely sex.*	29(15.8)	54(29.3)	76(41.3)	24(13.0)	1(0.5)
6. Sex is the closest form of communication between two people.*	16(8.7)	60(32.6)	76(41.3)	30(16.3)	2(1.1)
7. Sex is a very important part of life.	3(1.6)	35(19.0)	78(42.4)	57(31.0)	11(6.0)
8. The main purpose of sex is to enjoy oneself.	4(2.2)	20(10.9)	93(50.5)	55(29.9)	12(6.5)

*Negative Statement

**Strongly disagree (SD), Disagree (D), neither disagree or agree (D/A), Agree (A), strongly agree (SA)

Attitude toward using condom

Table 5 represents about distribution of attitude levels toward sexuality of female beer promoters in 3 levels. The majority of female beer promoters had neutral attitude about using condom (72.8%) while there were 19.6% of group who had negative attitude, and the less 7.6% of group of positive attitude toward using condom.

Table 6 shows the frequencies and percentage of attitude toward using condom among female beer promoters in each item. There was highlighted that more than half of female beer promoters in Chiang Mai agreed that condoms make sex less enjoyable (53.8%). Moreover, most of female beer promoters had agreed with “using condoms is an effective way to prevent HIV/AIDS” (91.8%)

Table 5: Distribution of attitude level toward using condom of female beer promoters in Chiang Mai province, Thailand.

Level of attitude (n=184)	Frequency (n)	Percentage (%)
Negative attitude (≤ 12.0)	36	19.6
Neutral attitude (12.1 – 16.05)	134	72.8
Positive attitude (≥ 16.06)	14	7.6
Mean = 14.03	SD = 2.03	Minimum = 7
		Maximum = 19

Table 6: Distribution of attitude toward using condom of female beer promoters in Chiang Mai province, Thailand.

Attitudes toward using condom (n=184)	Frequency (Percentage)				
	SD**	D**	D/A**	A**	SA**
1. All right for women to carry the condom.*	9(4.9)	39(21.2)	92(50.0)	40(21.7)	4(2.2)
2. All right for preventing unsafe sex by using condom.	3(1.6)	8(4.3)	37(20.1)	87(47.3)	49(26.6)
3. Condoms make sex less enjoyable.*	13(7.1)	16(8.7)	56(30.4)	93(50.5)	6(3.3)
4. Using condoms is an effective way to prevent HIV/AIDS.	2(1.1)	7(3.8)	6(3.3)	71(38.5)	98(53.3)

*Negative Statement

**Strongly disagree (SD), Disagree (D), neither disagree or agree (D/A), Agree (A), strongly agree (SA)

Attitude toward emergency contraceptive pills

Distribution of attitude levels toward emergency contraceptive pills of female beer promoters was shown in table 7. More than half of them had neutral attitude level (69.5%). The number of female beer promoters having negative attitude or less consideration about emergency contraceptive pills (15.8%) was almost the same with the number of female beer promoters having positive attitude or high consideration about emergency contraceptive pills (14.7%).

Table 8 shows the frequencies and percentage of attitudes toward emergency contraceptive pills among female beer promoters in each item. Obviously, there were more than half of them agree with “availability of emergency contraceptive pills discourages use of condoms” (60.3%). The 79.4% of them agreed with “using emergency contraceptive pills can prevent unwanted and unplanned pregnancy”.

Table 7: Distribution of attitude level toward emergency contraceptive pill of female beer promoters in Chiang Mai province, Thailand.

Level of attitude (n=184)	Frequency (n)	Percentage (%)
Negative attitude (≤ 7.23)	29	15.8
Neutral attitude (7.24 – 10.44)	128	69.5
Positive attitude (≥ 10.45)	27	14.7
Mean = 8.84	SD = 1.61	Minimum = 4
		Maximum = 14

Table 8: Distribution of attitude toward using emergency contraceptive pills of female beer promoters in Chiang Mai province, Thailand.

Attitudes toward emergency contraceptive pills (n=184)	Frequency (Percentage)				
	SD**	D**	D/A**	A**	SA**
1. Availability of emergency contraceptive pills discourages use of condoms.*	2(1.1)	23(12.5)	48(26.1)	83(45.1)	28(15.2)
2. Availability of emergency contraceptive pills encourages sexual risk behavior.*	10(5.4)	19(10.3)	55(29.9)	70(38.0)	30(16.3)

3. Using emergency contraceptive pills can prevent unwanted and unplanned pregnancy.	3(1.6)	11(6.0)	24(13.0)	101(54.9)	45(24.5)
---	--------	---------	----------	-----------	----------

*Negative Statement

**Strongly disagree (SD), Disagree (D), neither disagree or agree (D/A), Agree (A), strongly agree (SA)

Attitude toward sexual harassment

Distribution of attitude levels toward sexual harassment of female beer promoters was shown in table 9. There was the majority of female beer promoters had neutral attitude level toward sexual harassment (81.0%) while the rest of them had negative attitude (8.7%), and positive attitude (10.3%) Table 10 shows the frequencies and percentage of attitudes toward sexual harassment among female beer promoters in each item. The majority of female beer promoters agreed that sexual harassment is a big problem in society (89.7%) however more than a half of them thought that attractive women could be stared or heard a whistling or sexual jokes (66.8%).

Table 9: Distribution of attitude level toward sexual harassment of female beer promoters in Chiang Mai province, Thailand.

Level of attitude (n=184)	Frequency (n)	Percentage (%)
Negative attitude (≤ 17.56)	16	8.7
Neutral attitude (17.57 – 22.11)	149	81.0
Positive attitude (≥ 22.12)	19	10.3
Mean = 19.84	SD = 2.28	Minimum = 9
		Maximum = 27

Table 10: Distribution of attitude toward sexual harassment of female beer promoters in Chiang Mai province, Thailand.

Attitudes toward sexual harassment (n=184)	Frequency (Percentage)				
	SD**	D**	D/A**	A**	SA**
1. Sexual harassment is a big problem in the society.	4(2.2)	2(1.1)	13(7.1)	67(36.4)	98(53.3)
2. Sexual harassment happens because the victim let it happens.*	13(7.1)	30(16.3)	67(36.4)	60(32.6)	14(7.6)
3. It is common for beer promoters to be stared or heard a whistling or sexual jokes.*	4(2.2)	16(8.7)	64(34.8)	79(42.9)	21(11.4)
4. If I am harassed from the client, I should inform my employer or co-workers.	0(0.0)	6(3.3)	29(15.8)	120(65.2)	29(15.8)
5. All right for attractive women to be stared or heard a whistling or sexual jokes.*	1(0.5)	10(5.4)	50(27.2)	104(56.5)	19(10.3)
6. If I do not want or unpleased with the action of opponent, I should deny it quickly.	2(1.1)	6(3.3)	31(16.8)	108(58.7)	37(20.1)

*Negative Statement

**Strongly disagree (SD), Disagree (D), neither disagree or agree (D/A), Agree (A), strongly agree (SA)

4.4 Working conditions of female beer promoters in Chiang Mai province, Thailand.

Table 11 displays the working conditions of respondents. There were 78.3% of group of part-time beer promoters, whereas there were 21.7% of group of female beer promoters working as full-time job. The average job hours was 5.53 and average job day was 5.08. Restaurant is the dominant workplace among female beer promoter (47.8%), followed by club or bar (3.5%), beer garden (15.8%), and karaoke lounge (2.9%). Among the respondents who had ever drunk with the clients (48.4%), 46.1% of them had frequency of drinking 2-4 times per month. The less of them had drunk monthly or less 30.3%, 2-3 times per week 14.6%, and 4 or more times per week 9.0%. The majority of them never got drunk at their workplace (83.1%).

Table 11: Distribution of working conditions of female beer promoters in Chiang Mai, Thailand.

Working conditions (n=184)	Frequency (n)	Percentage (%)
Type of job		
Part-time	144	78.3
Full-time	40	21.7
Job hours (Mean ± SD)		5.59± 0.69
Job days (Mean ± SD)		5.21 ± 0.80
Type of workplace (Multiple answers)		
Restaurant	100	47.8
Karaoke	6	2.9
Club/bar	70	33.5
Beer garden	33	15.8
Drink with clients		
No	95	51.6
Yes	89	48.4
Frequency of drinking with clients (n=89)		
Monthly or less	27	30.3
2-4 times/month	41	46.1
2-3 times/week	13	14.6
4 or more times/week	8	9.0
Get drunk from workplace (n=89)		
No	74	83.1
Yes	15	16.9

4.5 Sex behaviors of female beer promoters in Chiang Mai province, Thailand.

Table 12 shows the distribution of sex behaviors of female beer promoters who ever had sexual intercourse. Among 115 those who ever had sexual intercourse, there were 45.2% of group of having 3 or more people for sexual intercourse during their lifetime, 32.2% of group of having sex with 2 people in their lifetime, and 22.6% of group of having sex with only person in their lifetime. During the past 3 months, the majority of them has sexual intercourse with 1 person (91.3%), and the less had sex with 2 people (8.7%). More than a half of them ever had sex under alcohol or drug using in their life time (67.0%) however 90.4% of them did not have sex under alcohol or drug using in past 3 months. In addition, a few of them had voluntary sex with their client in their lifetime (9.6%), and only 0.3% of them had voluntary sex with their client in past 3 months. In part of exchanging sex with benefit or money or object, 3.5% of them ever had experiences in their lifetime however none of them never had this experience in past 3 months. The majority of those who had sex last time used a condom as a protection (74.8%), there were 5.2% of group of using emergency contraceptive pills, and 20.0% of group of non-using any method to prevent pregnancy.

Table 12: Distribution of sexual behaviors of female beer promoters in Chiang Mai province, Thailand.

Sexual behaviors (n=115)	Frequency (n)	Percentage (%)
1. During your life, with how many people have you had sexual intercourse?		
1 person	26	22.6
2 people	37	32.2
3 or more people	52	45.2
2. During past 3 months, with how many people have you had sexual intercourse?		
1 person	105	91.3
2 people	10	8.7
3. Have you ever drunk alcohol or use drugs before you had sexual intercourse in your lifetime?		
No	77	67.0
Yes	38	33.0

4. Did you drink alcohol or use drugs before you had sexual intercourse in past 3 months?		
No	104	90.4
Yes	11	9.6
5. Have you ever voluntary had sex with clients in your lifetime?		
No	104	90.4
Yes	11	9.6
6. Did you voluntary had sex with clients in past 3 months?		
No	114	99.1
Yes	1	0.9
7. Have you ever had sex with client for money or object or benefit in your lifetime?		
No	111	96.5
Yes	4	3.5
8. Did you had sex with client for money or object or benefit in past 3 months?		
No	115	100.0
9. The last time you had sexual intercourse, did your partner use a condom?		
No	29	25.2
Yes	86	74.8
10. The last time you had sexual intercourse, what one method did you use to prevent pregnancy?		
Any method	23	20.0
Condoms	86	74.8
Emergency contraceptive pills	6	5.2

4.6 Sexual harassment of female beer promoters in Chiang Mai province, Thailand.

The table shows that most of female beer promoters had experiences of sexual harassment. The occurrences were most found in verbal sexual harassment (87.5%), followed by physical sexual harassment (86.4%) and the last was non-verbal sexual harassment (80.4%). (See in table 13)

Table 13: Distribution of having experiences of sexual harassment during working as beer promoters of female beer promoters in Chiang Mai province, Thailand.

Type of sexual harassment (n=184)	Frequency (n)	Percentage (%)
Non-verbal sexual harassment		
Never	36	19.6
Ever	148	80.4
Verbal sexual harassment		
Never	23	12.5
Ever	161	87.5
Physical sexual harassment		
Never	25	13.6
Ever	159	86.4

Non-verbal sexual harassment

From table 14, it shows that more than half of female beer promoters had experiences of non-verbal sexual harassment at middle level (68.5%), and 11.9% of them were faced with non-verbal sexual harassment with high level.

Table 14: Distribution of non-verbal sexual harassment level of female beer promoters in Chiang Mai province, Thailand.

Level of sexual harassment (n=184)	Frequency (n)	Percentage (%)
Low level (≤ 6.04)	36	19.6
Medium level (6.05 – 13.05)	126	68.5
High level (≥ 13.06)	22	11.9
Mean = 9.55	SD = 3.51	Minimum = 0
		Maximum = 20

Verbal sexual harassment

From table 15, it represents the distribution of verbal sexual harassment levels of female beer promoters. The majority of female beer promoters had experiences of verbal sexual harassment at middle level (73.9%), and 12.6% of them were faced with verbal sexual harassment with high level.

Table 15: Distribution of verbal sexual harassment level of female beer promoters in Chiang Mai province, Thailand.

Level of sexual harassment (n=184)	Frequency (n)	Percentage (%)
Low level (≤ 4.83)	23	12.5
Medium level (4.84 – 11.52)	136	73.9
High level (≥ 11.53)	25	12.6
Mean = 8.18	SD = 3.35	Minimum = 0
		Maximum = 17

Physical sexual harassment

From table 16, it represented the distribution of physical sexual harassment levels of female beer promoters. The majority of female beer promoters had experiences of physical sexual harassment at middle level (68.5%), and 17.9% of them were faced with physical sexual harassment with high level.

Table 16: Distribution of physical sexual harassment level of female beer promoters in Chiang Mai province, Thailand.

Level of sexual harassment (n=184)	Frequency (n)	Percentage (%)
Low level (≤ 1.59)	25	13.6
Medium level (1.60 – 8.66)	126	68.5
High level (≥ 8.67)	33	17.9
Mean = 5.13	SD = 3.54	Minimum = 0
		Maximum = 17

Most of female beer promoters had experiences in sexual harassment during working as beer promoters. In non-verbal sexual harassment aspect, being looked up and down is the dominant type of non-verbal sexual harassment that beer promoters were faced (97.8%), being stared (96.2%), seeing sexual gestures (91.8%), being blocked (90.2%), and seeing facial expression (88.0%) respectively. In term of verbal sexual harassment, there were 97.8% of group of facing with being called as girl, hunk, doll, babe, and honey, and the last one is being asked to have sex with (46.2%). The most physical sexual harassment that female beer promoters was faced is being stood close with (77.2%), and the last one is being hugged or kissed (21.7%). (See table 17)

Concerning the frequency of sexual harassment in each type, female beer promoters were faced with being looked up and down with highest frequency of non-verbal sexual harassment which was 2-4 times per month or more (85.8%). Being called as girl, hunk, doll, babe, and honey was the type of verbal sexual harassment that the female beer promoters had to be faced the most in the highest frequency. In addition, being given a massage around the neck or shoulders and being stood close with were physical sexual harassment that they had experiences in the highest frequency.

Table 17: Distribution of frequency of sexual harassment during working as beer promoters of female beer promoters in Chiang Mai province, Thailand.

Sexual harassment	Frequency (Percentage)				
	Never	Rarely	Sometimes	Often	Always
Non-verbal					
1. Be looked up and down	4 (2.2)	22 (12.0)	77 (41.8)	72 (39.1)	9 (4.9)
2. Be stared at someone	7(3.8)	39(21.2)	88(47.8)	40(21.7)	10(5.4)
3. Be blocked a path	18(9.8)	50(27.2)	80(43.5)	32(17.4)	4(2.2)
4. See sexual gestures with hands or through body movements	15 (8.2)	49 (26.6)	65 (35.3)	48 (26.1)	7 (3.8)
5. See winking, throwing kisses, or licking lips	22 (12.0)	83 (45.1)	45 (24.5)	28 (15.2)	6 (3.3)

Sexual harassment	Frequency (Percentage)				
	Never	Rarely	Sometimes	Often	Always
Verbal					
1. Have you ever been called as a girl, hunk, doll, babe, or honey?	4 (2.2)	14 (7.6)	70 (38.0)	67 (36.4)	29 (15.8)
2. Be heard a whistling or and smacking lips	6 (3.3)	43 (23.4)	79 (42.9)	38 (20.7)	18 (9.8)
3. Be heard sexual comments about body, clothing, looks or sexual jokes	14 (7.6)	76 (41.3)	66 (35.9)	23 (12.5)	5 (2.7)
4. Be asked about sexual preferences or personal questions	24 (13.0)	98 (53.3)	40 (21.7)	18 (9.8)	4 (2.2)
5. Be asked to have sex with	99 (53.8)	73 (39.7)	7 (3.8)	5 (2.7)	0 (0.0)
Physical					
1. Be massaged around the neck or shoulders	46 (25.0)	65 (35.3)	58 (31.5)	15 (8.2)	0 (0.0)
2. Be touched the clothing, hair, or body	48 (26.1)	85 (46.2)	37 (20.1)	14 (7.6)	0 (0.0)
3. Be hugged or kissed	144(78.3)	32(17.4)	4(2.2)	4(2.2)	0(0.0)
4. Be stroked	104(56.5)	57(31.0)	17(9.2)	5(2.7)	1(0.5)
5. Be touched or rubbed yourself sexually around other person	97 (52.7)	72 (39.1)	11 (6.0)	4 (2.2)	0 (0.0)
6. Be stood close to you	42(22.8)	69(37.5)	46(25.0)	20(10.9)	7(3.8)

Part II: Bivariate analysis

4.7 Association between socio-demographic characteristics and the non-verbal sexual harassment of respondents

The table 18 shows that there was significant association between months of employment as beer promoter and non-verbal sexual harassment at p-value less than 0.005 (0.033). In addition, there was a significant association between living condition and non-verbal sexual harassment of female beer promoters (p-value = 0.017).

Table 18: Association between socio-demographic characteristics and non-verbal sexual harassment (n=184)

Variables	Non-verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Age				
18-21	12 (33.3)	38 (30.2)	10 (45.5)	2.929 (0.570)
22-25	20 (55.6)	65 (51.5)	9 (40.9)	
≥ 26	4 (11.1)	23 (18.3)	3 (13.6)	
Marital status				
Single	36 (100.0)	112 (88.9)	20 (90.9)	4.523 (0.340)
Married	0 (0.0)	13 (10.3)	2 (9.1)	
Divorced/Separated	0 (0.0)	1 (0.8)	0 (0.0)	
Education level				
< Senior high school	2 (5.6)	1 (0.8)	1 (4.5)	5.728 (0.167)
Senior high school/vocational certificate	3 (8.3)	14 (11.1)	4 (18.2)	
College graduate/ high vocational certificate	31 (86.1)	111 (88.1)	17 (77.3)	
Currently student status				
No	10 (27.8)	57 (45.2)	10 (45.5)	3.386 (0.184)
Yes	26 (72.2)	69 (54.8)	12 (54.5)	
Additional occupation				
No	27 (75.0)	78 (61.9)	18 (81.8)	4.694 (0.096)
Yes	9 (25.0)	48 (38.1)	4 (18.2)	

Average income				
< 15,000 baht	21 (58.3)	53 (42.1)	14 (63.6)	5.585
15,001 – 30,000 baht	14 (38.9)	64 (50.8)	8 (36.4)	(.200)
>30,000 baht	1 (2.8)	9 (7.1)	0 (0.0)	
Income status				
Insufficient	4 (11.1)	12 (9.6)	4 (18.2)	9.326
Sufficient without saving	24 (66.7)	56 (44.4)	12 (54.5)	(0.046)
Sufficient with saving	8 (22.2)	58 (46.0)	6 (27.3)	
Months of employment				4.536
				(0.033) ^{a*}
Living condition				
Living alone	14 (38.9)	47 (37.3)	4 (18.2)	15.511
Living with friend	15 (41.7)	26 (20.6)	9 (40.9)	(0.017) ^{b*}
Living with family	4 (11.1)	20 (15.9)	6 (27.3)	
Living with boyfriend/husband	3 (8.3)	33 (26.2)	3 (13.6)	
Hometown				
Northern	32 (88.9)	110 (87.3)	17 (77.3)	1.882
Another regions	4 (11.1)	16 (12.7)	5 (22.7)	(0.399)

^{a*} Fisher's Exact test, p-value < 0.05

^{b*} Pearson Chi-Square, p-value < 0.05

4.8 Association between sexual activities and non-verbal sexual harassment of respondents

To find out the association between sexual activities of respondents and non-verbal sexual harassment, the chi-square test was used and the level of statistical significant was 0.05.

Statistical significant association was not found between any sexual activities and non-verbal sexual harassment at p-value less than 0.05. Thus, it can be concluded that there was no significant association between any sexual activities and non-verbal sexual harassment of female beer promoters (see table 19).

Table 19: Association between sexual activities and non-verbal sexual harassment (n=184)

Variables	Non-verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Have you ever had sexual intercourse?				0.572
No	15 (41.7)	47 (37.3)	7 (31.8)	(0.751)
Yes	21 (58.3)	79 (62.7)	15 (68.2)	
Sexual orientation				1.708
Heterosexual (straight)	29 (80.5)	102 (81.0)	19 (86.4)	(0.968)
Lesbian	5 (13.9)	13 (10.3)	3 (13.6)	
Bisexual	1 (2.8)	5 (4.0)	0 (0.0)	
Not sure	1 (2.8)	6 (4.7)	0 (0.0)	

4.9 Association between level of attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, and attitude toward sexual harassment and non-verbal sexual harassment of respondents

Regarding to find out the association between level of attitude and non-verbal sexual harassment of respondents, the chi-square test was used and the level of statistical significant was 0.05. Statistical significant association was found between level of attitude toward emergency contraceptive pills and non-verbal sexual harassment at p-value less than 0.05 (0.026). Thus, it can be concluded that there was a significant association between level of attitude toward emergency contraceptive pills and non-verbal sexual harassment (see table 20).

Table 20: Association between attitudes and non-verbal sexual harassment (n=184)

Variables	Non-verbal sexual harassment			χ^2 (Sig.)
	N (%)			
	Low	Middle	High	
Level of attitude toward sexuality				
Negative attitude	6 (16.7)	8 (6.3)	2 (9.1)	3.792 (0.401)
Neutral attitude	28 (77.8)	110 (87.4)	19 (86.4)	
Positive attitude	2 (5.5)	8 (6.3)	1 (4.5)	
Level of attitude toward using condom				
Negative attitude	7 (19.4)	24 (19.0)	5 (22.7)	1.766 (0.794)
Neutral attitude	28 (77.8)	91 (72.3)	15 (68.2)	
Positive attitude	1 (2.8)	11 (8.7)	2 (9.1)	
Level of attitude toward emergency contraceptive pills				
Negative attitude	49 (11.1)	17 (13.5)	8 (36.4)	10.527 (0.026) ^{a*}
Neutral attitude	23 (63.9)	94 (74.6)	11 (50.0)	
Positive attitude	9 (25.0)	15 (11.9)	3 (13.6)	
Level of attitude toward sexual harassment				
Negative attitude	4 (11.1)	11 (8.7)	1 (4.5)	1.810 (0.771)
Neutral attitude	28 (77.8)	101 (80.2)	20 (91.0)	
Positive attitude	4 (11.1)	14 (11.1)	1 (4.5)	

^{a*} Fisher's Exact test, p-value < 0.05

4.10 Association between working conditions and non-verbal sexual harassment of respondents

The table 21 shows that there was no statistical significant association between any working conditions and non-verbal sexual harassment at p-value less than 0.05. Thus, it can be concluded that there was no significant association between working conditions and non-verbal sexual harassment of female beer promoters.

Table 21: Association between working conditions and non-verbal sexual harassment (n=184)

Variables	Non-verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Type of job				
Part-time	27 (75.0)	103 (81.7)	14 (63.6)	3.890 (.143)
Full-time	9 (25.0)	23 (18.3)	8 (36.4)	
Job hours				4.881 (.530)
Job days				10.053 (.225)
Type of workplace				
Restaurant				.901 (.637)
No	14 (38.9)	59 (46.8)	11 (50.0)	
Yes	22 (61.1)	67 (53.2)	11 (50.0)	
Karaoke				1.388 (.536)
No	36 (100.0)	121 (96.0)	21 (95.5)	
Yes	0 (0.0)	5 (4.0)	1 (4.5)	
Club/bar				.454 (.797)
No	24 (66.7)	77 (61.1)	13 (59.1)	
Yes	12 (33.3)	49 (38.9)	9 (40.9)	
Beer garden				1.588 (.452)
No	32 (88.9)	102 (81.0)	17 (77.3)	
Yes	4 (11.1)	24 (19.0)	5 (22.7)	
Drink with clients				0.431 (0.806)
No	20 (55.6)	63 (50.0)	12 (54.5)	
Yes	16 (44.4)	63 (50.0)	10 (45.5)	

4.11 Association between socio-demographic characteristics and verbal sexual harassment of respondents

To find out the association between socio-demographic characteristics of respondents and verbal sexual harassment, the chi-square test was used and the level of statistical significant was 0.05.

From the table 22, it shows that statistical significant association was found between currently student status and verbal sexual harassment at p-value less than 0.05 (0.038). Thus, it can be concluded that there was significant association between currently student status and verbal sexual harassment of female beer promoters.

Table 22: Association between socio-demographic characteristics and verbal sexual harassment (n=184)

Variables	Verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Age				
18-21	6 (26.1)	49 (36.0)	5 (20.0)	4.609 (0.327)
22-25	14 (60.9)	63 (46.4)	17 (68.0)	
≥ 26	3 (13.0)	24 (17.6)	3 (12.0)	
Marital status				
Single	23 (100.0)	123 (90.4)	22 (88.0)	3.855 (0.484)
Married	0 (0.0)	12 (8.8)	3 (12.0)	
Divorced/Separated	0 (0.0)	1 (0.8)	0 (0.0)	
Education level				
< Senior high school	2 (8.7)	1 (0.7)	1 (4.0)	8.140 (0.056)
Senior high school/vocational certificate	2 (8.7)	14 (10.3)	5 (20.0)	
College graduate/ high vocational certificate	19 (82.6)	121 (89.0)	19 (76.0)	
Currently student status				
No	7 (30.4)	54 (39.7)	16 (64.0)	4.868 (0.038) ^{b*}
Yes	16 (69.6)	82 (60.3)	9 (36.0)	
Additional occupation				
No	16 (69.6)	90 (66.2)	17 (68.0)	0.119 (0.942)
Yes	7 (30.4)	46 (33.8)	8 (32.0)	

Average income				
< 15,000 baht	12 (52.2)	68 (50.0)	8 (32.0)	3.341
15,001 – 30,000 baht	10 (43.5)	61 (44.9)	15 (60.0)	(0.475)
>30,000 baht	1 (4.3)	7 (5.1)	2 (8.0)	
Income status				
Insufficient	3 (13.1)	16 (11.8)	1 (4.0)	2.661
Sufficient without saving	11 (47.8)	70 (51.5)	11 (44.0)	(0.618)
Sufficient with saving	9 (39.1)	50 (36.7)	13 (52.0)	
Months of employment				1.683 (.195)
Living condition				
Living alone	8 (34.8)	48 (35.3)	9 (35.3)	7.946
Living with friend	10 (43.5)	36 (26.5)	4 (27.2)	(0.269)
Living with family	3 (13.0)	20 (14.7)	7 (16.3)	
Living with boyfriend/husband	2 (8.7)	32 (23.5)	5 (21.2)	
Hometown				
Northern	19 (82.6)	117 (86.0)	23 (92.0)	.931
Another regions	4 (17.4)	19 (14.0)	2 (8.0)	(0.636)

^{b*} Pearson Chi-Square, p-value < 0.05

4.12 Association between sexual activities and verbal sexual harassment of respondents

According to analytic results by using chi-square test at statistical significant at 0.005, the results indicate that there was significant association between sexual intercourse experience and verbal sexual harassment of respondents, $\chi^2 = 7.429$, $p = 0.024$. (See table 23)

Table 23: Association between sexual activities and verbal sexual harassment (n=184)

Variables	Verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Have you ever had sexual intercourse?				
No	14 (60.9)	49 (36.0)	6 (24.0)	7.429 (0.024) ^{b*}
Yes	9 (39.1)	87 (64.0)	19 (76.0)	
Sexual orientation				
Heterosexual (straight)	15 (65.2)	113 (83.1)	22 (88.0)	7.046 (0.226)
Lesbian	4 (17.4)	15 (11.0)	2 (8.0)	
Bisexual	2 (8.7)	3 (2.2)	1 (4.0)	
Not sure	2 (8.7)	5 (3.7)	0 (0.0)	

^{b*} Pearson Chi-Square, p-value < 0.05

4.13 Association between level of attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, and attitude toward sexual harassment and verbal harassment of respondents

From the table 24, the result shows that there was no statistical significant association between level of attitude toward sexuality, level of attitude toward using condom, level of attitude toward emergency contraceptive pills, and level of attitude toward sexual harassment and verbal sexual harassment at p-value = 0.171, 0.259, 0.482, and 0.928 respectively which was more than significant value of 0.05.

Table 24: Association between attitudes and verbal harassment (n=184)

Variables	Verbal harassment			χ^2 (Sig.)
	Low	Middle	High	
Level of attitude toward sexuality				
Negative attitude	5 (21.7)	9 (6.6)	2 (8.0)	5.908 (0.146)
Neutral attitude	16 (69.6)	119 (87.5)	22 (88.0)	
Positive attitude	2 (8.7)	8 (5.9)	1 (4.0)	
Level of attitudes towards using condom				
Negative attitude	2 (8.7)	31 (22.8)	3 (12.0)	4.345 (0.346)
Neutral attitude	20 (87.0)	93 (68.4)	21 (84.0)	
Positive attitude	1 (4.3)	12 (8.8)	1 (4.0)	
Level of attitudes towards emergency contraceptive pills				
Negative attitude	4 (17.4)	21 (15.4)	4 (16.0)	3.683 (0.441)
Neutral attitude	15 (60.9)	94 (69.1)	20 (80.0)	
Positive attitude	5 (21.7)	21 (15.5)	1 (4.0)	
Level of attitudes towards sexual harassment				
Negative attitude	3 (13.0)	11 (8.1)	2 (8.0)	1.027 (0.931)
Neutral attitude	18 (78.3)	110 (80.9)	21 (84.0)	
Positive attitude	2 (8.7)	15 (11.0)	2 (8.0)	

4.14 Association between working conditions and verbal sexual harassment of respondents

Concerning with working conditions, statistical significant association was found between type of job and verbal sexual harassment at p-value less than 0.005, which was 0.002. Thus, it can be concluded that there was significant association between type of job and verbal sexual harassment. Moreover, there was association between frequency of drinking with clients and verbal sexual harassment as well (see table 25).

Table 25: Association between working conditions and verbal sexual harassment (n=184)

Variables	Verbal sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Type of job				
Part-time	18 (78.3)	113 (83.1)	13 (52.0)	11.997 (0.002) ^{b*}
Full-time	5 (21.7)	23 (16.9)	12 (48.0)	
Job hours				1.614 (0.111)
Job days				2.507 (0.113)
Type of workplace				
Restaurant				
No	11 (47.8)	61 (44.9)	12 (48.0)	.134 (0.935)
Yes	12 (52.2)	75 (55.1)	13 (52.0)	
Karaoke				
No	23 (100.0)	131 (96.3)	24 (96.0)	.600 (1.000)
Yes	0 (0.0)	5 (3.7)	1 (4.0)	
Club/bar				
No	13 (56.5)	87 (64.0)	14 (56.0)	.899 (0.638)
Yes	10 (43.5)	49 (36.0)	11 (44.0)	
Beer garden				
No	21 (91.3)	109 (80.1)	21 (84.0)	1.479 (0.487)
Yes	2 (8.7)	27 (19.9)	4 (16.0)	
Drink with clients				
No	16 (69.6)	65 (47.8)	14 (56.0)	3.955 (0.138)
Yes	7 (30.4)	71 (52.2)	11 (44.0)	

^{b*} Pearson Chi-Square, p-value < 0.05

4.15 Association between socio-demographic characteristics and physical sexual harassment of respondents

Regarding to finding out the association between socio-demographic characteristics of respondents and physical sexual harassment, the chi-square test was used and the level of statistical significant was 0.05.

Statistical significant association was found between education level and physical sexual harassment at p-value less than 0.05 (0.001). Thus, it can be concluded that there was a significant association between education level and physical sexual harassment among female beer promoters. In addition, there was significant association between income status and physical sexual harassment at p-value 0.003 (see table 26).

Table 26: Association between socio-demographic characteristics and physical sexual harassment (n=184)

Variables	Physical sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Age				
18-21	9 (36.0)	40 (31.7)	11 (33.3)	0.542
22-25	13 (52.0)	65 (51.6)	16 (48.5)	(0.969)
≥ 26	3 (12.0)	21 (16.7)	6 (18.2)	
Marital status				
Single	23 (92.0)	116 (92.1)	29 (87.9)	2.302
Married	2 (8.0)	9 (7.1)	4 (12.1)	(0.724)
Divorced/Separated	0 (0.0)	1 (0.8)	0 (0.0)	
Education level				
< Senior high school	3 (12.0)	0 (0.0)	1 (3.0)	
Senior high school/vocational certificate	3 (12.0)	10 (7.9)	8 (24.2)	17.205 (0.001) ^{a*}
College graduate/ high vocational certificate	19 (76.0)	116 (92.1)	24 (72.7)	
Currently student status				
No	9 (36.0)	52 (41.3)	16 (48.5)	0.966 (0.617)
Yes	16 (64.0)	74 (58.7)	17 (51.5)	

Additional occupation				
No	21 (84.0)	80 (63.5)	22 (66.7)	3.960
Yes	4 (16.0)	46 (36.5)	11 (33.3)	(0.138)
Average income				
< 15,000 baht	11 (44.0)	65 (51.6)	12 (36.4)	2.958
15,001 – 30,000 baht	13 (52.0)	54 (42.9)	19 (57.6)	(0.564)
>30,000 baht	1 (4.0)	7 (5.5)	2 (6.0)	
Income status				
Insufficient	4 (16.0)	14 (11.1)	2 (6.1)	15.626
Sufficient without saving	13 (52.0)	71 (56.3)	8 (24.2)	(0.003) ^{a*}
Sufficient with saving	8 (32.0)	41 (32.5)	23 (69.7)	
Months of employment				.122
				(0.726)
Living condition				
Living alone	7 (28.0)	45 (35.7)	13 (39.4)	
Living with friend	6 (24.0)	40 (31.7)	4 (12.1)	7.417
Living with family	5 (20.0)	29 (15.1)	6 (18.2)	(0.284)
Living with boyfriend/husband	7 (28.0)	22 (17.5)	10 (30.3)	
Hometown				
Northern	23 (92.0)	103 (81.7)	33 (100.0)	9.211
Another regions	2 (8.0)	23 (18.3)	0 (0.0)	(0.124)

^{a*} Fisher's Exact test, p-value < 0.05

4.16 Association between sexual activities and physical sexual harassment of respondents

According to analytic results by using chi-square test at statistical significant at 0.005, the results indicate that there was significant association between sexual intercourse experience and physical sexual harassment of respondents, $\chi^2 = 12.890$, $p = 0.002$ (see table 27).

Table 27: Association between sexual activities and physical sexual harassment (n=184)

Variables	Physical sexual harassment			χ^2 (Sig.)
	Low	Middle	High	
Have you ever had sexual intercourse?				12.890
No	6 (24.0)	58 (46.0)	5 (15.2)	(0.002) ^{b*}
Yes	19 (76.0)	68 (54.0)	28 (84.8)	
Sexual orientation				5.267 (0.434)
Heterosexual (straight)	19 (76.0)	104 (82.5)	27 (81.8)	
Lesbian	6 (24.0)	11 (8.7)	4 (12.2)	
Bisexual	0 (0.0)	5 (4.0)	1 (3.0)	
Not sure	0 (0.0)	6 (4.8)	1 (3.0)	

^{b*} Pearson Chi-Square, p-value < 0.05

4.17 Association between level of attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, and attitude toward sexual harassment and physical sexual harassment of respondents

Concerning in level of attitude of respondents, the result show that there was no statistical significant association between level of attitude toward sexuality, level of attitude toward using condom, level of attitude toward emergency contraceptive pills, and level of attitude toward sexual harassment and physical sexual harassment at p-value less than 0.05 (see table 28).

Table 28: Association between attitudes and physical sexual harassment (n=184)

Variables	Physical harassment			χ^2 (Sig.)
	Low	Middle	High	
Level of attitude toward sexuality				
Negative attitude	4 (16.0)	10 (7.9)	2 (6.1)	4.690 (0.279)
Neutral attitude	20 (80.0)	106 (54.1)	31 (93.9)	
Positive attitude	1 (4.0)	10 (8.0)	0 (0.0)	
Level of attitudes towards using condom				
Negative attitude	5 (20.0)	28 (22.2)	3 (9.1)	5.248 (0.251)
Neutral attitude	17 (68.0)	91(72.2)	26 (78.8)	
Positive attitude	3 (12.0)	7 (5.6)	4 (12.1)	
Level of attitudes towards emergency contraceptive pills				
Negative attitude	4 (16.0)	22 (17.5)	3 (9.1)	4.370 (0.352)
Neutral attitude	17 (68.0)	83 (65.9)	28 (84.8)	
Positive attitude	4 (16.0)	21 (16.6)	2 (6.1)	
Level of attitudes towards sexual harassment				
Negative attitude	1 (4.0)	11 (8.7)	4 (12.1)	2.248 (0.682)
Neutral attitude	20 (80.0)	102 (81.0)	27 (81.8)	
Positive attitude	4 (16.0)	13 (10.3)	2 (6.1)	

4.18 Association between working conditions and physical sexual harassment of respondents

From the table of working conditions, statistical significant association was found between type of job and physical sexual harassment at p-value less than 0.05, which was 0.048. Thus, it can be concluded that there was significant association between type of job and physical sexual harassment. (See table 29).

Table 29: Association between working conditions and physical sexual harassment (n=184)

Variables	Physical harassment			χ^2 (Sig.)
	Low	Middle	High	
Type of job				
Part-time	17 (68.0)	105 (83.3)	22 (66.7)	6.060 (0.048) ^{b*}
Full-time	8 (32.0)	21 (16.7)	11 (33.3)	
Job hours				3.313 (0.776)
Job days				13.275 (0.071)
Type of workplace				
Restaurant				
No	9 (36.0)	57 (45.2)	18 (54.5)	1.999 (0.368)
Yes	16 (64.0)	69 (54.8)	15 (45.5)	
Karaoke				
No	25 (100.0)	122 (96.8)	31 (93.9)	1.380 (0.548)
Yes	0 (0.0)	4 (3.2)	2 (6.1)	
Club/bar				
No	16 (64.0)	81 (64.3)	17 (51.5)	1.861 (0.394)
Yes	9 (36.0)	45 (35.7)	16 (48.5)	
Beer garden				
No	22 (88.0)	102 (81.0)	27 (81.8)	0.706 (0.703)
Yes	3 (12.0)	24 (19.0)	6 (18.2)	
Drink with clients				
No	15 (60.0)	63 (50.0)	17 (51.5)	0.836 (0.659)
Yes	10 (40.0)	63 (50.0)	16 (48.5)	

^{b*} Pearson Chi-Square, p-value < 0.05

Chapter 5 Discussion

5.1 Discussion

This study was cross-sectional survey regarding sexual risk behaviors and sexual harassment under the influence of socio-demographic characteristics, sexual activities, attitudes, and working conditions among female beer promoters in Chiang Mai. In this chapter, a brief description of finding and significant association with sexual risk behaviors and sexual harassment is discussed with the limitations and lesson learned. In addition, recommendations and further study are included.

Socio-demographic characteristics

Regarding to demographic details of the beer promoters who participated in the survey, most of respondents were under 25 (83.7%). The mean age of the respondents was 22.7 years. The results were consistent with Webber's study in 2015 [5] whether the mean age was 23.6 and the majority was also age under 25 (67.0%). Similarly, most of respondents were single (91.3%) as consistent as Webber's study (80.0%). However, the percentages of divorced or separated in this study were different from Webber's study (0.5% and 18% respectively). This difference possibly come from the different setting and age distribution. In this study, the group of age equal or more than 26 years was two times less than Webber's study [5].

For education of respondents, all of the respondents were educated and most of respondents had college graduate or high vocational certificate level (86.4%) which was high education. Well of half of respondents had currently student status (58.7%). From those who had student status, there were non-formal education, high vocational certificate and bachelor degree which represent that most of them had high education. Thus, it can be linked to age distribution of the respondents that about 45.7% of respondents distributed around 18 to 22.

About two quarters of female beer promoters had another job (33.2%) including selling, office worker, employee, and accountant. Almost half of respondents had an average income, which they received from every job in case of they had another job, less than 15,000 baht per month (47.8%). It might be due to most of respondents were working as part-time job while being a student. Interestingly, 50% of respondents had

income status sufficient without saving followed by sufficient with saving (39.1%). However, there were no supportive reasons for income status due to the method of the study which could not explain about their expenditure.

For months of employment, mean of months of employment of respondents were 16.33. The result was not much different from Webber's study [5], whether had mean of months of employment at 20 months. Compared with Cambodian beer promoters [5], they worked about 3 times longer as beer promoters (mean 39 months).

Concerning living condition, 35.3% of respondents were living alone who were likely to have sexual risk behaviors followed by living with friend (27.2%). These results were twice higher than Heng's study [63] in Cambodia which 32.5% of respondents were living alone or with friends. Interestingly, 21.2% of respondents were living with boyfriend or husband. This result was consistent with Heng's which 24.0% of respondents were living with spouses and cohabitated. There were 8.2% of respondents were married, so it might be assumed that there were some respondents living with boyfriend before getting married.

Sexual activity and sexual orientation

More than half of respondents had ever had sexual intercourse (62.5%) which average age at first sex was 18.9 years. The results were different from Sopheab's study in Cambodia [73] that 91.9% of respondents had ever had sex with mean age at first sex was 19.4 years. In addition, comparing age at first sex with general population in Chiang Mai showed that it was less than Kanokporn's study around 2 years (mean 20.9) [60]. Among the people who ever had sexual intercourse, most of them ever had sex with male (86.0%) followed by female and both sex (7.0%).

Focusing on sexual orientation, 81.5% of female beer promoters were heterosexual followed by lesbian (11.4%), not sure (3.8%), and bisexual (3.3%). Interestingly, among the people who ever had sex with both in male and female, there were 5 respondents who answered that they were heterosexual. From the respondents who ever had sex with female, 7 respondents were lesbian and 1 respondent was not sure about sexual orientation.

Attitudes

The majority of female beer promoters had neutral attitude level about sexuality (71.7%) followed by positive attitude (17.4%) and negative attitude (10.9%). There were 90.8% of the respondents disagreed to have sex with many partners. Most of respondents disagreed to be enjoyable with one-night stand (75.5%). These findings showed that monogamous relationship remains in our society.

In term of attitude levels toward using condom, the majority of female beer promoters had neutral attitude about using condom (72.8%) while there were 19.6% of group who had negative attitude or less considerate attitude. Most of female beer promoters had agreed with “using condoms is an effective way to prevent HIV/AIDS” (91.8%). In addition, the majority of respondents agreed with preventing unsafe sex by using condom (73.9%). This results were consistent with Abhay Nirgude et.al study 2011 [64] that majority of bar girls knew that condom use can prevent them from HIV/AIDS. However, more than half of respondents agreed that condoms make sex less enjoyable (53.8%). This finding showed that beyond the knowledge and awareness regarding protection during sexual intercourse, sexual pleasure remains essential for their sex life.

Concerning, attitudes emergency contraceptive pills, more than half of them had neutral attitude (69.5%). The number of female beer promoters having less consideration about emergency contraceptive pills (15.8%) which the numbers were less than female in Laos. However, the majority of them agreed with “using emergency contraceptive pills can prevent unwanted and unplanned pregnancy” (79.4%). It showed that they knew about emergency contraceptive pills function as same as several studies. However, more than half of respondents agreed that availability of emergency contraceptive pill discourage use of condoms (60.3%). This result revealed that there were some misconception about safe sex. Although emergency contraceptive pills are more effective pregnancy protection, condoms are only one way for sexually transmitted infections (STIs) prevention. Thus, to ensure their safety both in pregnancy and sexually transmitted infection, double protection should be educated.

There was the majority of female beer promoters had neutral attitude toward sexual harassment (81.0%) while the rest of them had negative attitude (8.7%), and positive attitude (10.3%). The majority of respondents agreed that sexual harassment is a big problem in society (89.7%) however nearly half of them thought sexual harassment occurred because the victim let it happen (40.2%). The results revealed that beyond sexual harassment awareness, victim-blaming culture remains a mindset in the society that victims of sexual harassment are blamed for what they wear or where they go. Similarly, attitude about attractive women could be stared or heard a whistling or sexual jokes was agreed (66.8%). This finding demonstrated that there were many people accepted a whistling or sexual jokes as a pretty privilege. Moreover, sexual harassment is defined as psychological meaning that compliments become sexual harassment when they were unwelcome, uncomfortable. Most of respondents agreed that when they were harassed, they should inform employer or co-workers (81.0%). Although there were a few people did not agree with this statement, it showed that there were some people did not want to come out with this problem. This was consistent with Cindy Bishop statement regarding less powerful #MeToo in Thailand that “our society is quite conservative and for someone to come out and point a finger at someone who assaulted her is huge”. Similarly, Supensri Puengkokesoong, a women’s welfare advocate and director of the Social Equality Promotion Foundation, said “#MeToo has not gained attention in Thailand because of culture and social factor.” In Thailand, sexual harassment seems to be a very personal issue, so going forward and telling their stories might be difficult for them.

Working conditions

The majority of the women surveyed worked as part-time beer promoters (78.3%). This finding was inconsistent with Webber’s study in 2012 [20] that the majority of respondents worked as fulltime beer promoters (83%). This result might be due to most of respondents were student or had another job. The average of job hours of respondents was 5.53 hours and job days was 5.08 day. The most common location worked for the participants was restaurants (47.8%). This result was consistent with Webber’s study which 58% of respondents worked at restaurants.

Concerning drinking with clients, there were 48.4% which was nearly a half of respondents had experience of drinking with clients. The results was consistent with Webber's study [20], that 42% of respondents drunk with clients. The frequency of drink in the study was different, nevertheless, it showed that the respondents in this study drunk more frequent than Webber's study [20]. Moreover, the majority of respondents who ever drunk with clients never got drunk from drinking at work as same as Webber's study (83.1% and 77% respectively).

Sexual risk behaviors

Among 115 those who ever had sexual intercourse, there were 45.2% of group of having 3 or more people for sexual intercourse during their lifetime. The result was similar to H.Yang study [63] among women those working in entertainment establishments in Beijing and Nanjing, China that 30% of them having multiple sexual partners. However, well half of respondents in Sopheab study [73] had sexual intercourse more than 2 people in past 12 months which consisted of 16.8% of them had sexual partners more than 7 partners.

In the part of having sex with clients, the majority of respondents never had sex with clients both in voluntary and for any benefit (90.4% and 96.5% respectively). These results were consistent with Webber's study [20] that the majority of respondents never had sex with clients (78%) or sex for money (82%). Similarly, the result from H.Yang study [63] showed that there were 10% of women in the entertainment establishments having sold sex. In contrast, 2011 Cambodia STI survey among female entertainment workers [65], the evidence show that estimated 22% of beer promoters is used to have sex with clients which twice higher than this study.

Concerning protection during sexual activity, the majority of those who had sex last time used a condom as a protection (74.8%), there were 5.2% of group of using emergency contraceptive pills, and 20.0% of group of non-using any method to prevent pregnancy. The result was consistent with 2011 Cambodia STI survey among female entertainment workers [65], that 24.1% did not use the condom during sexual activity. However, the numbers of people who used emergency contraceptive pill were 2 times less than Sopheab's study (10.0%) [73].

Sexual harassment

The findings demonstrate that most of respondents had experiences of sexual harassment including non-verbal, verbal, and physical sexual harassment (80.4%, 87.5%, and 86.4% respectively). These results were high sexual harassment occurrence compared with other studies. Estimated nearly 50% of women in the United State faced with sexual harassment in their work lives [35]. Interestingly, Webber' study [20] revealed that workplace harassment was found in beer promoters and alcohol was a major cause of the harassment. Workplace harassment varied from non-verbal to verbal and physical harassment. Although the majority of respondents had sexual harassment experiences in medium level, the number of people who had sexual harassment experiences in high level remained high. It might be due to low attention and unsuccessful campaigns regarding sexual harassment in Thailand.

Situations of Beer Promotion Women, CARE 2005 [74] have shown high rates of harassment in the workplace including unwanted sexual touching (83%) which was not much different from this study (73.9%). Although there were not available data regarding sexual harassment among this group, these findings can represent that sexual harassment was common and problematic as occupational risk for beer promoters.

Association between socio-demographic characteristics and the level of sexual harassment

There were socio-demographic variables were associated with the level of sexual harassment. Interestingly, months of employment (p -value = 0.033) and living condition (p -value = 0.017) were associated with non-verbal sexual harassment. There was significant association between currently student status and verbal sexual harassment of female beer promoters (p -value = 0.038). Education level and income status were associated with physical sexual harassment at p -value less than 0.05 (0.001 and 0.003 respectively).

Association between sexual activities and sexual orientation and the level of sexual harassment

There was no association between any sexual activities and sexual orientation and non-verbal sexual harassment of female beer promoters. However, having sexual intercourse experience was associated with both in verbal sexual harassment and physical sexual harassment of respondents ($p = 0.024$ and 0.002 respectively).

Association between level of attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, and attitude toward sexual harassment and sexual harassment

Regarding to find out the association between level of attitude and sexual harassment of respondents, the chi-square test was used and the level of statistical significant was 0.05. From the results, there was association between level of attitude toward emergency contraceptive pills and non-verbal sexual harassment. On the other hand, there was no association between any attitude including attitude toward sexuality, attitude toward using condom, attitude toward emergency contraceptive pills, and attitude toward sexual harassment and sexual harassment both in verbal sexual harassment and physical sexual harassment. In this study, the respondents were female which were more likely the victims of sexual harassment according to lack power, were in vulnerable and insecure positions. [22, 75] Thus, only their attitudes on sexual harassment might not support the occurrences of sexual harassment.

Association between working conditions and sexual harassment

Focusing on working conditions and sexual harassment, the findings demonstrated that there was no significant association between working conditions and non-verbal sexual harassment of female beer promoters. In contrast, there were associations between type of job and verbal sexual harassment at p -value 0.002. Thus, it can be concluded that there was significant association between type of job and verbal sexual harassment. Moreover, the associations were also found between type of job and physical sexual harassment at p -value less than 0.05, which was 0.048. According to type of job between full-time job and part-time job are related to time that they had to expose themselves to the strangers who were the clients in an environment where can

lead to sexual harassment [76]. Moreover, the harassers were the people who drink alcohol drinks so it related to the findings about drinking alcohol that can lead to conduct improper behaviors.[77, 78]

There were possibly reasons for contradictory results on sexual harassment. Firstly, experience of sexual harassment depends on individual perceptions which is difficult to identify. Second, the respondents in this study agreed that it is common that beer promoters can be faced with stared or heard some sexual jokes which showed that they already accepted these situations. Moreover, they were the victims which sometimes cannot avoid the situation due to their job duties.

5.2 Conclusion

The main purpose of this study was to assess the situation of sexual risk behaviors and sexual harassment among female beer promoters in Chiang Mai. The respondents from snowball sampling technique were asked to complete self-administrative questionnaire. There were more than half of respondents who ever had sexual intercourse (62.5%). Concerning having sex with clients, there were 9.6% who ever had sex with clients and 3.5% had sex with clients because of benefits, money, or subjects. In term of sexual risk behaviors, there were 25.2% of them did not use condom during sexual intercourse last time.

For sexual harassment, the occurrence of sexual was found 84.8%. The highest prevalence sexual harassment among female beer promoters was verbal sexual harassment especially being called as girl, hunk, doll, babe. Interestingly, physical sexual harassment was also found in a high rate especially being given the massage and being stood closely. Concerning the level of sexual harassment, most of female beer promoters had experiences of sexual harassment in medium level all in non-verbal, verbal, and physical sexual harassment. Above association results revealed that months of employment, living condition, and emergency contraceptive pills attitude were associated with non-verbal sexual harassment. For verbal sexual harassment, currently student status, having sexual intercourse experience, and type of job were associated with. Moreover, the association finding demonstrated education level, income status, having sexual intercourse experience, and type of job can make female beer promoters faced with physical sexual harassment.

Table 30: Summary of association between socio-demographic characteristics, sexual activity, sexual orientation, attitudes, and working conditions and sexual harassment

Independent variables	Dependent variable		
	The level of sexual harassment		
	Non-verbal	Verbal	Physical
Socio-demographic characteristics			
Age			
Marital status			
Education level			✓ a*
Currently student status		✓ b*	
Having other occupation			
Average income			
Income status			✓ a*
Months of employment	✓ a*		
Living condition	✓ b*		
Hometown			
Sexual activity and sexual orientation			
Have you ever had sexual intercourse?		✓ b*	✓ b*
Sexual orientation			
Level of attitude toward			
Sexuality			
Using condom			
Emergency contraceptive pills	✓ a*		
Sexual harassment			
Working conditions			
Type of job		✓ b*	✓ b*
Job hours			
Job days			
Type of workplace			
Restaurant			
Karaoke			
Club/bar			
Beer garden			
Drink with clients			

a* Fisher's Exact test, p-value < 0.05

b* Pearson Chi-Square, p-value < 0.05

5.3 Recommendations

1. The campaigns for women empowerment regarding negotiation and life skills for beer promoters should be created.
2. Programs about up-to-date information regarding emergency contraceptive pills to increase educational and awareness in general.
3. The magnitude of sexual risk behaviors and sexual harassment should be revealed to the public. It is necessary to help people in the society consider about these issues.
4. Effective guidelines to anti-sexual risk behaviors and sexual harassment should be developed.

5.4 Further study

1. Further research should be conducted in another area to obtain more valid results and can be representative data of female beer promoters.
2. Mixed method is recommended for methodology to explain in-depth information regarding to sexual risk behaviors and sexual harassment.
3. The effects or consequences of sexual harassment among the victims are interesting issues, so they should be investigated in further study.

REFERENCES

1. WHO. Thailand - World Health Organization. 2014.
2. Government of. Alcohol Beverage Control Act. Bangkok, , (2008).
3. Webber GC, Spitzer DL. Sexual and reproductive health issues facing Southeast Asian beer promoters: a qualitative pilot study. *BMC Public Health*. 2010;10:389-.
4. Vuthy H. Challenges for Organizing the Beer.
5. Webber GC, Spitzer DL, Somrongthong R, Dat TC, Kounnavongsa S. Migrant Beer Promoters' Experiences Accessing Reproductive Health Care in Cambodia, Laos, Thailand, and Vietnam: Lessons for Planners and Providers. *Asia Pacific Journal of Public Health*. 2015;27(2):NP1228-NP40.
6. International FH, Thailand. Krasūang Sāthāranasuk. Samnak Rōk 'Ēt W, læ Rōk Tittō thāng Phētsamphan. *The Asian Epidemic Model (AEM): Projections for HIV/AIDS in Thailand, 2005-2025: Family Health International; 2008.*
7. O'Leary-Kelly AM, Bowes-Sperry L, Bates CA, Lean ER. Sexual harassment at work: A decade (plus) of progress. *Journal of Management*. 2009;35(3):503-36.
8. Harassment S. Theory, research, and treatment. O'Dono. 1997.
9. Kompipote U. Sexual Harassment in the Workplace: A report from Field Research in Thailand. *Globalization & the Workplace*. 2002:462.
10. Houle JN, Staff J, Mortimer JT, Uggen C, Blackstone A. THE IMPACT OF SEXUAL HARASSMENT ON DEPRESSIVE SYMPTOMS DURING THE EARLY OCCUPATIONAL CAREER. *Society and mental health*. 2011;1(2):89-105.
11. Kotchick BA, Shaffer A, Miller KS, Forehand R. Adolescent sexual risk behavior: A multi-system perspective. *Clinical psychology review*. 2001;21(4):493-519.
12. Kirby D, Lepore G, Ryan J. A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease. Washington, DC: The National Campaign to Prevent Teen Pregnancy. 2005.
13. Jaccard J, Dittus PJ. Adolescent perceptions of maternal approval of birth control and sexual risk behavior. *American Journal of Public Health*. 2000;90(9):1426-30.
14. Kirby D, Lepore G, Ryan J. Sexual risk and protective factors. Factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease: which are important. 2007:1-105.

15. Bureau of Diplomatic Security USDoS. Thailand 2018 Crime & Safety Report: Chiang Mai 2018 [updated 29 June 2018]. Available from: <https://www.osac.gov/Pages/ContentReportDetails.aspx?cid=24382>.
16. office Cpph. Estimation of HIV/AIDS epidemiology in Chiangmai A.C.2559-2573. 1 ed: Ministry of public health; 2017. 39 p.
17. Sriprasert I, Chaovisitsaree S, Sribanditmongkhol N, Sunthornlimsiri N, Kietpeerakool C. Unintended pregnancy and associated risk factors among young pregnant women. *International Journal of Gynecology & Obstetrics*. 2015;128(3):228-31.
18. FACT SHEET – WORLD AIDS DAY 2017 [Internet]. UNAIDS. 2017 [cited 10 October]. Available from: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf.
19. Khatri N, Fern CT, Budhwar P. Explaining employee turnover in an Asian context. *Human Resource Management Journal*. 2001;11(1):54-74.
20. Webber G, Spitzer D, Somrngthong R, Dat TC, Kounnavongsa S. Facilitators and barriers to accessing reproductive health care for migrant beer promoters in Cambodia, Laos, Thailand and Vietnam: A mixed methods study. *Globalization and Health*. 2012;8:21-.
21. Cambodia C. A report on the situation of beer promotion women in the workplace, Cambodia 2005.
22. McLaughlin H, Uggem C, Blackstone A. SEXUAL HARASSMENT, WORKPLACE AUTHORITY, AND THE PARADOX OF POWER. *American sociological review*. 2012;77(4):625-47.
23. O'Donohue W, Downs K, Yeater EA. Sexual harassment: A review of the literature. *Aggression and Violent Behavior*. 1998;3(2):111-28.
24. Pina A, Gannon TA, Saunders B. An overview of the literature on sexual harassment: Perpetrator, theory, and treatment issues. *Aggression and Violent Behavior*. 2009;14(2):126-38.
25. Schneider KT, Swan S, Fitzgerald LF. Job-related and psychological effects of sexual harassment in the workplace: empirical evidence from two organizations. *Journal of Applied Psychology*. 1997;82(3):401.

26. Cortina LM, Wasti SA. Profiles in coping: Responses to sexual harassment across persons, organizations, and cultures. *Journal of Applied Psychology*. 2005;90(1):182.
27. Welsh S. Gender and sexual harassment. *Annual review of sociology*. 1999;25(1):169-90.
28. Praneetha B, Noorera D. Sexual harassment against women in work place-An Enigma. *International Journal of Physical and Social Sciences*. 2012;2(9):153-64.
29. Crull P. Stress effects of sexual harassment on the job: Implications for counseling. *American Journal of Orthopsychiatry*. 1982;52(3):539.
30. Dansky BS, Brewerton TD, Kilpatrick DG, O'Neil PM. The National Women's Study: Relationship of victimization and posttraumatic stress disorder to bulimia nervosa. *International Journal of Eating Disorders*. 1997;21(3):213-28.
31. Stockdale MS. *Sexual harassment in the workplace: Perspectives, frontiers, and response strategies*: Sage Publications; 1996.
32. Kamchuchat C, Chongsuvivatwong V, Oncheunjit S, Yip TW, Sangthong R. Workplace violence directed at nursing staff at a general hospital in southern Thailand. *Journal of occupational health*. 2008;50(2):201-7.
33. Eyre L. The discursive framing of sexual harassment in a university community. *Gender and Education*. 2000;12(3):293-307.
34. McCann D. *Sexual harassment at work: national and international responses*: International Labour Organization; 2005.
35. Bell MP, Quick JC, Cycyota CS. Assessment and prevention of sexual harassment of employees: An applied guide to creating healthy organizations. *International Journal of Selection and Assessment*. 2002;10(1-2):160-7.
36. WEINSTEIN H. 'Me Too.' Women Across the World Join Alyssa Milano's Protest Against Sexual Harassment [Available from: <http://time.com/4983500/harvey-weinstein-sexual-harassment-campaign-metoo-social-media-campaign/>].
37. Guardian T. Google walkout: global protests after sexual misconduct allegations 2018 [Available from: <https://www.theguardian.com/technology/2018/nov/01/google-walkout-global-protests-employees-sexual-harassment-scandals>].
38. Mercer CH. *Sexual behaviour*. Medicine (Abingdon, England : UK Ed). 2014;42(6):291-3.

39. Douglas Jr JM, Fenton KA. Understanding sexual health and its role in more effective prevention programs. SAGE Publications Sage CA: Los Angeles, CA; 2013.
40. Adhikari R, Soonthornhdhada K, Prasartkul P. Correlates of unintended pregnancy among currently pregnant married women in Nepal. *BMC International Health and Human Rights*. 2009;9(1):17.
41. Latimore AD, Aramrattana A, Sherman SG, Galai N, Srirojn B, Thompson N, et al. Sexually transmitted infection risk behaviors in rural Thai adolescents and young adults: Support for gender- and age-specific interventions. *Sexually transmitted diseases*. 2013;40(3):216-20.
42. East PL, Khoo ST. Longitudinal pathways linking family factors and sibling relationship qualities to adolescent substance use and sexual risk behaviors. *Journal of Family Psychology*. 2005;19(4):571.
43. Basen-Engquist K, Parcel GS. Attitudes, norms, and self-efficacy: A model of adolescents' HIV-related sexual risk behavior. *Health education quarterly*. 1992;19(2):263-77.
44. Benotsch EG, Snipes DJ, Martin AM, Bull SS. Sexting, substance use, and sexual risk behavior in young adults. *Journal of Adolescent Health*. 2013;52(3):307-13.
45. Swearingen SG, Klausner JD. Sildenafil use, sexual risk behavior, and risk for sexually transmitted diseases, including HIV infection. *The American journal of medicine*. 2005;118(6):571-7.
46. Wang B, Li X, Stanton B, Liu Y, Jiang S. Socio-demographic and Behavioral Correlates for HIV and Syphilis Infections among Migrant Men Who Have Sex With Men in Beijing, China. *AIDS care*. 2013;25(2):249-57.
47. St. Lawrence JS, Brasfield TL, Jefferson KW, Allyene E, Shirley A. Social support as a factor in African-American adolescents' sexual risk behavior. *Journal of adolescent research*. 1994;9(3):292-310.
48. Ramirez-Valles J, Zimmerman MA, Newcomb MD. Sexual Risk Behavior among Youth: Modeling the Influence of Prosocial Activities and Socioeconomic Factors. *Journal of Health and Social Behavior*. 1998;39(3):237-53.
49. San R, Marisen M. The Effects of Sex Education on the Risky Sexual Behaviour of School Going Adolescents: A Case Study of Mbenjere Secondary, Ntaja and Nsanama

- Community Day Secondary Schools. *Psychology and Developing Societies*. 2016;28(1):126-38.
50. Johnson AM, Mercer CH, Erens B, Copas AJ, McManus S, Wellings K, et al. Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *The Lancet*. 2001;358(9296):1835-42.
51. Puente D, Zabaleta E, Rodríguez-Blanco T, Cabanas M, Monteagudo M, Pueyo MJ, et al. Gender differences in sexual risk behaviour among adolescents in Catalonia, Spain. *Gaceta Sanitaria*. 2011;25(1):13-9.
52. Good M, Gravenstein J, Mahla M, White S, Banner M, Carovano R, et al. Can Stimulation Accelerate The Learning Of Basic Anesthesia Skills By Beginning Anesthesia Residents? *Anesthesiology*. 1992;77(3A):A1133.
53. Heise L, Ellsberg M, Gottemoeller M. Ending violence against women. *Population reports*. 1999;27(4):1-.
54. WHO. Sexually transmitted infections (STIs) Fact sheet: WHO; 2016 [updated January, 2018. August 2016:[Available from: <http://www.who.int/mediacentre/factsheets/fs110/en/>].
55. Zabin LS, Hirsch MB, Emerson MR. When Urban Adolescents Choose Abortion: Effects on Education, Psychological Status and Subsequent Pregnancy. *Family Planning Perspectives*. 1989;21(6):248-55.
56. (FIGO) ESoCaRHEatIFoGaO. The Global Epidemic of Unintended Pregnancies2010 January, 2018. Available from: https://www.figo.org/sites/default/files/uploads/general-resources/FIGO_ESC_Unwanted%20Pregnancy%20Slides.pdf.
57. HIV AND AIDS IN THAILAND: avert.org; 2017 [updated 26 October 2017. Available from: <https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand>].
58. office Cpph. Evaluation of restaurant in Chiangmai for Clean Food Good Taste. 2011.
59. office CMp. Chaing Mai province information. 2017.
60. Pinyopornpanish K, Thanamee S, Jiraporncharoen W, Thaikla K, McDonald J, Aramrattana A, et al. Sexual health, risky sexual behavior and condom use among

adolescents young adults and older adults in Chiang Mai, Thailand: findings from a population based survey 2017.

61. Kapiga SH, Sam NE, Shao JF, Renjifo B, Masenga EJ, Kiwelu IE, et al. HIV-1 epidemic among female bar and hotel workers in northern Tanzania: risk factors and opportunities for prevention. *Journal of acquired immune deficiency syndromes* (1999). 2002;29(4):409-17.
62. Riedner G, Rusizoka M, Hoffmann O, Nichombe F, Lyamuya E, Mmbando D, et al. Baseline survey of sexually transmitted infections in a cohort of female bar workers in Mbeya Region, Tanzania. *Sexually Transmitted Infections*. 2003;79(5):382-7.
63. Yang H, Li X, Stanton B, Fang X, Lin D, Mao R, et al. Workplace and HIV-related sexual behaviours and perceptions among female migrant workers. *AIDS care*. 2005;17(7):819-33.
64. Nirgude A, Solanki MJ, Shinde RR, Naik P. Study of Sexual Behaviour of Bar-girls Residing in an Urban Slum Area of Mumbai. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*. 2011;36(1):31-5.
65. NCHADS PP, Cambodia. 2011 Cambodia STI Survey Female Entertainment Workers. 2013.
66. Kim AA, Sun LP, Chhorvann C, Lindan C, Van Griensven F, Kilmarx PH, et al. High prevalence of HIV and sexually transmitted infections among indirect sex workers in Cambodia. *Sexually transmitted diseases*. 2005;32(12):745-51.
67. Sychareun V, Vongxay V, Thammavongsa V, Thongmyxay S, Phummavongsa P, Durham J. Informal workers and access to healthcare: a qualitative study of facilitators and barriers to accessing healthcare for beer promoters in the Lao People's Democratic Republic. *International Journal for Equity in Health*. 2016;15:66.
68. Charan J, Biswas T. How to Calculate Sample Size for Different Study Designs in Medical Research? *Indian Journal of Psychological Medicine*. 2013;35(2):121-6.
69. Hendrick C, Hendrick SS, Reich DA. The brief sexual attitudes scale. *Journal of Sex Research*. 2006;43(1):76-86.
70. Vogt D, Smith BN, King LA, King DW, Knight J, Vasterling JJ. Deployment risk and resilience inventory-2 (DRRI-2): An updated tool for assessing psychosocial risk and

resilience factors among service members and veterans. *Journal of Traumatic Stress*. 2013;26(6):710-7.

71. McKinney K. Sexual harassment of university faculty by colleagues and students. *Sex Roles*. 1990;23(7-8):421-38.

72. Likert R. A technique for the measurement of attitudes. *Archives of psychology*. 1932.

73. Sopheab H, Tuot S, Chhea C, Gorbach P. Characteristics, risk behaviors and factors associated with abortion among female entertainment workers in Cambodia. *Reproductive health*. 2015;12:82-.

74. Cambodia C. Promoting the Safety of Women Workers in the Beer Industry 2018 [Available from: <http://www.care-cambodia.org/pswwbi>.

75. Shechory Bitton M, Ben Shaul D. Perceptions and attitudes to sexual harassment: an examination of sex differences and the sex composition of the harasser–target dyad. *Journal of Applied Social Psychology*. 2013;43(10):2136-45.

76. Pina A, Gannon T, Saunders B. An overview of the literature on sexual harassment: Perpetrator, theory, and treatment issues 2009. 126-38 p.

77. Abbey A. Alcohol-related sexual assault: A common problem among college students. *Journal of Studies on Alcohol, supplement*. 2002(14):118-28.

78. Ménard KS, Hall GCN, Phung AH, Ghebrial MFE, Martin L. Gender Differences in Sexual Harassment and Coercion in College Students: Developmental, Individual, and Situational Determinants. *Journal of Interpersonal Violence*. 2003;18(10):1222-39.

Appendix



จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ชื่อโครงการวิจัย พฤติกรรมเสี่ยงทางเพศและการถูกล่วงละเมิดทางเพศของสาวเชิษฐ์เบียร์ในจังหวัดเชียงใหม่ ประเทศไทย

ชื่อผู้วิจัย นางสาวมธุคารา ไพยารมณั ตำแหน่ง นิสิตปริญญาโท

สถานที่ติดต่อผู้วิจัย (ที่บ้าน) 117/19 ถนน เชียงใหม่-ลำปาง ต.ป่าตัน อ.เมือง จ.เชียงใหม่ 50300

โทรศัพท์มือถือ 088-1571578 E-mail : p.mathudara@gmail.com

1.ขอเรียนเชิญท่านเข้าร่วมในการวิจัยก่อนที่ท่านจะตัดสินใจเข้าร่วมในการวิจัย มีความจำเป็นที่ท่านควรทำความเข้าใจว่างานวิจัยนี้ทำเพราะเหตุใด และเกี่ยวข้องกับอะไร กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างละเอียด รอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือข้อมูลที่ไมชัดเจนได้ตลอดเวลา

2.โครงการนี้เกี่ยวข้องกับปัจจัยที่มีผลต่อพฤติกรรมทางเพศและการถูกล่วงละเมิดทางเพศของสาวเชิษฐ์เบียร์ในจังหวัดเชียงใหม่ ประเทศไทย

3.รายละเอียดของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

กลุ่มตัวอย่าง คือ พนักงานเชิษฐ์เบียร์ในจังหวัดเชียงใหม่ โดยคัดเลือกผู้เข้าร่วมตามคุณสมบัติ และยินยอมเข้าร่วมการศึกษาวิจัยคัดเลือก ได้แก่ เพศหญิง สัญชาติ ไทย อายุ 18 ปีหรือมากกว่า ทำงานเป็นพนักงานเชิษฐ์เบียร์มากกว่า 1 ครั้งต่อเดือน และยินยอมเข้าร่วมการศึกษาวิจัยจำนวน 198 คน ผู้วิจัยทำการคัดเลือกกลุ่มตัวอย่างแบบลูกโซ่จากการติดต่อโดยตรงผ่านหัวหน้างาน และสอบถามผู้เข้าร่วมให้แนะนำผู้เข้าร่วมคนถัดไป เหตุผลที่ท่านได้รับการเชิญเข้าร่วมโครงการวิจัยครั้งนี้ เนื่องจากตัวท่านมีคุณสมบัติตรงตามเกณฑ์การคัดเลือกกลุ่มตัวอย่างทุกประการ

4.กระบวนการการวิจัยที่กระทำต่อกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ผู้วิจัยได้ทำการคัดเลือกผู้เข้าร่วมในการวิจัย และติดต่อเพื่อมอบแบบสอบถามเกี่ยวกับพฤติกรรมทางเพศ และประสบการณ์เกี่ยวกับการถูกล่วงละเมิดทางเพศ ในอำเภอ เมือง จังหวัด เชียงใหม่ โดยให้ผู้เข้าร่วมในการวิจัยตอบแบบสอบถามเอง ทั้งหมด 6 ส่วน จำนวนคำถามรวมทั้งหมด 69 ข้อ ใช้เวลาในการตอบประมาณ 10 – 20 นาที และตอบแบบสอบถามทั้งหมด 1 ครั้งในงานวิจัยนี้ ในช่วงเวลาที่ผู้เข้าร่วมในการวิจัยสะดวก แบบสอบถามจะถูกส่งคืนกลับโดยมีการเก็บใส่ซองปิดผนึก และเมื่อเสร็จสิ้นการวิจัยแล้วแบบสอบถามของผู้มีส่วนร่วมในการวิจัยจะถูกทำลาย

5. กระบวนการให้ข้อมูลแก่กลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ผู้วิจัยได้ทำการอธิบายขั้นตอนในการวิจัย ประโยชน์ที่จะได้รับ ซึ่งท่านจะไม่ได้รับประโยชน์โดยตรง จากการเข้าร่วมในการวิจัยครั้งนี้ แต่ผลการศึกษาที่ได้จะเป็นประโยชน์ เพื่อการศึกษาคุณลักษณะของพนักงานเชียร์เบียร์ทัศนคติต่อเพศสัมพันธ์ การใช้ถุงยางอนามัย การเข้าคุกมุลกเถิน และการถูกล่วงละเมิดทางเพศ ลักษณะการทำงาน พฤติกรรมทางเพศ และการถูกล่วงละเมิดทางเพศของพนักงานเชียร์เบียร์ และทราบปัจจัยที่มีผลต่อพฤติกรรมทางเพศและการถูกล่วงละเมิดทางเพศของพนักงานเชียร์เบียร์ ในจังหวัดเชียงใหม่ ความเสี่ยงของการเข้าร่วมงานวิจัยนี้อยู่ในระดับน้อยมาก เนื่องจาก เป็นการตอบแบบสอบถามที่ไม่สามารถระบุถึงตัวบุคคลได้ และไม่มีผลกระทบต่อการทำงาน ในการเข้าร่วมงานวิจัยนี้อาจเกิดความไม่สะดวกในการเสียเวลาในการทำแบบสอบถามประมาณ 10 – 20 นาที

6. คำแนะนำสำหรับผู้ประสบปัญหาการถูกล่วงละเมิดทางเพศ หรือมีความเสี่ยง

สำหรับผู้ประสบปัญหาการถูกล่วงละเมิดทางเพศ หรือมีความเสี่ยง สามารถโทรศัพท์ถึงสายด่วน 24 ชั่วโมงของ CPAF ที่หมายเลขโทรศัพท์ 1-800-339-3940 หรือ ติดต่อ โทร. 310-784-2525 ต่อ 106 นอกจากนี้ยังสามารถติดต่อผ่านทางเว็บไซต์ของ CPAF ที่ www.nurturingchange.org ทันที ซึ่งทุกเรื่องจะถือเป็นความลับ และคุณไม่จำเป็นต้องเปิดเผยนาม เพื่อขอรับคำปรึกษา หรือ ขอความช่วยเหลือตามที่คุณต้องการ

7. การเข้าร่วมในการวิจัยของท่านเป็นโดยสมัครใจ และสามารถปฏิเสธที่จะเข้าร่วม โดยไม่ต้องให้เหตุผลและไม่สูญเสียประโยชน์ที่พึงได้รับ ข้อมูลที่เกี่ยวข้องกับท่านจะเก็บเป็นความลับ หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม ข้อมูลใดที่สามารถระบุถึงตัวท่านได้จะไม่ปรากฏในรายงาน และไม่มีผลกระทบต่อการทำงานของท่าน ผู้มีส่วนร่วมในการวิจัย จะได้รับของที่ระลึกจากโครงการ เป็นกระเป๋าผ้า มูลค่า 60 - 80 บาท

“หากท่านไม่ได้รับการปฏิบัติตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัย ในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์/โทรสาร 0-2218-3202 E-mail: eccu@chula.ac.th”

Sexual behavior and sexual harassment questionnaire

Code: _____ DD/MM/YY: _____

Part 1: Socio-demographic and socio-economic characteristics

1. Age _____ years old
2. What is your marital status
 - Single Married Divorced/Separated Widowed
3. What is your education level?
 - Lower than high school
 - High school/vocational school graduate
 - College graduate
4. Are you currently student? (Skip to question no.6)
 - Yes No (Skip to question no.6)
5. What is your currently education level? _____
6. Currently occupation (In case of having the other job)
 - No Yes _____
7. Average income per month
 - < 15,000 baht 15,001 – 30,000 baht > 30,000 baht
8. Is it sufficient?
 - Insufficient Sufficient without saving Sufficient with saving
9. Duration of employment _____ year(s) _____ month(s)
10. Living condition
 - Living alone Living with friend Living with family
 - Living with boyfriend/husband
11. Where is your hometown
 - Northern Northeastern Central Eastern Western
 - Southern

Part 2: Sexual activity

1. Have you ever had sexual intercourse?
 - Yes No (Skip to question no.4)
2. How old were you when you had sexual intercourse for the first time?
_____ years old
3. During your life, with whom have you had sexual contact?
 - Females Males Females and males
4. Which of the following best describes you?
 - Heterosexual (straight) Lesbian Bisexual Not sure

Part III: Attitude toward sexuality, using condom, emergency contraceptive pill and sexual harassment

Please make a checkmark (✓) to answer the following questions

Strongly disagree (SD), Disagree (D), neither disagree or agree (D/A), Agree (A), strongly agree (SA)

Attitude toward		SD	D	D/A	A	SA
Sexuality						
1	I do not need to be committed to a person to have sex with					
2	I would like to have sex with many partners.					
3	One-night stands are sometimes very enjoyable.					
4	Sex as a simple exchange of favors is okay if both people agree to it.					
5	Life would have fewer problems if people could have freely sex.					
6	Sex is the closest form of communication between two people.					
7	Sex is a very important part of life.					
8	The main purpose of sex is to enjoy oneself.					
Using condom						
9	All right for women to carry the condom					
10	All right for preventing unsafe sex by using condom					
11	Condoms make sex less enjoyable					
12	Using condoms is an effective way to prevent HIV/AIDS					

Using emergency contraceptive pills					
13	Availability of emergency contraceptive pills discourages use of condoms.				
14	Availability of emergency contraceptive pills encourages sexual risk behavior.				
15	Using emergency contraceptive pills can prevent unwanted and unplanned pregnancy.				
Sexual harassment					
16	Sexual harassment is a big problem in the society.				
17	Sexual harassment happens because the victim let it happens.				
18	It is common for beer promoters to be stared or heard a whistling or sexual jokes.				
19	If I am harassed from the client, I should inform my employer or co-workers.				
20	All right for attractive women to be stared or heard a whistling or sexual jokes.				
21	If I do not want or unpleased with the action of opponent, I should deny it quickly.				

Part IV: Working conditions

Please make a checkmark (✓) to answer the following questions

1. Are you working as a part-time or full time beer promoter?
 Part-time Full-time
2. Job hours (start-finish) _____ hour(s)/day
3. You work as beer promoter how many days per week? _____ day(s)
4. Types of workplace (You can answer more than 1)
 Restaurant Karaoke Club/bar Beer garden
 Others _____
5. Have you ever drunk with client(s)?
 Yes No (Skip to the next part)
6. How often do you drink with client(s)?
 Monthly or less 2-4 times/month 2-3 times/week
 4 or more times/week
7. Have you ever been drunk from drink at work?
 Yes No

Part 5: Sexual behavior

Please make a checkmark (✓) to answer the following questions (If you answered never have sex before, skip this part)

1. During your life, with how many people have you had sexual intercourse?
 - 1 person 2 people 3 or more people
2. During the past 3 months, with how many people did you have sexual intercourse?
 - 1 person 2 people 3 or more people
3. Have you ever drunk alcohol or use drugs before you had sexual intercourse in your lifetime?
 - Yes No
4. Did you drink alcohol or use drugs before you had sexual intercourse in past 3 months?
 - Yes No
5. Have you ever voluntary had sex with clients in your lifetime?
 - Yes No
6. Did you voluntary had sex with clients in past 3 months?
 - Yes No
7. Have you ever had sex with client for money or object or benefit in your lifetime?
 - Yes No
8. Did you had sex with client for money or object or benefit in past 3 months?
 - Yes No
9. The **last time** you had sexual intercourse, did your partner use a condom?
 - Yes No
10. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
 - No method was used to prevent pregnancy
 - Condoms
 - Emergency contraceptive pills

Part VI: Sexual harassment during working as beer promoters

Description: Sexual harassment refers to unwanted or unpleased sexual favors/ non-verbal, verbal, and physical advances.

Please make a checkmark (✓) to answer the following questions

- 1) Never: You do not have any experience about sexual harassment.
- 2) Rarely: You have experience about sexual harassment monthly or less.
- 3) Sometimes: You have experience about sexual harassment 2-4 times/month.
- 4) Often: You have experience about sexual harassment 2-3 times/week.
- 5) Always: You have experience about sexual harassment 4 or more times/week.

Sexual harassment		As beer promoter				
		1	2	3	4	5
Non-verbal						
1	Have you ever been looked up and down?					
2	Have you ever been stared at someone?					
3	Have you ever been blocked a path?					
4	Have you ever been seen sexual gestures with hands or through body movements?					
5	Have you ever been seen facial expressions such as winking, throwing kisses, or licking lips?					
Verbal						
1	Have you ever been called as a girl, hunk, doll, babe, or honey?					
2	Have you ever been heard a whistling or and smacking lips?					
3	Have you ever been heard sexual comments about body, clothing, looks or sexual jokes?					
4	Have you ever been asked about sexual preferences or personal questions?					
5	Have you ever been asked to have sex with?					
Physical						
1	Have you ever been given a massage around the neck or shoulders?					
2	Have you ever been touched the clothing, hair, or body?					

3	Have you ever been hugged, kissed?				
4	Have you ever been stroked?				
5	Have you ever been touched or rubbed yourself sexually around another person				
6	Have you ever been stood close to you?				

Thanks for your cooperation



แบบสอบถามเกี่ยวกับพฤติกรรมทางเพศ และการถูกล่วงละเมิดทางเพศ

รหัส: _____ วัน/เดือน/ปี: _____

ส่วนที่ 1 ข้อมูลทั่วไป

1. อายุ _____ ปี
2. สถานภาพสมรส โสด สมรส หย่า/แยก หม้าย
3. ระดับการศึกษา
 - ต่ำกว่ามัธยมศึกษาปีที่ 6 มัธยมศึกษาปีที่ 6/ปวช. ปวส./มหาวิทยาลัย
4. ท่านกำลังศึกษาอยู่หรือไม่ ใช่ ไม่ใช่ (ข้ามไปคำถามข้อ 6)
5. ระดับการศึกษาปัจจุบัน _____
6. อาชีพปัจจุบัน (นอกเหนือจากอาชีพพนักงานเซียร์เบียร์) ไม่มี มี (ระบุ) _____
7. ระดับรายได้รวมเฉลี่ยต่อเดือน
 - < 15,000 บาท 15,001 - 30,000 บาท 30,001 บาท ขึ้นไป
8. รายได้ของท่านเพียงพอหรือไม่
 - ไม่เพียงพอ เพียงพอ แต่ไม่มีเงินออม เพียงพอและมีเงินออม
9. อายุการทำงานของการเป็นพนักงานเซียร์เบียร์ _____ ปี _____ เดือน
10. การพักอาศัย
 - พักคนเดียว พักกับเพื่อน พักกับครอบครัว พักกับแฟน/สามี
11. ภูมิลำเนา
 - ภาคเหนือ ภาคอีสาน ภาคกลาง ภาคตะวันออก ภาคตะวันตก ภาคใต้

ส่วนที่ 2 กิจกรรมทางเพศ

โปรดเติมเครื่องหมาย ✓ หน้าข้อความ หรือเติมข้อความลงในช่องว่างที่เว้นไว้ให้ ตามความเป็นจริง

1. คุณเคยมีเพศสัมพันธ์หรือไม่
 - เคย ไม่เคย (ข้ามไปคำถามข้อ 4)
2. คุณมีเพศสัมพันธ์ครั้งแรกเมื่ออายุ _____ ปี
3. ในช่วงชีวิตของคุณ คุณมีความสัมพันธ์ทางเพศกับใคร
 - ผู้หญิง ผู้ชาย ทั้งผู้หญิงและผู้ชาย
4. ข้อใดต่อไปนี้เป็นสิ่งที่อธิบายตัวตนคุณได้
 - รสนิยมชอบเพศตรงข้าม รสนิยมชอบเพศเดียวกัน รสนิยมชอบสองเพศ ไม่แน่ใจ

ส่วนที่ 3 ทศนคติต่อการมีเพศสัมพันธ์ การใช้ถุงยางอนามัย การใช้ยาคุมกำเนิดฉุกเฉิน และการถูกล่วงละเมิดทางเพศ

คำชี้แจง : กรุณาเติมเครื่องหมาย ✓ ลงในช่องที่มีข้อความตรงกับความคิดเห็นของท่านมากที่สุด

		ระดับความคิดเห็น				
		ไม่เห็นด้วยอย่างยิ่ง	ไม่เห็นด้วย	ไม่แน่ใจ	เห็นด้วย	เห็นด้วยอย่างยิ่ง
ทศนคติต่อการมีเพศสัมพันธ์ การใช้ถุงยางอนามัย การใช้ยาคุมกำเนิดฉุกเฉิน และการถูกล่วงละเมิดทางเพศ						
การมีเพศสัมพันธ์						
1	ฉันไม่จำเป็นต้องคบกับคนที่ฉันมีเพศสัมพันธ์ด้วย					
2	การมีคู่นอนหลายคนในเวลาเดียวกันเป็นเรื่องปกติ					
3	การมีเพศสัมพันธ์กับคู่นอนชั่วคราวเป็นเรื่องสนุก					
4	การมีเพศสัมพันธ์เป็นการแลกเปลี่ยนความชอบ และความพึงพอใจจากคนทั้งสองฝ่าย					
5	ชีวิตจะมีปัญหาน้อยลง ถ้าคนมีเพศสัมพันธ์อย่างอิสระ					
6	การมีเพศสัมพันธ์เป็นรูปแบบการสื่อสารที่ใกล้ชิดที่สุดระหว่างคนสองคน					
7	การมีเพศสัมพันธ์เป็นสิ่งจำเป็นของชีวิต					
8	จุดประสงค์หลักของการมีเพศสัมพันธ์คือการทำให้ตัวเองมีความสุข					
การใช้ถุงยางอนามัย						
9	มันเป็นเรื่องปกติสำหรับผู้หญิงที่จะพกถุงยางอนามัย					
10	การป้องกันการมีเพศสัมพันธ์ที่ไม่ปลอดภัยโดยใช้ถุงยางอนามัยเป็นเรื่องถูกต้อง					
11	ถุงยางอนามัยทำให้การมีเพศสัมพันธ์สนุกน้อยลง					
12	การใช้ถุงยางอนามัยเป็นวิธีที่มีประสิทธิภาพในการป้องกัน HIV/AIDS					
การใช้ยาคุมฉุกเฉิน						
13	การใช้ยาคุมกำเนิดฉุกเฉินทำให้ลดการใช้ถุงยางอนามัย					
14	การใช้ยาคุมกำเนิดฉุกเฉินทำให้เพิ่มพฤติกรรมทางเพศที่เสี่ยง					

15	การใช้ยาคุมกำเนิดฉุกเฉินสามารถป้องกันการตั้งครรภ์ที่ไม่พึงประสงค์ได้					
การถูกล่วงละเมิดทางเพศ						
16	การถูกล่วงละเมิดทางเพศเป็นปัญหาที่ใหญ่ในสังคมปัจจุบัน					
17	การถูกล่วงละเมิดทางเพศเกิดจากพฤติกรรมของเหยื่อเองที่ยินยอมให้เกิดการล่วงละเมิดทางเพศขึ้น					
18	มันเป็นเรื่องปกติที่ในการทำงานเป็นพนักงานเซิร์ฟ จะถูกจ้องมองด้วยสายตาตะลอม หรือถูกล้วงแซว					
19	เมื่อนั้นถูกล่วงละเมิดทางเพศขณะทำงาน มันควรรีบแจ้งให้คนรอบข้างทราบ					
20	ผู้หญิงที่มีเสน่ห์มักจะถูกแซว หรือจ้องมองด้วยสายตาตะลอมอยู่เสมอ					
21	หากฉันไม่ยินยอม หรือไม่พอใจในการกระทำของฝ่ายตรงข้าม ฉันควรรีบปฏิเสธ					

ส่วนที่ 4 สภาพการทำงาน

โปรดเติมเครื่องหมาย ✓ หน้าข้อความ หรือเติมข้อความลงในช่องว่างที่เว้นไว้ให้ ตามความเป็นจริง

- คุณทำงานเป็นพนักงานเซิร์ฟเบียร์แบบประจำหรือแบบบางเวลา
 - บางเวลา (พาร์ทไทม์) ประจำเต็มเวลา
- ระยะเวลาทำงาน _____ ชั่วโมง/วัน
- คุณทำงานเป็นพนักงานเซิร์ฟเบียร์สัปดาห์ละกี่วัน _____
- ประเภทของสถานที่ทำงาน (ตอบได้มากกว่า 1 คำตอบ)
 - ร้านอาหาร ร้านคาราโอเกะ คลับ/บาร์ ลานเบียร์ อื่น ๆ _____
- คุณเคยดื่มกับลูกค้าหรือไม่
 - เคย ไม่เคย (เข้าไปทำคำถามในส่วนถัดไป)
- คุณดื่มกับลูกค้าบ่อยแค่ไหน
 - เดือนละครั้ง หรือ น้อยกว่า 2-4 ครั้งต่อเดือน
 - 2-3 ครั้งต่อสัปดาห์ 4 ครั้งต่อสัปดาห์ หรือมากกว่า
- คุณเคยดื่มจนเมา ในเวลาทำงานหรือไม่
 - เคย ไม่เคย

ส่วนที่ 5 พฤติกรรมทางเพศ

โปรดเติมเครื่องหมาย ✓ หน้าข้อความตามความเป็นจริง (กรณีที่ตอบคำถามในส่วนที่ 2 ว่าไม่เคยมีเพศสัมพันธ์มาก่อนให้ข้ามไปทำคำถามในส่วนถัดไป)

1. ในช่วงชีวิตของคุณ คุณมีเพศสัมพันธ์กับคนมาแล้วกี่คน
 - 1 คน 2 คน 3 คนหรือมากกว่า
2. ภายในสามเดือนที่ผ่านมา คุณมีเพศสัมพันธ์กับคนมาแล้วกี่คน
 - 1 คน 2 คน 3 คนหรือมากกว่า
3. ในช่วงชีวิตของคุณ คุณเคยมีเพศสัมพันธ์หลักจากการดื่มเครื่องดื่มแอลกอฮอล์ หรือ ใช้ยาเสพติดหรือไม่
 - เคย ไม่เคย
4. ในสามเดือนที่ผ่านมา คุณเคยเมาจากแอลกอฮอล์ หรือ ใช้ยาเสพติด ก่อนคุณมีเพศสัมพันธ์ หรือ ไม่
 - เคย ไม่เคย
5. ในช่วงชีวิตของคุณ คุณเคยมีเพศสัมพันธ์กับลูกค้าของคุณด้วยความเต็มใจหรือไม่
 - เคย ไม่เคย
6. ในสามเดือนที่ผ่านมา คุณเคยมีเพศสัมพันธ์กับลูกค้าของคุณด้วยความเต็มใจหรือไม่
 - เคย ไม่เคย
7. ในช่วงชีวิตของคุณ คุณเคยมีเพศสัมพันธ์กับลูกค้าเพื่อแลกกับเงิน หรือสิ่งของ/ผลประโยชน์ หรือไม่
 - เคย ไม่เคย
8. ในสามเดือนที่ผ่านมา คุณเคยมีเพศสัมพันธ์กับลูกค้าเพื่อเงิน หรือสิ่งของ/ผลประโยชน์ หรือไม่
 - เคย ไม่เคย
9. ครั้งล่าสุดที่คุณมีเพศสัมพันธ์ คู่ของคุณใช้ถุงยางหรือไม่
 - ใช่ ไม่ใช่
10. ครั้งล่าสุดที่คุณมีเพศสัมพันธ์ คุณหรือคู่ของคุณใช้วิธีอะไรในการป้องกันการตั้งครรภ์
 - ไม่ได้ใช้วิธีใด ๆ ในการป้องกันการตั้งครรภ์
 - ถุงยางอนามัย
 - ยาคุมกำเนิดฉุกเฉิน

ส่วนที่ 6 การถูกล่วงละเมิดทางเพศในระหว่างการทำงานเป็นพนักงานเชียร์เบียร์

คำชี้แจง “การถูกล่วงละเมิดทางเพศ” หมายถึงการที่เรารู้สึก “ไม่สบายใจ” “ไม่ชอบใจ” “ไม่พึงพอใจ” ต่อกริยาวาจา และพฤติกรรมที่เกี่ยวข้องกับเรื่องเพศที่บุคคลอื่นกระทำต่อเรา

- 1) ไม่เคย คุณไม่มีประสบการณ์เกี่ยวกับการล่วงละเมิดทางเพศ
- 2) พบน้อย คุณมีประสบการณ์การถูกล่วงละเมิดทางเพศเดือนละ 1 ครั้งหรือ น้อยกว่า
- 3) พบบางครั้ง คุณมีประสบการณ์การถูกล่วงละเมิดทางเพศ 2-4 ครั้ง/เดือน
- 4) พบบ่อย ๆ คุณมีประสบการณ์การถูกล่วงละเมิดทางเพศ 2-3 ครั้ง/สัปดาห์
- 5) พบเสมอ ๆ คุณมีประสบการณ์การถูกล่วงละเมิดทางเพศ 4 ครั้งหรือมากกว่าต่อสัปดาห์

การถูกล่วงละเมิดทางเพศ		ช่วงเวลาทำงาน				
		1	2	3	4	5
ทางกริยา ทำทาง						
1	คุณเคยถูกมองด้วยสายตาแทะ โลมจากลูกค้า					
2	คุณเคยถูกลูกค้าจ้องมองแบบไม่สุภาพ					
3	คุณเคยถูกขวางทางเดิน					
4	คุณเคยถูกทำหน้าล้อเลียน เช่น กระพริบตา ส่งจูบ หรือ เลียริมฝีปาก					
5	คุณเคยถูกทักทายด้วยการสัมผัส หรือการเคลื่อนไหวที่สื่อกริยาทางเพศ					
ทางวาจา						
1	คุณเคยถูกเรียกว่า หนู น้องสาว คนสวย หรือ ที่รัก					
2	คุณเคยได้รับเสียงวี๊ดวีว หรือ เป่าปาก					
3	คุณเคยได้ยินคำแซว หรือ คำตลกเสียดสีในเรื่องเพศ					
4	คุณเคยถูกถามเกี่ยวกับความชอบทางเพศ หรือ เรื่องส่วนตัว					
5	คุณเคยได้รับคำถามขอให้มึนเพศสัมพันธ์ด้วย					
ทางร่างกาย						
1	คุณเคยถูกนวดบริเวณคอ หรือไหล่ หรือไม่					
2	คุณเคยถูกสัมผัสเสื้อผ้า, ผม หรือร่างกาย หรือไม่					
3	คุณเคยถูกกอดหรือจูบ หรือไม่					
4	คุณเคยถูกติดตาม หรือไม่					
5	คุณเคยถูกบังคับให้จับ หรือสัมผัสร่างกายของลูกค้า หรือไม่					
6	คุณเคยถูกยื่นใกล้ๆ หรือยื่นเบียด หรือ ไม่					

VITA

NAME Mathudara Phaiyarom

DATE OF BIRTH 19 March 1994

PLACE OF BIRTH Uttaradit, Thailand

INSTITUTIONS ATTENDED 2012 – 2016 Bachelor of science in Associated Medical Sciences, department of Medical technology Chiang Mai University

HOME ADDRESS Bangkok, Thailand



จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY