

ผลของการใช้รูปแบบการนำผู้บังคับหมู่เป็นที่เลี้ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มือถือ  
เพื่อการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหารกองประจำการ  
ในเขตพื้นที่กองทัพภาคที่ 1



พันโทหญิง ทักษิณี ขาวเอี่ยม

ศูนย์วิทยพัทยากร  
จุฬาลงกรณ์มหาวิทยาลัย

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาวิทยาศาสตรบัณฑิต

สาขาวิชาวิทยาศาสตรบัณฑิต

วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

ปีการศึกษา 2553

ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

**THE EFFECT OF SQUAD LEADER MENTORS  
THROUGH SHORT MESSAGE SERVICES ON MOBLIE PHONE  
IN PROMOTHING SAFE SEX  
AMONG FIRST (CENTRAL) ARMY AREA CONSCRIPTS OF  
THAILAND**



Lieutenant Colonel Hatairat Kaoaiem

A Dissertation Submitted in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy Program in Public Health

College of Public Health Sciences  
Chulalongkorn University

Academic Year 2010

Copyright of Chulalongkorn University

Thesis Title THE EFFECT OF SQUAD LEADER MENTORS  
THROUGH SHORT MESSAGE SERVICES  
ON MOBILE PHONE IN PROMOTING SAFE SEX  
AMONG FIRST (CENTRAL) ARMY AREA  
CONSCRIPTS OF THAILAND

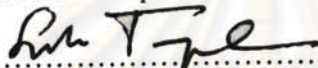
By Lieutenant Colonel Hatairat Kaoaiem

Field of Study Public Health

Thesis Advisor Professor Surasak Taneepanichskul, M.D.,M.Med.

---


Accepted by the College of Public Health Sciences, Chulalongkorn University  
in Partial Fulfillment of the Requirements for the Doctoral Degree

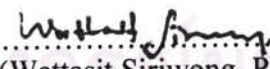
  
.....Dean of the College of  
Public Health Sciences  
(Professor Surasak Taneepanichskul, M.D.,M. Med.)

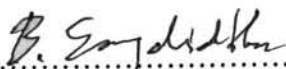
THESIS COMMITTEE

  
.....Chairman  
(Assistant Professor Ratana Somrongthong, Ph.D.)

  
.....Thesis Advisor  
(Professor Surasak Taneepanichskul, M.D.,M.Med.)

  
.....Examiner  
(Associate Professor Somrat Lertmaharit)

  
.....Examiner  
(Wattasit Siriwong, Ph.D.)

  
.....External Examiner  
(Associate Professor Colonel Boonterm Saengdidtha, M.D., Ph.D.)

หทัยรัตน์ ชาวเอี่ยม: ผลของการใช้รูปแบบการนำผู้บังคับหมู่เป็นที่เสี่ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มือถือเพื่อการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหารกองประจำการในเขตพื้นที่กองทัพบกที่ 1 (THE EFFECT OF SQUAD LEADER MENTORS THROUGH SHORT MESSAGE SERVICES ON MOBLIE PHONE IN PROMOTHING SAFE SEX AMONG FIRST (CENTRAL) ARMY AREA CONSCRIPTS OF THAILAND) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ศ.นพ. สุรศักดิ์ ฐานิพานิชสกุล, 210 หน้า

ทหารกองประจำการมีความเสี่ยงต่อการติดเชื้อทางเพศสัมพันธ์ และการติดเชื้อ เอช ไอ วี เนื่องจากมีคุณลักษณะและวิถีชีวิตแตกต่างจากกลุ่มประชากรอื่นที่อยู่ในวัยเดียวกัน คือ ต้องปฏิบัติภารกิจห่างไกลจากภูมิลำเนาและรุ่นอน เป็นกลุ่มประชากรที่มีการเคลื่อนย้ายการปฏิบัติการทำให้เสี่ยงต่อการมีพฤติกรรมทางเพศที่ไม่ปลอดภัย อีกทั้งเป็นกลุ่มประชากรที่อยู่ในช่วงของการมีเพศสัมพันธ์มากกว่ากลุ่มอายุอื่นๆ จากข้อมูลของการติดเชื้อ เอช ไอ วี รายใหม่ ประมาณร้อยละ 8 เป็นกลุ่มประชากรที่อยู่ในวัยเจริญพันธุ์ อายุระหว่าง ( 15-24 ปี )

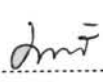
วัตถุประสงค์ของการศึกษา เพื่อพัฒนารูปแบบของ การควบคุมและป้องกันการติดเชื้อ เอช ไอ วี ที่มีประสิทธิภาพและเหมาะสมกับ พลทหารกองประจำการ กองทัพบก และ หาความสัมพันธ์ ระหว่างการนำรูปแบบของการมีผู้บังคับหมู่เป็นที่เสี่ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มือถือกับการส่งเสริมการมีพฤติกรรมทางเพศที่ปลอดภัย โดยศึกษาเชิงคุณภาพและเชิงปริมาณ ใช้รูปแบบการวิจัยแบบกึ่งทดลองโดยแบ่งกลุ่มประชากร เป็น กลุ่มทดลอง และ กลุ่มควบคุม มีการจับคู่ประชากรที่มีความคล้ายคลึงกัน และ แยกพื้นที่ของ กลุ่มทดลอง และ กลุ่มควบคุมเพื่อ ป้องกันการปนเปื้อนของข้อมูล โดยการศึกษาเชิงคุณภาพ ทำการสนทนากลุ่มกับผู้บังคับหมู่ 6 นาย และ ทหารกองประจำการ 40 นาย เพื่อหาความต้องการและความเป็นไปได้ ของการศึกษา โดย การศึกษาเชิงปริมาณ ในกลุ่มทดลอง มี ผู้บังคับหมู่เข้าร่วมการศึกษา 14 นาย และ ทหารกองประจำการ 148 นาย และ กลุ่มควบคุม 114 นาย โดยแบ่งกลุ่มประชากรเป็น 2 จังหวัดทหารบกที่มีลักษณะคล้ายคลึงกัน การวิเคราะห์ข้อมูลเชิงคุณภาพใช้การวิเคราะห์เนื้อหา และ ใช้ สถิติ การหาค่าความแตกต่างเฉลี่ย ของ ความรู้ทัศนคติ และ พฤติกรรมการมีเพศสัมพันธ์ที่ปลอดภัย ระหว่าง 2 กลุ่ม ( Independent Sample t-test ) และ หาค่าความแตกต่างเฉลี่ย ก่อนและหลังการศึกษาของแต่ละกลุ่ม ( Pair Sample T-test )

ผลการศึกษาพบว่าความรู้เกี่ยวกับเพศสัมพันธ์ที่ปลอดภัยและพฤติกรรมการใช้ถุงยางอนามัยทุกครั้งและถูกต้องของทหารกองประจำการ ในกลุ่มทดลองเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติตามลำดับ ( p value < 0.001 และ p value =0.001) ภายหลังการศึกษาทหารกองประจำการ ใช้ประโยชน์จากการส่งข้อความสั้นทางโทรศัพท์มือถือและเข้าใจถึงบทบาทหน้าที่ของผู้บังคับหมู่ในการเป็นที่เสี่ยงด้านการมีเพศสัมพันธ์ที่ปลอดภัยรวมถึงการเป็นแบบอย่างที่ดีในการประพฤติตนด้านการมีเพศสัมพันธ์ที่ปลอดภัยเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติเช่นกัน ( p value < 0.001\*\*และ p value =0.006\* และ p value =0.02\* )

การเพิ่มศักยภาพของผู้บังคับหมู่และการส่งข้อความสั้นทางโทรศัพท์มือถือสามารถเข้าถึงกลุ่มทหารกองประจำการในการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยซึ่งสามารถนำไปประยุกต์ใช้ก่อให้เกิดประโยชน์ ใน การส่งเสริมพฤติกรรม การป้องกันโรคอื่นๆแก่กลุ่มทหารกองประจำการซึ่งเป็นรัฐของชาติและสามารถขยายผล ให้แก่ ประชากรกลุ่มต่างๆที่มีคุณลักษณะคล้ายคลึงกัน

สาขาวิชา : สาธารณสุขศาสตร์

ปีการศึกษา : 2553

ลายมือชื่อนิติศ ..... 

ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์หลัก ..... 

## 5179210053 : MAJOR.PUBLIC HEALTH

KEYWORDS : SQUAD LEADER/ MENTORS/ SHORT MESSAGE SERVICES/ SAFE SEX/ CONSCRIPTS.

HATAIRAT KAOAIEM: THE EFFECT OF SQUAD LEADER MENTORS THROUGH SHORT MESSAGE SERVICES ON MOBLIE PHONE IN PROMOTHING SAFE SEX AMONG FIRST (CENTRAL) ARMY AREA CONSCRIPTS OF THAILAND. ADVISOR: PROFESSOR SURASAK THANEEPANICHSKUL, M.D., 210 pp.

The lifestyles of conscripts are considered to be high-risk for sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV) infection according to their unique demographic characteristic of being mobile, young men. Fully 85 percent of new infections of HIV in Thailand are attributable sexual intercourse.

This study aimed to develop the capacity of squad leaders in the Royal Thai Army to be a mentor with support by text messages (SMS) on mobile phone to create an effective prevention model of safe sex behaviors of Thai Army conscripts. The study was conducted in two military districts with study and control groups. The study was composed of two phases: qualitative and quantitative. In the qualitative part, focused group discussions were done with 6 squad leaders and 40 conscripts to understand their needs. In the quantitative part, 14 squad leaders were requited to be mentors of 148 conscripts in the study group, along with 114 conscripts to be in the control group in separate provinces. The qualitative data were analyzed by content analysis. The quantitative data were analyzed by independent sample t-test to compare knowledge, attitude and practices between study and control groups together with paired t-test to compare pre- and post-test scores of the study group of conscripts. In addition, the advantage of using SMS and the capacity of squad leaders to be mentors were also measured. The results show that, from the qualitative part, the conscripts were more likely to practice unsafe sex and lacked knowledge and positive attitudes toward the practice of safe sex. Most of the squad leaders were willing to participate in the study and had a positive attitude to being mentors. After the study, the results of overall knowledge in the study group of conscripts significantly increased ( $p$  value $<0.001^{**}$ ). The practice in condom use in the study group also significantly changed ( $p$  value = $0.001^{*}$ ). Perceived advantage and frequency of using SMS significantly changed in study group consequently( $p$  value $<0.001^{**}$ ,  $<0.001^{**}$ ). Moreover, the roles of squad leaders as being models of safe sex and having knowledge and abilities to promote safe sex, significantly increased in the study group ( $p$  value= $0.02^{*}$ , $0.006^{*}$ ).

The mentors' messages through SMS via mobile phone provided health education information to promote safe sex and awareness regarding HIV and other communicable diseases. This method can be applied to all conscripts who are the backbone of the Thai defense force. In addition, the results of the study show that an SMS forum can be created to counsel and give free education regarding health threats.

Field of Study : Public Health .....

Student's Signature .....

*Hatairat Kaoaiem*

Academic Year : 2010 .....

Advisor's Signature .....

*[Signature]*

## ACKNOWLEDGEMENTS

I would like to express my gratitude to Chulalongkorn University and the College of Public Health Sciences for all their support in enabling me to complete this doctoral dissertation. I also thank the Royal Thai Army, the Royal Thai Army Medical Department, and the Royal Thai Army Nursing College for giving me the opportunity to study. I thank the Preventive Medicine Department, Ananthamahidol Hospital, Army Aviation Center, Weapons Production Center, Third Antiaircraft Artillery Battalion, Artillery Center, Artillery Division, Second Special Forces Group, Cavalry Center and Cavalry School for all their support in the study.

I express my deep appreciation to my advisor, Professor Surask Taneepanichskul for all his support, not only for the academic advice, but also for the mental and financial guidance. Without him, this study would not have been completed. I also give my heartfelt thanks to Assistant Professor Ratana Somrongthong for her holistic support to my study. I also send my special thanks to Emeritus Professor Dr. Edgar J. Love in Canada who guided me throughout the process of this study. I am also in deep gratitude to Associate Professor Colonel Boonterm Saengdidtha for his support throughout my study. I express my sincere thanks to Associate Professor Somrat Lertmaharit, Dr. Alessio Panza, and Dr. Wattasit Siritwong for their valuable comments that made the dissertation more fruitful.

I would like to thank Mr. Tony Bennett for editing assistance and all the staff of the College of Public Health Sciences for their support helping me complete this dissertation. A number of people were instrumental in this project. I thank those who gave their time to participate in the study. I thank Colonel Chuleeporn Sukhawan, and all the nurses and staff in the study Army health centers in facilitating data collection. I thank all of my doctoral colleagues, especially Mr. Phiroj Jantaramanee for his assistance with the statistical analysis part. I thank all the squad leaders and conscripts who participated in this study, and I wish they all have a good life and health.

My deepest thanks are expressed Major General Ruchaneekorn and General Wiset Konguthaikul for their support throughout my period of study. Finally, I will never forget to pray appreciation to the Buddha that kindly gave me the excellent family and all of the good people in my life that have helped me accomplish my goal.

## CONTENTS

|   | <b>Page</b> |
|---|-------------|
| ABSTRACT( THAI).....  | iv          |
| ABSTRACT( ENGLISH).....   | v           |
| ACKNOWLEDGEMENTS.....   | vi          |
| CONTENTS.....   | vii         |
| LIST OF TABLES.....   | x           |
| LIST OF FIGURES.....  | xiii        |
| LIST OF ABBREVIATIONS.....  | xiv         |
| <br>  |             |
| <b>CHAPTER I: BACKGROUND AND SIGNIFICANCE</b>                             | <b>1</b>    |
| 1.1 Introduction.....   | 1           |
| 1.2 Situation in Thailand.....  | 1           |
| <br>  |             |
| <b>CHAPTER II: LITERATURE REVIEW</b>                                      | <b>5</b>    |
| 2.1 Introduction.....   | 5           |
| 2.2 Safe and Safer Sex in Adolescent.....                                 | 5           |
| 2.3 Sexual Behavioral Change Theory.....                                  | 8           |
| 2.4 Principle of Communication.....                                       | 10          |
| 2.5 Short Message Services and Mobile phone.....                          | 11          |
| 2.6 Mentor Roles .....  | 14          |
| 2.7 Existing promoting safe sex behaviors program in Royal Thai Army..... | 15          |
| <br>  |             |
| <b>CHAPTER III: OBJECTIVES, RESEARCH QUESTIONS</b>                        |             |
| <b>DEFINITIONS, AND CONCEPTUAL FRAMEWORK</b> .....                        | <b>19</b>   |
| 3.1 Research Questions.....   | 19          |
| 3.2 Knowledge GAP.....  | 19          |
| 3.3 Goal.....   | 19          |
| 3.4 Specific Objectives.....  | 19          |
| 3.5 Hypothesis.....   | 20          |
| 3.6 Conceptual Framework.....   | 21          |

## CONTENTS

|  | <b>Page</b>   |
|--|---------------|
| <b>CHAPTER IV: METHODOLOGY.....</b>  | <b>22</b>     |
| 4.1 Study Design.....  | 22            |
| 4.2 Study area.....  | 22            |
| 4.3 Study Population.....  | 22            |
| 4.4 Sampling Technique.....  | 22            |
| 4.4.1 Qualitative study.....   | 22            |
| 4.4.2 Quantitative study.....  | 22            |
| 4.5 Inclusion & Exclusion criteria.....                                    | 23            |
| 4.5.1 Squad Leaders.....   | 23            |
| 4.5.2 Conscripts.....  | 23            |
| 4.6 Sample and Sample size.....  | 24            |
| 4.7 Research instrument.....   | 25            |
| 4.8 Validation study of the instrument.....                                | 26            |
| 4.9 Recruitment and data collection procedures .....                       | 27            |
| 4.10 Data processing and analysis Intervention Process.....                | 28            |
| 4.11 Data Analysis.....  | 28            |
| 4.12 Ethical Consideration.....  | 29            |
| <br><b>CHAPTER V: RESULTS.....</b>   | <br><b>30</b> |
| 5.1 Part 1 Qualitative study .....   | 30            |
| 5.2 Part 2 Quantitative study.....   | 32            |
| 5.2.1 Characteristic of squad leaders.....                                 | 33            |
| 5.2.2 Detail of squad leader.....  | 36            |
| 5.2.3 Characteristics of pre-test conscripts.....                          | 39            |
| 5.2.4 Comparison of baseline in study and control group of conscripts..... | 42            |
| 5.2.5 Characteristic of post-test conscripts.....                          | 43            |
| 5.2.6 Result shown from the study .....                                    | 46            |



## CONTENTS

|   | <b>Page</b>    |
|---|----------------|
| <b>CHAPTER VI: DISCUSSION AND RECOMMENDATION.....</b>           | <b>70</b>      |
| 6.1 Introduction.....   | 70             |
| 6.2 Characteristic of Squad leaders.....                        | 71             |
| 6.3 Squad Leader roles to be mentors in promoting safe sex..... | 71             |
| 6.4 Finding of the study.....                                   | 72             |
| 6.5 The study tracked to the right target.....                  | 75             |
| 6.6 Building the capacity of squad leaders.....                 | 76             |
| 6.7 Limitations.....  | 78             |
| 6.8 Conclusion.....   | 78             |
| 6.9 Recommendations.....  | 79             |
| <br><b>REFERENCES.....</b>                                      | <br><b>81</b>  |
| <br><b>APPENDIX.....</b>  | <br><b>86</b>  |
| Pre-test answers of conscripts.....                             | 87             |
| Post-test answers of conscripts.....                            | 113            |
| Pre and post -test answers of squad leaders.....                | 139            |
| Responded messages and call back from conscripts.....           | 144            |
| Messages from conscripts.....                                   | 157            |
| Focused Group Discussion Guideline of squad leaders.....        | 167            |
| Focused Group Discussion Guideline of conscripts.....           | 174            |
| Pre and Post-test questionnaire of squad leaders.....           | 182            |
| Pre and Post-test questionnaire of conscripts.....              | 184            |
| Information Sheet and Informed Consent.....                     | 209            |
| <br><b>VITAE.....</b>   | <br><b>210</b> |

## LIST OF TABLES

|          |   | <b>Page</b> |
|----------|---|-------------|
| Table 1  | Demographic Data of sample squad leader.....  | 34          |
| Table 2  | Number of studied conscripts per squad leader.....  | 35          |
| Table 3  | Means compared the differences of total score of knowledge and attitude between pre-post test of squad leaders.....     | 36          |
| Table 4  | Comparison of the difference knowledge of squad leaders between pre-post test.....                                      | 37          |
| Table 5  | Comparison of the difference attitude of squad leaders between pre-post test.....                                       | 38          |
| Table 6  | Baseline demographic comparison of pre-test between study and control sample conscripts.....                            | 40          |
| Table7   | Total score comparison of pre-test between study and control sample conscripts.....                                     | 42          |
| Table8   | Post-test demographic comparison between study and control sample conscripts.....                                       | 44          |
| Table 9  | Total score comparison of post-test between study and control sample conscripts.....                                    | 46          |
| Table 10 | Comparison of means in overall dependent variables between study and control sample conscripts.....                     | 48          |
| Table 11 | Pre-post test comparison of safe sex knowledge scores of study and control conscripts.....                              | 51          |
| Table 12 | Pre-post test comparison of STDs knowledge scores of study and control conscripts.....                                  | 52          |
| Table 13 | Pre-post test comparison differences of attitude score between study and control conscripts.....                        | 53          |
| Table 14 | Pre-post test comparison differences of sex partners and experiences in STDs between study and control conscripts ..... | 55          |
| Table15  | Pre-post test comparison differences of condoms used between study and control conscripts .....                         | 57          |

## LIST OF TABLES

|          |  | <b>Page</b> |
|----------|--|-------------|
| Table 16 | Pre-post test comparison differences of SMSs used on mobile phone between study and control conscripts .....                 | 59          |
| Table 17 | Pre-post test comparison differences of frequency in using short message services between study and control conscripts ..... | 61          |
| Table 18 | Pre-post test comparison differences of squad leader mentor role between study and control conscripts .....                  | 62          |
| Table 19 | Reported STDs diagnosed of pre and post test between study and control conscripts.....                                       | 64          |
| Table 20 | Short Message Services responded during the study.....   | 66          |
| Table 21 | Pre-test answers of knowledge about safe sex between study and control sample group conscripts .....                         | 89          |
| Table 22 | Pre-test answers of knowledge about sexual Transmitted Diseases between study and control sample group conscripts .....      | 90          |
| Table 23 | Pre-test answer of attitude about safe sex between study and control sample group conscripts .....                           | 92          |
| Table 24 | Pre-test answer of practice safe sex in the past 6 months between study and control sample group conscripts .....            | 98          |
| Table 25 | Pre-test answer of condoms used practice in the past 6 months between study and control sample group conscripts .....        | 101         |
| Table 26 | Pre-test answer of using short message services on mobile phone between study and control sample group conscripts .....      | 104         |
| Table 27 | Pre-test answer of frequency of using short message services between study and control sample group conscripts .....         | 108         |
| Table 28 | Pre-test answer of squad leader role to conscripts between study and control sample group conscripts .....                   | 110         |
| Table 29 | Post-test answers of knowledge about safe sex between study and control sample group conscripts .....                        | 113         |
| Table 30 | Post-test answers of knowledge about sexual Transmitted Diseases between study and control sample group conscripts .....     | 116         |

## LIST OF TABLES

|          |  | <b>Page</b> |
|----------|--|-------------|
| Table 31 | Post-test answer of attitude about safe sex between study and control sample group conscripts .....                      | 119         |
| Table 32 | Post-test answer of practice safe sex in the past 6 months between study and control sample group conscripts .....       | 125         |
| Table 33 | Post-test answer of condoms used practice in the past 6 months between study and control sample group conscripts .....   | 128         |
| Table 34 | Post-test answer of using short message services on mobile phone between study and control sample group conscripts ..... | 131         |
| Table 35 | Post-test answer of frequency of using short message services between study and control sample group conscripts .....    | 134         |
| Table 36 | Post-test answer of squad leader role to conscripts between study and control sample group conscripts .....              | 136         |
| Table 37 | Pre and post-test of squad leaders on knowledge and attitude of safe sex and program.....                                | 139         |
| Table 38 | Messages from study conscripts.....  | 144         |
| Table 39 | Telephone call back from study conscripts.....   | 151         |

ศูนย์วิทยทรัพยากร  
 จุฬาลงกรณ์มหาวิทยาลัย

## LIST OF FIGURES

|         |  | <b>Page</b> |
|---------|--|-------------|
| Figure1 | AIDS Community Demonstration project Theoretical Model.....                  | 9           |
| Figure2 | Conceptual Framework.....  | 21          |
| Figure3 | The Model of Squad leaders Mentors through SMS in promoting<br>safe sex..... | 77          |



ศูนย์วิทยทรัพยากร  
 จุฬาลงกรณ์มหาวิทยาลัย

**LIST OF ABBREVIATIONS**

|           |   |
|-----------|---|
| AFRIMS    | Armed Forces Research Institute of Medical Sciences       |
| AIDS      | Acquired Immunodeficiency Syndrome                        |
| FSWs      | Female Sex Workers  |
| HIV       | Human Immunodeficiency Virus                              |
| RTA       | Royal Thai Army   |
| RTAMD     | Royal Thai Army Medical Department                        |
| PATH      | Program on Appropriate Technology for Health              |
| SMS       | Short Message Services                                    |
| STDs      | Sexual Transmitted Diseases                               |
| STIs      | Sexual Transmitted Infections                             |
| TTM Model | Transtheoretical model, called the stages-of-change model |
| UN        | United Nations  |
| UNAIDS    | The Joint United Nations Program of HIV/AIDS              |
| WHO       | World Health Organizations                                |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## **CHAPTER I**

### **BACKGROUND AND SIGNIFICANCE**

#### **1.1 Introduction**

A study of the Bureau of Epidemiology (BOE), Ministry of Public Health (MOPH) in 2008 found that among 3, 782 Thai conscripts 90.3 % already had ever had sexual intercourse. Around 47% of conscripts had had a sexual relationship with a girl who was not their spouse, and about 23 % and 5 % had had sex with sex workers and male partners, respectively. The number of conscripts having sex without condom use with female sex workers ( FSWs ) was 30.8 %, with girls who were not their spouse 60 %, and with male partners 45 %, respectively. In the last sexual relationship, 48.3 % still used drugs and alcohol. Moreover, 12.5 % of conscripts had a sexually transmitted infection (STI) and only 26.7 % received appropriate treatment (BOE, MOPH, 2008).

Three aspects of the lifestyle of conscripts are considered to put them at risk of STIs and human immunodeficiency virus (HIV): young, male and mobile. Young people are at particular risk compared to older persons. It is estimated that half of those infected with HIV are under the age of 25 (WHO, 2006). Not all youth are equally at risk for HIV; some youth will initiate their sexual lives in a safe way. Others will rapidly adopt high-risk sexual practices associated with other risk behaviors such as alcohol and drug use (WHO, 2002). Mobile populations are also at high-risk of STIs and HIV infection because they are exposed to unique pressures, constraints, living environments, and are separated from their regular partners. Lonely people who are far away from home may be more susceptible to peer pressure. All of these factors may provoke conscripts to take risks (UNAIDS, 2005).

#### **1.2 Situation in Thailand**

In 1991, the Royal Thai Government (RTG) set up the National AIDS Committee (NAC), which included representatives from all major ministries, with the Prime Minister as chairman. The government started to allocate the budget for the control of HIV/AIDS to multiple ministries in 1992. There has been cooperation between governmental organizations and non-government organizations (NGOs) to

fight against this scourge under the national plan, and strategies for the control of HIV/AIDS were also established (Phoolcharoen et al., 1998) which were included in the national socio-economic plan. The important intervention programs were mass education campaigns and the 100 percent condom programs (Rojanapitthayakorn, 1996).

The first HIV-infected conscript was reported in 1988, and who was from central part of the country. Groups of medical personnel initiated the guidelines for STI and HIV/AIDS prevention in the Royal Thai Army (RTA) (Rochananonda et al., 1991). The Royal Thai Army Medical Department (RTAMD) AIDS Control Committee decided to start HIV testing for all of the army conscripts in 1989. Then the Preventive Medicine Division (PMD) of the RTAMD initiated sexual risk behavioral surveillance in 1991, beginning in Bangkok. The behavioral survey was also extended to the students in the RTA schools, comprised of young men aged 18-22 years (Leelapattana et al., 1994) and young officers. There have been training courses for HIV/AIDS counselors for counseling service in the 37 RTA hospitals since 1992 (Saengdidtha et al., 1999).

From the widespread campaigns to disseminate information on HIV/AIDS in 1989-1990, it was found that the RTA personnel including conscripts had better knowledge of HIV/AIDS than before, while their attitudes and behavior still needed improvement. Faster and more effective measures needed to be identified to curb their risky behaviors. Due to a central policy of allowing more autonomy to the RTA medical units, two operational research projects were initiated in RTA forts in 1991-1994: One in Phitsanuloke and the other in Chiang Mai. Both models had conscripts as target groups and adopted the same peer education or friends-help-friends approach. In the model in Chiang Mai, high-ranking officers up to the battalion level were assigned specific roles to support the project, resulting in better sustainability. The Phitsanuloke model only had a peer education component, without the knowledge and understanding of superior ranking personnel, and thus lacked supervisory support. The two models were later adjusted and incorporated into a third project in Prachuab Khiri Khan, where the involvement of the division level was added. Activities to scale up this approach were affected by the economic crisis and the targets were not met.



However, this focus-group approach has been well accepted by many expert groups, and has been applied to other target groups, such as teenagers in schools and workers in factories (UNAIDS, 2004) .

Data from the Armed Forces Research Institute of Medical Sciences (AFRIMS) reported that the highest HIV prevalence rate among Thai Army Conscripts in 2005 was in the Central Military Region (0.75 %); and from 2001 to 2005, HIV prevalence among married conscripts was more than in single conscripts: 1 % and 0.47 % respectively (AFFRIMS, 2007). In addition, data from the Department of Disease Control (DDC), MOPH described the average age of AIDS patients as between 20-39 years and living in a rural area. The highest number of AIDS patients was found in Central Thailand (2.84 per 100,000 population) followed by the North (2.42), the South (1.55), and the Northeast (1.07) (MOPH, 2007).

After the RTA initiated HIV prevention, the rate of HIV infection has been reduced. However, the rate of STIs without receiving treatment in known cases of conscripts was still high, and risky sexual activity can lead to a high percentage of unintended pregnancies and STIs (Grunbaum et al., 2004). Moreover, the more endeavors to reduce risk, the more channels there are to induce conscripts into high risk as well. At present, new communication technology affects the daily life of humans and is changing human behaviors. The new technology, includes both computer-based and mobile phone services includes on-line games, sex on-line, pornography, VDO clips, seeking both male and female sexual partners, and instant messaging for sex services. All these are accessible to young people including conscripts and which can lead to unsafe sex behaviors.

The mobile phone behavior survey from Telenor Asia Pacific Communications ( TRICAP ) of 1,148 Thais age 15-29 years in the city found that 15 % of all monthly expenses are used for telephone bills; use of mobile phones is the new trend for communication. Most young people found that they like the new technology because it makes their life easier; 67 % said that new technology can expand their education. However, 55 % of youth use mobile phone to share the information and 16 % use it to contact the reality game show and to vote for competitions. Short message services (SMS) are mostly 87 % used for greetings,

45 % are used when not reachable to talk, 21 % are used for chatting, and 17 % are used for checking up on boy/girlfriends. Males (age 18-24 years) like to check SMS for football match results (Telenor Asia Pacific Communications, 2009).

From the lessons learnt of previous RTAMD efforts, the evidence shows that the first level of commanders such as field medics, squad leaders, chaplains and non-formal-education teachers influenced the sexual risk behaviors both vertically and horizontally. Squad leaders are one of the closest commanders who live with the conscripts both in the field and on peaceful missions. In military terminology, a squad is a small military unit led by a non-commissioned officer (NCO) that is subordinate to an infantry platoon. In the RTA, a squad consists of eight to 14 conscripts (mostly around eleven).

The intervention of building up capacity of each conscript together with having mentors as the coach and for providing and disseminating information, counseling, supplying, and monitoring is also required. The potential of SMS may be particularly significant among population groups most likely to use mobile telephones as their primary means of communication. Moreover, the highest level of mobile telephone use is among adolescents, younger adults, socioeconomically disadvantaged populations, less educated young adults, and people who rent or frequently change addresses. The researcher believes that squad leaders can play a key role in promoting safe sex, integrated with appropriate channels to reach the conscripts in the right place and right time, and this approach would be the most efficient in terms of sustainability.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

#### **2.2 Safe and Safer Sex in Adolescent**

Safe sex means abstaining from sexual activity, mutual monogamy, and condom use. These three key behaviors (the “ABC” approach) can prevent or reduce the likelihood of STIs, including HIV. These behaviors are often included together under comprehensive prevention programs. The United States Agency for International Development (USAID) supports the ABC approach because it can target and balance A, B, and C interventions according to the needs of different at-risk populations and the specific circumstances of a particular country confronting the epidemic. While Uganda provides the most dramatic example of the effect of ABC behavior changes on slowing the spread of HIV infection, there is growing evidence from other countries as well. In Thailand, the first Asian country to face a serious AIDS epidemic, prostitution was the main source of HIV infection. In the early 1990s, the government instituted a “100 percent condom use” policy in brothels, which was widely credited with sharply reducing the spread of HIV infection (USAID, 2005).

“A” means abstinence/delay of sexual onset, “B” means being faithful/partner reduction, while the “C” refers to correct and consistent condom use. The ABC strategy is emerging as a key element of successful STIs and HIV prevention. The debate over abstinence versus condoms, partner reduction and fidelity has been an often neglected component of behavior change efforts. From the experience of the very different epidemics in Uganda and Thailand, “B” could become the centerpiece of a unifying, evidence-based ABC approach, as partner reduction becomes an expected “normative” collective social behavior (as seems to have occurred in both Uganda and Thailand) (Shelton J. et al, 2004). The impact of “B” could become even more significant in high risk group such as conscripts who already have sexual experiences. The RTA data show

that 90.3 % of Thai conscripts already have had sexual intercourse at the time of induction (MOPH, 2008).

Safe sexual behaviors include the use of condoms, the avoidance of high-risk behaviors, faithful monogamy, and an understanding of the partner's previous sexual relationships (Tinsley et al., 2004). Therefore, the promotion of the specific concept of "safe health" is meant not only to decrease the negative effects caused by the sexuality of adolescents, but also to provide correct sexual knowledge, create positive sex ideas, and practice safe sex behaviors. Subsequently, adolescents can simultaneously experience sex responsibly and contribute to a healthy society. The study found that sexual knowledge had a negative effect on sex attitudes and had no significant effect on safe sex behaviors. Adolescents with more sexual knowledge had less positive sexual attitudes and did not show increased practices of safe sex behaviors. (Lou, 2009).

Based on the findings of The Global Mapping and other relevant sources, it is recommended that safer sex should start with a realistic attitude about why people have sex. This requires honesty and upfront messaging that helps people to have better and safer sex. The message should be tailored and pleasure-focused to the needs and desires of target population. For example, in Mumbai, India, the Sambhavana Trust reported that some of the hijra (transsexual) community were inserting the female condom anally before sex and explaining to their penetrative partner that they were using the female condom as proof of their femininity (Thakar, 2003). Often, the target audiences have their own innovative ideas for eroticizing condoms and increasing their use. Another way to successfully promote safer sex is getting comfortable talking about sex and pleasure. Efforts to eroticize condoms require detailed discussion about how to make condoms feel better. If trainers or program staffs are not comfortable talking about sex and pleasure, or if they have a low level of knowledge about aspects of pleasurable sex, the project might not be successful. One highly effective way to overcome discomfort with sexual topics is to find members of target populations (e.g. sex workers, gay men, confident young women) who are willing to train or counsel project staff. Another way is to open up an internal dialogue about sex and pleasure. For example, in Namibia, the

HIV/AIDS program manager for Ibis included sex and pleasure dialogues as part of in-house awareness training on AIDS and development. The approach encouraged all staff to look first at their own reality with regard to sex, and to help lift the taboo on talking about sex and sexuality among colleagues and friends. Focusing on pleasure and sex rather than diseases was more effective. Some male condom social marketing projects provide colored, flavored or textured condoms that increase sensation or comfort for one or both partners, and packaging that appeals to particular ethnic or social groups. However, their messaging sometimes still focuses first and foremost on disease prevention. It is important to strike a balance between promoting pleasure and promoting health. Eliminate messages and attitudes that promote shame or fear about sex, sexual preference or pleasure (Philpott et. al, 2006).

Empowerment Concepts, a non-profit organization based in Nelspruit, South Africa, carried out a highly successful program called Vida Positiva in Mozambique, which went a long way towards eliminating the shame and fear associated with sex in many religious contexts. One aspect of the project was to promote safer sex among couples by tackling one of the primary reasons that married men were having sex outside marriage: boredom with their sex lives at home and with their wives' reluctance to try new sexual positions. The project worked with key community gatekeepers to promote pleasure-focused couple counseling. Local Catholic priests and nuns, who were included, facilitated better communication between married couples to encourage them to talk more openly about what they did and did not like about sex. Gay Men Fighting AIDS UK launched a media campaign in March 2006 with posters showing photographs of gay men individually or in couples providing positive, frank, sex tips or tips for healthy, fun relationships. The Naz Foundation International also took steps to eliminate shame from safer sex messaging. Naz aims to improve the sexual health and human rights of marginalized men who have sex with men and their partners and families in South Asia. Although cultural restrictions limit sex-positive projects in the region, Naz encourages its project partners to arrange discussions on sexuality, safer sex and pleasure. A sex positive

flyer is available with descriptions and diagrams about pleasure and safer sex, positions and body awareness ( Naz Foundation, 2007).

### **2.3 Sexual Behavioral Change Theory**

The Transtheoretical model (TTM Model), called the stages-of-change model, was designed to describe the stages people go through when changing behaviors. The stages described by the model are:

- Pre-contemplation - when the person has no intention to adopt (and may not even be thinking about adopting) the recommended protective behavior;
- Contemplation - when the person has formed either an immediate or long-term intention to adopt the behavior but has not, as yet, begun to practice that behavior;
- Preparation - when there is a firm intention to change in the immediate future, accompanied by some attempt to change the behavior;
- Action - when the behavior is being consistently performed but for less than 6 months; and
- Maintenance - the period beginning six months after behavior change has occurred and during which the person continues to work to prevent relapse.

The stages-of-change perspective is important because it recognizes that people are at different stages of readiness when it comes to using condoms or making other changes. Individuals at different stages may be receptive to different types of intervention messages. A different strategy is necessary when one is dealing with someone who has no intention of changing his behavior than when one is dealing with someone who intends to change but has not been able to act upon that intention. Similarly, someone who is trying to change but has not been able to consistently perform the protective behavior requires a different message or strategy than someone who is consistently performing the behavior. The stages-of-change model suggests that rather than viewing

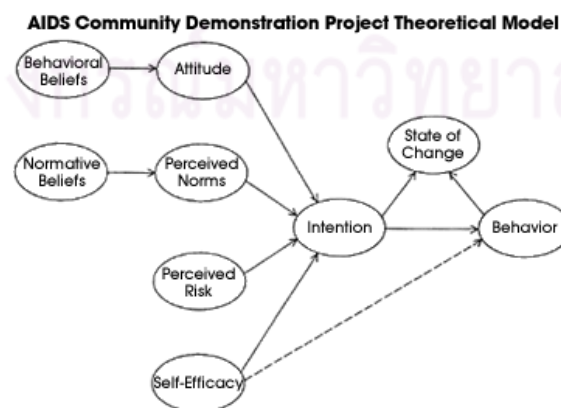
behavior as an “all or nothing” phenomenon, it is important to view behavior change in terms of a sequence of steps and that interventions should be tailored to the stage of individual is (Prochaska,1992).

In addition to the insights provided by the transtheoretical model, the safe sex behavior intervention was mostly based upon three other models and theories of behavior change: the Health Belief Model, the Theory of Reasoned Action, and Social Cognitive Theory. Based on all these theories, a core set of factors were identified and targeted in the intervention in order to encourage behavior change. Some of these factors include:

- Attitudes
- Perceived Norms
- Perceived Risk
- Self-Efficacy

The AIDS Community Demonstration Project (ACDP) developed a model that showed how these and additional factors were linked to each other and to changes in behavior. This model guided the development of the intervention materials and the evaluation of the intervention as the following diagram(Center of Disease Control and Prevention, 2008).

Figure1: AIDS Community Demonstration Project Theoretical Model



These theories provided insights on how the intervention should be delivered. The Theory of Reasoned Action suggests that one should focus intervention messages on specific behaviors (e.g., condom use for sex with a main or steady partner). In addition, Social Cognitive Theory highlights the importance of peer modeling and social reinforcement of behaviors in human learning and behavior change. This theory suggested that peers or mentors could be particularly effective in delivering the intervention (Fishbein, 1997).

On the other hand, the study of TTM Model in HIV positive youth in Thailand about risky sexual behavior found that self-efficacy was not correlated with unprotected intercourse acts. Readiness to change was correlated with unprotected intercourse and self efficacy (Naar et al., 2008 ).

## **2.4 Principle of Communication**

### **Communication Theory**

Because sexual relationships are deeply embedded in social behavior and because social behavior is multi-contextual (Niccolai 2000; Vandervoort 2003), STIs and HIV infection are essentially diseases with extensive social dimensions in norms, cultural contexts as well as mental, physical and emotional relationships. The study of Winstead et al in 2002 pointed out that there were both negative and positive aspects of social interactions, regarding consequences of diagnosis for the infected and their significant others. Working through such considerations requires extensive internal and external negotiations. Negotiation processes include fact seeking, support seeking, emotional satisfaction and security (Vandervoort, 2003). Also included in negotiation elements is notification. Notification takes many forms, depending on the item of focus and valence derived from such exercise. Notification of pleasure by the receiving partner may reinforce and encourage a specific activity by the giving partner. In the sexual act may include caressing or kissing. On the other hand, before the sexual act, notification, verbal



and non-verbal, is one of the principal tools for conveying/communicating desires, wishes and feelings. It also provides opportunities for identifying behavior-reinforcing or behavior-discouraging factors. One of the behavior modifying factors is absence or presence of STIs and HIV infection. For these powerful factors, notification is a key communication behavior. Prediction of notification can help provide the basis for design, development, planning and implementation of prevention strategies to curb and eliminate the scourge of STIs and HIV with their human, social, economic and environmental costs ( Olugbemiga T, 2007).

## **2.5 Short Message Services and Mobile phone**

SMS (Short Message Service), commonly referred to as “text messaging” is a service for sending short messages of up to 160 characters (224 characters if using a 5-bit mode) to mobile devices, including cellular phones, smartphones and PDAs.

SMS is similar to paging. However, SMS messages do not require the mobile phone to be active and within range and will be held for a number of days until the phone is active and within range. SMS messages are transmitted within the same cell or to anyone with roaming service capability. They can also be sent to digital phones in a number of other ways, including from one mobile phone to another, web-based applications within a web browser, from instant messaging clients like ICQ, from VoIP applications like Skype, from some unified communications applications.

Users can send messages from a computer via an SMS gateway. SMS gateways are Web sites that allow users to send messages to people within the cell served by that gateway. They also serve as international gateways for users with roaming capability.

Retaining participants is about maintaining the highest possible levels of satisfaction by improving and maintaining regular contact, as well as study goal needs. With the widespread use of mobile phones, SMS mobile technology lends itself perfectly to helping to maintain a reputation for excellent relations, and using SMS is less time-consuming and intrusive than other means of participant communication. SMS communication solution enables communication via SMS to members’ mobile handsets.

The advantages of SMS are that it speeds up administration, improves member experience, reduces missed announcements, releases more administration time, improves response times for additional work authorization, reduces telecoms spend. Moreover the benefits of using SMS messaging are:

1. Discretion: an SMS message is less of an intrusion as well as demonstrating sensitivity towards privacy when communicating with participants.
2. Accuracy: Message is there in black and white so there are fewer distractions compared to other channels, like background noise disrupting phone calls. This is particularly important when disseminating important information.
3. Succinct messaging: Most messages can be articulated in one 160 character message.
4. Mass communication: The same message can be broadcast to thousands of handsets at a touch of a button.
5. Cost savings: The standard rate of a text message is only a few. When you send out thousands of messages the cost savings compared with traditional communications methods quickly become evident.
6. SMS advantages include convenience, flexibility, and seamless integration of messaging services and data access.
7. Confirmation of message receipt will guarantee participants have received the text message.
8. Allow reply functionality: Participants can reply via SMS on their mobile phone.
9. SMS reminders are for researchers or service provider ( Lekkad, 2008).

On mobile phone services, the study of Kathleen Diga in Uganda (International Development Research Center in Canada) in 2008, found that services are also increasingly used to manage relationships in the informal sex economy, where people promise (and sometimes deliver) sexual favors in return for material goods. Phone communication makes these relationships easier to manage and accumulate. There's a lot of confidential information involved, and communicating via the phone allows them to

preserve privacy. In rural Uganda, Diga studied mobile phones and poverty reduction among households. Diga found that, while there were many positive effects of access to mobile phones, there were also examples of people putting the ownership of a mobile phone as a higher priority before feeding their family or finding improved sanitation and water sources. The research also showed that people expressed their true needs versus what one would assume as urgent needs, such as food and sanitation. While some members are increasing their use of the mobile phone, the more vulnerable members feel that they are not benefiting from the new technology. Diga's conclusion was that while mobile phones were useful there were other 'asset accumulating initiatives' that should gain equal publicity, such as communal or cooperative garden plots and the expansion of free education. While mobile phones were useful, there were other 'asset accumulating initiatives' that should gain equal publicity, such as communal or cooperative garden plots and the expansion of free education.

There was also a new report on Health for Development, the Opportunity of Mobile Technology for Healthcare in the Developing World, commissioned by the United Nations and Vodafone Foundation Technology Partnership, which looks at mobile health projects such as the use of an SMS campaign in Uganda to raise awareness about HIV/AIDS. That project led to a 40 % increase in people coming in for testing. Whether such initiatives are sustainable and scalable remains to be seen, but one at least is gaining some traction with the WHO. The organization has also adopted EpiSurveyor, a mobile health data collection application, as a standard, and is already using it on PDAs in ten African countries.

Selanikio, a practicing doctor who used to work at the US CDC, believes that the advantages of mobile health data collection are obvious. One of the biggest challenges in public health in Africa, for example, is checking that the refrigerators used to store vaccines in clinics are at the right temperature. Selanikio also supported the benefits of mobile health data collection but observed that it is reasonable to question the effectiveness of mobile-for-development programs when the tone and message is so relentlessly upbeat and self-congratulatory (Evans, 2009) .

In addition, the Prevention Organization with Empowerment Resources on the Net (Power On) is an organization that provides sexual health information to MSM exclusively online, and used instant message technology to counsel MSM in real time through computer-mediated means. Power On found that approximately 43% of the instant message sessions discussed information about HIV/STI testing. Risk-taking behaviors were addressed in 39% of the sessions. Information about HIV/STIs and general counseling were given in 23% and 18% of the counseling sessions, respectively. The data showed the instant message sessions to be a potentially feasible forum for HIV/STI counseling (David, 2009).

## **2.6 Mentor Roles**

A mentor is a person who assists someone through transition and change by offering advice, counseling, and a committed interactive coach who partners, directs, urges, share insights from their life, and professional experience(s), who nurtures growth and learns from an interactive process (Crane, 2007).

A mentor should have the following qualifications:

1. Strong personal experiences of the targeted population life styles
  2. Professional, non-judgmental approach to issues that will affect to the conscripts
  3. Good listening skills
  4. Good communication skills
  5. Practice safe sex
  6. Reliable and punctual
  7. Good sexual health and HIV awareness
  8. Experience of communicating with a diverse range of conscripts
- (Lupasko, 2008)

The study about promoting safe sex focusing on peers or persons who were at the same level, rarely found them to take on the role of mentor. Despite the small number of formal evaluations conducted to date of HIV prevention education programs in U.S. correctional settings, studies about U.S prisoners suggest that such programs are feasible and effective in influencing HIV risk behaviors and their correlates among inmates. Inmates participating in these programs have reported decreases in high-risk sexual partnerships and injection drug use and needle-sharing upon release, more use of community services in the first few months after release, positive changes in attitudes for condom use, self-efficacy for condom use, self-efficacy to resist illicit substance use, and increased intentions to practice safer sex post-release, condom use, and attitudes toward condom use (Bauserman, 2003; Grinstead, 2001; Magura, 1994; Wexler, 1994). Peer-led HIV prevention education programs have produced similar results but appear to have the additional advantages of greater acceptability and credibility with inmates and relatively lower costs (Ehrmann, 2002; Grinstead, 2001; Grinstead, 1997; Grinstead, 1999). Peer-led HIV education may have other benefits as well, as peer educators may experience improvements in self-esteem (Boudin, 1999; Ehrmann, 2002), gain employment as educators inside the prison context or outside prison after release (Ehrmann, 2002; Grinstead, 1999), and disseminate HIV prevention information outside the classroom to other prisoners, prison staff, and family members and friends outside the facility (Ehrmann, 2002; Scott, 2003).

## **2.7 Existing programs to promote safe sex behaviors in the Royal Thai Army**

There are approximately 60,000 new conscripts every year who are recruited to work for two years in the RTA. They are divided into two groups: the first enters the army in May and the second in November. Since 1989, all of them have been screened for syphilis and HIV during the first month of their entry to determine readiness both physically and mentally based on principles similar to the US Army (Brown et al., 1996). Military personnel are a population group at special risk of exposure to STIs including HIV because they usually have higher risk than equivalent age groups in the general

population. During peace time, STI rates among armed forces personnel are generally 2 to 5 times higher than in comparable civilian populations (UNAIDS,2004). They are migrant and frequently work outside their camps, far from their houses. Young men are a highly susceptible group for HIV infection. Typically, the young recruit on a weekend pass has both the time and motivation, particularly under the influence of peer pressure, to partake in high risk behavior (UNAIDS, 2005).

Thai conscripts are selected in a lottery method among all 18-21 years old men. However, men who have a history of risk behavior for HIV infection such as injection drug users ( IDUs ), men who have sex with men ( MSM ), and/or who are HIV seropositive are not routinely excluded. Therefore, military conscripts are composed of an population in which to study the dynamics of HIV epidemics and develop the appropriate HIV prevention intervention in young men throughout the country (Renzulo, 1999, Seangdidtha, 2005).

Chiang Mai was one of the first provinces to face a serious HIV/AIDS epidemic. Since 1987, Fort Kawila Hospital has organized special HIV/AIDS talks by experts, set up exhibitions and worked with small groups. In 1993, the hospital cooperated with the Institute of Social Research and the Research Institute for Health Sciences of Chiang Mai University, as well as the AFRIMS and US Johns Hopkins University, to conduct a project entitled Social Mobility, Sexual Behavior and HIV in Northern Thailand, or SOMSEX, aimed at curbing risky behavior among RTA conscripts who had been with the RTA for two years. The project involved the following three stages: in the first six months, a behavioral study was conducted, giving training to squad leaders, field medics, chaplains, non-formal-education teachers and conscripts with leadership qualities to conduct in-depth behavioral interviews with conscripts. It was found that the conscripts did not have knowledge or clear understanding about HIV/AIDS. Excessive consumption of alcohol led to brothel visits and unsafe sex. Some conscripts used condoms, but incorrectly and inconsistently, and conscripts who had contracted an STI did not always obtain appropriate treatment. In the subsequent 18 months, activities were organized to change the risky behavior of the conscripts. From the data gathered,

workshops on knowledge about, and attitude development towards, HIV/AIDS were given to those who were influential with conscripts. Duties were specifically assigned according to rank. After two years of operation, it was found that the conscripts had reduced their risky behavior after repeated exposure to HIV/AIDS information, and the incidence of HIV subsided significantly, with no new cases reported. That study led to the development of the friends-help-friends campaign in Fort Naresuan, Phitsanuloke. The friends-help-friends campaign against HIV/AIDS in Phitsanuloke was designed to rapidly reduce the level of risky behaviors among the target groups. This was in response to an evaluation of the large-scale information dissemination begun in 1989, which showed that, although the level of knowledge improved satisfactorily among the target groups, behavior did not. Therefore, Fort Naresuan Hospital, in conjunction with the HIV/AIDS Collaboration, started to use a qualitative research technique of in-depth interviews and focus-group discussion with conscripts enlisted in May 1991. The results showed that conscripts needed a clear channel of information that was easy to understand, non-threatening and coming from someone they could trust. With these findings, the Program on Appropriate Technology for Health (PATH) -- an organization skilled in media techniques -- was contracted to design the friends-help-friends campaign as a pilot project to publicize HIV prevention among conscripts. The project was designed to provide practical knowledge to conscripts so that they became aware of the risks of HIV and could be effective in helping to prevent further spread of the virus, be sustainable and be replicable in other forts. The first component of this project was to select suitable conscripts to be key persons or instructors. The second component was to design a program to educate these leaders and build up the right attitude and skills to transfer their knowledge to others. The last component was to provide these peer educators with full support. This project was piloted and subsequently evaluated in June 1994. Its success allowed for scaling-up, beginning with the training of primary instructors who would train local RTA personnel as secondary instructors to train the conscripts. The model was prepared for nationwide implementation under the name of the Tamnob Project.

The Thanarat Model was used in setting up activities to promote knowledge of HIV and prevention for conscripts in Prachuab Khiri Khan Province where there are four major Army divisions. The format used in these activities was derived from the SOMSEX and friends-help-friends projects, both of which had conscripts as the main target. Moreover, it relied on the influence of the organization personnel structure and the RTA administration as key factors in behavioral change. The influential personnel were field medics, squadron leaders, chaplains and non-formal-education teachers. These peer educators had an important role, as they understood the behaviors and problems their peers might be experiencing. In this model, the peer educators mainly worked to support influential RTA Personnel. The Thanarat Model recognized that the RTA command structure and the administrative hierarchy was crucial to the success of the operation and policy implementation set by the Defence Ministry regarding the duties of its personnel and of the armed forces in HIV prevention and control. The results of the project reduced risky behaviors and resulted in fewer visits to sex workers, reduced drinking, and increased and correct use of condoms, both with sex workers and partners. HIV screening of conscripts to assess the model effectiveness revealed that the conscripts had a lower HIV incidence. No new infections were detected in their last six months of duty. As a result of the economic crisis, HIV prevention and control campaigns, using KAP surveys, which were backed by the RTA hierarchical organization, were not run throughout the RTA (UNAIDS, 2004).

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



## **CHAPTER III**

### **RESEARCH QUESTIONS AND GOALS**

#### **3.1 Research questions**

3.1.1 Does the Short Message Services on Mobile phone with Squad Leader Mentors model affect safe sex behaviors in Thai Army conscripts in Central Military Based (First Army Area), Thailand?

3.1.2 Can the daily devices technology (mobile phone) be integrated through the assigned duties without disturbing the conscripts and help them maintain safe sex behaviors during the mission?

#### **3.2 Knowledge Gap**

3.2.1 The squad leader would be the one who can fulfill the mentor role in promoting safe sex in conscripts. However, lack of knowledge, skill, and concern might result in missed opportunities for actions to benefit young Thai men during the mission.

3.2.2 As long as the technology involves life decisions, there are both potential benefits and harms to young people such as the conscripts. Therefore, an effective model to employ the new communication devices is essential.

#### **3.3 Goals**

3.3.1 To promote safe sex behaviors in order to reduce STIs including HIV infection.

#### **3.4 Specific Objectives:**

3.4.1 To develop the appropriate and effective prevention model to maintain safe sex through Thai conscripts during the mission.

3.4.2 To assess associations between Squadron Leader Mentors through Short Message Services on mobile phone (LMSM) in promoting safe sex

### **3.5 Hypothesis:**

#### 3.5.1 Null Hypothesis:

There is no association between Squadron Leader Mentors through Short Message Services on mobile phone (LMSM) in promoting safe sex among Thai Army conscripts at the Central Army Based of Thailand.

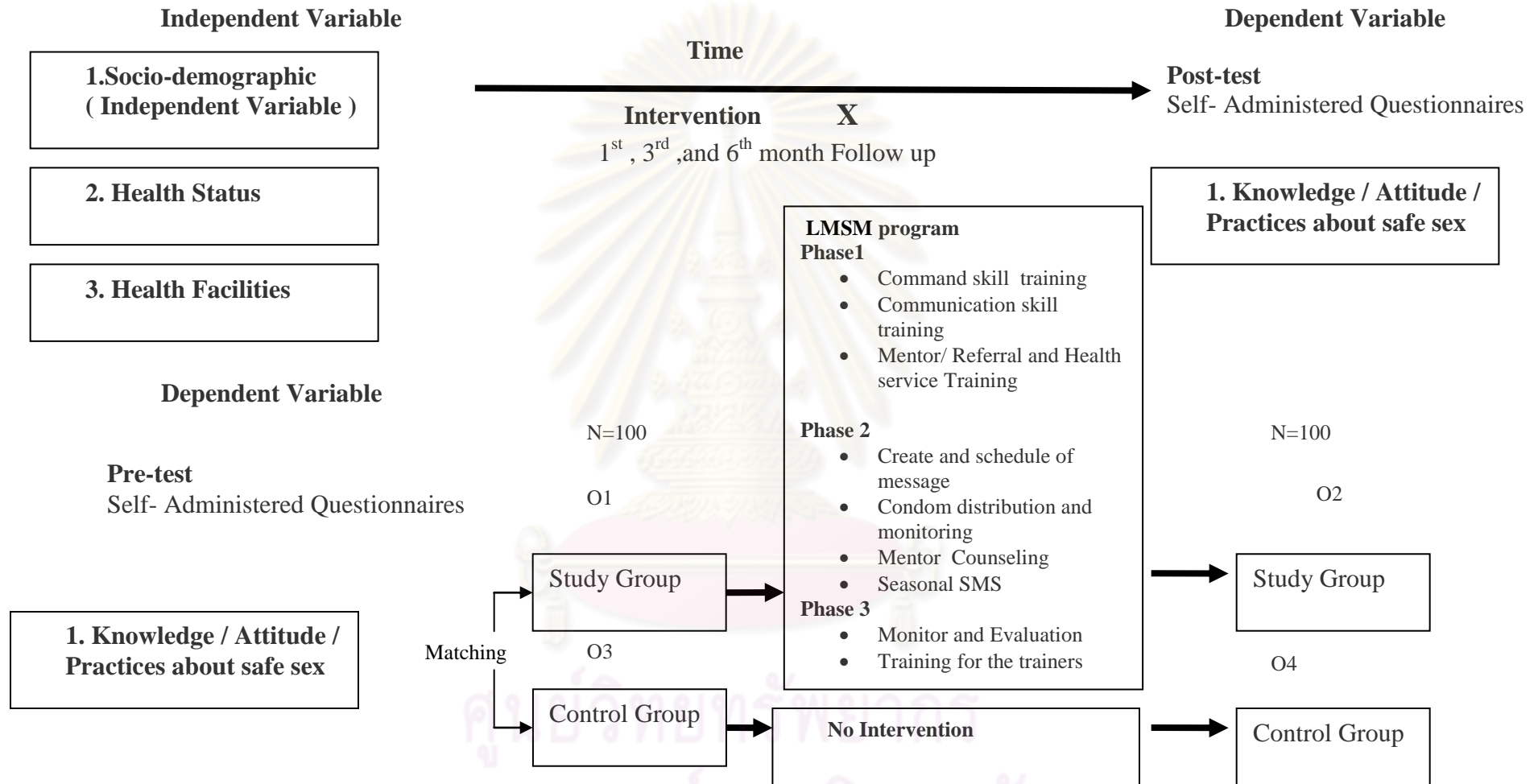
#### 3.5.2 Alternative Hypothesis:

There is an association between Squadron Leader Mentors through Short Message Services on mobile phone (LMSM) in promoting safe sex among Thai Army Conscripts at the Central Army Based of Thailand.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Figure 2 Conceptual Framework



คุณประจักษ์ ภัทรมงคล  
จุฬาลงกรณ์มหาวิทยาลัย

## **CHAPTER IV**

### **METHODOLOGY**

#### **4.1 Study Design**

The study was conducted and composed of two major parts:

4.1.1 The qualitative study aims to identify variables, and to develop a brief, self-administered pre-post test instrument to measure the effect of the programs.

4.1.2 The quasi-experimental study attempts to develop the appropriate and effective model to promote safe sex through Thai Army conscripts during their mission

#### **4.2 Study area:**

Central Region military base of Thailand(the highest area of HIV prevalence in the Royal Thai Army) in 2009; Lop Buri Military District and Saraburi Military District

#### **4.3 Study Population:**

Thai conscripts in Lop Buri Military District and Saraburi Military District.

#### **4.4 Sampling Technique:**

Central Region military base of Thailand composed of 12 army camp hospitals. The Lop Buri Military District was randomly selected to be the study group. Therefore Saraburi Military District is automatically the control group due to similar characteristics of the army atmosphere.

##### **4.4.1 Qualitative study:**

The researcher randomly selected military unit in Lop Buri. A special forces group conducted the qualitative study.

##### **4.4.2 Quantitative study:**

Quantitative Research: Quasi- Experimental Study

The researcher used cluster random sampling of military units where operated with Army Health Center (PCU) and medical companies, followed by purposive sampling of the squad leaders who were willing to participate in the study. The conscripts who agreed to be a part of the study were assigned by their squad leaders (11-15 conscripts per 1 squad leader)

## **4.5 Inclusion and Exclusion criteria**

### **4.5.1 Squad Leaders**

#### **4.5.1.1 Inclusion Criteria:**

- Voluntary participants
- Working in the study area
- Strong personal experiences about conscripts
- Professional, non-judgmental approach to issues that will affect the conscripts
- Good communication and listening skills
- Practice safe sex
- Reliable and punctual
- Good sexual health and HIV awareness

#### **4.5.1.2 Exclusion Criteria:**

- Cannot participate throughout the study

### **4.5.2 Conscripts**

#### **4.5.2.1 Inclusion Criteria:**

- Voluntary participants
- Be Thai Army Conscripts in 2 study areas ( aged 18-24years )
- Not diagnosed as HIV positive / AIDS
- Having mobile phone and can use SMS service during the study period
- On duties with the trained squad during study period
- Not assigned into the conflict situation where could not use mobile phone

#### **4.5.2.2 Exclusion Criteria:**

- Cannot participate throughout the study

#### 4.6 Sample and Sample size:

The association between the program and safe sex behaviors was determined by using the formula of Connetl. et al in for sample size calculation of 2 matched groups of the population ( Jirawathakul A.,.2009 ):

$$N/\text{group} = \frac{2(Z\alpha + Z\beta)^2 P(1-P)}{\Delta^2}$$

N= Sample size

P<sub>T</sub>=Proportion in Experimental Group

P<sub>C</sub>= Proportion in Control Group

$$P = \frac{(P_T + P_C)}{2}$$

Δ = Effect size (Difference between P<sub>T</sub> –P<sub>C</sub>)

Z α/2 when test for two- tailed hypothesis

In 2008: 12.5 percent of conscripts had a sexually transmitted disease (STD). In the experimental group, the target is to reduce rate of STD by 10%;

$$\begin{aligned} N/\text{group} &= \frac{2(0.825+0.84)^2 \times 0.075 \times 0.92}{(0.1)^2} \\ &= \mathbf{38.25 \sim 39 \text{ conscripts per group}} \end{aligned}$$

Because of the cluster sampling, therefore:

$$N_{\text{cluster}} = N_{\text{sample}} \times \text{Design Effect}$$

Normally for non-pandemic Diseases D ~ 2

$$N_{\text{cluster}} = \mathbf{39 \times 2 = 78 \text{ conscripts per group}}$$

1 squad has 11 conscripts

$$\text{Number of squads} = \mathbf{7.09 \sim 8 \text{ squad}}$$

Estimated 20 % for drop-out : ~ 16 conscripts per group; then add 2 squads in each group.

Therefore **10 squads** for experimental and **10 squads** for control group in separate areas.

#### **4.7 Research instrument:**

**4.7.1 Focused group discussion guidelines** on the mentor roles of squad leaders for promoting safe sex behavior among Thai Army conscripts was divided into 3 parts(Appendix)

Part 1 explored findings of mobile phone-based behavior used

Part 2 focused on the relationship between squad leaders and conscripts

Part 3 asked about safe sex knowledge and perceptions

**4.7.2 Focused group discussion guidelines** to explore mobile phone and short message services used among Thai Army conscripts was separated into 3 parts

Part1 discussed mobile phone behavior and short message services used

Part2attempted to describe the relationship between squad leaders and conscripts

Part 3 focused on safe sex knowledge and perceptions

#### **4.7.3 Voice Recorder( mp3 )**

#### **4.7.4 Questionnaires**

4.7.4.1 Squad leader data were divided into 3 parts

Part 1 Demographic data

Part 2 Knowledge about safe sex

Part 3 Attitude about the study

4.7.4.2 Conscript data were divided into 6 parts

Part 1 Demographic data (7 items)

Part 2 Knowledge about safe sex (20 items)

Part 2.1 Knowledge about safe sex behaviors (10 items)

Part 2.2 Knowledge about STDs (10 items)

Part 3 Attitudes about safe sex (16 items)

Part 4 Practices about safe sex (20 items)

Part 4.1 Practices about sexual partners and STDs (10 items)

Part 4.2 Practices about safe sex

(10 items)

Part 5 Short Message Services on mobile phone used (13 items)

Part 6 Frequency of short message services on mobile phone used (13 items)

Part 7 Squad leader roles ( 12 items )

The questions were selected and modified from previous Army HIV risk screening tests and practice of safe sex questionnaires. The knowledge evaluation part was modified from an adolescent sexual health assessment tool. In Parts 3 and 4 attitude and safe sex practices were adapted from the questionnaires of FHI, UNAIDS and WHO. (FHI, 2000 and Fisher, T. D., et.al. , 2010).

All items of the questionnaire were converted to scores. The pretest of the questionnaire was done among 35 conscripts in the special forces group in Lop Buri to ensure that they were comprehensible to the target population, unambiguous and asked only a single question. The ethical committee of RTAMD revised the questionnaire by eliminating the items that showed no different results between the 2 groups, i.e. religion and home provinces because all of the respondents were Buddhists and there was no other option for the original province.

#### **4.8 Validation study of the instrument**

The newly developed safe sex knowledge, attitude, and practice scales were tested for validity and reliability.

The reliability of the new instrument was also tested in the November group of conscripts in 2009 at the Third Special Forces Group with a total number of 31 by the same procedure as described in 2.4.1.2 by the researchers, using a longer questionnaire.

The content validity was reviewed by two experts in reproductive health and STDs, along with an expert who has experience working with army conscripts of more than 20 years.



## **4.9 Recruitment and data collection procedures**

### **4.9.1 Qualitative study**

The squad leaders focused group discussion recruited 11 squad leaders and divided them into two groups of 5 and 6 . 40 conscripts were divided into 4 groups of discussion. Both levels of group discussions were conducted in separated rooms with quiet atmosphere. Documented consent forms and permission to record the conversation by mp3 and note taker were obtained.

### **4.9.2 Quasi-experimental study**

14 squad leaders recruited through the study by

- a. Randomly selected military units in First Army area
- b. Willing to participate in the study by squad leaders

In the study group 180 conscripts entered the program from 14 squads leaders. For the Control group, 114 conscripts entered the program by selected the same characteristics and atmosphere.

The researcher was oriented the high level of commander in Lop Buri about the project. The permission was communicated by command to lower levels. The squad leaders received all the information about the study before deciding to participate in the study. The squad leaders were informed that they would be asked to allow their conscripts to complete a written questionnaire, containing questions of a personal nature and opinions, to help the planning for promoting safe sex . They were also told that their answers would be confidential and it would take them about 20 minutes to complete the questionnaire. The participants ( both squad leaders and conscripts ) were told that they would be given some gifts, such as pre-paid telephone bill, and condoms for their participation. They provided oral consent and were briefly instructed on how to complete the questionnaire booklet. Although the assessment tool was self-administered, the research assistants remained present to answer any questions regarding procedures. The research assistants recorded the time it took each participant to complete the booklet.

Data collection was performed between March 2010 and February 2011. The data from 17 participants were excluded due to their limited access to SMS during the study time. During the end of January and early February (end of the study), most of conscripts were assigned to the battlefield in Sri Saket Province. Therefore the total sample size comprised of 81 and 77 in the study and control groups respectively.

4.9.3 Procedure of squad leader training (2 day training and monthly meeting )

4.9.3.1 Introduction about the program

4.9.3.2 Understanding about safe sex

4.9.3.3 Mentor roles

4.9.3.4 How SMS can function to promote safe sex

4.9.3.5 Sharing experiences and developing the appropriate SMS

such as appropriate time and kind of SMS for conscripts

4.9.4 Procedure of conscripts study (1 day training and weekly SMS )

4.9.4.1 Introduction about the program

4.9.3.2 Understanding about safe sex

4.9.3.3 Squad leader for the new roles

4.9.3.4 Sending SMS

#### **4.10 Data processing and analysis intervention process:**

Phase 1: Formative study: Mobile phone and Short Message Services behavior used in Thai Central Military base conscripts qualitative study

Mentor Roles: Squad leader qualitative study to clarify mentor's role

Phase 2 : SMS Intervention with Squad Leader Mentors through Short Message Services on the mobile phone program; enter all data and analyze by SPSS

#### **4.11 Data Analysis:**

- Formative Study : Using Descriptive Analysis to interpret the data
- In Phase 1 :
  - Using the non-parametric by Wilcoxon Signed Rank Test for Squad Leaders who will be trained to be the mentors

- Using McNemar test and Pearson Chi-Square test to test the differences in each question
- In Phase 2 :
  - Using Independent-Samples T test to compare the difference between study group and control group both pre and post-test
  - Using Paired -Samples T test to compare the difference between pre- and post-test scores with the same persons in both study and control groups
  - In each question using Mc Nemar and Pearson Chi-Square to test the difference

#### **4.12 Ethical Considerations:**

- Royal Thai Army Ethical Committee
- Informed consent of each participant is necessary along with ensuring confidentiality, privacy, and respect.

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## **CHAPTER V**

### **RESULTS**

#### **5.1 Phase 1 Qualitative study**

##### **5.1.1 Result of part 1 Qualitative study**

##### **Qualitative Conscripts (Focused groups discussion)**

##### **Demographics Data and Background of conscripts**

The average age of conscripts was 21 years old, 90 percent single, and they came from the southeastern part of Thailand. 95 percent drink alcohol and 32.5 percent smoke. The data show the interesting finding that 3 of them (7.5 percent) ever had a sexually transmitted disease (STD) and were brought for treatment at the camp hospital by the squad leader.

##### **Mobile phones and Functions**

Only 1 conscript does not have a mobile phone. All conscripts who have mobile phones can receive and send short message services (SMS) and freely use them when available. Most talk on the mobile phone more than 10 times a day. They use SMS for communication when the mobile phone cannot receive a signal. Three of them said they download pornography and video clips and share these with their friends in the military camp. When they received an SMS, they opened it immediately. The average telephone bill was around 300-400 baht; some up to 1,000 baht. All of them had never got any health information by SMS before. On the accessories of mobile phone, they like to play games, download songs and music, one of them likes to chat and check an e-mail.

##### **Conscripts life through safe sex behaviors**

During their free time, the conscripts like to go to a small karaoke shop which has male and female waiters and waitresses. Some of them went back to their home during breaks. If they did not go out of the camp, they would play sports and exercise instead.

They receive 3 pieces of condoms per outing from their squad leader, including some advice about drugs, alcohol and condom use.

For the program of promoting safe sex, the Army provided the STD prevention classes. When they have sexual risks and need to talk to someone, they like to talk with

their friends instead of their squad leaders except when needing treatment. When asked about trust with their squad leaders, 70 percent trust them because of the line of command.

About the definition of safe sex, they all said they use condoms; 5 said they never have sex with men; 14 said they have sex with only one partner and, thus, not necessary to use condoms; 7 thought that condoms were not 100 percent safe for preventing STD because it might break and leak when having sex. 20 said they avoid using the same needle and sharp equipment with others. When asked to prioritize what precaution they will take before having sex, 28 said condom use was the second priority and 12 said condoms were the third priority. Before enrolling to be conscripts, 1 had had syphilis and 2 had had gonorrhea; all were cured.

About the program promoting safe sex, 11 said they were not interested in participating in the program; the rest were not interested because they feel they know everything about sex.

### **Noteworthy information about the conscripts**

5.1.1.1 When the conscript has free time, he likes to drink with his conscript friends in small pubs. The pubs have sex workers who can be taken out of the pub for sex. They all know where the favorite place is for conscripts. They said “it is possible to have the squad leader look after conscripts about safe sex because the squad leaders would know who has sexual risk because he is the commander.” Also, they might have condoms to distribute to their conscripts. “Mostly we went together at small a karaoke bar and restaurant in a group of 10-15. Normally we do this on our holiday when the squad leader did not pay much attention to us”.

5.1.1.2 “We used to go to a small karaoke bar (which has girls) with our conscripts’ friends. The karaoke bar provides free condoms. Some of our mobile phone can download pornography video and pictures. When we got SMS we open them immediately. We trust the squad leader only 50 percent. When having problems, we like

to talk our parents ”. When asked about safe sex, they said they have sex with only one girlfriend.

5.1.1.3 Some conscripts never went out at night time but know where their friends went to drink and take out girls (for sex). When having a long leave, some conscripts like to go back home and stay in the camp on Saturday and Sunday. “When having problems, we feel comfortable to talk to our squad leader but prefer to talk to our friends. If having serious problems, we like to talk with our family. When talking about safe sex, we mean that we use condoms all the time when having sex. Some of our friends (conscripts) had many girlfriends at the same time. But we only have one at a time.”

#### **Squad Leaders (Focused Group Discussion)**

##### **Demographic Data and Background**

Squad leaders were age between 30 – 45 year old, 2 were single and 4 were married. The educational attainment averaged between vocational and bachelor degree. Two worked as squad leader for more than 12 years, 3 for 15 years, and 1 for 20 years. They mostly work on logistic duties. All of them drink alcohol.

“As squad leaders, we have to follow the Army rules. All conscripts have different backgrounds. When we take care of them, we have strict rules and can be flexible sometimes depending on location and situation. Here we do not have drug and gambling addicts. After conscripts come back from leave, we take a drug urine exam. We strictly follow the Army rules”.

##### **Squad leaders in promoting safe sex**

At present, the Royal Thai Army provides HIV and AIDS prevention. The squad leaders provide condoms and briefing on how to use condoms before conscripts leave the camp. “During our working day, we have group discipline in the evening; therefore, sometimes we talk about STD and safe sex.

“In most cases, conscripts would know when they got an STD infection, and usually come to the squad leader. We used to have 2-3cases of HIV infection before conscription (during window period); we sent them to get treatment.”

### **Squad leader and mentor roles**

“When talking about mentoring, this refers to the role of commander, but closer. It means taking care of each other like family, not limited between rank. It is possible to conduct the SMS for safe sex project because all conscripts have mobile phones and will be able to read the messages. If we talk about safe sex, 100 percent will think about condom use, having sex only with one’s wife or having only one girlfriend at a time. The program would benefit the conscripts. It is better to have the policy in order to be able to implement and sustain the project.”

## **5.2 Part 2 Quantitative study**

### **5.2.1 Characteristic of squad leaders**

There were 14 squad leaders who were willing to participate in the study. They were age between 31-52 years old, most were married and having the experience of being a squad leader from between 10 years to 20 years. 5 squad leaders came from the Weapons Production Center, 4 squad leaders from the Artillery Division, 3 squad leaders from the Army Aviation Center, 1 squad leader from the Third Antiaircraft Artillery Battalion, and 1 squad leader from the Artillery Center as shown in Table 1:

ศูนย์วิทยุทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table1 Demographic data of sample squad leaders**

| <b>Variables</b>                       | <b>N (%)</b> | <b>Mean±S.D.</b> |
|--|--------------|------------------|
| <b>Age group</b>                       |              |                  |
| Age means                              |              | 44.9±6.73        |
| 31-40                                  | 5 (28.6)     |                  |
| 41-50                                  | 8 (57.1)     |                  |
| More than 50                           | 2 ( 14.3)    |                  |
| Total                                  | 14(100)      |                  |
| <b>Marital Status</b>                  |              |                  |
| Single                                 | 1 ( 7.1)     |                  |
| Married                                | 14( 92.9)    |                  |
| Total                                  | 14(100)      |                  |
| <b>Military unit</b>                   |              |                  |
| Army Aviation Center                   | 3(21.43)     |                  |
| Weapon Production Center               | 5(35.71)     |                  |
| Third Antiaircraft Artillery Battalion | 1(7.14)      |                  |
| Artillery Center                       | 1(7.14)      |                  |
| ArtilleryDivision                      | 4(28.54)     |                  |
| Total                                  | 14(100)      |                  |
| <b>Time of being squad leaders</b>     |              | 13.1±2.10        |
| Less than 10 years                     | 4 ( 28.5 )   |                  |
| 10 years-15 years                      | 7 ( 50 )     |                  |
| More than 15 years                     | 3 ( 21.4 )   |                  |
| Total                                  | 14(100)      |                  |



### 5.2.1.1 Number of studied conscripts per squad leader

Each squad leader mentored the number of conscripts as shown in Table 2. The number of conscripts between the study period was reduced because 11 conscripts were assigned to conflict situations and 6 conscripts were in military prisons (Table 2).

**Table 2 Number of studied conscripts per squad leader**

| Unit of Squad leaders                                  | N(%)      | Entry      | Between    | Exist     |
|--|-----------|------------|------------|-----------|
| <b>Army Aviation Center</b>                            | 3 (21.43) |            |            |           |
| Squad Leader A   |           | 11 ( 7.43) | 9 (6.87)   | 8 (9.88 ) |
| Squad Leader B   |           | 10( 7.43)  | 9( 7.43)   | 6( 7.43)  |
| Squad Leader C   |           | 10(6.76)   | 9(6.78)    | 6(7.41)   |
| <b>Weapon Production Center</b>                        | 5 (35.71) |            |            |           |
| Squad Leader D   |           | 11(7.43)   | 9(6.78)    | 8(9.88)   |
| Squad Leader E   |           | 12(8.11)   | 11(8.40)   | 9(11.11)  |
| Squad Leader F   |           | 10 (6.76)  | 9(6.87)    | 6(7.41)   |
| Squad Leader G   |           | 10(6.76)   | 10(7.63)   | 0         |
| Squad Leader H   |           | 11(7.43)   | 10(7.63)   | 7(8.64)   |
| <b>Third Antiaircraft Artillery Battalion 1 (7.14)</b> |           |            |            |           |
| Squad Leader I   |           | 10(6.76)   | 9(6.87)    | 8(9.88)   |
| <b>Artillery Center</b>                                | 1 (7.14)  |            |            |           |
| Squad Leader J   |           | 12(8.11)   | 10(7.63)   | 9(11.11)  |
| <b>ArtilleryDivision</b>                               | 4 (28.54) |            |            |           |
| Squad Leader K   |           | 10(6.76)   | 9(6.87)    | 0         |
| Squad Leader L   |           | 11(7.43)   | 9(6.87)    | 0         |
| Squad Leader M   |           | 10(6.76)   | 9(6.87)    | 7(8.64)   |
| Squad Leader N   |           | 10(6.76)   | 9(6.87)    | 7(8.64)   |
| <b>Total</b>   |           | <b>148</b> | <b>131</b> | <b>81</b> |

**5.2.2** To assess the 14 squad leaders involved in the study, non-parametric statistics Wilcoxon Signed Ranks Test were used to compare the difference of total score of knowledge and total score of attitude between pre-post studies. The Mc-Nemar test was used for analyzing knowledge, and Chi-square was used for analyzing attitudes.

5.2.2.1 The pre-post-test scores of the knowledge and attitudes of the sample squad leaders significantly increased (p value=0.001\*\*,0.04\*) as shown in Table 3.

5.2.2.2 The overall of knowledge and attitudes before and after the study significantly increased for the knowledge questions of no sex (p-value<0.001\*\*), using condom almost every time when having sex with non-steady partners or sex workers (p-value=0.008\*\*), using a condom every time when having sex with men (p-value=0.04\*), using a condom almost every time when having sex with anyone (p-value=0.008\*\*), and external ejaculation is safe sex (p-value=0.04\*) ( Table 4).

5.2.2.3 The overall attitude about safe sex and safe sex program significantly changed for most questions except conscript exposure to STD and HIV and perceiving the safe sex program as part of military policy. (Table 5.)

**Table 3 Means comparing the differences of knowledge and attitude between pre and post-tests**

| Variables                           | Pre-test | Post-test | P-Value |
|-------------------------------------|----------|-----------|---------|
|                                     | Mean     | Mean      |         |
|                                     | Rank     | Rank      |         |
| Total score of knowledge            | 0        | 7.5       | 0.001** |
| Total score of attitude about study | 5.0      | 6.22      | 0.04*   |

Using Wilcoxon Signed Rank test , \* Significant \*\* highly significant at p value <0.05

**Table 4 Comparison of the differences of knowledge in squad leaders between pre and post-tests**

| Variables  | P-Value  |
|--|----------|
| 1. No sex  | <0.001** |
| 2. Having sex only with wife; not necessary to use Condom                                  | 1.0      |
| *3. Having sex with only one regular partner; not necessary to use condom                  | 0.11     |
| *4. Using condom almost every time when having sex with non-steady partners or sex workers | 0.008**  |
| *5. Using condom sometimes with regular partners when having sex with all regular partner  | 1.0      |
| 6. Using condom every time when having sex with men  | 0.04*    |
| *7. Using condom almost every time when having sex with anyone                             | 0.008**  |
| 8. Masturbation is the most safe sex   | 1.0      |
| *9. External Ejaculation is safe sex   | 0.04*    |
| *10. Oral sex is safe  | 0.12     |
| 11. Both alcohol and drug consumption before sex can lead to less control of safe sex      | 0.22     |

Using Mc Nemar test, \* Significant \*\* highly significant at p value <0.05

**Table 5 Differences in attitudes of conscripts between pre and post -tests**

| Variables  | P-Value  |
|--|----------|
| 1.Practicing safe sex is most important for both myself and my conscripts                    | 0.001**  |
| 2.My conscripts are exposed to STD and HIV   | 0.32     |
| 3.I realize all the military policies about STD and HIV prevention programs                  | 0.10     |
| 4. I have participated in previous STD and HIV prevention programs                           |          |
| 5.I believe that my role can be the part of promoting safe sex behaviors among my conscripts | 0.002**  |
|  | 0.008**  |
| 6.I believe that I can be a mentor and reliable person for my conscripts                     | 0.008**  |
| 7.I suggest that the Army should have safe sex projects for Army conscripts                  | 0.001**  |
| 8.I usually use mobile phone and SMS functions   | <0.001** |
| 9.I think using communication technology devices can promote safe sex among the conscripts   | 0.001**  |
| 10.I think this project can promoting safe sex   | 0.002**  |
| *11. I think it is difficult to perform this project   | 0.046*   |

Using Pearson Chi Square Test , \* Significant \*\* highly significant at p value <0.05

\*Items: Reversed questions

### 5.2.3 General characteristics of studied conscripts (Pre-test study and control group)

The sample in the study group included 148 conscripts who worked in the RTA between August 2010 and February 2011. The average age was  $21.4 \pm 0.96$  and  $21.4 \pm 0.71$  years in the study and control groups respectively. All of them were male. 71.43 % of them were single in study group and 68.42 % in the control group. Fully 25.82% and 28.07% of the conscripts were married in the study and control groups respectively. Only 2.72% and 3.51 % reported their marital status as “divorced” in study and control groups respectively. Before entering the army, the distribution of their houses located in urban area were 43.52% in study group and 33.33 % in control group. The proportion of conscripts whose houses were located in an urban area were 56.48 and 66.67% respectively. (Table 6). The percentages of the conscripts who finished elementary school or lower, early secondary school, late secondary school and vocational school and higher were 20.28 %, 65.73 %, 13.99 % in study group and 25%, 69.64%, and 5.36 % in control groups respectively. (Table 6).

The occupations before being conscripted were agriculture (19.86 %, 17.27%), government officials and private organization (3.42 %, 2.73%), laborers (43.15 %, 56.36%), students (23.97 %, 11.82%) or “other means unemployed” (9.59 %, 11.82%). Of them, 16.08% 14.55% had no income and 11.89%, 12.73 % earned a monthly income of 3,000 baht or lower, 34.76% and 28.18 % earned income between 3,001-6,000 baht but 34.27 % and 44.55% earned more than 6,000 baht per month in study and control group respectively. Lastly, 85.23%, 77.68% were living with their families (including wife’s families), 8.06% and 8.03 % were living alone and 6.71% and 14.29 % were living with relatives, friends, and others in study and control group respectively. The differences comparison between study and control group were compared to match each independent variable in order to show the same baseline between 2 groups of conscripts before processing the intervention in the study group. The statistical analysis was tested for normality. The comparison about age was compared by using Independent- Sample T test. The test of difference for baseline marital status, house location, educational level, occupation and monthly income were tested by Pearson Chi-square. (Table 6)

**Table 6 Baseline comparison by using Chi-square test between study and control sample conscripts**

| <b>Variables</b>             | <b>Study</b><br>n (%) | <b>Control</b><br>n (%) | <b>Total</b><br>n (%) | <b>p-value</b> |
|------------------------------|-----------------------|-------------------------|-----------------------|----------------|
| <b>Number</b>                | <b>148</b>            | <b>114</b>              | <b>262</b>            |                |
| <b>Age groups (years)</b>    |                       |                         |                       | <b>0.52</b>    |
| Total                        | 147(100)              | 113(100)                | 260 (100)             |                |
| Mean                         | 21.5±0.96             | 21.4±0.71               | 21.42±0.86            |                |
| 19-20                        | 10 (6.81)             | 3(2.65)                 | 13 (5.00)             |                |
| 21-22                        | 113(76.87)            | 104 (92.04)             | 217(83.46)            |                |
| 23-24                        | 24 (16.32)            | 6 (5.30)                | 30(11.54)             |                |
| <b>Marital Status</b>        |                       |                         |                       | <b>0.58</b>    |
| Total                        | 147(100)              | 114(100)                | 261(100)              |                |
| Single and others            | 105(71.43)            | 78 (68.42)              | 183(70.11)            |                |
| Married                      | 38(25.82 )            | 32(28.07)               | 70(26.82)             |                |
| Divorced                     | 4 ( 2.72)             | 4( 3.51)                | 8(.07)                |                |
| <b>Housing area</b>          |                       |                         |                       | <b>0.15</b>    |
| Total                        | 108(100)              | 87(100)                 | 195(100)              |                |
| Urban                        | 47(43.52)             | 29(33.33)               | 76(38.97)             |                |
| Rural                        | 1(56.48)              | 58(66.67)               | 119(61.03)            |                |
| <b>Education</b>             |                       |                         |                       | <b>0.14</b>    |
| Total                        | 143 (100)             | 112(100)                | 225(100)              |                |
| Elementary and lower         | 29(20.28)             | 28(25)                  | 57(22.35)             |                |
| Early secondary              | 94(65.73)             | 78(69.64)               | 172(67.45)            |                |
| Late secondary<br>and higher | 20(13.99)             | 6(5.36)                 | 26(10.2)              |                |

**Table 6 Baseline comparison by using Chi-square test between study and control sample conscripts (Continued)**

| <b>Variables</b>                              | <b>Study</b> | <b>Control</b> | <b>Total</b> | <b>p-value</b> |
|---|--------------|----------------|--------------|----------------|
|   | n (%)        | n (%)          | n (%)        |                |
| <b>Previous occupation</b>                    |              |                |              | <b>0.09</b>    |
| Total   | 146(100)     | 110(100)       | 256 (100)    |                |
| Agriculture                                   | 29 (19.86)   | 19(17.27)      | 48(18.75)    |                |
| Government officials/<br>Private organization | 5 (3.42)     | 3 (2.73)       | 8(3.13)      |                |
| Laborers                                      | 63(43.15)    | 62(56.36)      | 125(48.83)   |                |
| Students                                      | 35(23.97)    | 13(11.82)      | 48(18.75)    |                |
| Unemployed                                    | 14(9.59)     | 13(11.82)      | 27(10.55)    |                |
| <b>Monthly income (Thai baht)</b>             |              |                |              | <b>0.18</b>    |
| Total   | 143(100)     | 110(100)       | 253(100)     |                |
| No income                                     | 23 (16.08)   | 16 (14.55)     | 39(15.42)    |                |
| Less than 3,000                               | 17(11.89)    | 14 (12.73)     | 31(12.25)    |                |
| 3,001-6,000                                   | 54(37.76)    | 31 (28.18)     | 85(33.6)     |                |
| More than 6,000                               | 49(34.27)    | 49 (44.55)     | 98 (38.74)   |                |
| <b>Living with</b>                            |              |                |              | <b>0.12</b>    |
| Total   | 148(100)     | 112(100)       | 260(100)     |                |
| Alone   | 12(8.10)     | 9 (8.04)       | 21(8.07)     |                |
| Family/wife/<br>wife's family                 | 127(85.81)   | 87(77.68)      | 214 ( 82.30) |                |
| relative/friends/others                       | 9 (6.08)     | 16(14.29)      | 25 ( 9.61)   |                |

Age using Independent -Sample T test, data are Means  $\pm$ S.D.

Marital Status, Education, Previous occupation, Monthly income (Thai baht),

Living with using Pearson-Chi Square Test

### 5.2.4 Comparison of baseline between study and control groups

Before performing the study, the researcher matched all the baseline data to confirm that there were no differences. After testing for normality, the Independent-Sample T test was used for each dependent variables in Table 7.

**Table 7 Baseline comparison by comparing means between study and control group sample conscripts**

| Variables                                  | Study     |             | Control  |             | p-value |
|--|-----------|-------------|----------|-------------|---------|
|  | n (%)     | Means ±_S.D | n (%)    | Means ±_S.D |         |
| 1. Total score Knowledge of safe sex       | 134 (100) | 5.7±1.78    | 100(100) | 5.6±1.49    | 0.29    |
| 2. Total score Knowledge of STDs           | 142(100)  | 4.1±2.10    | 111(100) | 3.8±2.10    | 0.83    |
| 3.Total score of attitude                  | 138(100)  | 52.0±5.9    | 106(100) | 52.0± 5.8   | 0.98    |
| 4.Total score of condoms use practices     | 101(100)  | 22.7±6.09   | 90(100)  | 24.7±7.09   | 0.04*   |
| 5.Advantage of SMS use on mobile phone     | 141(100)  | 8.1±1.90    | 113(100) | 7.8±2.06    | 0.34    |
| 6.Frequency of using SMS on mobile phone   | 140(100)  | 6.7±4.60    | 111(100) | 6.6±4.70    | 0.81    |
| 7.Total score of squad leader mentor roles | 137(100)  | 9.5±3.24    | 112(100) | 8.8±3.05    | 0.41    |

Data are Means ±S.D. using Independent -Sample T test

\*Statistical significant and \*\*Highly statistical significant at p value <0.05



### **5.2.5 General characteristics of studied conscripts (post-test study and control group)**

After the intervention of the study: the following table shows demographics of the post intervention values in both study and control groups.

The samples in study group were 81 conscripts who worked in the RTA between August 2010 and February 2011. The average ages  $21.1 \pm 0.71$  and  $21.2 \pm 0.50$  years in study and control groups respectively. All of them were male. 71.6 % of them were single in study group and 67.5% in control group. About 5.9 % and 24.7% conscripts were married in study and control groups respectively. Only 2.5% and 7.8% reported their marital status as “divorced” in study and control groups respectively. Before entering the army, the distribution of their houses located in urban area were 37.9% in study group and 33.33 % in control group. The numbers of conscripts whose houses were located in rural areas was 62.1% and 66.67% respectively. (Table 8).

The percentages of the conscripts who finished elementary school or lower, early secondary school, late secondary school and vocational school and higher were 15.2 %, 27.8%, 57 % in study group and 22.1%, 74%, and 3.9 % in control groups respectively (Table 8).

The occupations before being conscripted were agriculture (24.7 %, 21.9%), government officials and private organization (2.5 %, 20.5%), laborers (40.7 %, 34.2%), and students (28.4 %, 23.3%) . Of them, 23.4%, 17.5 % earned monthly income of 3,000 baht or lower, 40.3% and 20.6 % earned income between 3,001-6,000 but 36.4 % and 61.9% earned more than 6,000 baht per month in study and control groups respectively. Lastly, 90.1%, 78.7% were living with their families (including wife’s families), 6.2% and 8.0 % were living alone and 2.5% and 13.3 % living with relatives, friends, and others in study and control group respectively.

**Table8 Post- test demographic characteristics between study and control sample conscripts**

| <b>Characteristics</b>    | <b>Study<br/>n (%)</b> | <b>Control<br/>n (%)</b> | <b>Total<br/>n (%)</b> |
|---------------------------|------------------------|--------------------------|------------------------|
| <b>Number</b>             | 81 (100)               | 77 (100)                 | 158 (100)              |
| <b>Age groups (years)</b> |                        |                          |                        |
| Mean                      | 21.27                  | 21.1±0.71                | 21.2±0.5               |
| Total                     | 81 (100)               | 77 (100)                 | 158 (100)              |
| 19-20                     | 7 (8.7)                | 4 (5.2)                  | 11(6.96)               |
| 21-22                     | 61 (75.3)              | 70 (90.9)                | 131(82.91)             |
| 23-24                     | 13 (16)                | 3(3.9)                   | 16 (10.13)             |
| <b>Marital status</b>     |                        |                          |                        |
| Total                     | 81(100)                | 77(100)                  | 157(100)               |
| Single and others         | 57 (71.6)              | 52(67.5)                 | 109 (69.43)            |
| Married                   | 21 (5.9)               | 19(24.7)                 | 40 (25.48)             |
| Divorced                  | 2 (2.5)                | 6 (7.8)                  | 8 (5.10)               |
| <b>Native area</b>        |                        |                          |                        |
| Total                     | 60(100)                | 59(100)                  | 119(100)               |
| Central                   | 27(45.0)               | 18 (30.5)                | 45(37.82)              |
| Northeast                 | 13 (21.7)              | 40 (67.8)                | 53(44.54)              |
| North                     | 19 (31.7)              | 1 (1.7)                  | 20 (16.81)             |
| South                     | 1 (1.7 )               | 0( 0)                    | 1 (0.84)               |
| <b>Housing area</b>       |                        |                          |                        |
| Total                     | 58(100)                | 57(100)                  | 115 (100)              |
| Urban                     | 22 (37.9)              | 19 (33.33)               | 41 (35.65)             |
| Rural                     | 36 (62.1)              | 38 (66.67)               | 74 (64.35)             |

**Table8 Post-test demographic characteristics between study and control sample conscripts (continued)**

| <b>Characteristics</b>                        | <b>Study<br/>n (%)</b> | <b>Control<br/>n (%)</b> | <b>Total<br/>n (%)</b> |
|---|------------------------|--------------------------|------------------------|
| <b>Education</b>                              |                        |                          |                        |
| Total   | 80 (100)               | 77(100)                  | 119 (100)              |
| Elementary and lower                          | 12 (15.2)              | 17 (22.1)                | 29 (37.82)             |
| Early secondary                               | 22 (27.8)              | 57 (74.0)                | 79 (44.54)             |
| Late secondary and higher                     | 45 (57)                | 3 (3.9)                  | 48 (16.81)             |
| <b>Previous occupation</b>                    |                        |                          |                        |
| Total   | 77(100)                | 73 (100)                 | 150(100)               |
| Agriculture                                   | 9 (24.7)               | 16 (21.9)                | 35 (23.33)             |
| Government official /<br>Private organization | 2 (2.5)                | 15 (20.5)                | 17 (11.33)             |
| Laborer                                       | 33 (40.7)              | 25 (34.2)                | 58 (38.67)             |
| Student                                       | 23 (28.4)              | 7 (23.3)                 | 40 (26.67)             |
| <b>Monthly income (Thai baht)</b>             |                        |                          |                        |
| Total   | 77 (100)               | 63 (100)                 | 140(100)               |
| Less than 3,000                               | 18 (23.4)              | 11 (17.5)                | 29 (20.71)             |
| 3,001-6,000                                   | 31 (40.3)              | 13 (20.6)                | 44 (31.43)             |
| More than 6,000                               | 28 (36.4)              | 39 (61.9)                | 67 (47.86)             |
| <b>Living with</b>                            |                        |                          |                        |
| Total   | 80 (100)               | 75 (100)                 | 155(100)               |
| Alone   | 5 (6.2)                | 6 (8.0)                  | 11 (7.10)              |
| Family/wife/wife's family                     | 73 (90.1)              | 59 (78.7)                | 132 (85.16)            |
| Relative/friends/others                       | 2 (2.5)                | 10 (13.3)                | 12 ( 7.74)             |

**5.2.6.** The intervention was done in early February before new conscripts recruited in April 2011.

5.2.6.1 Table 9 shows the overall of score of post-test in total knowledge of safe sex, attitude, and practice together with scores about SMS used, frequency of using SMS, and the score of the squad leaders mentoring role in the conscripts' views after study both in study and control groups.

**Table 9 Post-test comparison by comparing means between study and control groups of conscripts**

| Variables                                  | Study<br>n(%) | Means $\pm$ S.D | Control<br>n(%) | Means $\pm$ S.D  | p -value |
|--|---------------|-----------------|-----------------|------------------|----------|
| 1. Total score Knowledge of safe sex       | 80(100)       | 6.3 $\pm$ 1.66  | 71(100)         | 4.52 $\pm$ 1.67  | <0.001** |
| 2. Total score Knowledge of STIs           | 78(100)       | 6.7 $\pm$ 1.98  | 74(100)         | 4.9 $\pm$ 2.03   | <0.001** |
| 3.Total score of attitude                  | 74(100)       | 52.2 $\pm$ 8.94 | 67(100)         | 53.07 $\pm$ 4.92 | 0.27     |
| 4.Total score: Condoms use practices       | 78(100)       | 28.4 $\pm$ 8.50 | 71(100)         | 27.0 $\pm$ 5.40  | 0.25     |
| 5.Advantage of SMS use on mobile phone     | 74(100)       | 9.8 $\pm$ 2.08  | 69(100)         | 7.9 $\pm$ 2.16   | <0.001** |
| 6.Frequency of using SMS on mobile phone   | 78(100)       | 17.6 $\pm$ 5.60 | 70(100)         | 14.8 $\pm$ 4.60  | <0.001** |
| 7.Total score of squad leader mentor roles | 79(100)       | 8.3 $\pm$ 3.51  | 68(100)         | 5.8 $\pm$ 3.05   | <0.001** |

Data are Means  $\pm$ S.D. using Independent -Sample t-test

\*=Statistical significant and \*\*Highly statistical significant at p value < 0.05

5.2.6.2 Table 10 shows the overall comparison of score between pre and post-test groups of conscripts in total knowledge of safe sex, attitude, and practice together with scores about SMS used, frequency of using SMS, and the score of the squad leaders mentoring role in the conscripts' views after study within study and control groups by using Pair - Sample T test.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table10 Comparison of means in overall of dependent variable between study and control sample conscripts**

| Variables                                 | Study      |           | Control   |           | Study<br>Mean Dif±S.D | Control<br>Mean Dif±S.D | P-Value  |         |       |         |
|---|------------|-----------|-----------|-----------|-----------------------|-------------------------|----------|---------|-------|---------|
|   | Means ±S.D |           | Means±S.D |           |                       |                         | Study    | Control | Study | Control |
|   | Pre-test   | Post-test | Pre-test  | Post-test |                       |                         |          |         |       |         |
| <b>Total Knowledge score</b>              | 9.8 ±1.94  | 13.0±1.82 | 9.8±1.79  | 9.42±1.85 | 3.2                   | 0.38                    | <0.001** | 0.28    |       |         |
| 1.Total score of knowledge about safe sex | 5.7±1.78   | 6.3±1.66  | 5.7±1.49  | 4.52±1.67 | 0.6                   | 1.18                    | 0.001*   | <0.001* |       |         |
| 2.Total score of knowledge on STDs        | 4.1±2.10   | 6.7±1.98  | 3.8±2.10  | 4.9±2.03  | 2.6                   | 1.1                     | <0.001** | 0.006*  |       |         |
| <b>Attitude</b>                           |            |           |           |           |                       |                         |          |         |       |         |
| 3.Total score of safe sex attitude        | 52.0±5.9   | 52.2±8.94 | 52.0±5.80 | 53.0±4.92 | 1.0                   | 1.86                    | 0.06     | 0.60    |       |         |

**Table10 Comparison of means in overall of dependent variable between study and control sample conscripts ( Continued )**

| Variables                                    | Study      |           | Control   |           | Study<br>Mean Dif±S.D | Control<br>Mean Dif±S.D | P-Value |         |       |         |
|--|------------|-----------|-----------|-----------|-----------------------|-------------------------|---------|---------|-------|---------|
|  | Means ±S.D |           | Means±S.D |           |                       |                         | Study   | Control | Study | Control |
|  | Pre-test   | Post-test | Pre-test  | Post-test |                       |                         |         |         |       |         |
| <b>Practices</b>                             |            |           |           |           |                       |                         |         |         |       |         |
| 4.Total score of condoms use practices       | 22.7±6.09  | 28.4±8.50 | 24.7±7.09 | 27.0±5.40 | 5.7                   | 2.3                     | 0.001** | 0.09    |       |         |
| <b>SMS used</b>                              |            |           |           |           |                       |                         |         |         |       |         |
| 6.Total score SMS used                       | 8.1±1.90   | 9.8±2.08  | 7.8±2.06  | 7.9±2.16  | 1.7                   | 0.1                     | 0.004*  | 0.06    |       |         |
| 7. Total score of frequency of SMS           | 6.7±4.60   | 17.6±5.60 | 6.6±4.70  | 14.8±4.60 | 10.9                  | 8.2                     | 0.002*  | 0.27    |       |         |
| <b>Squad leader roles</b>                    |            |           |           |           |                       |                         |         |         |       |         |
| 8.Total score of squad leader mentoring role | 9.5±3.24   | 8.3±3.51  | 8.8±3.05  | 5.8±3.05  | 1.2                   | 3                       | 0.35    | 0.67    |       |         |

Data are Means ± S.D. , Using Paired- Sample T test

\* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

5.2.6.3 Table 11 compares the difference in score of safe sex knowledge between pre-post-test of study and control group conscripts.

5.2.6.4 In the study group, the knowledge in detail of scores significantly increased about STD for most items such as syphilis, hepatitis, herpes simplex and genital herpes, candidiasis, and herpes zoster as shown in Table 12.

On the other hand, for HIV and AIDS, there was no difference between pre and post-test scores in both study and control groups (Table 12) using the Mc Nemar Test.

5.2.6.5 Table 13 compares the difference in scores of attitudes about safe sex in the conscripts.

5.2.6.6 The items of attitude about safe sex were divided into 5 scales, and no difference was found between pre and post-test in both study and control groups. However one interesting item (“It is fine to have multiple partners without condoms others do the same”) significantly changed by using Pearson Chi-square 0.01\*. Compared to control group, there were significant changes in the item “Having sex with only one’s wife is so boring” changed when using Pearson Chi-square 0.005\* as shown in Table 13.

5.2.6.7 Table 14 compares the difference in scores of practices in safe sex, sex partners and experience of tracking STDs in conscripts.

5.2.6.8 There was no difference in each item including the significant change in the study group. But in the control group, there were significant changes for the item “In the last 6 months, you never had sex at all” (p-value <0.001\*\*) and reverse change for the item “If you are married (or have girlfriends), in the last 6 months, you only had sex with your wife (or girlfriends)”. (p-value= 0.05, 0.06) (Table 14.)



**Table 11 Pre post-test test comparison of knowledge scores of study and control conscripts**

| Variables   | Chi-Square |         | P-Value |          |
|---|------------|---------|---------|----------|
|   | Study      | Control | Study   | Control  |
| 1. 1.1 No sexual activities   | 1.36       | 6.25    | 0.24    | 0.01     |
| 1.1.2 Having sex with wife only   | 0.41       | 3.84    | 0.52    | 0.05     |
| 1.1.3 Having sex with regular partner only  | 4.56       | 14.04   | 0.33    | <0.001** |
| 1.1.4 Use condom every time when having sex with non-regular (steady) partners or sex workers | 0.83       | -       | 0.36    | 0.5      |
| 1.1.5 Use condom every time when having sex with regular partners                             | 1.73       | 0.00    | 0.18    | 1.00     |
| 1.1.6 Having sex without condoms when having sex with male partners                           | -          | -       | 1.0     | 0.48     |
| 1.1.7 Use condom every time when having sex   | -          | 2.06    | 0.67    | 0.15     |
| 1.1.8 Masturbation is safe sex  | -          | 4.78    | 1.0     | 0.29     |
| 1.1.9 Oral sex is safe  | 1.0        | 7.25    | 0.31    | 0.07*    |
| 1.1.10 Using drug and alcohol can lead to unsafe sex  | 3.51       | 28.19   | 0.06    | <0.001** |

Using Mc Nemar -test , \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

**Table 12 Pre-post test compared of STDs scores of study and control conscripts**

| Variables                                     | Chi-Square |         | P-Value  |          |
|---|------------|---------|----------|----------|
|   | Study      | Control | Study    | Control  |
| 1.2.1 Every STDs come from sexual intercourse | 3.55       | 0.03    | 0.59     | 0.08     |
| 1.2.2 Gonorrhoea                              | 0.32       | 0.55    | 0.57     | 0.49     |
| 1.2.3 Non- gonococcal Gonorrhoea              | 1.33       | 0.02    | 0.24     | 0.86     |
| 1.2.4 Syphilis                                | 15.14      | 3.56    | <0.001** | 0.06     |
| 1.2.5 Hepatitis                               | 7.22       | 0       | 0.007*   | 1.0      |
| 1.2.6 Herpes simplex/ genital herpes          | 18.36      | 4.0     | <0.001** | 0.04*    |
| 1.2.7 pubic lice and louse                    | 32.65      | 26.68   | <0.001** | <0.001** |
| 1.2.8 Candidiasis                             | 11.02      | 0       | <0.001** | <0.001** |
| 1.2.9 Herpes zoster                           | 34.04      | 19.53   | 0.63     | 0.34     |
| 1.2.10 HIV and AIDS                           | -          | 0.89    | 0.63     | 0.34     |

Using Mc Nemar -test ,

\* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

**Table 13 Comparison of differences of attitude score between pre and post test of study and control group conscripts**

| Variables   | Chi-Square |         | P-Value |         |
|---|------------|---------|---------|---------|
|   | Study      | Control | Study   | Control |
| 1.No sex is impossible  | 14.2       | 9.51    | 0.58    | 0.89    |
| 2.Condom use can prevent STD  | 13.51      | 10.89   | 0.66    | 0.81    |
| 3. Not using condoms is proof being a real man  | 25.04      | 10.81   | 0.69    | 0.81    |
| 4.Having sex with only one's wife is boring   | 20.83      | 34.24   | 0.18    | 0.005*  |
| 5.It is fine to have multiple partners without using condoms.<br>Others will also do the same                               | 31.63      | 10.87   | 0.01*   | 0.81    |
| 6.When having sex with one's girlfriend it is not necessary to use condoms all the time because she can be trust to be safe | 10.78      | 12.06   | 0.82    | 0.74    |
| 7.When having sex with men there is no need to use condom   | 17.47      | 10.52   | 0.35    | 0.84    |
| 8.It is impossible to have sex with only one female   | 26.21      | 12.32   | 0.51    | 0.72    |
| 9.Drinking alcohol and using drug can lead to unsafe sex behaviors  | 18.17      | 16.92   | 0.31    | 0.39    |

**Table 13 Comparison of differences of attitude score between pre and post test of study and control group conscripts ( Continued)**

| Variables   | Chi-Square |         | P-Value |         |
|---|------------|---------|---------|---------|
|   | Study      | Control | Study   | Control |
| 10.All STDs can be cured  | 11.16      | 10.58   | 0.79    | 0.83    |
| 11.Using condom is embarrassing   | 17.96      | 7.8     | 0.32    | 0.95    |
| 12. Express trust and sincerity to partners by not using condoms            | 12.44      | 12.61   | 0.71    | 0.70    |
| 13.It is difficult to talk about sex with others                            | 15.36      | 17.53   | 0.49    | 0.35    |
| 14. If partners do not like to put a condom on, it is fine                  | 13.77      | 16.98   | 0.61    | 0.38    |
| 15.When aroused, it is impossible to stop and put a condom on               | 18.24      | 18.68   | 0.310   | 0.28    |
| 16. If condoms break and tear, it is impossible to stop and apply a new one | 16.62      | 14.61   | 0.41    | 0.55    |

Using Pearson Chi Square Test , \* = statistically significant and \*\* = Highly statistically significant at p value < 0.05

**Table 14 Compared differences of sex partners and experiences tracking sexual transmitted diseases between pre and post test of study and control conscripts**

| Variables  | Chi-Square |         | P-Value |          |
|--|------------|---------|---------|----------|
|  | Study      | Control | Study   | Control  |
| 1. In the last 6 months, you never had sex at all                              | -          | 13.78   | 0.18    | <0.001** |
| 2. If you are married, in the last 6 months, you only had sex with your wife   | -          | 3.78    | 0.38    | 0.05     |
| 3. In the last 6 months, you only had sex with your girlfriend ( 1 girlfriend) | -          | 3.5     | 0.23    | 0.06     |
| 4. In the last 6 months, you had sex with your girlfriends ( more than 1)      | -          | 6.24    | 1.0     | 0.001*   |
| 5. In the last 6 months, you only had sex with a man( only 1)                  | 1.93       | -       | 0.16    | 0.26     |
| 6. In the last 6 months, you had sex with men (more than 1)                    | 3.22       | 0       | 0.07    | 1        |
| 7. In the last 6 months, you had sex with sex workers                          | -          | -       | 0.84    | 0.28     |
| 8. In the last 6 months, you had sex with non-steady partners                  | 0.09       | 0.26    | 0.75    | 0.60     |
| 9. In the last 6 months, you had STDs  | 1.63       | -       | 0.20    | 0.38     |

**Table 14 Compared differences of sex partners and experiences tracking sexual transmitted diseases between pre and post test of study and control conscripts ( Continued )**

| Variables   | Chi-Square |         | P-Value |         |
|---|------------|---------|---------|---------|
|   | Study      | Control | Study   | Control |
| 10. In the last 6 months, you received diagnosis and treatment for an STD | 1.82       | 0.13    | 0.17    | 0.72    |

Using Mc Nemar -test , \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

5.2.6.9 Table 15 compares the difference in scores of practices in safe sex and condoms used by conscripts. The total score of practicing safe sex and condoms used in conscripts highly significantly changed in study groups,  $23 \pm 0.86$  and  $27.56 \pm 1.17$  ( p-value =0.001\*) and did not change significantly in the control group  $24.94 \pm 0.99$  and  $26.94 \pm 0.77$  ( p-value =0.09). The items on condom use show significant change for 2 items as follows: “In the last 6 months, you had sex with a man ( only 1) and used condoms” ( p-value=0.03\* ) and, “In the last 6 month, you had sex with men ( more than 1) and used condoms” ( p-value=0.01\* ) compared to the control group in which there were no significant changes for each item( Table 15 ).

**Table 15 Comparison of differences of condom use between pre and post-test of study and control group conscripts**

| Variables   | Chi-Square |         | P-Value  |         |
|---|------------|---------|----------|---------|
|   | Study      | Control | Study    | Control |
| 1.If you are married, in the last 6 months, you used condoms with your wife   | 6.40       | 3.27    | 0.01*    | 0.07    |
| 2.In the last 6 months, you had sex with your girlfriends and used condoms    | 6.42       | 5.58    | 0.01*    | 0.01*   |
| 3.In the last 6 months, you had sex with a man ( only 1 ) and used condoms    | 9.94       | 0.06    | 0.002*   | 0.80    |
| 4.In the last 6 month, you had sex with men ( more than 1 ) and used condoms  | 8.0        | 1.14    | 0.005*   | 0.28    |
| 5.In the last 6 months , you had sex with sex workers and used condoms        | 9.52       | 2.3     | 0.002*   | 0.12    |
| 6.In the last 6 months, you had sex with non-steady partners and used condoms | 16         | 4.92    | <0.001** | 0.02    |
| 7.*In the last 6 months, you had oral sex without condoms                     | 6.12       | 5.14    | 0.01*    | 0.02*   |

**Table 15 Comparison of differences of condom use between pre and post-test of study and control group conscripts ( Continued )**

| Variables   | Chi-Square<br>S.D. |         | P-Value |         |
|---|--------------------|---------|---------|---------|
|   | Study              | Control | Study   | Control |
| 8. In the last 6 months, whenever you had sex, you used condoms correctly and effectively | 21.72              | 0.49    | 0.15    | 0.97    |

Using Pearson Chi Square Test , \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

5.2.6.10 Table 16 compares the difference scores on the advantage in SMS used. The total score of advantage in using SMS between pre-post-test of study and control conscripts significantly increased from  $5.5 \pm 2.4$  to  $6.76 \pm 1.99$  in study group and from  $6.17 \pm 0.24$  to  $6.81 \pm 0.26$  (p -Value=0.004\*\*) in control group (p -Value=0.063).

The details of advantage in using SMS in categories “received health message about safe sex”, and “ever received message about safe sex behaviors” were highly significantly increased, both with p-Value<0.001\*\*\* ( Table 16 ). By contrast, there were some differences in items “Feel private when opening an SMS” and “I open an SMS immediately” with both having p-Values <0.001 in the control group.



**Table 16 Comparison of differences of advantage in using SMS between pre and post -test of study and control group conscripts**

| Variables   | Chi-Square |         | P-Value |          |
|---|------------|---------|---------|----------|
|   | Study      | Control | Study   | Control  |
| 1.Mobile phone is necessary for your daily life   | -          | 42.48   | 1.0     | <0.001** |
| 2.Your mobile phone can use SMS function  | -          | 58.14   | 1.0     | <0.001*  |
| 3. You mostly use your mobile phone for your conversation   | -          | 10.81   | 0.60    | 0.001    |
| 4. You use SMS function with your friends and girlfriends   | -          | -       | 0.58    | 0.078    |
| 5. You have ever used SMS function for downloading video clips. pictures, songs and pornography video clips | 7.5        | 41.19   | 0.06    | <0.001** |
| 6.You have ever used SMS function for votes and competitions  | 5.9        | 5.02    | 0.01*   | 0.02*    |
| 7. You have ever used SMS function for football match competitions  | 5.6        | 1.73    | 0.18    | 0.18     |

**Table 16 Comparison of differences of advantage in using SMS between pre and post -test of study and control group conscripts( Continued)**

| Variables  | Chi-Square |         | P-Value  |          |
|--|------------|---------|----------|----------|
|  | Study      | Control | Study    | Control  |
| 8. You open message immediately                                | -          | 32.65   | 0.18     | <0.001** |
| 9. You feel privacy when you open messages                     | -          | 25.28   | 0.38     | <0.001** |
| 10. You ever received health messages about safe sex behaviors | 15.56      | 18.22   | <0.001** | <0.001** |
| 11. You ever received messages about safe sex behaviors        | 32.59      | 7.22    | <0.001** | 0.007    |

Using Mc Nemar -test , \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

5.2.6.11 Table 17 compares mean differences in scores of frequency of using SMS. The item scores in frequency of using SMS mostly increased as seen in table 17.

**Table 17 Comparison of differences in scores of frequency of using SMS on mobile phone between pre and post -test of study and control group conscripts**

| Variables  | Chi-Square |         | P-Value |         |
|--|------------|---------|---------|---------|
|  | Study      | Control | Study   | Control |
| 1. You use SMS function for downloading video clips, picture, songs and pornography picture and VDO clip, pictures, song, and pornography pictures | 12.75      | 35.20   | 0.69    | 0.004*  |
| 2. You use SMS for competitive football games  | 24.25      | 29.43   | 0.08    | 0.02    |
| 3. You use SMS for competitive football matches  | 26.16      | 21.95   | 0.05    | 0.14    |
| 4. You open and read every short message   | 14.20      | 31.56   | 0.58    | 0.01*   |
| 5. You open and read health messages   | 15.36      | 15.00   | 0.49    | 0.52    |
| 6. You open and read messages about safe sex behaviors on mobile phone   | 13.17      | 18.28   | 0.66    | 0.30    |

Using Pearson Chi Square Test \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

5.2.6.12 Table 18: Comparison of mean differences in scores of squad leaders mentoring roles between pre-post-test of study and control groups. The score of each item in this category showed no significant change compared to the control group which had significant changes in “You trust your squad leader” (p value =0.03\*)” However the item of “Your squad leader has knowledge and ability to promote safe sex behaviors” in study group had significant changes” (p value =0.006\*) .( Table 18 )

**Table 18 Comparison of differences of squad leader mentoring roles between pre and post -test of study and control group conscripts**

| Variables  | Chi-Square |         | P-Value |         |
|--|------------|---------|---------|---------|
|  | Study      | Control | Study   | Control |
| 1. You and your squad leader have good relationships   | 0.38       | 0.96    | 0.84    | 0.32    |
| 2. Your squad leader is involved in your daily life  | 1.22       | 0.10    | 0.26    | 0.74    |
| 3. You trust your squad leader   | -          | 4.55    | 0.50    | 0.03*   |
| 4. Your squad leader is the first person you talk to when you have problems                                | 2.7        | 0.13    | 0.10    | 0.71    |
| 5. Your squad leader can support you to have safe sex behaviors  | 1.36       | -       | 0.24    | 0.62    |
| 6. When you take leave or a break, your squad leader gives information and support to you to have safe sex | 0.03       | 1.3     | 0.86    | 0.24    |

**Table 18 Comparison of differences of squad leader mentoring roles between pre and post -test of study and control group conscripts ( Continued )**

| Variables  | Chi-Square |         | P- value |         |
|--|------------|---------|----------|---------|
|  | Study      | Control | Study    | Control |
| 7. Your squad leader can communicate with you effectively                                | -          | 0.03    | 0.35     | 0.85    |
| 8. Your squad leader is involved with sexual health information and condoms distribution | 1.63       | 1.16    | 0.02     | 0.28    |
| 9. Your squad leader can coach you in every things                                       | 1.36       | 1.93    | 0.24     | 0.16    |
| 10. You are close to your squad  | 3.69       | -       | 0.05     | 1.0     |
| 11. Your squad leader has knowledge and ability to promote safe sex behaviors            | 7.60       | 0.65    | 0.006*   | 1.0     |
| 12. Your squad leader is a good model for you  | 0          | 2.13    | 1        | 0.14    |

Using McNemar -test , \* = Statistically significant and \*\* = Highly statistically significant at p value<0.05

จุฬาลงกรณ์มหาวิทยาลัย

5.2.6.13 Table 19 shown the number of conscripts who reported they were diagnosed as STDs 6 conscripts in study group and 9 in control group during pre- test. After finished the study, the number of reported for STDs 13 conscripts were reported in study group and 17 conscripts in control group. The comparison of changes was used by Mc Nemar test shown that no differences between study and control groups ( p value =0.52, 0.72 in pre and post-test)

**Table 19 Reported STDs diagnosed of pre and post –test between study and control groups**

| STDs Diagnosed | Study group | Control group | p-value |
|----------------|-------------|---------------|---------|
| Pre-test       | 6           | 9             | 0.52    |
| Post-test      | 13          | 17            | 0.72    |
| Total          | 19          | 26            |         |

Using Mc Nemar Test

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

5.2.6.14 The numbers of SMS sent from researcher by 2 methods SMS sent through participants by SMS network system (Thai bulk SMS ) 3,093 times, SMS sent through participants by SMS on mobile phone 2,134 times. The number of participants sent SMS back: 109 messages; and call back to the researcher: 131 times ( Table 20)



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 20 Short Message Services responded during the study**

| Date     | Message                                | No of<br>Message<br>through<br>Thaibulk | No of<br>Message<br>through | No.of<br>back<br>SMS | No.<br>call<br>back |
|----------|--|---|-----------------------------|----------------------|---------------------|
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 21/8/53  | about condom use                       | 104                                     | 45                          | 7                    | 3                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 28/8/53  | about condom use and being a gentleman | 114                                     | 33                          | 5                    | 4                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 4/9/53   | about condom use                       | 76                                      | 66                          | 3                    | 5                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 11/9/53  | about attitude of condom use           | 89                                      | 74                          | 2                    | 7                   |
| 14/9/53  | Message from researcher about safe sex | 98                                      | 72                          | 3                    | 4                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 18/9/53  | about condom use                       | 90                                      | 73                          | 3                    | 6                   |
| 23/9/53  | Message from researcher about safe sex | 111                                     | 23                          | 4                    | 2                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 25/9/53  | about condom use                       | 122                                     | 50                          | 3                    | 2                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 2/10/53  | about HIV infection and condom use     | 75                                      | 81                          | 11                   | 4                   |
| 6/10/53  | Message from researcher about safe sex | 74                                      | 83                          | 5                    | 8                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 9/10/53  | about condom use                       | 124                                     | 40                          | 8                    | 5                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 16/10/53 | about HIV and condom use               | 129                                     | 35                          | 5                    | 6                   |
|          | Message from researcher about safe sex |   |                             |                      |                     |
| 20/10/53 | with men                               | 119                                     | 59                          | 2                    | 2                   |
|          | Message from the group of conscripts   |   |                             |                      |                     |
| 22/10/53 | about HIV infection and condom use     | 123                                     | 41                          | 3                    | 3                   |



**Table 20 Short Message Services responded during the study ( Continued )**

| Date     | Message                                    | No of<br>Message<br>through<br>Thaibulk<br>SMS | No of<br>Message<br>through | No.of<br>back<br>SMS | No.of<br>call<br>back |
|----------|--|--|-----------------------------|----------------------|-----------------------|
|          | Message from the group of conscripts       |  |                             |                      |                       |
| 24/10/53 | about condom use                           | 112  | 62                          | 4                    | 6                     |
|          | Message from the group of conscripts       |  |                             |                      |                       |
| 30/10/53 | about condom use and being a gentleman     | 112  | 62                          | 2                    | 6                     |
|          | Message from the group of conscripts       |  |                             |                      |                       |
| 6/11/53  | about condom use                           | 100  | 64                          | 2                    | 5                     |
|          | Message from the group of conscripts       |  |                             |                      |                       |
| 13/11/53 | about condom use and STDs                  | 103  | 61                          | 3                    | 4                     |
|          | Message from researcher about Loy          |  |                             |                      |                       |
| 21/11/53 | Kratong Festival and safe sex              | 110  | 77                          | 3                    | 4                     |
|          | Message from the group of conscripts       |  |                             |                      |                       |
| 27/11/53 | about HIV infection and condom use         | 99   | 58                          | 1                    | 5                     |
|          | Message from researcher about Father's     |  |                             |                      |                       |
| 4/12/53  | Day and being a good gentle man            | 109  | 67                          | 1                    | 8                     |
|          | Message from researcher in competition for |  |                             |                      |                       |
| 11/12/53 | safe sex answers                           | 96   | 72                          | 1                    | 2                     |
|          | Message from researcher in competition for |  |                             |                      |                       |
| 18/12/53 | safe sex answers                           | 56   | 82                          | 8                    | 4                     |
|          | Message from researcher in competition for |  |                             |                      |                       |
| 25/12/53 | safe sex answers                           | 115  | 96                          | 6                    | 1                     |
|          | Word from a conscript about condom use     |  |                             |                      |                       |
| 30/12/53 | and safe sex                               | 92   | 82                          | 2                    | 4                     |

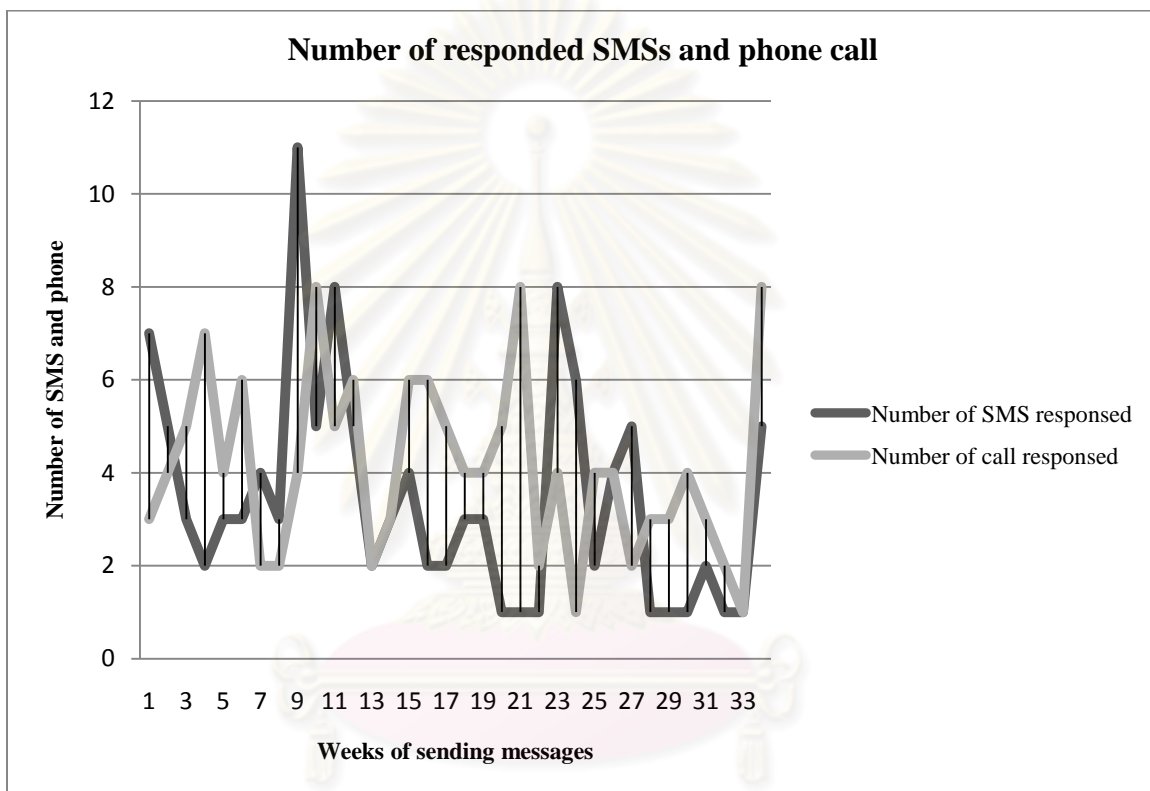
**Table 20 Short Message Services responded during the study( Continued )**

| Date     | Message   | No of<br>Message<br>through<br>Thaibulk<br>SMS | No of<br>Message<br>through | No.of<br>back<br>SMS | No.of<br>call<br>back |
|----------|---|--|-----------------------------|----------------------|-----------------------|
| 31/12/53 | Message from researcher about safe sex                              | 94   | 85                          | 4                    | 4                     |
| 8/1/54   | Message from researcher in competition for safe sex answers         | 87   | 60                          | 5                    | 2                     |
| 15/1/54  | Message from researcher about safe sex                              | 58   | 79                          | 1                    | 3                     |
| 22/1/54  | Message from researcher about safe sex                              | 69   | 75                          | 1                    | 3                     |
| 29/1/54  | Message from researcher about safe sex                              | 77   | 66                          | 1                    | 4                     |
| 5/2/54   | Supporting words from researcher to conscripts in the battle fields | 90   | 83                          | 2                    | 3                     |
| 5/2/54   | Message from researcher about safe sex                              | 87   | 79                          | 1                    | 2                     |
| 11/2/54  | Supporting words from researcher to conscripts in the battle fields | 94   | 68                          | 1                    | 1                     |
| 14/2/54  | Appreciation word to all subjects                                   | 94   | 76                          | 5                    | 8                     |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Figure 2 shown that the highest of responded during week 9<sup>th</sup> after refreshing the squad leaders and giving the prizes for competition of creating SMSs.

**Figure 2 The number of responded SMSs and phone call back to the researcher**



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## CHAPTER VI

### DISCUSSION AND RECOMMENDATIONS

#### 6.1 Introduction

There are a lot of research questions on the topic of changing unsafe sex behaviors among adolescents, such as, whether risk-reduction behavioral skills can be increased, whether intervention-induced behavioral change can be sustained, whether the behavior of high-risk populations can be changed and which kinds of interventions are most effective. It is concluded that carefully designed theory-based interventions that take into account the characteristics of the particular population or culture can cause positive changes in adolescents' safe sex behavior, but boundary conditions for their effectiveness still need to be identified (Jemmott, 2000 ). However, in the last decade, the interactive channels, such as mobile phone, and short message services (SMS) have become a part of human life. There are many studies using SMS to promote behavioral changes. For example, in 2007, the pre-post design studies of anti-obesity have shown effective impact in behavior modification in a community-based weight control program ( Joo and Kim, 2007). Similarly, the study of RCT in asthma patients has shown PEP variability significantly reduced in the study group. Many studies on HIV treatment have shown the effectiveness of using SMS for resource-limited settings; group-recommended mobile phone communication might be an effective tool to improve patient outcomes (Richard, et al, 2010). In Thailand, the mobile phone is becoming a daily need of the people. At present, communication technology enables a variety of access to SMS, MMS, MSN, and Skype. SMS is the cheapest and easiest to access for the underserved population. For most people at work, text messages can be sent to them without disturbing them if they use the vibrate or silent function, after which they can open the SMS privately. Because the technology alone would be too abstract to change behaviors, the study tried to integrate the existing Royal Thai Army (RTA) program and the appropriate technology in order to promote safe sex in RTA conscripts.

## **6.2 Characteristics of Squad leaders**

The study found that the squad leaders who enrolled in the program had an age mean of 44.9 years compared to the population of all squad leaders in the RTA (25-35 years old, Directorate of Personnel, RTA), and had been serving as squad leaders for a mean of 13.14 years  $\pm$  2.10 compared to 10-20 years for the entire population of squad leaders, (Directorate of Personnel, RTA). In the study of Carl C. Bell in Protective Factors to Offset Sexually Risky Behaviors among Black Youth, the authors stated that the effective mentors should be of similar age to the youth. Practically, a squad leader who is taking care of the conscripts in the field will be the one who stays with the conscripts. In this study the researcher could only recruit squad leaders who had completed conscription many years prior. The ideal candidates for squad leader (i.e., age not more than 35 years) were not available to participate in the program.

## **6.3 Squad Leader roles to be mentors in promoting safe sex**

To be a squad leader in the RTA, there are several challenges, especially working in the battle field. To control their conscripts, the squad leader needs to ensure that they perform their assigned duties. They also become involved in the personal lives of the conscripts because of the difference in background of all conscripts living together. The researcher did not compare the home provinces of the conscripts because it was not possible to eliminate this factor. However, the majority of the conscripts in the study came from the central part of Thailand. In promoting safe sex, the study found that most squad leaders thought that practicing safe sex (themselves and their peers) was most important compared to the squad leaders who first came to the training session but did not participate. Moreover, pre-post-test data of squad leaders showed that they believe that as part of their role, they can promote safe sex and be a good mentor of their conscripts, both pre- and post-entry into the study. The qualitative part found that the RTA should have more and clearer policies for squad leaders to play the mentor role of promoting safe sex because, at present, the squad leaders have a heavy workload in commanding the conscripts, such as battle field training, taking care of the health of the

conscripts, including prevention of drug addiction and receiving physical exams. Most of squad leaders were agreed that promoting safe sex in their conscripts was not only the duty of health centers and the medical unit but also the duty of all squad leaders in the RTA. The quantitative results shown that it is difficult to change the role of squad leader in the conscripts' point of view. However, the conscripts felt that they were closer to their squad leaders and their squad leaders gained more knowledge about safe sex. The program aimed to promote safe sex in conscripts through squad leaders. However, most of squad leaders who enrolled through the program were mostly of higher age; therefore, a gap might occurred in the results that affected the total score resulting in no significant increase.

#### **6.4 Findings of the study**

##### **6.4.1 Knowledge and attitude of squad leader**

The study found that, at the beginning of the study, the knowledge of squad leaders about safe sex was still limited. After finishing the program, knowledge and attitude about safe sex increased. Because of the workload of squad leaders, and the possibility that the knowledge of safe sex might not transmit through the field squad, the items of the knowledge of STIs showing significant change were safe sex in several items such as no sex and using condoms with all kinds of sex partners. From the previous study of relationships among sexual knowledge, attitude and safe sex behaviors in adolescents, it was found that the mentor structural model is a solid channel for promoting safe sex in adolescents ( Jiunn-Horng Loe, 2009) Some attitudes highly improved as shown in several items. For example: "I realized that military policies have the programs focusing on STIs and HIV" including concern about safe sex for themselves and their conscripts. After the study, they all understood that using new technology would increase promoting safe sex as indicated by the significant change in items "I usually use mobile phone and SMS function", and "I think using communication technology devices can promote safe sex among conscripts" as the study of mentor

support has shown that one on-line HIV prevention targeting to MSM also increased attitude of target population.

#### **6.4.2 Being conscripts, being more prone to unsafe sex**

Serving in the RTA is compulsory duty for Thai men. The qualitative result found that they were more attractive to the women after than before entering the army. From focused group discussion, almost all the conscripts had more than one girlfriend and they were already sexually active. Moreover, some of them (around 20 %) already engaged in both homosexual and heterosexual activities. The results show that most of their female partners did not want them to use condoms because of reduced sex pleasure and the disdainful implication for the woman. Three out of four conscripts also said there were some condoms available in some entertainment places even though they sometimes bought condoms by themselves at minimarts (e.g., 7-11) if they had sex with non-steady partners or sex workers. As UNAIDS has observed, uniformed personnel engaged in unsafe sex because of group living and being more attractive to the women (UNAIDS, 2005)

Quantitative results show that the number of partners for conscripts increased and significantly increased in the control group. This result is proof that when Thai men become army personnel, they are more likely to have more sex partners and risk of unsafe sex. Therefore, designing the prevention program is highly necessary for uniformed personnel.

After the intervention period, the post-test self-administrative questionnaires were distributed to conscripts by squad leaders. The overall result for both study and control groups on total attitude did not show the statistical significance. However, the attitude items changed regarding condom use in situations when they engaged in sex with multiple partners. As mentioned, being a conscript means more risk to have multiple partners.

#### **6.4.3 Knowledge of the conscripts**

At the beginning of the study, the knowledge of safe sex and STIs in conscripts were limited. However significant changes in STI knowledge were found in

both study and control groups. In the study group, the results imply that the educational channel through SMS will be effective for this group of people. This is similar to the findings in the study of a Randomized Controlled Trial of an SMS-Based Physical Activity Intervention which found that SMS increased frequency of PA and walking for exercise in targeted group. (Brianna S. et.al, 2010 )

The detailed observation found that there were no differences between pre-post test scores about HIV and AIDS because, before being assigned and deployed, conscripts receive a short training course on HIV by the Army but not on STIs. Therefore, the score of STIs was significantly increased.

#### **6.4.4 The study intervention increased knowledge**

At present, the HIV/AIDS mass education campaign in Thailand has addressed the epidemic and the number of HIV infected people. Therefore, people are now aware of many basic facts about AIDS, including the fact that HIV is sexually transmitted, and condoms and safer sex reduce risk. .But, there is often a gap between knowledge and behavior. However, the use of latex condoms is accepted to reduce the risks of STIs, including HIV. This study has shown the statistically significant increase in knowledge in the study group. Therefore SMS is the channel that can be used to reach people more personally. The researcher provided the question/answer competitions during the study period to confirm that all the messages were absorbed by the conscripts and to confirm that all the message were opened. During the study period, there were some responses that indicate they feel safe when they received the SMS. The results also shown that the total score of knowledge and STIs significantly increased in the study group. Similarly for knowledge of the squad leaders, after finishing the study, the total knowledge score increased significantly.

#### **6.4.5 Practice of condom use changed without changing in attitude**

In general, regardless of person's knowledge of AIDS, no behavioral change to prevent HIV transmission is likely unless the individual perceives personal risk. In this study, it was demonstrated that the conscripts reported significant change in using condoms when having sex with men (single and multiple partners). The result of the



study implied that they were more likely to have sex with another man when they were living together. Even so, the attitudes did not change because of several reasons including the 5-scaled responses of the questionnaires. However, change had been found in attitudes as well (  $p=0.006$ ). Because the recruits are having sex with men, it is more important to deliver prevention programs for high-risk groups in promoting safe sex that will benefit the RTA.

#### **6.4.6 Did the ABC strategy approach in this study work for the RTA conscripts?**

The ABC strategies in this study tried to promote dignity and self worth, the importance of abstinence in reducing the transmission of STIs and HIV, the skill of practicing secondary abstinence, being faithful and finally using condoms correctly and consistency.

However, the Thai HIV epidemic has not been static, it has evolved. The behavioral risk factors of young Thai men have changed over time (Celentano et al., 1995). As the impact contribution of direct commercial sex was reduced by the country's efforts, other modes of transmission assumed more visibility and importance. Husband-wife transmission became the dominant route of infection for women. As brothels were increasingly perceived as high-risk, commercial sex shifted to indirect sites, many of which were more difficult to identify than brothels. Feelings of safety by the clients at these sites reduced the pressure to use condoms. At present the transmission shifted from direct sex workers to regular partners of conscript as shown in the study aim to approach mode of most risk of STIs and HIV infected such as MSM or indirect sex workers.

#### **6.5 The study tracked the right target**

From the study, we found that squad leaders have an important role to play in promoting safe sex. Using SMS via mobile phones will be the appropriate solution to develop to be the Army model in the future that will be cost-effective and suitable for vulnerable groups such as teenagers, MSM ( men who have sex with men ), and drug users .

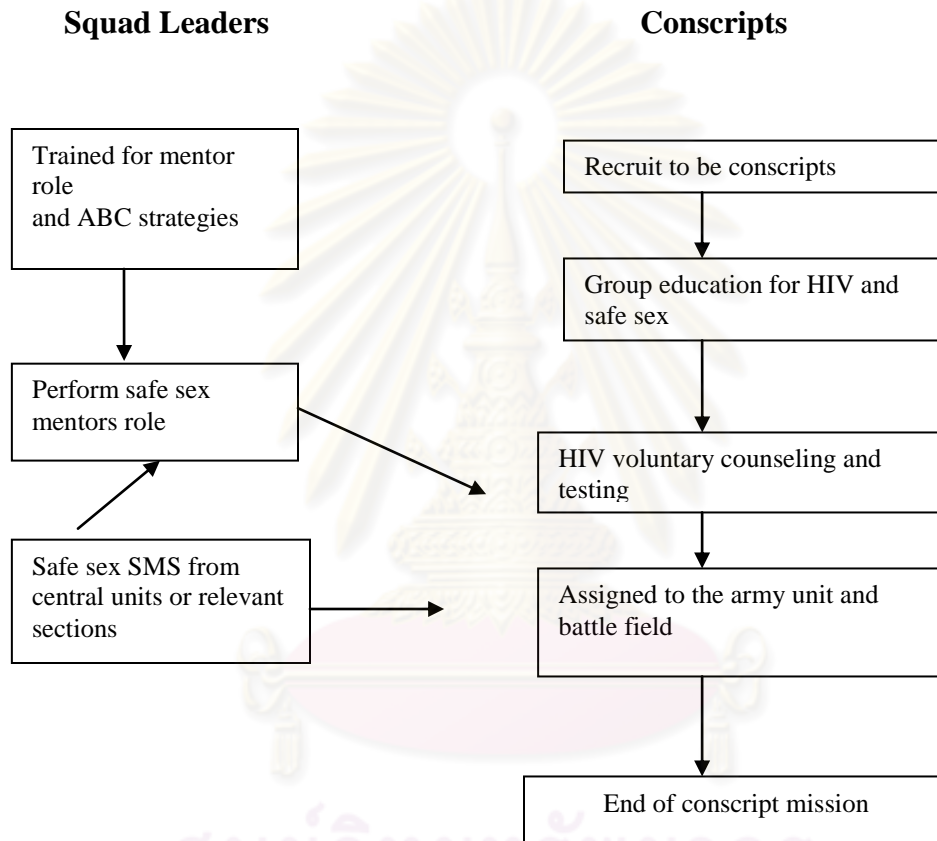
Using mobile technology to promote safe sex and awareness regarding HIV and many other communicable diseases can be a very promising step in this regard. Through SMS, MMS and other mobile technology we can send our point of view to these exposed conscripts which are the back bone of our defense force. At the same time an SMS-based forum for discussion can be created to counsel them on the subject and give free education regarding these diseases. In this regard we can approach cellular phone companies for help and positive support.

#### **6.6 Building the capacity of squad leaders**

Along with the study, even the total score of squad leaders roles in the conscripts view has not shown statistically significant changes ( $p=0.35$ ). But details of leaders' role has shown significant changes in such items as “Your squad leader is involved with sexual health information and condoms distribution” when compared to the control group ( $p=0.02^*$ ,  $p=0.28$ ), “You are close to your squad leader” ( $p=0.05^*$ ,  $p=1$ ), and “Your squad leader has knowledge and ability to promote safe sex behaviors” ( $p=0.006^*$ ,  $p=1$ ). Therefore implementing the model as below will be of benefit to the RTA and conscripts both while they serve and as civilians after they finish the mission.

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Figure 3 The Model of Squad leaders Mentors through Short Message Services for promoting safe sex in conscripts**



## **6.7 Limitations**

The researcher proposed the study early in 2010 and completed the data collection instruments in early March 2010. The study started at the beginning of May 2010 in order to recruit the conscripts who report to the army base during the period of April 2010. Due to the unstable situation from political protests at that time, the study was postponed to August 2010. The process of the study was running well with several levels of cooperation. Commanders were concerned about the sex practices of the conscripts. During the period of the study (November 2010) the squad leaders and conscripts were assigned to assist in flood relief in many provinces of Thailand. SMS were still sent to them and the study could progress. However, by the time near the end of the study (between end of January and beginning of February 2011), there were border conflicts between Thailand and Cambodia, Cobra-Gold (Joint training course between RTA and United States Army) and a worsening situation in the three southern border provinces of Thailand. These unforeseen factors required that some sample squad leaders and conscripts were assigned to serve in these problem areas. Changing the number of the sample in both the study and control groups may have affected the results of the study. However, the sample size calculation allowed a reduced number of sample respondents, therefore permitting the completion of the study with 81 sample study conscripts and 77 sample control conscripts. In addition, when testing the power back by using the difference of means changes in STIs; the power was less than 80 %; but when using the knowledge changes, the power of the study still remained at 100 %.

## **6.8 Conclusion**

The research question focused on how the intervention could function for the Thai conscripts by strengthening the leadership role of squad leaders combined with finding the channel that reaches the target easily and directly. The study provided the information that conscripts need more knowledge and information in promoting safe sex. Having understanding and reliable persons as the mentor of conscripts was required. Due to result of the study and other findings in studies of friends helping friends and peer programs, these results imply that the safe sex programs should take place throughout the

RTA system. It was difficult to perform the longer-term intervention with the target group. Rarely are studies performed using long-term interventions with this group because unpredictable assignments occur. Therefore, long-term study data are still limited. This study occurred at the beginning of the RTA programs and used six months of follow-up of the squad leaders and conscripts. Only a few other studies of Army-based interventions of this nature have been conducted.

### **6.9 Recommendations**

The findings of the study suggest that the RTA system should pay more attention to conscripts in promoting safe sex. The RTA has a more beneficial health system than for civilians. However, using the existing facilities is still limited. From the process of this study it was found that most of field commanders realized that promoting safe sex is important. Designing the appropriate approaches will be of benefit and give the opportunity to Thai men to practice safe sex both during their service in the army and after leaving the army. The benefits also can be applied to the communities that the former conscripts live as well.

The availability of condoms also is the important finding of the study. The more condoms provided to the conscripts, the more intention there is to use them correctly and constantly. This applies not only in the army, but also for the adolescents in the country. Moreover, the study found that, at present, same-sex relationships might be increasing. Because the highest risk route of transmission of HIV is among MSM, this finding needs more attention; therefore, providing safe-sex prevention programs will be required.

For future studies, the researcher recommends that the preferable kinds of condoms should be made available in order to serve the demands and reduce STIs and HIV, along with continuing this study by expanding it to other parts of the RTA. Previous studies have shown that SMS via mobile phones was effective for promoting antiviral adherence in Kenya (Richard T et.al, 2010) . Also the cost-effectiveness of the program should be studied more rigorously to reduce the cost of the prevention program. From the experiences of this study, it can be foreseen that the costs of conducting the SMS program would be much lower than previous RTA prevention programs and also

allow the tracking of the two target groups of squad leaders and conscripts. However, stronger evidence is needed in order to recommend that the RTA continue the program; not only as a benefit to the army, but also throughout the country as well.



ศูนย์วิจัยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## REFERENCES

- AFRIMS (2007). Report of Prevalence of HIV infection among Thai army conscripts. Bangkok: AFRIMS.
- AIDS Division, Department of Communicable Disease Control, Ministry of Public Health (2001). **Projections for HIV/AIDS in Thailand: 2000-2020**, Bangkok: Karnsana Printing Press.
- Ann, M. (2004). “Equitable Access to HIV Counseling and Testing for Youth in Developing Countries: A review of Current Practice.” **Horizons Program/International Center for Research on Women**: 1-16.
- Anne Philpott, W. K. and Vicky Boydell (2006). “Pleasure and Prevention: When Good Sex Is Safer Sex” **Reproductive Health** 14(28):23–31
- Brianna S. Fjeldsoe A. L. M. and Yvette, D. M (2009). “Behavior Change Interventions Delivered by Mobile Telephone Short-Message Service” **American Journal of Preventive Medicine** 36(2): 165-173.
- Bureau of Epidemiology, MoPH, Thailand (2008). HIV/AIDS Risk behaviors surveillance 2008 among high risk groups report.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health (2003). **The Situation of AIDS in Thailand**, 1st ed. Bureau of epidemiology, Department of Disease Control, Ministry of Public Health, 1: 25-61 (Thai Language).

- Boswell, D. (2005). **Counseling Supervision and Training Manual**, Family Health International.
- Calderon, M., Ed. (2004). **Civil- Military Collaboration. The HIV/AIDS Prevention and Control SYNOPSIS Series**. New York , USA, the Latin America and Caribbean Regional Office of The AIDS Control and Prevention (AIDSCAP) Project.
- Celentano DD et al (1996). **Epidemiological Risk Factors for Incidence of Sexually Transmitted Diseases in Young Thai Men**. *Sexual Transmitted Diseases*;23(3):198-205.
- Control, C. o. D. (2007). AIDS Community Demonstration Project (ACDP).
- Communication, T. A. P. (2009). Mobile Phone Used Behavior in South East Asia.Communication .
- Corby,N.and Wolitski, RJ (Eds.), Community HIV Prevention: **The Long Beach AIDS Community Demonstration Project**: 21-30. Long Beach, CA: The University Press, California State University, Long Beach.
- Division, A. C. (2007). HIV/AIDS Projection for Thailand: 2000-2010, Executive Summary: 7-9.
- ESCAP, U. N. (June 2006). Turning the Tide Against HIV/AIDS: Targeting Youth. **Socio-Economic Policy Brief(5)**: 1-4.
- Evans-Pughe, C. (2009). The Magic of Mobile phone. **Engineer and Technology**: 70-75.



In m. Hersen, P. M., Miller and R. Eisler (Eds.). **Progress in behavior modification 28:** 184-218. New York: Wadsworth Publishing.

Institute of Medical Science Research ( 2003). Medical Department, **Annual Research Report 2002:** The prevalence of HIV-1 Infection among Thai Male Conscripts, RTA, 2002. Bangkok: Thailand Agriculture Coop Printing Press

Jirawathakul A.(2009).**Biostatistic for Health Sciences Research** :159-163. Bangkok : Nanawithaya Publishing.

K Ruxrungtham, T. et al. (2004). HIV/AIDS in Asia.**cThe Lancet** 364: 69-82.

Kakande, N. (2003). Strengthening referral Systems as an Approach to Increase Accessibility and Utilization of VCT by Youth in Uganda. Department of Sociology Makerere University.

Kawichai S, et al. (2005). Personal History of Voluntary Counseling and Testing (VCT) Among Adults Aged 19-35 Years Living in Peri-urban Communities, Chiang Mai, Northern Thailand.” **AIDS and Behavior** 9(2): 233-242.

McCauley, Ann P (2004). Equitable Access to HIV Counseling and Testing for Youth in Developing Countries: A Review of Current Practice. **Horizons Program:** 1-18

MoPH, Thailand ( 2006). Health Care System Report (in Thai).

NAPAC (2008). UNGASS Country Progress Report Thailand. Bangkok: 10-15.

- Nattha et.al. (2007). HIV/AIDS Risk behaviors surveillance 2008 among female sex workers.
- Prochaska, J. O., DiClemente, C. C., and Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. **American Psychologist** 47: 1102-1114.
- Reidy, K. (2008). Successful messaging Services.: **Econtent** 30-34.
- Rochananonda, C, et.al (1991). Guidelines for prevention of AIDS in the Royal Thai Army military units. **RTA Med J** 1991; 44 (2): 69-74 (Thai).
- Rojanapithayakorn, W. (2006). The 100 Percent Condom Used Program in Asia.**Reproductive Health Matters**14: 41-52.
- Rojanapitthayakorn W(1996), Hanenberg R. The 100 % condom program in Thailand. **AIDS**10: 1-7.
- Saengdidtha, B. (2002). Sexual Behavior and Human Immunodeficiency Virus Infection among Thai Army Conscripts between 1992-1998.**Military Medicine**.
- Saengdidtha B et al (2005). HIV/AIDS counseling service in the Royal Thai Army Hospitals. **RTA Med J**; 52;247-51 (Thai Language).
- S.M.Noar (2007). An Interventionist's guide to AIDS behavioral theories.**AIDS Care** 19(3): 392-402.
- Shelton J , H. D., Nultuya V. (2004). ABC Approach to HIV prevention. **British Medicine Journal**(328): 891-3.

- Starling, G. (2002). **Managing the Public Sector**. Australia, Thomson Wadsworth.
- Tisayaticom K, et al. (2005). **Health Investment in AIDS**. Bangkok: 51-67.
- UNAIDS (2002). HIV Voluntary Counseling and Testing: A Gateway to Prevention and Care. **UN AIDS Report**. Geneva Switzerland.
- UNAIDS (2004). HIV/AIDS Prevention and Control: An Experiences of the Royal Thai Army in Thailand. **(Engaging uniformed services in the fight against HIV/AIDS. (Case Study 3)**. Geneva: 4-9.
- UNAIDS (2007). Asia: AIDS Epidemic Update, regional summary. Geneva.
- UNAIDS (2008). Report on the Global Statistics. Geneva, UNAIDS: 31-33.
- Walt, G. (1994). **Health Policy: An introduction to process and power**. London, Zed Books.
- World Health Organization (2005). Global programme on AIDS. Geneva.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 21 Pre-test answers of knowledge about safe sex between study and control sample group conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>Knowledge</b>  |                |                  |                |
| 1. No sexual activities   |                |                  |                |
| Yes   | 39 (28.9)      | 39 (34.5)        | 78(31.45)      |
| No  | 83 (61.5)      | 66 (58.4)        | 149(60)        |
| Not sure  | 13 (9.6)       | 8 (7.1)          | 21(8.45)       |
| Total   | 135 (100)      | 113 (100)        | 248(100)       |
| 2.Having sex with wife only   |                |                  |                |
| Yes   | 70 (51.9)      | 62 (55.4)        | 132(53.44)     |
| No  | 50 (37.0)      | 32 (28.6)        | 82(42.49)      |
| Not sure  | 15 (11.1)      | 18 (16.1)        | 33(17.10)      |
| Total   | 135 (100)      | 112 (100)        | 247(100)       |
| 3.Having sex with regular partner <b>only</b>   |                |                  |                |
| Yes   | 64 (47.1)      | 64 (56.6)        | 128(51.41)     |
| No  | 43 (31.6)      | 26 (23.0)        | 69(34.67)      |
| Not sure  | 29 (21.3)      | 23 (20.4)        | 52 (26.13)     |
| Total   | 136 (100)      | 113 (100)        | 199 (100)      |
| 4. Use condom every time when having sex with <b>non-regular (steady) partners or sex workers</b> |                |                  |                |
| Yes   | 100 (72.5)     | 93 (82.3)        | 193 (76.89)    |
| No  | 23 (16.7)      | 13 (11.5)        | 36(14.34)      |
| Not sure  | 15 (10.9)      | 7 (6.2)          | 22 (8.76)      |
| Total   | 138 (100)      | 113 (100)        | 251(100)       |

**Table 21 Pre-test answers of knowledge about safe sex between study and control sample group conscripts ( Continued )**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. Use condom every time when having sex with regular partners</b> |                |                  |                |
| Yes   | 60 (43.8)      | 43 (38.1)        | 103(41.20)     |
| No  | 54 (39.4)      | 56 (49.6)        | 110(44.00)     |
| Not sure  | 23 (16.8)      | 14 (12.4)        | 37(14.80)      |
| Total   | 137 (100)      | 113 (100)        | 250(100)       |
| <b>6. Having sex without condoms when having with male partners</b>   |                |                  |                |
| Yes   | 9 (6.7)        | 9 (8.3)          | 18(7.44)       |
| No  | 116 (86.6)     | 95 (88)          | 211(87.19)     |
| Not sure  | 9 (6.7)        | 4 (3.7)          | 13(5.37)       |
| Total   | 134 (100)      | 108 (100)        | 242(100)       |
| <b>7. Use condom every time when having sex</b>                       |                |                  |                |
| Yes   | 106 (76.8)     | 85 (75.2)        | 191(76.10)     |
| No  | 18 (13)        | 17 (15.0)        | 35(13.94)      |
| Not sure  | 14 (10.1)      | 11 (9.7)         | 25(9.96)       |
| Total   | 138 (100)      | 113 (100)        | 251(100)       |
| <b>8. Masturbation is safe sex</b>                                    |                |                  |                |
| Yes   | 105 (76.6)     | 90 (80.4)        | 195(78.31)     |
| No  | 14 (10.2)      | 16 (14.3)        | 30(12.05)      |
| Not sure  | 18 (13.1)      | 6 (5.4)          | 24 (9.64)      |
| Total   | 137 (100)      | 112 (100)        | 249(100)       |

**Table 21 Pre-test answers of knowledge about safe sex between study and control sample group conscripts( Continued )**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>9. Oral sex is safe</b>  |                |                  |                |
| Yes   | 24 (18)        | 30 (27.5)        | 54(22.31)      |
| No  | 49 (36.8)      | 35 (32.1)        | 84 (34.71)     |
| Not sure  | 60 (45.1)      | 44 (40.4)        | 104(42.98)     |
| Total   | 133 (100)      | 114 (100)        | 242(100)       |
| <b>10. Drinking alcohol and using drug before having sex are not safe sex</b> |                |                  |                |
| Yes   | 79 (58.5)      | 59 (53.6)        | 138(56.33)     |
| No  | 16 (11.9)      | 28 (25.5)        | 44(17.96)      |
| Not sure  | 40 (29.6)      | 23 (20.9)        | 63(25.71)      |
| Total   | 135 (100)      | 110 (100)        | 245(100)       |

**Table 22 Pre-test answer about sexual Transmitted Diseases between study and control sample group conscripts**

| Variables                                      | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 1. Every diseases come from Sexual intercourse |                |                  |                |
| Yes  | 70 (47.30)     | 40 (35.4)        | 110(42.15)     |
| No   | 62 (41.90)     | 56 (49.6)        | 118(45.21)     |
| Not sure                                       | 16 (10.81)     | 17 (15)          | 33(12.64)      |
| Total  | 148 (100)      | 113 (100)        | 261(100)       |
| 2. Gonorrhoea                                  |                |                  |                |
| Yes  | 122 (82.43)    | 80 (70.8)        | 202(77.39)     |
| No   | 22 (14.87)     | 26 (23)          | 48(18.39)      |
| Not sure                                       | 4 (2.70)       | 7 (6.2)          | 11(4.21)       |
| Total  | 148 (100)      | 113 (100)        | 261(100)       |
| 3. Non- Gonococcal Gonorrhoea                  |                |                  |                |
| Yes  | 116 (78.38)    | 66 (58.4)        | 182(69.73)     |
| No   | 23 (15.54)     | 25 (22.1)        | 48(18.39)      |
| Not sure                                       | 9 (6.08)       | 22 (19.5)        | 31(11.88)      |
| Total  | 148 (100)      | 113 (100)        | 261(100)       |
| 4.Syphilis                                     |                |                  |                |
| Yes  | 82 (55.40)     | 24 (21.4)        | 106(40.77)     |
| No   | 44 (29.72)     | 55 (49.1)        | 99(38.08)      |
| Not sure                                       | 22 (14.86)     | 33 (29.5)        | 55(21.15)      |
| Total  | 148 (100)      | 112 (100)        | 260(100)       |



| Variables                               | Study<br>n (%) | Control<br>n(%) | Total<br>n(%) |
|---|----------------|-----------------|---------------|
| <b>5.Hepatitis</b>                      |                |                 |               |
| Yes                                     | 26 (17.57)     | 20 (17.5)       | 46 (17.62)    |
| No                                      | 100 (67.57)    | 76 (67.3)       | 176 (67.43)   |
| Not sure                                | 22 (14.86)     | 17 (15)         | 39 (14.94)    |
| Total                                   | 148 (100)      | 113 (100)       | 261 (100)     |
| <b>6.Herpes Simplex/ Genital Herpes</b> |                |                 |               |
| Yes                                     | 43 (29.05)     | 20 (17.7)       | 63 (24.14)    |
| No                                      | 85 (57.43)     | 65 (57.5)       | 150 (57.47)   |
| Not sure                                | 20 (13.51)     | 28 (24.8)       | 48 (18.39)    |
| Total                                   | 148 (100)      | 113 (100)       | 261 (100)     |
| <b>7. pubic lice and louse</b>          |                |                 |               |
| Yes                                     | 33 (22.30)     | 13 (11.6)       | 46 (17.76)    |
| No                                      | 88 (59.46)     | 79 (70.5)       | 167 (64.48)   |
| Not sure                                | 26 (17.57)     | 20 (17.9)       | 46 (17.76)    |
| Total                                   | 148 (100)      | 112 (100)       | 259 (100)     |
| <b>8. Candidiasis</b>                   |                |                 |               |
| Yes                                     | 49 (33.10)     | 25 (22.1)       | 74 (28.35)    |
| No                                      | 69 (46.62)     | 61 (54)         | 130 (49.81)   |
| Not sure                                | 30 (20.21)     | 27 (23.9)       | 57 (21.84)    |
| Total                                   | 148 (100)      | 113 (100)       | 261 (100)     |
| <b>9. Herpes zoster</b>                 |                |                 |               |
| Yes                                     | 26 (17.57)     | 8 (7.1)         | 34 (13.03)    |
| No                                      | 95 (64.19)     | 85 (75.2)       | 180 (68.97)   |
| Not sure                                | 27 (18.24)     | 20 (17.7)       | 47 (18.01)    |
| Total                                   | 148 (100)      | 113(100)        | 261 (100)     |

| Variables                                       | Study<br>n (%) | Control<br>n(%) | Total<br>n(%) |
|---|----------------|-----------------|---------------|
| <b>10.Human Immunodeficiency Virus and AIDS</b> |                |                 |               |
| Yes   | 143 (96.62)    | 81 (71.7)       | 224 (85.82)   |
| No  | 5 (3.38)       | 26 (23)         | 31 (11.88)    |
| Not sure  | 0              | 6 (5.3)         | 6 (2.30)      |
| Total   | 148 (100)      | 113 (100)       | 261 (100)     |

**Table 23 Pre-test answer of attitude about safe sex between study and control sample group conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>1.No sex is impossible</b>                               |                |                  |                |
| Strongly Agree  | 49 (33.6)      | 43 (38.4)        | 92 (35.66)     |
| Agree   | 54 (37.0)      | 41 (36.6)        | 95 (36.82)     |
| Not sure  | 13 (8.9)       | 8 (7.1)          | 21 (8.14)      |
| Not agree   | 22 (15.1)      | 16 (14.3)        | 38 (14.73)     |
| Strongly not agree  | 8 (5.5)        | 4 (3.6)          | 12 (4.65)      |
| Total   | 146 (100)      | 112 (100)        | 258 (100)      |
| <b>2.Condom use can prevent sexual transmitted diseases</b> |                |                  |                |
| Strongly Agree  | 16 (10.9)      | 18 (15.8)        | 34 (13.03)     |
| Agree   | 45 (30.6)      | 43 (37.7)        | 88 (33.72)     |
| Not sure  | 53 (36.1)      | 37 (32.5)        | 90 (34.48)     |
| Not agree   | 29 (19.7)      | 14 (12.3)        | 43 (16.48)     |
| Strongly not agree  | 4 (2.7)        | 2 (1.8)          | 6 (2.30)       |
| Total   | 147 (100)      | 114(100)         | 261 (100)      |

| Variables  | Study<br>n (%) | Control<br>n(%) | Total<br>n(%) |
|--|----------------|-----------------|---------------|
| <b>3. Not used condom is proved for being man</b>  |                |                 |               |
| Strongly Agree   | 7 (4.7)        | 5 (4.4)         | 41 (15.65)    |
| Agree  | 24 (16.2)      | 17 (14.9)       | 53 (20.23)    |
| Not sure   | 31 (20.9)      | 22 (19.3)       | 115 (43.89)   |
| Not agree  | 62 (41.9)      | 53 (46.5)       | 41 (15.65)    |
| Strongly not agree   | 24 (16.2)      | 17 (14.9)       | 262 (100)     |
| Total  | 148 (100)      | 114 (100)       |               |
| <b>4. Having sex with only wife is boring</b>  |                |                 |               |
| Strongly Agree   | 19 (13.0)      | 14 (12.5)       | 33 (12.79)    |
| Agree  | 32 (21.9)      | 26 (23.2)       | 58 (22.48)    |
| Not sure   | 40 (27.4)      | 25 (22.3)       | 65 (25.19)    |
| Not agree  | 40 (27.4)      | 41 (36.6)       | 81 (31.40)    |
| Strongly not agree   | 15 (10.3)      | 6 (5.4)         | 21 (8.14)     |
| Total  | 146 (100)      | 112 (100)       | 258 (100)     |
| <b>5. It is fine to have multiple partners without condoms. Others will also do the same</b> |                |                 |               |
| Strongly Agree   | 8 (5.4)        | 2 (1.8)         | 10 (3.82)     |
| Agree  | 19 (12.8)      | 9 (7.9)         | 28 (10.69)    |
| Not sure   | 25 (16.9)      | 19 (16.7)       | 44 (16.79)    |
| Not agree  | 61 (41.2)      | 59 (51.8)       | 120 (45.80)   |
| Strongly not agree   | 35 (23.6)      | 25 (21.9)       | 60 (22.90)    |
| Total  | 148 (100)      | 114 (100)       | 262 (100)     |

| Variables   | Study<br>n (%) | Control<br>n(%) | Total<br>n(%) |
|---|----------------|-----------------|---------------|
| <b>6.Having sex with girlfriend is not necessary to use condoms all the time because she can trust and safe</b> |                |                 |               |
| Strongly Agree  | 27 (18.2)      | 20 (17.5)       | 47 (17.94)    |
| Agree   | 30 (20.3)      | 40 (35.1)       | 70 (26.72)    |
| Not sure  | 42 (28.4)      | 25 (21.9)       | 67 (25.57)    |
| Not agree   | 45 (30.4)      | 25 (21.9)       | 70 (26.72)    |
| Strongly not agree  | 4 (2.7)        | 4 (3.5)         | 8 (3.05)      |
| Total   | 148 (100)      | 114 (100)       | 262 (1000)    |
| <b>7.Having sex with menno need to use condom</b>   |                |                 |               |
| Strongly Agree  | 11 (7.5)       | 5 (4.5)         | 16 (6.18)     |
| Agree   | 9 (6.1)        | 5 (4.5)         | 14 (5.41)     |
| Not sure  | 8 (5.4)        | 6 (5.4)         | 14 (5.41)     |
| Not agree   | 49 (33.3)      | 38 (33.9)       | 87 (33.59)    |
| Strongly not agree  | 70 (47.6)      | 58 (51.8)       | 128(49.42)    |
| Total   | 147 (100)      | 112 (100)       | 259 (100)     |
| <b>8.It is impossible to having sex only one female</b>   |                |                 |               |
| Strongly Agree  | 28 (19.0)      | 28 (24.8)       | 56 (21.54)    |
| Agree   | 53 (36.1)      | 41 (36.3)       | 94 (36.15)    |
| Not sure  | 37 (25.2)      | 25 (22.1)       | 62 (23.85)    |
| Not agree   | 21 (14.3)      | 17 (15.0)       | 38 (14.65)    |
| Strongly not agree  | 8 (5.4)        | 2 (1.8)         | 10 (3.85)     |
| Total   | 147 (100)      | 113 (100)       | 260 (100)     |

| Variables  | Study<br>n (%) | Control<br>n(%) | Total       |
|--|----------------|-----------------|-------------|
| <b>9. Drinking alcohol and using drug lead to unsafe sex behaviors</b> |                |                 |             |
| Strongly Agree   | 18 (12.2)      | 16 (14)         | 34 (13.03)  |
| Agree  | 55 (37.4)      | 28 (24.6)       | 83 (31.80)  |
| Not sure   | 44 (29.9)      | 26 (22.8)       | 70 (26.82)  |
| Not agree  | 19 (12.9)      | 31 (27.2)       | 50 (19.16)  |
| Strongly not agree   | 11 (7.5)       | 13 (11.4)       | 24 (9.20)   |
| Total  | 147 (100)      | 114 (100)       | 261 (100)   |
| <b>10. All sexual transmitted diseases can be cured</b>                |                |                 |             |
| Strongly Agree   | 4 (2.7)        | 1 (0.9)         | 5 (1.94)    |
| Agree  | 14 (9.5)       | 16 (14)         | 30 (11.45)  |
| Not sure   | 78 (52.7)      | 62 (54.4)       | 140 (53.44) |
| Not agree  | 35 (23.6)      | 20 (17.5)       | 55 (20.99)  |
| Strongly not agree   | 17 (11.5)      | 15 (13.2)       | 32 (12.21)  |
| Total  | 148 (100)      | 114 (100)       | 262 (100)   |
| <b>11. Using condom is embarrassing</b>                                |                |                 |             |
| Strongly Agree   | 8 (5.5)        | 4 (3.6)         | 12 (4.65)   |
| Agree  | 22 (15.1)      | 16 (14.3)       | 38 (14.73)  |
| Not sure   | 13 (8.9)       | 8 (7.1)         | 21 (8.14)   |
| Not agree  | 55 (37.7)      | 41 (36.6)       | 96 (37.21)  |
| Strongly not agree   | 48 (32.9)      | 43 (38.4)       | 91 (35.27)  |
| Total  | 146 (100)      | 112 (100)       | 258(100)    |

| Variables  | Study     | Control   | Total       |
|--|-----------|-----------|-------------|
|  | n (%)     | n(%)      |             |
| <b>12. Express trust and sincere to partners by not using condoms</b>        |           |           |             |
| Strongly Agree   | 5 (3.4)   | 2 (1.8)   | 7 (2.68)    |
| Agree  | 17 (11.6) | 12 (10.5) | 29 (11.11)  |
| Not sure   | 16 (10.9) | 13 (11.4) | 29 (11.11)  |
| Not agree  | 68 (46.3) | 53 (46.5) | 121 (46.36) |
| Strongly not agree   | 41 (27.9) | 34 (29.8) | 75 (28.74)  |
| Total  | 147 (100) | 114 (100) | 261 (100)   |
| <b>13.It is difficult to talk about sex with others</b>                      |           |           |             |
| Strongly Agree   | 11 (7.5)  | 5 (4.4)   | 16 (6.15)   |
| Agree  | 24 (16.4) | 32 (28.1) | 56 (21.54)  |
| Not sure   | 65 (44.5) | 31 (27.2) | 96 (36.92)  |
| Not agree  | 36 (24.7) | 34 (29.8) | 70 (26.95)  |
| Strongly not agree   | 10 (6.8)  | 12 (10.5) | 22 (8.46)   |
| Total  | 146 (100) | 114 (100) | 260 (100)   |
| <b>14.If partners do not want to use condoms, it is not necessary to use</b> |           |           |             |
| Strongly Agree   | 5 (3.4)   | 12 (10.5) | 17 (6.49)   |
| Agree  | 30 (20.3) | 26 (22.8) | 56 (21.37)  |
| Not sure   | 48 (32.4) | 31 (27.2) | 79 (30.15)  |
| Not agree  | 50 (33.8) | 37 (32.5) | 87 (33.21)  |
| Strongly not agree   | 15 (10.1) | 8 (7)     | 23 (8.78)   |
| Total  | 148 (100) | 114 (100) | 262 (100)   |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>15. When having aroused, it is impossible</b>                          |                |                  |                |
| To stop and put condom on   |                |                  |                |
| Strongly Agree  | 8 (5.4)        | 7 (6.1)          | 15 (5.73)      |
| Agree   | 23 (15.5)      | 28 (24.6)        | 51 (19.47)     |
| Not sure  | 57 (38.5)      | 27 (23.74)       | 84 (32.06)     |
| Not agree   | 47 (31.8)      | 42 (36.8)        | 89 (33.97)     |
| Strongly not agree  | 13 (8.8)       | 10 (8.8)         | 23 (8.78)      |
| Total   | 148 (100)      | 114 (100)        | 262 (100)      |
| <b>16. If condoms break and tear, it is impossible to stop and change</b> |                |                  |                |
| Strongly Agree  | 11 (7.4)       | 10 (8.8)         | 21 (8.05)      |
| Agree   | 30 (20.3)      | 22 (19.5)        | 52 (19.92)     |
| Not sure  | 41 (27.7)      | 23 (20.4)        | 65 (24.52)     |
| Not agree   | 54 (36.5)      | 39 (34.5)        | 93 (35.63)     |
| Strongly not agree  | 12 (8.1)       | 19 (16.8)        | 31 (11.88)     |
| Total   | 148 (100)      | 113 (100)        | 261 (100)      |

**Table 24 Pre-test answer of practice safe sex in the past 6 months between study and control sample group of conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>1. In the last 6 months, you never have sex at all</b>                              |                |                  |                |
| Yes  | 30 (21.0)      | 18 (16.2)        | 48 (18.90)     |
| No   | 103 (72.0)     | 87 (78.4)        | 190 (74.80)    |
| Not sure   | 10 (7.0)       | 6 (5.4)          | 16 (6.30)      |
| Total  | 143 (100)      | 111 (100)        | 254 (100)      |
| <b>2. If you are married, In the last 6 months, you only have sex with your wife</b>   |                |                  |                |
| Yes  | 53 (44.9)      | 55 (53.4)        | 108 (48.87)    |
| No   | 41 (34.7)      | 35 (34.0)        | 75 (34.39)     |
| Not sure   | 24 (20.3)      | 13 (12.6)        | 37 (16.74)     |
| Total  | 118 (100)      | 103 (100)        | 221 (100)      |
| <b>3. In the last 6 months, you only have sex with your girlfriend ( 1 girlfriend)</b> |                |                  |                |
| Yes  | 73 (52.9)      | 63 (56.8)        | 136 (54.62)    |
| No   | 42 (30.4)      | 39 (35.1)        | 81 (32.53)     |
| Not sure   | 23 (16.7)      | 9 (8.1)          | 32 (12.85)     |
| Total  | 138 (100)      | 111 (100)        | 249 (100)      |
| <b>4. In the last 6 months, you have sex with your girlfriends ( more than 1)</b>      |                |                  |                |
| Yes  | 32 (23.5)      | 25 (22.5)        | 39 (16.10)     |
| No   | 84 (61.8)      | 75 (67.6)        | 171 (72.46)    |
| Not sure   | 20 (14.7)      | 11 (9.9)         | 27 (11.44)     |
| Total  | 136 (100)      | 111 (100)        | 236 (100)      |



**Table 24 Pre-test answer of practice safe sex in the past 6 months between study and control sample group conscripts ( Continued )**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. In the last 6 months, you only have sex with man ( only 1 )</b> |                |                  |                |
| Yes   | 5 (4.0)        | 6 (6.0)          | 11 (5.79)      |
| No  | 75 (88.1)      | 87 (87)          | 162 (85.26)    |
| Not sure  | 10 (7.9)       | 7 (7.0)          | 17 (8.95)      |
| Total   | 126 (100)      | 100(100)         | 190 (100)      |
| <b>6. In the last 6 months, you have sex with men (more than 1)</b>   |                |                  |                |
| Yes   | 5 (4.0)        | 1 (1.0)          | 6 (2.67)       |
| No  | 109 (87.2)     | 95 (95.0)        | 204 (90.67)    |
| Not sure  | 11 (8.8)       | 4 (4.0)          | 15 (6.67)      |
| Total   | 125 (100)      | 100 (100)        |                |
| <b>7. In the last 6 months, you have sex with sex workers</b>         |                |                  |                |
| Yes   | 11 (8.3)       | 13 (11.7)        | 24 (9.84)      |
| No  | 112 (84.2)     | 93 (83.8)        | 205 (84.02)    |
| Not sure  | 10 (7.5)       | 5 (4.5)          | 15 (6.15)      |
| Total   | 133 (100)      | 111 (100)        | 244 (100)      |
| <b>8. In the last 6 months, you have sex with non-steady partners</b> |                |                  |                |
| Yes   | 27 (20.3)      | 26 (23.4)        | 53 (21.72)     |
| No  | 93 (69.9)      | 76 (68.5)        | 169 (69.26)    |
| Not sure  | 13 (9.8)       | 9 (8.1)          | 22 (9.02)      |
| Total   | 133 (100)      | 111 (100)        | 244 (100)      |

**Table 24 Pre-test answer of practice safe sex in the past 6 months between study and control sample group of conscripts( Continued )**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>9. In the last 6 months, you have sexual transmitted diseases</b>  |                |                  |                |
| Yes   | 7 (5.3)        | 8 (7.2)          | 15 (6.20)      |
| No  | 113 (86.3)     | 97 (87.4)        | 210 (86.78)    |
| Not sure  | 11 (8.4)       | 6 (5.4)          | 17 (7.02)      |
| Total   | 131 (100)      | 111 (100)        | 242 (100)      |
| <b>10. In the last 6 months, you received diagnosis and treatment</b> |                |                  |                |
| for sexual transmitted diseases                                       |                |                  |                |
| Yes   | 31 (23.5)      | 17 (15.3)        | 45 (19.75)     |
| No  | 78 (59.1)      | 80 (72.1)        | 158 (65.02)    |
| Not sure  | 23 (17.4)      | 14 (12.6)        | 37 (15.23)     |
| Total   | 132 (100)      | 111 (100)        | 243 (100)      |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 25 Pre-test answer of condom safe sex in the past 6 months between study and control sample group conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>1. In the last 6 months, you drank alcohol before having sex</b>                  |                |                  |                |
| Every times  | 4 (2.8)        | 5 (4.5)          | 9 (3.56)       |
| Almost every times   | 12 (8.5)       | 9 (8.0)          | 21 (8.30)      |
| Often  | 10 (7.1)       | 7 (6.2)          | 17 (6.72)      |
| Sometimes  | 46 (32.6)      | 44 (39.3)        | 90 (35.57)     |
| Never  | 69 (48.9)      | 47 (4.2)         | 116 (45.85)    |
| Total  | 141 (100)      | 112(100)         | 253 (100)      |
| <b>2. If you are married, In the last 6 months, you used condoms with your wife.</b> |                |                  |                |
| Every times  | 7 (5.8)        | 9 (8.7)          | 16 (7.14)      |
| Almost every times   | 3 (2.5)        | 8 (7.7)          | 11 (4.91)      |
| Often  | 8 (6.7)        | 5 (4.8)          | 13 (5.80)      |
| Sometimes  | 30 (25.0)      | 25 (24)          | 55 (24.55)     |
| Never  | 72 (60)        | 57 (54.8)        | 129 (57.59)    |
| Total  | 120(100)       | 104(100)         | 224 (100)      |
| <b>3. In the last 6 month, you had sex with your girlfriends and used condoms</b>    |                |                  |                |
| Every times  | 23 (16.9)      | 14 (12.7)        | 37 (15.04)     |
| Almost every times   | 5 (3.7)        | 8 (7.3)          | 13 (5.28)      |
| Often  | 8 (5.9)        | 12 (10.9)        | 20 (8.13)      |
| Sometimes  | 47 (34.6)      | 37 (33.6)        | 84 (34.15)     |
| Never  | 53 (39.0)      | 39 (35.5)        | 92 (37.40)     |
| Total  | 136 (100)      | 110 (100)        | 246 (100)      |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>4. In the last 6 month, you had sex with non steady partners ( more than 1) and used condoms</b> |                |                  |                |
| Every times   | 19 (14.4)      | 21 (19.4)        | 40 (16.67)     |
| Almost every times  | 8 (6.1)        | 16 (14.8)        | 24 (10.00)     |
| Often   | 7 (5.3)        | 6 (5.6)          | 13 (5.42)      |
| Sometimes   | 18 (13.6)      | 12 (11.1)        | 30 (12.50)     |
| Never   | 80 (60.6)      | 53 (49.1)        | 133 (55.42)    |
| Total   | 132 (100)      | 108 (100)        | 240 (100)      |
| <b>5. In the last 6 month, you had sex with man ( only 1) and used condoms</b>                      |                |                  |                |
| Every times   | 5 (4.2)        | 5 (5.1)          | 10 (4.59)      |
| Almost every times  | 1 (0.8)        | 3 (3.0)          | 4 (1.83)       |
| Often   | 1 (0.8)        | 1 (1.0)          | 2 (0.92)       |
| Sometimes   | 4 (3.4)        | 0 (0)            | 4 (1.83)       |
| Never   | 108 (73)       | 90 (90.9)        | 198 (90.83)    |
| Total   | 119 (100)      | 99 (100)         | 218 (100)      |
| <b>6. In the last 6 month, you had sex with men ( more than 1) and used condoms</b>                 |                |                  |                |
| Every times   | 5 (4.2)        | 5 (5.1)          | 10 (4.59)      |
| Almost every times  | 4 (3.4)        | 3 (3.0)          | 7 (3.21)       |
| Often   | 1 (0.8)        | 2 (2.0)          | 3 (1.38)       |
| Sometimes   | 3 (2.5)        | 0 (0)            | 3 (1.38)       |
| Never   | 106 (89.1)     | 89 (89.9)        | 195 (89.45)    |
| Total   | 119 (100)      | 99 (100)         | 218 (100)      |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>7. In the last 6 month, you had sex with sex workers and used condoms</b>                      |                |                  |                |
| Every times   | 21 (16.7)      | 25 (23.6)        | 46 (19.83)     |
| Almost every times  | 1 (0.8)        | 2 (1.9)          | 3 (1.29)       |
| Often   | 1 (0.8)        | 5 (4.7)          | 6 (2.59)       |
| Sometimes   | 8 (6.3)        | 9 (8.5)          | 17 (7.33)      |
| Never   | 95 (75.4)      | 65 (61.3)        | 160 (68.97)    |
| Total   | 126 (100)      | 106 (100)        | 232 (100)      |
| <b>8. In the last 6 month, you had sex with non-steady partners and used condoms</b>              |                |                  |                |
| Every times   | 18 (14.1)      | 22 (20.4)        | 40 (16.95)     |
| Almost every times  | 5 (3.9)        | 5 (4.6)          | 10 (4.24)      |
| Often   | 2 (1.6)        | 9 (8.3)          | 11 (4.66)      |
| Sometimes   | 17 (13.3)      | 14 (13)          | 31 (13.14)     |
| Never   | 86 (67.2)      | 58 (53.7)        | 144 (61.02)    |
| Total   | 128 (100)      | 108 (100)        | 236 (100)      |
| <b>9. In the last 6 months, whenever you have sex, you used condoms correctly and effectively</b> |                |                  |                |
| Every times   | 47 (36.4)      | 40 (36.7)        | 87 (36.55)     |
| Almost every times  | 8 (6.2)        | 8 (7.3)          | 16 (6.72)      |
| Often   | 8 (6.2)        | 7 (6.4)          | 15 (6.30)      |
| Sometimes   | 13 (10.1)      | 11 (10.1)        | 24 (10.08)     |
| Never   | 53 (41.1)      | 43 (39.4)        | 96 (40.34)     |
| Total   | 129 (100)      | 109 (100)        | 238 (100)      |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>10 . In the last 6 months, you have oral sex without condoms</b> |                |                  |                |
| Every times   | 6 (5.0)        | 8 (7.5)          | 14 (6.22)      |
| Almost every times  | 6 (5.0)        | 7 (6.6)          | 13 (5.78)      |
| Often   | 4 (3.4)        | 7 (6.6)          | 11 (4.89)      |
| Sometimes   | 15 (12.6)      | 14 (13.2)        | 29 (12.89)     |
| Never   | 88 (73.9)      | 70 (66)          | 158 (70.22)    |
| Total   | 119 (100)      | 106(100)         | 125 (100)      |

**Table 26 Pre-test answer of using short message services on mobile phone between study and control sample group conscripts**

| Variables                                       | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| Total of using SMS                              |                |                  |                |
| 1.Mobile phone is necessary for your daily life |                |                  |                |
| Yes   | 130 (89.7)     | 94 (83.2)        | 224 ( 86.82)   |
| No  | 3 (2.1)        | 9 (8.0)          | 12 (4.65)      |
| Not sure  | 12 (8.3)       | 10 (8.8)         | 22 (8.53)      |
| Total   | 145(100)       | 113(100)         | 258 (100)      |
| 2.Your mobile phone can use SMS function        |                |                  |                |
| Yes   | 137 (89.7)     | 109 (96.5)       | 246 (95.35)    |
| No  | 3 (2.1)        | 2 (1.8)          | 4 (1.55)       |
| Not sure  | 12 (8.3)       | 2 (1.8)          | 8 (3.10)       |
| Total   | 145 (100)      | 113 (100)        | 258 (100)      |

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>3. You mostly use your mobile phone for your conversation</b>       |                |                  |                |
| Yes  | 131 (90.3)     | 103 (92.0)       | 234 (91.05)    |
| No   | 8 (5.5)        | 6 (5.4)          | 14 (5.45)      |
| Not sure   | 6 (4.1)        | 3 (2.7)          | 9 (3.50)       |
| Total  | 145 (100)      | 112 (100)        | 257 (100)      |
| <b>4. You use prepaid card for you mobile phone bill</b>               |                |                  |                |
| Yes  | 138 (95.2)     | 106 (93.8)       | 244 (94.57)    |
| No   | 5 (3.4)        | 5 (4.4)          | 10 (3.588)     |
| Not sure   | 2 (1.4)        | 2 (1.8)          | 4 (1.55)       |
| Total  | 145 (100)      | 113 (100)        | 258 (100)      |
| <b>5. You use monthly payroll system on your mobile<br/>Phone bill</b> |                |                  |                |
| Yes  | 14 (10.3)      | 12 (10.7)        | 26 (10.70)     |
| No   | 116 (85.3)     | 96 (85.7)        | 212 (87.24)    |
| Not sure   | 1 (4.4)        | 4 (3.6)          | 5 (2.06)       |
| Total  | 136 (100)      | 112 (100)        | 243 (100)      |
| <b>6. You use SMS function with your friends and girlfriends</b>       |                |                  |                |
| Yes  | 121 (85.2)     | 72 (64.3)        | 193 (75.98)    |
| No   | 12 (8.5)       | 29 (25.9)        | 41 (16.14)     |
| Not sure   | 9 (6.3)        | 11 (9.8)         | 20 (7.87)      |
| Total  | 142 (100)      | 112 (100)        | 254 (100)      |

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 7. You have ever used SMS function for download VDO clips. Picture, Songs and pornography VDO clip |                |                  |                |
| Yes  | 72 (50.0)      | 65 (58)          | 137 (53.52)    |
| No   | 59 (41.0)      | 39 (34.8)        | 98 (38.28)     |
| Not sure   | 13 (9.0)       | 8 (7.1)          | 21 (8.20)      |
| Total  | 144 (100)      | 112 (100)        | 256 (100)      |
| 8. You have ever used SMS function for throughvotes and competitions                               |                |                  |                |
| Yes  | 33 (23.6)      | 24 (21.4)        | 57 (22.65)     |
| No   | 92 (65.7)      | 77 (68.8)        | 169 (67.06)    |
| Not sure   | 15 (10.7)      | 11 (9.8)         | 26 (10.32)     |
| Total  | 140 (100)      | 112(100)         | 252 (100)      |
| 9. You have ever used SMSforcompete football matches   |                |                  |                |
| Yes  | 31 (22)        | 22 (19.6)        | 53 (20.95)     |
| No   | 96 (68.1)      | 83 (74.1)        | 179 (70.75)    |
| Not sure   | 14 (9.9)       | 7 (6.2)          | 21 (8.30)      |
| Total  | 141 (100)      | 112 (100)        | 253 (100)      |
| 10. You open message immediately   |                |                  |                |
| Yes  | 125 (86.8)     | 93 (83)          | 218 (85.16)    |
| No   | 9 (6.2)        | 14 (12.5)        | 23 (8.98)      |
| Not sure   | 10 (6.9)       | 5 (4.5)          | 15 (5.86)      |
| Total  | 144(100)       | 112 (100)        | 256 (100)      |



| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 11. You feel privacy when you open messages                    |                |                  |                |
| Yes  | 89 (62.7)      | 67 (59.3)        | 156 (61.18)    |
| No   | 28 (19.7)      | 32 (28.3)        | 60 (23.53)     |
| Not sure   | 25 (17.6)      | 14 (12.4)        | 39 (15.29)     |
| Total  | 142 (100)      | 113 (100)        | 255 (100)      |
| 12. You ever received health messages about safe sex behaviors |                |                  |                |
| Yes  | 29 (20.6)      | 22 (19.5)        | 51 (20.08)     |
| No   | 77 (54.6)      | 70 (61.9)        | 147 (57.87)    |
| Not sure   | 35 (24.8)      | 21 (18.6)        | 56 (22.05)     |
| Total  | 141 (100)      | 113 (100)        | 254 (100)      |
| 13. You ever received messages about safe sex behaviors        |                |                  |                |
| Yes  | 19 (13.4)      | 16 (14.2)        | 35 (13.73)     |
| No   | 103 (72.5)     | 72 (63.7)        | 175 (68.63)    |
| Not sure   | 20 (14.1)      | 25 (22.1)        | 45 (17.65)     |
| Total  | 142 (100)      | 113 (100)        | 255(100)       |

**Table 27 Pre-test answer of frequency of using short message services on mobile phone between study and control sample conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>Total of frequency using SMS</b>  |                |                  |                |
| 1. You use SMS function for download VDO clips, picture, songs and pornography<br>picture and VDO clip |                |                  |                |
| Usually  | 5 (3.4)        | 7 (6.2)          | 12 (4.67)      |
| Often  | 22 (15.2)      | 9 (8.0)          | 31 (12.06)     |
| Sometimes  | 33 (22.8)      | 29 (25.9)        | 62 (24.12)     |
| Rarely   | 37 (25.0)      | 27 (24.1)        | 64 (24.90)     |
| Never  | 48 (32.4)      | 40 (35.7)        | 88 (34.24 )    |
| Total  | 145 (100)      | 112 (100)        | 257 (100)      |
| 2. You use SMS for compete games   |                |                  |                |
| Usually  | 5 (3.5)        | 3 (2.7)          | 8 (3.13)       |
| Often  | 3 (2.1)        | 5 (4.5)          | 8 (3.13)       |
| Sometimes  | 12 (8.3)       | 11 (9.8)         | 23 (8.98)      |
| Rarely   | 23 (16.0)      | 11 (9.8)         | 34 (13.28)     |
| Never  | 101(70.1)      | 82 (73.2)        | 183 (71.48)    |
| Total  | 144 (100)      | 112 (100)        | 256 (1000)     |
| 3. You use SMSfor compete football matches   |                |                  |                |
| Usually  | 71 (49)        | 5 (4.5)          | 76 (29.57)     |
| Often  | 37 (25.5)      | 7 (6.2)          | 44 (17.12)     |
| Sometimes  | 13 (9.0)       | 9 (8.0)          | 22 (8.56)      |
| Rarely   | 12 (8.3)       | 2 (1.8)          | 14 (5.45)      |
| Never  | 12 (8.3)       | 89 (79.5)        | 101 (39.30)    |
| Total  | 145 (100)      | 112(100)         | 257 (100)      |

**Table 27 Pre-test answer of frequency of using short message services on mobile phone between study and control sample conscripts (Continued)**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>4. You open and read every short message</b>                              |                |                  |                |
| Usually  | 71 (49)        | 49 (44.1)        | 120 (46.88)    |
| Often  | 37 (25.5)      | 23 (20.7)        | 60 (33.44)     |
| Sometimes  | 13 (9.0)       | 20 (18)          | 33 (12.89)     |
| Rarely   | 12 (8.3)       | 6 (5.4)          | 18 (7.03)      |
| Never  | 12 (8.3)       | 13 (11.7)        | 15 (9.77)      |
| Total  | 145 (100)      | 111 (100)        | 256 (100)      |
| <b>5. You open and read health message</b>                                   |                |                  |                |
| Usually  | 7 (4.9)        | 8 (7.1)          | 15 (5.91)      |
| Often  | 10 (7.0)       | 9 (8.0)          | 19 (7.48)      |
| Sometimes  | 19 (13.4)      | 11 (9.8)         | 30 (11.81)     |
| Rarely   | 19 (13.4)      | 13 (11.6)        | 32 (12.60)     |
| Never  | 87 (61.3)      | 71 (63.4)        | 158 (62.20)    |
| Total  | 142 (100)      | 112 (100)        | 254 (100)      |
| <b>6. You open and read message about safe sex behaviors on mobile phone</b> |                |                  |                |
| Usually  | 6 (4.2)        | 6 (5.4)          | 12 (4.71)      |
| Often  | 9 (6.3)        | 5 (4.5)          | 14 (5.49)      |
| Sometimes  | 12 (8.4)       | 10 (8.9)         | 22 (8.63)      |
| Rarely   | 11 (7.7)       | 10 (8.9)         | 21 (8.24)      |
| Never  | 105 (73.4)     | 81 (72.3)        | 186 (72.94)    |
| Total  | 143 (100)      | 112 (100)        | 255 (100)      |

**Table 28 Pre-test answer of squad leader role to conscripts between study and control sample conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| Total of squad leader role to conscripts                                    |                |                  |                |
| 1. You and your squad leader have good relationships                        |                |                  |                |
| Yes   | 105 (76.6)     | 81 (72.3)        | 186 (74.70)    |
| No  | 5 (3.6)        | 6 (5.4)          | 11 (4.42)      |
| Not sure  | 27 (19.7)      | 25 (22.3)        | 52 (20.88)     |
| Total   | 137 (100)      | 112 (100)        | 249 (100)      |
| 2. your squad leader involve your daily life                                |                |                  |                |
| Yes   | 75 (55.1)      | 69 (61.6)        | 144 (58.06)    |
| No  | 31 (22.8)      | 17 (15.2)        | 48 (19.35)     |
| Not sure  | 30 (22.1)      | 26 (23.2)        | 56 (22.58)     |
| Total   | 136 (100)      | 112 (100)        | 248 (100)      |
| 3. You trust your squad leader  |                |                  |                |
| Yes   | 108 (78.8)     | 75 (67.6)        | 183 (73.79)    |
| No  | 13 (9.5)       | 13 (11.7)        | 26 (10.48)     |
| Not sure  | 16 (11.7)      | 23 (20.7)        | 39 (15.73)     |
| Total   | 137 (100)      | 111 (100)        | 248 (100)      |
| 4. Your squad leader is the first person you talk to when you have problems |                |                  |                |
| Yes   | 73 (52.9)      | 44 (39.3)        | 117 (46.80)    |
| No  | 30 (21.7)      | 37 (33.0)        | 67 (26.80)     |
| Not sure  | 35 (25.4)      | 31 (27.7)        | 66 (26.40)     |
| Total   | 138 (100)      | 112 (100)        | 250 (100)      |

**Table 28 Pre-test answer of squad leader role to conscripts between study and control sample conscripts( Continued )**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| 5. Your squad leader can support you to have safe sex behaviors                                 |                |                  |                |
| Yes   | 43 (31.4)      | 23 (20.7)        | 66 (26.61)     |
| No  | 50 (36.5)      | 58 (52.3)        | 108 (43.55)    |
| Not sure  | 44 (32.1)      | 30 (27)          | 74 (29.84)     |
| Total   | 137 (100)      | 111 (100)        | 248 (100)      |
| 6. When you leave or break, your squad leader give information and support you to have safe sex |                |                  |                |
| Yes   | 92 (67.6)      | 62 (55.4)        | 154 (62.10)    |
| No  | 20 (14.7)      | 24 (21.4)        | 44 (17.74)     |
| Not sure  | 24 (17.6)      | 26 (23.2)        | 50 (20.16)     |
| Total   | 136 (100)      | 112 (100)        | 248 (100)      |
| 7. Your squad leader can communicate with you effectively                                       |                |                  |                |
| Yes   | 106 (77.9)     | 82 (73.2)        | 188 (75.81)    |
| No  | 9 (6.6)        | 12 (10.7)        | 21 (8.47)      |
| Not sure  | 21 (15.4)      | 18 (16.1)        | 39 (15.73)     |
| Total   | 136 (100)      | 112 (100)        | 248 (100)      |
| 8. Your squad leader involves for sexual health information and condoms distribution            |                |                  |                |
| Yes   | 67 (49.6)      | 53 (47.3)        | 120 (48.58)    |
| No  | 36 (26.7)      | 32 (28.6)        | 68 (27.53)     |
| Not sure  | 32 (23.7)      | 27 (24.1)        | 59 (23.89)     |
| Total   | 135 (100)      | 112 (100)        | 247 (100)      |

**Table28 Pre-test answer of squad leader role to conscripts between study and control sample conscripts ( Continued)**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 9. Your squad leader can coach you in every things                             |                |                  |                |
| Yes  | 71 (51.8)      | 40 (35.7)        | 111 (44.58)    |
| No   | 19 (13.9)      | 30 (26.8)        | 49 (19.68)     |
| Not sure   | 47 (34.3)      | 42 (37.5)        | 89 (35.74)     |
| Total  | 137 (100)      | 112 (100)        | 249 (100)      |
| 10. You close to your squad leader   |                |                  |                |
| Yes  | 69 (56.7)      | 36 (32.1)        | 105 (42.34)    |
| No   | 23 (16.9)      | 33 (29.5)        | 56 (22.58)     |
| Not sure   | 44 (32.4)      | 43 (38.4)        | 87 (35.08)     |
| Total  | 136 (100)      | 112 (100)        | 248 (100)      |
| 11. Your squad leader have knowledge and ability to promote safe sex behaviors |                |                  |                |
| Yes  | 63 (46.3)      | 43 (38.4)        | 106 (42.74)    |
| No   | 17 (12.5)      | 18 (16.1)        | 35 (14.11)     |
| Not sure   | 56 (41.2)      | 51 (45.5)        | 107 (43.15)    |
| Total  | 136 (100)      | 112 (100)        | 248 (100)      |
| 12. Your squad leader is good model for you                                    |                |                  |                |
| Yes  | 99 (72.8)      | 27 (24.1)        | 126 (50.81)    |
| No   | 10 (7.4)       | 15 (13.4)        | 25 (10.08)     |
| Not sure   | 27 (19.9)      | 70 (62.5)        | 97 (39.11)     |
| Total  | 136 (100)      | 112 (100)        | 248 (100)      |

**Table 29 Post-test answer of knowledge about safe sex between study and control sample conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>1. No sexual activities</b>   |                |                  |                |
| Yes  | 35 (43.2)      | 14 (18.9)        | 49 (31.61)     |
| No   | 42 (51.9)      | 56 (75.7)        | 98 (63.23)     |
| Not sure   | 4 (4.9)        | 4 (5.4)          | 8 (5.16)       |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>2. Having sex with wife <b>only</b></b>   |                |                  |                |
| Yes  | 47 (58.0)      | 25 (33.8)        | 72 (46.45)     |
| No   | 27 (33.3)      | 41 (55.4)        | 68 (43.87)     |
| Not sure   | 7 (8.6)        | 8 (10.8)         | 15 (9.68)      |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>3. Having sex with regular partner <b>only</b></b>  |                |                  |                |
| Yes  | 32 (39.5)      | 25 (33.8)        | 57 (36.77)     |
| No   | 42 (51.9)      | 39 (52.7)        | 81 (52.26)     |
| Not sure   | 7 (8.6)        | 10 (13.5)        | 17 (10.97)     |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>4. Use condom every time when having sex with <b>non-regular (steady) partners or sex workers</b></b> |                |                  |                |
| Yes  | 62 (76.5)      | 60 (82.2)        | 122 (79.74)    |
| No   | 15 (18.5)      | 4 (5.5)          | 19 (12.42)     |
| Not sure   | 3 (3.7)        | 9 (12.3)         | 12 (7.84)      |
| Total  | 80 (100)       | 73 (100)         | 153 (100)      |

**Table 29 Post-test answer of knowledge about safe sex between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. Use condom every time when having sex with regular partners</b> |                |                  |                |
| Yes   | 48 (59.3)      | 28 (37.8)        | 76 (49.03)     |
| No  | 28 (34.6)      | 34 (45.9)        | 62 (40.00)     |
| Not sure  | 5 (6.2)        | 12 (16.2)        | 17 (10.97)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>6. Having sex without condoms when having with male partners</b>   |                |                  |                |
| Yes   | 7 (8.6)        | 7 (9.5)          | 14 (9.03)      |
| No  | 69 (85.2)      | 61 (82.4)        | 130 (83.87)    |
| Not sure  | 5 (6.2)        | 6 (8.1)          | 11 (7.10)      |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>7. Use condom every time when having sex</b>                       |                |                  |                |
| Yes   | 59 (72.8)      | 48 (64.9)        | 107 (70.91)    |
| No  | 16 (19.8)      | 13 (17.6)        | 29 (17.58)     |
| Not sure  | 6 (7.4)        | 13 (17.6)        | 19 (11.52)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>8. Masturbation is safe sex</b>                                    |                |                  |                |
| Yes   | 65 (80.2)      | 41 (55.4)        | 106 (68.39)    |
| No  | 10 (12.3)      | 12 (16.2)        | 22 (14.19)     |
| Not sure  | 6 (7.4)        | 21 (28.4)        | 27 (17.42)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |



**Table 29 Post-test answer of knowledge about safe sex between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>9. Oral sex is safe</b>  |                |                  |                |
| Yes   | 26 (32.1)      | 8 (11.3)         | 34 (22.37)     |
| No  | 31 (38.3)      | 34 (47.9)        | 65 (42.76)     |
| Not sure  | 24 (29.6)      | 29 (40.8)        | 53 (34.87)     |
| Total   | 81 (100)       | 71 (100)         | 152 (100)      |
| <b>10. Drinking alcohol and using drug before having sex are not safe sex</b> |                |                  |                |
| Yes   | 59 (73.8)      | 44 (59.5)        | 103 (66.47)    |
| No  | 18 (22.5)      | 7 (9.5)          | 25 (16.13)     |
| Not sure  | 3 (3.8)        | 23 (31.1)        | 26 (16.88)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 30 Post-test of sexual Transmitted Diseases between study and control sample conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>1. Every diseases come from Sexual intercourse</b> |                |                  |                |
| Yes   | 42 (51.9)      | 23 (31.1)        | 65 (41.94)     |
| No  | 33 (40.7)      | 33 (44.6)        | 66 (42.58)     |
| Not sure  | 6 (7.4)        | 18 (24.3)        | 24 (15.48)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>2. Gonorrhea</b>                                   |                |                  |                |
| Yes   | 63 (77.8)      | 49 (66.2)        | 122 (72.26)    |
| No  | 12 (14.8)      | 10 (13.5)        | 22 (14.19)     |
| Not sure  | 6 (7.4)        | 15 (20.3)        | 21 (13.55)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>3. Non- Gonococcal Gonorrhea</b>                   |                |                  |                |
| Yes   | 61 (75.3)      | 41 (55.4)        | 102 (65.81)    |
| No  | 14 (17.3)      | 13 (17.6)        | 27 (17.42)     |
| Not sure  | 6 (7.4)        | 20 (27.0)        | 26 (16.77)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>4. Syphilis</b>                                    |                |                  |                |
| Yes   | 55 (67.9)      | 28 (37.8)        | 83 (55.55)     |
| No  | 19 (23.5)      | 24 (32.4)        | 43 (27.74)     |
| Not sure  | 7 (8.6)        | 22 (29.7)        | 29 (18.71)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>5. Hepatitis</b>                                   |                |                  |                |
| Yes   | 17 (21)        | 6 (8.1)          | 23 (14.84)     |
| No  | 60 (74.1)      | 51 (68.9)        | 111 (71.61)    |
| Not sure  | 4 (4.9)        | 17 (23)          | 21 (13.55)     |
| Total   | 81 (100)       | 74 (100)         | 155 (100)      |

**Table 30 Post-test of sexual Transmitted Diseases between study and control sample conscripts( Continued )**

| Variables                               | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. Hepatitis</b>                     |                |                  |                |
| Yes                                     | 17 (21)        | 6 (8.1)          | 23 (14.84)     |
| No                                      | 60 (74.1)      | 51 (68.9)        | 111 (71.61)    |
| Not sure                                | 4 (4.9)        | 17 (23)          | 21 (13.55)     |
| Total                                   | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>6. Herpes Simplex/Genital Herpes</b> |                |                  |                |
| Yes                                     | 31 (38.3)      | 22 (29.7)        | 23 (17.29)     |
| No                                      | 46 (56.8)      | 23 (31.1)        | 84 (63.16)     |
| Not sure                                | 4 (4.9)        | 29 (39.2)        | 26 (19.55)     |
| Total                                   | 81 (100)       | 74 (100)         | 133 (100)      |
| <b>7. pubic lice and louse</b>          |                |                  |                |
| Yes                                     | 21 (25.9)      | 7 (9.5)          | 28 (18.18)     |
| No                                      | 51 (63.0)      | 46 (62.2)        | 97 (62.99)     |
| Not sure                                | 8 (9.9)        | 21 (28.4)        | 29 (18.83)     |
| Total                                   | 81 (100)       | 74 (100)         | 154 (100)      |
| <b>8. Candidiasis</b>                   |                |                  |                |
| Yes                                     | 29 (35.8)      | 30 (40.5)        | 59 (38.06)     |
| No                                      | 42 (51.9)      | 17 (23)          | 59 (38.06)     |
| Not sure                                | 10 (12.3)      | 27 (36.5)        | 37 (23.87)     |
| Total                                   | 81 (100)       | 74 (100)         | 155 (100)      |

**Table 30 Post-test of sexual Transmitted Diseases between study and control sample conscripts ( Continued )**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>9. Herpes zoster</b>                          |                |                  |                |
| Yes  | 18 (22.2)      | 22 (29.7)        | 40 (25.81)     |
| No   | 51 (63.0)      | 33 (44.6)        | 84 (54.19)     |
| Not sure   | 12 (14.8)      | 19 (25.7)        | 31 (20.00)     |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>10. Human Immunodeficiency Virus and AIDS</b> |                |                  |                |
| Yes  | 73 (90.1)      | 51 (68.9)        | 124 (80)       |
| No   | 6 (7.4)        | 11 (14.9)        | 17 (10.97)     |
| Not sure   | 2 (2.1)        | 12 (16.2)        | 14 (9.03)      |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 31 Post-test of attitude about safe sex between study and control sample conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>Statement</b>  |                |                  |                |
| <b>1.No sex is impossible</b>                               |                |                  |                |
| Strongly Agree  | 20 (25)        | 18 (23.4)        | 38 (24.20)     |
| Agree   | 34 (42.5)      | 18 (23.4)        | 52 (33.12)     |
| Not sure  | 3 (3.8)        | 4 (5.2)          | 7 (4.46)       |
| Not agree   | 18 (22.5)      | 32 (41.6)        | 50 (31.85)     |
| Strongly not agree  | 5 (6.2)        | 5 (6.5)          | 10 (6.37)      |
| Total   | 80 (100)       | 77 (100)         | 157 (1000)     |
| <b>2.Condom use can prevent sexual transmitted diseases</b> |                |                  |                |
| Strongly Agree  | 17 (21.2)      | 8 (10.5)         | 25 (16.03)     |
| Agree   | 20 (25.0)      | 17 (22.4)        | 37 (23.72)     |
| Not sure  | 21 (26.2)      | 25 (32.9)        | 46 (26.49)     |
| Not agree   | 20 (25.0)      | 24 (31.6)        | 44 (28.21)     |
| Strongly not agree  | 2 (2.5)        | 2 (2.6)          | 4 (2.56)       |
| Total   | 80 (100)       | 76 (100)         | 156 (100)      |
| <b>3. Not used condom is proved for being man</b>           |                |                  |                |
| Strongly Agree  | 1 (1.2)        | 2 (2.6)          | 3 (1.90)       |
| Agree   | 8 (9.9)        | 13 (16.9)        | 21 (13.29)     |
| Not sure  | 22 (27.2)      | 10 (13)          | 32 (20.25)     |
| Not agree   | 41 (50.6)      | 48 (62.3)        | 89 (56.33)     |
| Strongly not agree  | 9 (11.1)       | 4 (5.2)          | 13 (8.23)      |
| Total   | 81 (100)       | 77 (100)         | 158 (100)      |

**Table 31 Post-test of attitude about safe sex between study and control sample conscripts (Continued)**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 4. Having sex with only wife is boring   |                |                  |                |
| Strongly Agree   | 6 (7.6)        | 4 (5.3)          | 10 (6.45)      |
| Agree  | 13(16.5)       | 19 (25.00)       | 32 (20.65)     |
| Not sure   | 34(43)         | 33 (43.4)        | 67 (43.23)     |
| Not agree  | 23(29.1)       | 18 (23.7)        | 41 (26.45)     |
| Strongly not agree   | 3 (3.8)        | 2 (2.6)          | 5 (3.23)       |
| Total  | 79 (100)       | 76 (100)         | 155 (100)      |
| 5. If is fine to have multiple partners<br>Without condoms Others will also do the   |                |                  |                |
| Strongly Agree   | 4 (5.1)        | 2 (2.6)          | 6 (6.85)       |
| Agree  | 11 (13.9)      | 10 (13)          | 21 (13.46)     |
| Not sure   | 15 (19)        | 30 (39)          | 45 (28.85)     |
| Not agree  | 34 (43)        | 28 (36.4)        | 62 (39.74)     |
| Strongly not agree   | 15 (19)        | 7 (9.1)          | 22 (14.10)     |
| Total  | 79 (100)       | 77 (100)         | 156 (100)      |
| 6. Having sex with <b>girlfriend</b> is not necessary to use condoms<br>all the time because she can <b>trust and safe</b> |                |                  |                |
| Strongly Agree   | 7 (8.6)        | 3 (3.9)          | 10 (6.33)      |
| Agree  | 14 (17.3)      | 24 (31.2)        | 38 (24.05)     |
| Not sure   | 30 (37.0)      | 42 (54.5)        | 72 (45.57)     |
| Not agree  | 19 (23.5)      | 5 96.5)          | 24 (15.19)     |
| Strongly not agree   | 11 (13.6)      | 3 (3.9)          | 14 (8.86)      |
| Total  | 81 9100)       | 77 (100)         | 158 (100)      |

**Table 31 Post-test of attitude about safe sex between study and control sample conscripts (Continued)**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>7. Having sex with menno need to use condom</b>                     |                |                  |                |
| Strongly Agree   | 4 (5.0)        | 2 (2.7)          | 6 (3.87)       |
| Agree  | 6 (7.5)        | 3 (4.0)          | 9 (5.81)       |
| Not sure   | 8 (10.0)       | 3 (4.0)          | 11 (7.10)      |
| Not agree  | 27 (33.8)      | 23 (30.7)        | 50 (32.26)     |
| Strongly not agree   | 35 (43.8)      | 44 (58.7)        | 79 (50.97)     |
| Total  | 80 (100)       | 75 (100)         | 155 (100)      |
| <b>8. It is impossible to having sex only one female</b>               |                |                  |                |
| Strongly Agree   | 20 (21.7)      | 9 (11.7)         | 29 (18.24)     |
| Agree  | 25 (30.9)      | 24 (31.2)        | 28 (17.61)     |
| Not sure   | 25 (30.9)      | 17 (22.1)        | 49 (30.82)     |
| Not agree  | 10 (12.3)      | 17 (22.1)        | 27 (16.95)     |
| Strongly not agree   | 1 (1.2)        | 25 (32.5)        | 26 (16.35)     |
| Total  | 81 (100)       | 77 (100)         | 159 (100)      |
| <b>9. Drinking alcohol and using drug lead to unsafe sex behaviors</b> |                |                  |                |
| Strongly Agree   | 14 (17.5)      | 8 (10.4)         | 22 (14.01)     |
| Agree  | 28 (35.0)      | 18 (23.4)        | 49 (29.30)     |
| Not sure   | 17 (21.2)      | 22 (28.6)        | 39 (24.87)     |
| Not agree  | 15 (18.8)      | 27 (35.1)        | 42 (26.75)     |
| Strongly not agree   | 6 (7.5)        | 2 (2.6)          | 8 (5.10)       |
| Total  | 80 (100)       | 77 (100)         | 157 (100)      |

**Table 31 Post-test of attitude about safe sex between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>10.All sexual transmitted diseases can be cured</b>                |                |                  |                |
| Strongly Agree  | 4 (4.9)        | 3 (3.9)          | 7 (4.43)       |
| Agree   | 11 (13.6)      | 9 (11.7)         | 20 (12.66)     |
| Not sure  | 36 (44.4)      | 30 (39)          | 66 (41.77)     |
| Not agree   | 15 (18.5)      | 31 (40.3)        | 46 (29.11)     |
| Strongly not agree  | 15 (18.5)      | 4 (5.2)          | 19 (12.036)    |
| Total   | 81 (100)       | 77 (100)         | 158 (100)      |
| <b>11.Using condom is embarrassing</b>                                |                |                  |                |
| Strongly Agree  | 2 (2.5)        | 1 (1.3)          | 3 (1.90)       |
| Agree   | 10 (12.3)      | 3 (3.9)          | 13 (8.23)      |
| Not sure  | 7 (8.6)        | 5 (6.5)          | 12 (7.59)      |
| Not agree   | 42 (51.9)      | 53 (68.8)        | 95 (60.13)     |
| Strongly not agree  | 20 (24.7)      | 15 (19.5)        | 35 (22.15)     |
| Total   | 81 (100)       | 77 (100)         | 158 (100)      |
| <b>12. Express trust and sincere to partners by not using condoms</b> |                |                  |                |
| Strongly Agree  | 3 (3.7)        | 2 (2.7)          | 5 (3.21)       |
| Agree   | 9 (11.1)       | 9 (12.0)         | 18 (11.54)     |
| Not sure  | 9 (11.1)       | 7 (9.3)          | 16 (10.26)     |
| Not agree   | 26 (32.1)      | 47 (62.7)        | 73 (46.79)     |
| Strongly not agree  | 34 (42)        | 10 (13.3)        | 44 928.21)     |
| Total   | 81 (100)       | 75 (100)         | 156 (100)      |



**Table 31 Post-test of attitude about safe sex between study and control sample conscripts (Continued)**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 13.It is <b>difficult</b> to talk about sex with others                      |                |                  |                |
| Strongly Agree   | 4 (4.9)        | 1 (1.4)          | 5 (3.23)       |
| Agree  | 16 (19.8)      | 7 (9.5)          | 23 (14.84)     |
| Not sure   | 25 (30.9)      | 30 (40.5)        | 55 (35.48)     |
| Not agree  | 22 (27.2)      | 30 (40.5)        | 52 (33.55)     |
| Strongly not agree   | 14 (17.3)      | 6 (8.1)          | 20 (12.90)     |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| 14.If partners do not want to use condoms, it is <b>not necessary to use</b> |                |                  |                |
| Strongly Agree   | 7 (8.6)        | 4 (5.3)          | 11 (7.01)      |
| Agree  | 12 (14.8)      | 11 (14.5)        | 23 (14.65)     |
| Not sure   | 28 (34.6)      | 21 (27.6)        | 49 (31.21)     |
| Not agree  | 22 (27.2)      | 37 (48.7)        | 59 (37.58)     |
| Strongly not agree   | 12 (14.8)      | 3 (3.9)          | 15 (9.55)      |
| Total  | 81 (100)       | 76 (100)         | 157 (100)      |
| 15. When having aroused, it is impossible to stop and put a condom on        |                |                  |                |
| Strongly Agree   | 5 (6.2)        | 3 (3.9)          | 8 (5.06)       |
| Agree  | 18 (22.2)      | 8 (10.4)         | 26 (16.46)     |
| Not sure   | 23 (28.4)      | 24 (31.2)        | 47 (29.75)     |
| Not agree  | 30 (37)        | 40 (51.9)        | 70 (44.30)     |
| Strongly not agree   | 5 (6.2)        | 2 (2.9)          | 7 (4.43)       |
| Total  | 81(100)        | 77 (100)         | 158 (100)      |

**Table 31 Post-test of attitude about safe sex between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>16. If condoms break and tear, it is impossible to stop and change</b> |                |                  |                |
| Strongly Agree  | 8 (9.9)        | 2 (2.6)          | 10 (6.33)      |
| Agree   | 26 (32.1)      | 12 (15.6)        | 38 (24.05)     |
| Not sure  | 19 (523.5)     | 25 (32.5)        | 44 (27.85)     |
| Not agree   | 20 (24.7)      | 35 (45.5)        | 55 (34.81)     |
| Strongly not agree  | 8 (9.9)        | 3 (3.96)         | 11 (6.96)      |
| Total   | 81 (100)       | 77 (100)         | 158 (100)      |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 32 Post-test of practice safe sex in the past 6 months between study and control sample conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>1. In the last 6 months, you never have sex at all</b>                               |                |                  |                |
| Yes   | 22 (27.2)      | 36 (46.8)        | 58 (36.71)     |
| No  | 57 (70.4)      | 38 (49.4)        | 95 (60.13)     |
| Not sure  | 2 (2.5)        | 3 (3.9)          | 5 (3.16)       |
| Total   | 81 (100)       | 77 (100)         | 158 (100)      |
| <b>2. If you are married, In the last 6 months, you only have sex with your wife</b>    |                |                  |                |
| Yes   | 31 (43.7)      | 25 (32.9)        | 62 (39.49)     |
| No  | 29 (40.8)      | 39 (51.3)        | 72 (45.86)     |
| Not sure  | 11 (15.5)      | 12 (15.8)        | 23 (14.65)     |
| Total   | 71 (100)       | 76 (100)         | 157 (100)      |
| <b>3. In the last 6 months, you only have sex with your girlfriend ( 1 girlfriend )</b> |                |                  |                |
| Yes   | 34 (42.5)      | 28 (36.4)        | 62 (39.49)     |
| No  | 36 (45.0)      | 36 (46.8)        | 72 (45.86)     |
| Not sure  | 10 (12.5)      | 13 (16.9)        | 23 (14.65)     |
| Total   | 80 (100)       | 77 (100)         | 157 (100)      |
| <b>4. In the last 6 months, you have sex with your girlfriends ( more than 1 )</b>      |                |                  |                |
| Yes   | 41 (51.2)      | 29 (37.7)        | 70 (44.59)     |
| No  | 30 (37.5)      | 33 (42.9)        | 63 (40.13)     |
| Not sure  | 9 (11.2)       | 15 (19.5)        | 24 (15.29)     |
| Total   | 80 (100)       | 77 (100)         | 157 (100)      |

**Table 32 Post-test of practice safe sex in the past 6 months between study and control sample conscripts ( Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. In the last 6 months, you only have sex with man ( only 1)</b>  |                |                  |                |
| Yes   | 4 (5.3)        | 3 (3.9)          | 7 (4.58)       |
| No  | 67 (88.2)      | 69 (89.6)        | 136 (88.89)    |
| Not sure  | 5 (6.6)        | 5 (6.56)         | 10 (6.54)      |
| Total   | 76 (100)       | 77 (100)         | 153 (100)      |
| <b>6. In the last 6 months, you have sex with men (more than 1)</b>   |                |                  |                |
| Yes   | 5 (6.6)        | 6 (7.8)          | 11 (7.19)      |
| No  | 66 (86.8)      | 71 (92.2)        | 137 (89.54)    |
| Not sure  | 5 (6.6)        | 0                | 5 (3.27)       |
| Total   | 76 (100)       | 77 (100)         | 153 (100)      |
| <b>7. In the last 6 months, you have sex with sex workers</b>         |                |                  |                |
| Yes   | 9 (11.5)       | 8 (10.4)         | 17 (10.97)     |
| No  | 61 (78.2)      | 59 (76.6)        | 120 (77.42)    |
| Not sure  | 8 (10.3)       | 10 (13.0)        | 18 (11.61)     |
| Total   | 78 (100)       | 77 (100)         | 155 (100)      |
| <b>8. In the last 6 months, you have sex with non-steady partners</b> |                |                  |                |
| Yes   | 4 (5.1)        | 19 (25)          | 23 (14.94)     |
| No  | 68 (7.7)       | 45 (59.2)        | 113 (73.38)    |
| Not sure  | 6 (7.7)        | 12 (15.8)        | 18 (11.69)     |
| Total   | 78 (100)       | 76 (100)         | 154 (100)      |

**Table 32 Post-test of practice safe sex in the past 6 months between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>9. In the last 6 months, you have sexual transmitted diseases</b>                                  |                |                  |                |
| Yes   | 4 (5.1)        | 4 (5.2)          | 8 (5.16)       |
| No  | 68 (87.2)      | 69 (89.6)        | 137 (88.39)    |
| Not sure  | 6 (7.7)        | 4 (5.2)          | 10 (6.45)      |
| Total   | 78 (100)       | 77 (100)         | 155 (100)      |
| <b>10. In the last 6 months, you received diagnosis and treatment for sexual transmitted diseases</b> |                |                  |                |
| Yes   | 17 (21.8)      | 15 (19.5)        | 32 (20.65)     |
| No  | 53 (67.9)      | 51 (66.2)        | 104 (67.10)    |
| Not sure  | 8 (10.3)       | 11 (14.3)        | 19 (12.26)     |
| Total   | 78 (100)       | 77 (100)         | 155 (100)      |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**Table 33 Post-test of practice safe sex in the past 6 months between study and control sample conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>1. In the last 6 months, you drank alcohol before having sex</b>                  |                |                  |                |
| Every times  | 4 (4.9)        | 2 (2.74)         | 6 (3.87)       |
| Almost every times   | 5 (6.2)        | 3 (4.1)          | 8 (5.16)       |
| Often  | 3 (3.7)        | 3 (4.1)          | 6 (3.87)       |
| Sometimes  | 33 (40.7)      | 46 (62.2)        | 79 (50.97)     |
| Never  | 36 (44.4)      | 20 (27.0)        | 56 (36.13)     |
| Total  | 87 (100)       | 74 (100)         | 155 (100)      |
| <b>2. If you are married, In the last 6 months, you used condoms with your wife.</b> |                |                  |                |
| Every times  | 14 (18.9)      | 1 (1.04)         | 15 (10.141)    |
| Almost every times   | 10 (13.5)      | 22 (29.7)        | 32 (21.62)     |
| Often  | 4 (5.4)        | 2 (2.7)          | 6 (4.05)       |
| Sometimes  | 18 (24.3)      | 20 (27)          | 38 (25.68)     |
| Never  | 28 (37.8)      | 29 (39.2)        | 57 (38.51)     |
| Total  | 74 (100)       | 74 (100)         | 148 (100)      |
| <b>3. In the last 6 month, you had sex with your girlfriends and used condoms</b>    |                |                  |                |
| Every times  | 20 (25.3)      | 3 (4.1)          | 23 (15.03)     |
| Almost every times   | 14 (17.7)      | 8 (10.8)         | 22 (14.38)     |
| Often  | 10 (12.74)     | 23 (31.1)        | 33 (21.57)     |
| Sometimes  | 20 (25.3)      | 29 (39.2)        | 49 (32.03)     |
| Never  | 15 (19.0)      | 11 (14.9)        | 26 (16.99)     |
| Total  | 79 (100)       | 74 (100)         | 153 (100)      |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>4. In the last 6 month, you had sex with non steady partners ( more than 1) and used condoms</b> |                |                  |                |
| Every times   | 14 (17.5)      | 9 (12.0)         | 23 (14.87)     |
| Almost every times  | 12 (15.0)      | 7 (9.3)          | 19 (12.26)     |
| Often   | 10 (12.5)      | 3 (4.0)          | 13 (8.39)      |
| Sometimes   | 24 (30.0)      | 33 (44.0)        | 57 (36.77)     |
| Never   | 20 (25)        | 23 (30.74)       | 43 (27.74)     |
| Total   | 80 (100)       | 75 (100)         | 155 (100)      |
| <b>5. In the last 6 month, you had sex with man ( only 1) and used condoms</b>                      |                |                  |                |
| Every times   | 12 (15.6)      | 5 (6.8)          | 17 (11.26)     |
| Almost every times  | 3 (3.9)        | 1 (1.4)          | 4 (2.65)       |
| Often   | 4 (5.2)        | 0                | 4 (2.65)       |
| Sometimes   | 1 (1.3)        | 6 (8.1)          | 7 (4.64)       |
| Never   | 57 (74)        | 62 (83.8)        | 119 (78.81)    |
| Total   | 77 (100)       | 74 (100)         | 151 (100)      |
| <b>6. In the last 6 month, you had sex with men ( more than 1) and used condoms</b>                 |                |                  |                |
| Every times   | 9 (11.8)       | 8 (10.7)         | 17 (11.26)     |
| Almost every times  | 3 (3.9)        | 0                | 3 (1.990)      |
| Often   | 3 (3.9)        | 3 (4.0)          | 6 (3.97)       |
| Sometimes   | 4 (5.3)        | 2 (2.7)          | 6 (3.97)       |
| Never   | 57 (75)        | 62 (82.7)        | 119 (78.81)    |
| Total   | 76 (100)       | 75 (100)         | 151 (100)      |

---

**7. In the last 6 month, you had sex with sex workers and used condoms**

|                    |           |           |            |
|--------------------|-----------|-----------|------------|
| Every times        | 19 (24.4) | 15 (20)   | 34 (22.22) |
| Almost every times | 4 (5.1)   | 4 (5.3)   | 7 (5.23)   |
| Often              | 7 (9.0)   | 2 (2.7)   | 9 (5.88)   |
| Sometimes          | 12 (15.4) | 23 (30.7) | 35 (22.88) |
| Never              | 36 (46.2) | 31 (41.3) | 67 (43.79) |
| Total              | 78 (100)  | 75 (100)  | 153 (100)  |

**8. In the last 6 month, you had sex with non-steady partners and used condoms**

|                    |           |           |            |
|--------------------|-----------|-----------|------------|
| Every times        | 17 (21.2) | 13 (17.6) | 30 (19.48) |
| Almost every times | 5 (6.2)   | 5 (6.8)   | 10 (6.49)  |
| Often              | 8 (10.0)  | 21 (28.4) | 29 918.83) |
| Sometimes          | 20 (25.0) | 12 (16.2) | 32 920.78) |
| Never              | 30 (37.5) | 23 (31.1) | 53 (30.42) |
| Total              | 80 (100)  | 74 (100)  | 154 (100)  |

**9. In the last 6 months, whenever you have sex, you used condoms correctly and effectively**

|                    |           |           |            |
|--------------------|-----------|-----------|------------|
| Every times        | 39 (48.1) | 28 (37.8) | 67 (43.23) |
| Almost every times | 9 (11.1)  | 6 (8.1)   | 15 (9.68)  |
| Often              | 7 (8.6)   | 3 (4.1)   | 10 (6.45)  |
| Sometimes          | 12 (14.8) | 5 (6.8)   | 17 (10.97) |
| Never              | 14 (17.3) | 32 (43.2) | 46 (29.68) |
| Total              | 81 (100)  | 74 (100)  | 155 (100)  |

**10 . In the last 6 months, you have oral sex without condoms**

|                    |           |           |            |
|--------------------|-----------|-----------|------------|
| Every times        | 11 (14.1) | 1 (1.4)   | 12 (8.05)  |
| Almost every times | 8 (10.3)  | 3 (41.2)  | 11 (7.38)  |
| Often              | 7 (9.0)   | 1 (1.4)   | 8 (5.37)   |
| Sometimes          | 14 (17.9) | 9 (12.7)  | 23 (15.44) |
| Never              | 38 (48.7) | 57 (80.3) | 95 (63.76) |
| Total              | 78 (100)  | 71 (100)  | 149 (100)  |

---



**Table 34 Post-test of mobile phone used between study and control sample conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>1.Mobile phone is necessary for your daily life</b>           |                |                  |                |
| Yes  | 71 (87.7)      | 47 (62.7)        | 118 (75.64)    |
| No   | 3 (3.7)        | 23 (30.7)        | 26 (163.67)    |
| Not sure   | 7 (8.6)        | 5 (6.7)          | 12 (7.69)      |
| Total  | 81 (100)       | 75 (100)         | 156 (100)      |
| <b>2. Your mobile phone can use SMS function</b>                 |                |                  |                |
| Yes  | 76 (93.8)      | 72 (96)          | 148 (94.87)    |
| No   | 3 (3.7)        | 2 (2.7)          | 5 (3.21)       |
| Not sure   | 2 (2.5)        | 1 (1.3)          | 3 (1.92)       |
| Total  | 81 (100)       | 75 (100)         | 156 (100)      |
| <b>3. You mostly use your mobile phone for your conversation</b> |                |                  |                |
| Yes  | 66 (82.5)      | 44 (58.7)        | 110 (70.97)    |
| No   | 10 (12.5)      | 30 (40)          | 40 (25.81)     |
| Not sure   | 4 (5.0)        | 1 (1.3)          | 5 (3.23)       |
| Total  | 80 (100)       | 75 (100)         | 155(100)       |
| <b>4. You use prepaid card for you mobile phone bill</b>         |                |                  |                |
| Yes  | 69 (85.2)      | 69 (92)          | 138 (86.46)    |
| No   | 10 (12.5)      | 4 (5.3)          | 14 (8.97)      |
| Not sure   | 2 (2.5)        | 2 (2.7)          | 4 (2.56)       |
| Total  | 81 (100)       | 75 (100)         | 156 (100)      |

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>5. You use monthly payroll system on your mobile phone bill</b>  |                |                  |                |
| Yes   | 11 (14.3)      | 5 (6.8)          | 16 (10.60)     |
| No  | 62 (80.5)      | 66 (89.2)        | 128 (84.77)    |
| Not sure  | 4 (5.2)        | 3 (4.1)          | 7 (4.64)       |
| Total   | 77 (100)       | 74 (100)         | 151 (100)      |
| <b>6. You use SMS function with your friends and girlfriends</b>  |                |                  |                |
| Yes   | 67 (84.8)      | 56 (76.7)        | 123 (80.92)    |
| No  | 9 (11.4)       | 12 (16.4)        | 21 (13.82)     |
| Not sure  | 3 (3.7)        | 5 (6.8)          | 8 (5.26)       |
| Total   | 79 (97.5)      | 73 (100)         | 152 (100)      |
| <b>7. You have ever used SMS function for download<br/>VDO clips, picture, songs and pornography VDO clip</b> |                |                  |                |
| Yes   | 56 (69.1)      | 54 (72)          | 110 (70.51)    |
| No  | 16 (19.8)      | 15 (20)          | 31 (19.87)     |
| Not sure  | 9 (11.1)       | 6 (8)            | 15 (9.62)      |
| Total   | 81 (100)       | 75 (100)         | 156 (100)      |
| <b>8. You have ever used SMS function for throughvotes and competitions</b>                                   |                |                  |                |
| Yes   | 27 (33.8)      | 32 (43.2)        | 59 (38.31)     |
| No  | 41 (51.2)      | 30 (40.5)        | 71 (46.10)     |
| Not sure  | 12 (15.0)      | 12 (16.2)        | 24 (15.58)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>9. You have ever used SMS for compete football matches</b>  |                |                  |                |
| Yes  | 33 (40.7)      | 34 (45.9)        | 67 (43.23)     |
| No   | 41 (50.6)      | 32 (43.2)        | 73 (47.10)     |
| Not sure   | 7 (8.6)        | 8 (10.8)         | 15 (9.68)      |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>10. You open message immediately</b>                        |                |                  |                |
| Yes  | 66 (81.5)      | 60 (82.2)        | 126 (81.82)    |
| No   | 9 (11.1)       | 4 (5.5)          | 13 (8.44)      |
| Not sure   | 6 (7.4)        | 9 (12.3)         | 15 (9.74)      |
| Total  | 81 (100)       | 73 (100)         | 154 (100)      |
| <b>11. you feel privacy when you open messages</b>             |                |                  |                |
| Yes  | 60 (75)        | 47 (64.4)        | 107 (69.93)    |
| No   | 9 (11.1)       | 9 (12.3)         | 18 (11.76)     |
| Not sure   | 11 (13.6)      | 17 (23.3)        | 28 (18.30)     |
| Total  | 80 (100)       | 73 (100)         | 153 (100)      |
| <b>12. You ever received health messages</b>                   |                |                  |                |
| Yes  | 46 (56.8)      | 35 (47.3)        | 81 (52.26)     |
| No   | 19 (23.5)      | 25 (33.8)        | 44 (28.39)     |
| Not sure   | 16 (19.8)      | 14 (18.9)        | 30 (19.35)     |
| Total  | 81 (100)       | 74 (100)         | 155 (100)      |
| <b>13. You ever received messages about safe sex behaviors</b> |                |                  |                |
| Yes  | 4 (5.4)        | 24 (32.4)        | 28 (18.06)     |
| No   | 23 (28.4)      | 36 (48.6)        | 59 (38.06)     |
| Not sure   | 14 (17.3)      | 14 (18.9)        | 28 (18.06)     |
| Total  | 41 (100)       | 74 (100)         | 115 (100)      |

**Table 35 Post-test of frequency of using short message services on mobile phone between study and control sample group conscripts**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| 1. You use SMS function for download VDO clips,<br>picture, songs and pornography picture and VDO clip |                |                  |                |
| Usually  | 13 (16)        | 1 (1.4)          | 14 (9.15)      |
| Often  | 20 (24.7)      | 31 (43.1)        | 51 (33.33)     |
| Sometimes  | 23 (28.4)      | 13 (18.1)        | 36 (23.53)     |
| Rarely   | 12 (14.8)      | 11 (15.3)        | 23 (15.03)     |
| Never  | 13 (16)        | 16 (22.2)        | 29 (18.95)     |
| Total  | 81 (100)       | 72 (100)         | 153 (100)      |
| 2. You use SMSforcompete games   |                |                  |                |
| Usually  | 7 (8.6)        | 2 (2.7)          | 9 (5.84)       |
| Often  | 6 (7.4)        | 6 (8.2)          | 12 (7.79)      |
| Sometimes  | 12 (14.8)      | 26 (35.6)        | 38 (24.68)     |
| Rarely   | 20 (24.7)      | 4 (5.5)          | 24 (15.58)     |
| Never  | 36 (44.4)      | 35 (47.9)        | 71 (46.10)     |
| Total  | 81 (100)       | 73 (1000)        | 154 (100)      |
| 3. You use SMS for compete football matches  |                |                  |                |
| Usually  | 6 (7.4)        | 3 (4.2)          | 9 (5.92)       |
| Often  | 11 (13.6)      | 3 (4.2)          | 14 (9.21)      |
| Sometimes  | 13 (16)        | 8 (11.3)         | 21 (13.82)     |
| Rarely   | 7 (8.6)        | 23 (32.4)        | 30 (19.74)     |
| Never  | 44 (54.3)      | 34 (47.9)        | 78 (51.32)     |
| Total  | 81 (100)       | 71 (100)         | 152 (100)      |

**Table 35 Post -test of frequency of using short message services on mobile phone between study and control sample group conscripts ( Continued )**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>4. You open and read every short message</b>                              |                |                  |                |
| Usually  | 47 (58.8)      | 15 (20.5)        | 62 (40.52)     |
| Often  | 14 (17.5)      | 17 (23.3)        | 31 (20.26)     |
| Sometimes  | 10 (12.5)      | 32 (43.8)        | 42 (27.45)     |
| Rarely   | 4 (5.0)        | 6 (8.2)          | 10 (6.54)      |
| Never  | 5 (6.2)        | 3 (4.1)          | 8 (5.23)       |
| Total  | 80 (100)       | 73 (100)         | 153 (100)      |
| <b>5. You open and read health message</b>                                   |                |                  |                |
| Usually  | 21 (26.6)      | 6 (8.2)          | 27 (17.76)     |
| Often  | 14 (17.7)      | 6 (8.2)          | 20 (13.16)     |
| Sometimes  | 18 (22.8)      | 29 (39.7)        | 47 (30.92)     |
| Rarely   | 9 (11.4)       | 4 (5.5)          | 13 (8.55)      |
| Never  | 17 (21.5)      | 28 (38.4)        | 45 (29.61)     |
| Total  | 79 (100)       | 73 (100)         | 152(100)       |
| <b>6. You open and read message about safe sex behaviors on mobile phone</b> |                |                  |                |
| Usually  | 19 (23.85)     | 4 (5.5)          | 23 ((15.03)    |
| Often  | 16 (20.0)      | 6 (8.2)          | 22 (14.38)     |
| Sometimes  | 16 (20.0)      | 23 (31.5)        | 39 (25.49)     |
| Rarely   | 7 (8.85)       | 6 (8.2)          | 13 (8.50)      |
| Never  | 22 (27.5)      | 34 (46.6)        | 56 (36.60)     |
| Total  | 80 (100)       | 73 (100)         | 153 (100)      |

**Table 36 Post-test of squad leader role to conscripts between study and control sample conscripts**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| Total of squad leader role to conscripts                                    |                |                  |                |
| 1. You and your squad leader have good relationships                        |                |                  |                |
| Yes   | 61 (76.2)      | 57 (77)          | 118 (76.62)    |
| No  | 9 (11.2)       | 11 (14.9)        | 20 (12.99)     |
| Not sure  | 10 (12.5)      | 6 (8.1)          | 16 (10.39)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |
| 2. your squad leader involve your daily life                                |                |                  |                |
| Yes   | 48 (60)        | 46 (63)          | 94 (61.44)     |
| No  | 20 (25.0)      | 12 (16.4)        | 32 (20.92)     |
| Not sure  | 12 (15)        | 15 (20.5)        | 27 (17.65)     |
| Total   | 80 (100)       | 73 (100)         | 153 (100)      |
| 3. You trust your squad leader  |                |                  |                |
| Yes   | 64 (80)        | 29 (39.7)        | 93 (60.78)     |
| No  | 4 (5)          | 4 (5.5)          | 8 (5.23)       |
| Not sure  | 12 (15)        | 40 (54.8)        | 52 (33.99)     |
| Total   | 80 (100)       | 73 (100)         | 153 (100)      |
| 4. Your squad leader is the first person you talk to when you have problems |                |                  |                |
| Yes   | 51 (71.2)      | 22 (29.7)        | 73 (61.86)     |
| No  | 8 (10)         | 33 (44.6)        | 41 (26.81)     |
| Not sure  | 15 (18.8)      | 19 (25.74)       | 34 (22.33)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |

**Table 36 Post -test of squad leader role to conscripts between study and control sample conscripts ( Continued )**

| Variables  | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|--|----------------|------------------|----------------|
| <b>5. Your squad leader can support you to have safe sex behaviors</b>                                 |                |                  |                |
| Yes  | 32 (40)        | 12 (16.2)        | 44 (28.57)     |
| No   | 28 (35)        | 35 (47.3)        | 63 (40.91)     |
| Not sure   | 20 (25)        | 27 (36.5)        | 47 (30.52)     |
| Total  | 80 (100)       | 74 (100)         | 154 (100)      |
| <b>6. When you leave or break, your squad leader give information and support you to have safe sex</b> |                |                  |                |
| Yes  | 55 (68.8)      | 45 (61.6)        | 100(65.36)     |
| No   | 8 (10)         | 14 (19.2)        | 22 (14.38)     |
| Not sure   | 17 (21.2)      | 14 (19.2)        | 31 (20.26)     |
| Total  | 80 (100)       | 73 (100)         | 153 (100)      |
| <b>7. Your squad leader can communicate with you effectively</b>                                       |                |                  |                |
| Yes  | 64 (80)        | 53 (71.6)        | 117 (75.97)    |
| No   | 10 (12.5)      | 10 (13.5)        | 20 (12.99)     |
| Not sure   | 6 (7.5)        | 11 (14.9)        | 17 (11.04)     |
| Total  | 80 (100)       | 74 (100)         | 154 (100)      |

**Table 36 Post -test of squad leader role to conscripts between study and control sample conscripts (Continued)**

| Variables   | Study<br>n (%) | Control<br>n (%) | Total<br>n (%) |
|---|----------------|------------------|----------------|
| <b>8. Your squad leader involves for sexual health information and condoms distribution</b> |                |                  |                |
| Yes   | 58 (72.5)      | 41 (56.2)        | 99 (64.71)     |
| No  | 5 (6.2)        | 15 (20.5)        | 20 (13.07)     |
| Not sure  | 17 (21.2)      | 17 (23.3)        | 34 (22.22)     |
| Total   | 80 (100)       | 73 (100)         | 153 (100)      |
| <b>9. Your squad leader can coach you in every things</b>                                   |                |                  |                |
| Yes   | 51 (63.8)      | 15 (20.3)        | 66 (42.86)     |
| No  | 8 (10)         | 34 (45.9)        | 42 (47.27)     |
| Not sure  | 21 (26.2)      | 25 (33.8)        | 46 (29.87)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |
| <b>10. You close to your squad leader</b>   |                |                  |                |
| Yes   | 54 (67.5)      | 18 (24.7)        | 72 (47.06)     |
| No  | 10 (12.5)      | 33 (45.2)        | 43 (28.10)     |
| Not sure  | 16 (20)        | 22 (30.1)        | 38 (24.87)     |
| Total   | 80 (100)       | 73 (100)         | 153 (100)      |
| <b>11. Your squad leader have knowledge and ability to promote safe sex behaviors</b>       |                |                  |                |
| Yes   | 57 (71.2)      | 20 (27)          | 77 (50)        |
| No  | 7 (8.85)       | 33 (44.6)        | 40 (25.97)     |
| Not sure  | 16 (20)        | 21 (28.4)        | 37 (24.03)     |
| Total   | 80 (100)       | 74 (100)         | 154 (100)      |
| <b>12. Your squad leader is good model for you</b>  |                |                  |                |
| Yes   | 61 (76.2)      | 52 (72.2)        | 113 (74.34)    |
| No  | 8 (10.0)       | 4 (5.6)          | 12 (7.89)      |
| Not sure  | 11 (13.8)      | 16 (22.2)        | 27 (17.76)     |
| Total   | 80 (100)       | 72 (100)         | 152 (100)      |



**Table 37 Pre- post answers of squad leaders about knowledge and attitude of safe sex and program**

| Statements   | Pre-test<br>N (%) | Post-test<br>N (%) |
|--|-------------------|--------------------|
| 1.No sex   |                   |                    |
| Yes  | 0 (0)             | 14 (100)           |
| No   | 13 (92.9)         | 0                  |
| Not sure   | 1 (7.1)           | 0                  |
| Total  | 14 (100)          | 14 (100)           |
| <b>2.Having sex with only wife and not necessary to use condom</b>                               |                   |                    |
| Yes  | 12 (85.7)         | 13 (92.9)          |
| No   | 1 (7.1)           | 1 (7.1)            |
| Not sure   | 1 (7.1)           | 0 (0)              |
| Total  | 14 (100)          | 14 (100)           |
| <b>*4.Using condom almost every time when having sex with non steady partners or sex workers</b> |                   |                    |
| Yes  | 11 (78.6)         | 5 (35.7)           |
| No   | 1 (7.1)           | 9 (64.3)           |
| Not sure   | 2 (14.3)          | 0 (0)              |
| Total  | 14 (100)          | 14 (100)           |

| Statements   | Pre-test<br>N (%) | Post-test<br>N (%) |
|--|-------------------|--------------------|
| <b>*5. Using condom sometimes with regular partners when having sex with all regular partner</b> |                   |                    |
| Yes  | 6 (42.9)          | 4 (28.6)           |
| No   | 7 (50.0)          | 10 (71.4)          |
| Not sure   | 1 (7.1)           | 0                  |
| Total  | 14 (100)          | 14 (100)           |
| <b>6. Using condom every time when having sex with men</b>                                       |                   |                    |
| Yes  | 4 (28.6)          | 13 (92.9)          |
| No   | 7 (50)            | 10 (71.1)          |
| Not sure   | 3 (21.4)          | 0                  |
| Total  | 14 (100)          | 14 (100)           |
| <b>*7. Using condom almost every time when having sex with everyone</b>                          |                   |                    |
| Yes  | 10 (71.4)         | 4 (28.6)           |
| No   | 3 (21.4)          | 10 (71.4)          |
| Not sure   | 1 (7.1)           | 0 (0)              |
| Total  | 14 (100)          | 14 (100)           |
| <b>8. Masturbation is the most safe sex</b>  |                   |                    |
| Yes  | 9 (64.3)          | 4 (28.6)           |
| No   | 4 (28.6)          | 10 (71.4)          |
| Not sure   | 1 (7.1)           | 0 (0)              |
| Total  | 14 (100)          | 14 (100)           |
| <b>*9. External Ejaculation is safe</b>  |                   |                    |
| Yes  | 8 (57.1)          | 3 (21.4)           |
| No   | 5 (35.7)          | 11 (78.6)          |
| Not sure   | 1 (7.1)           | 0                  |
| Total  | 14 (100)          | 14 (100)           |

| Statements  | Pre-test<br>N (%) | Post-test<br>N (%) |
|---|-------------------|--------------------|
| *10. Oral sex is safe   |                   |                    |
| Yes   | 3 (21.4)          | 2 (14.3)           |
| No  | 10 (71.4)         | 12 (85.7)          |
| Not sure  | 1 (7.1)           | 0                  |
| Total   | 14 (100)          | 14 (100)           |
| <b>11. Both alcohol taking and drug used before having sex</b>  |                   |                    |
| lead to un control safe sex   | 9                 | 14 (100)           |
| Yes   | 4                 | 0                  |
| No  | 1                 | 0                  |
| Not sure  | 14 (100)          | 14 (100)           |
| Total   |                   |                    |
| <b>2. Please share your opinion and your attitude about military program in order to promote safe sex</b> |                   |                    |
| Statements  | Pre-test<br>N (%) | Post-test<br>N (%) |
| 1. Practice safe sex is the most important both myself and my conscripts                                  |                   |                    |
| Agree   | 13 (92.9)         | 14 (100)           |
| Not sure  | 0                 | 0                  |
| Disagree  | 1 (7.1)           | 0                  |
| Total   | 14 (100)          | 14 (100)           |
| 2. My conscripts expose to sexual transmitted diseases / HIV  |                   |                    |
| Agree   | 9 (69.2)          | 6 (42.9)           |
| Not sure  | 2 (15.4)          | 6 (42.9)           |
| Disagree  | 2 (15.4)          | 2 (14.3)           |
| Total   | 13 (100)          | 14 (100)           |

| <b>Statements</b>   | <b>Pre-test<br/>N (%)</b> | <b>Post-test<br/>N (%)</b> |
|---|---------------------------|----------------------------|
| 3.I realize all the military policies about sexual transmitted diseases and HIV prevention programs |                           |                            |
| Agree   | 10 (71.4)                 | 14(100)                    |
| Not sure  | 4 (28.6)                  | 0                          |
| Disagree  | 0                         | 0                          |
| Total   | 14(100)                   | 14(100)                    |
| 4.I have done and be the part of previous sexual transmitted diseases and HIV prevention programs   |                           |                            |
| Agree   | 11 (78.6)                 | 14(100)                    |
| Not sure  | 2 (14.3)                  | 0                          |
| Disagree  | 1 (7.1)                   | 0                          |
| Total   | 14(100)                   | 14 (100)                   |
| 5.I believe that my role can be the part of promoting safe sex                                      |                           |                            |
| Agree   | 12 (85.7)                 | 14(100)                    |
| Not sure  | 2 (14.3)                  | 0                          |
| Disagree  | 0                         | 0                          |
| Total   | 14(100)                   | 14(100)                    |
| 6.I believe I can be a mentor and reliable person of conscripts                                     |                           |                            |
| Agree   | 12 (85.7)                 | 14 (100)                   |
| Not sure  | 2 (14.3)                  |                            |
| Disagree  | 0                         |                            |
| Total   | 14 (100)                  |                            |
| 7.I suggest that the Army should have safe sex projects   |                           |                            |
| Agree   | 13 (92.9)                 | 14 (100)                   |
| Not sure  | 0                         |                            |
| Disagree  | 1 (7.1)                   |                            |
| Total   | 14(100)                   |                            |

| <b>Statements</b>  | <b>Pre-test<br/>N (%)</b> | <b>Post-test<br/>N (%)</b> |
|--|---------------------------|----------------------------|
| 8.I usually use mobile phone and short message services function                               |                           |                            |
| Agree  | 3 (21.4)                  | 12 (85.7)                  |
| Not sure   | 8 (57.1)                  | 1 (7.1)                    |
| Disagree   | 3 (21.4)                  | 1 (7.1)                    |
| Total  | 14 (100)                  | 14 (100)                   |
| 9.I think using communication technology devices can promoting safe sex through the conscripts |                           |                            |
| Agree  | 13 (92.9)                 | 5 (35.7)                   |
| Not sure   | 1 (7.1)                   | 6 (42.9)                   |
| Disagree   | 0                         | 3 (21.4)                   |
| Total  | 14 (100)                  | 14 (100)                   |
| 10.I think this project can promoting safe sex   |                           |                            |
| Agree  | 11 (78.6)                 | 14 (100)                   |
| Not sure   | 1 (7.1)                   |                            |
| Disagree   | 2 (14.3)                  |                            |
| Total  | 14 (100)                  |                            |
| *11. I think it is difficult to perform this project   |                           |                            |
| Agree  | 2 (15.4)                  | 2 (14.3)                   |
| Not sure   | 8 (61.5)                  | 3 (21.4)                   |
| Disagree   | 3 (23.1)                  | 9 (64.3)                   |
| Total  | 13 (100)                  | 14 (100)                   |

**Table 38 Message from sample study conscripts**

| Date    | Conscripts | SMS No.    | Reply Message                             | Unit                           |
|---------|------------|------------|---|--------------------------------|
| 21/8/10 | Xxx        | 0805184569 | Received with Thanks                      | 753                            |
|         | Xxx        | 0853353376 | Received with Thanks                      | 723                            |
|         | Xxx        | 0859099796 | Received with Thanks                      | 723                            |
| 28/8/10 | Xxx        | 0896422463 | Created Messages                          | 721                            |
|         | Xxx        | 0843078378 | Received with Thanks                      | Weapon<br>Production           |
|         | Xxx        | 0860160995 | 8E8E                                      | 712                            |
|         | Xxx        | 0859916241 | Put condom on 100%                        | Weapon<br>Production           |
| 4/9/10  | Xxx        | 0837754435 | Received with Thanks<br>with good message | 711                            |
|         | Xxx        | 0895385077 | Received with Thanks                      | 712                            |
|         | Xxx        | 0874164992 | Received with Thanks<br>with good message | 712                            |
| 11/9/10 | Xxx        | 0823564710 | Received with Thanks<br>with good message | 721                            |
|         | Xxx        | 0874164992 | Received with Thanks<br>with good message | Weapon<br>Production<br>Center |
| 18/9/10 | Xxx        | 0867503350 | OK  | 723                            |

|         |     |            |   |                                |
|---------|-----|------------|---|--------------------------------|
|         | Xxx | 0805184569 | Received with Thanks                      | 723                            |
|         | Xxx | 0895385077 | Received with Thanks                      | 712                            |
|         | Xxx | 0850394991 | Received with Thanks                      | 721                            |
|         | Xxx | 0806210625 | Received with Thanks                      | Weapon<br>Production           |
|         | Xxx | 0812788938 | Received with Thanks                      | Army<br>Aviation<br>Center     |
| 25/9/10 | Xxx | 0837754435 | Received with Thanks                      | 711                            |
|         | Xxx | 0832198457 | Received with Thanks                      | Weapon<br>Production<br>Center |
|         | Xxx | 0859916241 | Created Messages                          | 711                            |
| 2/10/10 | Xxx | 0867503350 | OK  | 723                            |
|         | Xxx | 0832198457 | Received with Thanks<br>with good message | Weapon<br>Production<br>Center |
|         | Xxx | 0805184569 | Received with Thanks<br>with good message | 723                            |
|         | Xxx | 0828859631 | Received with Thanks<br>with good message | 723                            |
|         | Xxx | 0860240063 | I like this message                       | 711                            |
|         | Xxx | 0878097481 | Created Messages                          | Weapon<br>Production<br>Center |
|         | Xxx | 0803405724 | Created Messages                          | Weapon<br>Production           |

|         |     |            | Center   |                                |
|---------|-----|------------|--|--------------------------------|
|         | Xxx | 0857366290 | Received with Thanks<br>with good message          | 723                            |
|         | Xxx | 0822342807 | Created Messages                                   | Weapon<br>Production<br>Center |
|         | Xxx | 0812788938 | Received with Thanks<br>with good message          | Army<br>Aviation<br>Center     |
|         | Xxx | 0850394991 | Received with Thanks<br>with good message          | 721                            |
| 9/10/10 | Xxx | 0806210625 | Received with Thanks<br>with good message          | Weapon<br>Production<br>Center |
|         | Xxx | 0878097481 | Created Messages                                   | Third Anti<br>Aircraft         |
|         | Xxx | 0810367731 | Received with Thanks<br>with good message          | 711                            |
|         | Xxx | 0893469858 | Received with Thanks<br>with good message          | Army<br>Aviation<br>Center     |
|         | Xxx | 0844037470 | Feel safe every times<br>when received<br>messages | 711                            |
|         | Xxx | 0812788938 | Received with Thanks<br>with good message          | Army<br>Aviation               |
|         | Xxx | 0899021406 | Received with Thanks<br>with good message          | Weapon<br>Production           |



|           |     |            |  |                                |
|-----------|-----|------------|--|--------------------------------|
|           | Xxx | 0843795815 | Created Messages   | 711                            |
| 16/10/10  |     |            |  |                                |
|           | Xxx | 0832198457 | Received with Thanks<br>with good message                                | Weapon<br>Production<br>Center |
|           | Xxx | 0806210625 | Received with Thanks<br>with good message                                | Weapon<br>Production<br>Center |
|           | Xxx | 0895385077 | Received with Thanks<br>with good message                                | 712                            |
|           | Xxx | 0857366290 | Created Messages   | 721                            |
|           | Xxx | 0812788938 | Received with Thanks<br>with good message                                | Army<br>Aviation<br>Center     |
| 22 /10/10 |     |            |  |                                |
|           | Xxx | 0874164992 | Received with Thanks   | 712                            |
|           | Xxx | 0860160995 | Received with Thanks<br>and cannot answer<br>because of helping<br>flood | 712                            |
|           | Xxx | 0867503350 | OK   | 723                            |
| 24 /10/10 |     |            |  |                                |
|           | xxx | 0884930343 | Double protection is<br>the best   | Army<br>Aviation<br>Center     |
|           | Xxx | 0812788938 | Received with Thanks   | Army<br>Aviation<br>Center     |
|           | Xxx | 0893469858 | Received with Thanks   | Army                           |

|          |     |            |  | Aviation                       |
|----------|-----|------------|--|--------------------------------|
|          | Xxx | 0867503350 | OK   |                                |
| 30/10/10 |     |            |  |                                |
|          | Xxx | 0867503350 | OK   | 723                            |
|          | Xxx | 0874164992 | Thanks                                       | 712                            |
| 6/11/10  |     |            |  |                                |
|          | Xxx | 0812788938 | Received with Thanks                         | Army<br>Aviation<br>Center     |
|          | Xxx | 0857366290 | Received with Thanks                         | 723                            |
| 13/11/10 |     |            |  |                                |
|          | Xxx | 0867503350 | OK   | 723                            |
|          | Xxx | 0860160995 | Received with Thanks                         | 712                            |
|          | Xxx | 0822342807 | World AIDS DAY Pls<br>go to check HIV Status | Weapon<br>Production<br>Center |
| 21/11/10 |     |            |  |                                |
|          | Xxx | 0867503350 | OK   | 723                            |
|          | Xxx | 0895385077 | Received with Thanks                         | 712                            |
|          | Xxx | 0812788938 | Received with Thanks                         | Army<br>Aviation<br>Center     |
| 27/11/10 |     |            |  |                                |
|          | Xxx | 0812788938 | Received with Thanks                         | 723                            |
| 4/12/10  |     |            |  |                                |
|          | Xxx | 0837754435 | Received with Thanks                         | 711                            |
| 11/12/10 |     |            |  |                                |
|          | Xxx | 0867503350 | Answer question                              | Army                           |

## Aviation

|          |     |            |   |                            |
|----------|-----|------------|---|----------------------------|
| 18/12/10 |     |            |   |                            |
|          | Xxx | 0867503350 | Received with Thanks                      | 723                        |
|          | Xxx | 0837754435 | Answer question                           | 711                        |
|          | Xxx | 0857334120 | Answer question                           | 713                        |
| 25/12/10 |     |            |   |                            |
|          | Xxx | 0812788938 | Received with Thanks                      | 711                        |
|          | Xxx | 0867503350 | Received with Thanks                      | 712                        |
|          | Xxx | 0837754435 | Received with Thanks                      | Army<br>Aviation<br>Center |
| 30/12/10 |     |            |   |                            |
|          | Xxx | 0832198457 | Received with Thanks                      | 712                        |
|          | Xxx | 0806210625 | Received with Thanks                      | 723                        |
|          | Xxx | 0895385077 | Received with Thanks                      | 711                        |
|          | Xxx | 0857366290 | Received with Thanks                      | Army<br>Aviation<br>Center |
|          | Xxx | 0812788938 | Received with Thanks                      | Third Anti<br>Aircraft     |
| 31/12/10 |     |            |   |                            |
|          | Xxx | 0812788938 | Received with Thanks<br>with good message | Army<br>Aviation<br>Center |
|          | Xxx | 0850394991 | Received with Thanks<br>with good message | 721                        |
| 8/1/11   |     |            |   |                            |
|          | Xxx | 0832198457 | Answer question                           | 711                        |
|          | Xxx | 0806210625 | Answer question                           | 721                        |

|         |     |            |                 |                            |
|---------|-----|------------|-----------------|----------------------------|
|         | Xxx | 0895385077 | Answer question | Army<br>Aviation<br>Center |
| 15/1/11 | Xxx | 0806210625 | Answer question | 721                        |
|         | Xxx | 0895385077 | Answer question | 711                        |
|         | Xxx | 0857366290 | Answer question | 713                        |
|         | Xxx | 0812788938 | Answer question | Third Anti<br>Aircraft     |
| 22/1/11 | Xxx | 0832198457 | Answer question | 711                        |
|         | Xxx | 0806210625 | Answer question | 721                        |
|         | Xxx | 0895385077 | Answer question | Army<br>Aviation<br>Center |
| 5/2/11  | Xxx | 0810367731 | Answer question | 711                        |
|         | Xxx | 0893469858 | Answer question | Army<br>Aviation<br>Center |
|         | Xxx | 0844037470 | Answer question | 711                        |
|         | Xxx | 0812788938 | Answer question | Army<br>Aviation<br>Center |
|         | Xxx | 0899021406 | Answer question | Weapon<br>Production       |
|         | Xxx | 0843795815 | Answer question | 711                        |

**Table 39 Number of telephone call-backs during the study**

| Date    | Conscripts | Call back<br>Tel No. | Unit                    | Answer                  |
|---------|------------|----------------------|-------------------------|-------------------------|
| 21/8/10 | xxx        | 0822608981           | 723                     | Received with<br>thanks |
|         | xxx        | 0849021721           | 721                     | Received with<br>thanks |
|         | xxx        | 0850394991           | 721                     | Received with<br>thanks |
| 28/8/10 | xxx        | 0857366290           |                         | Received with<br>thanks |
|         | xxx        | 0895757137           | Army Aviation<br>Center | Received with<br>thanks |
|         | xxx        | 0808389580           | Third Anti aircraft     | Received with<br>thanks |
| 4/9/10  | xxx        | 0863733860           | 711                     | Received with<br>thanks |
|         | xxx        | 0833733860           | 711                     | Received with<br>thanks |
| 11/9/10 | xxx        | 0805083255           | 723                     | Received with<br>thanks |
|         | xxx        | 0865928107           | Army Aviation<br>Center | Received with<br>thanks |
|         | xxx        | 0895757137           | Army Aviation<br>Center | Received with<br>thanks |
|         | xxx        | 0803388468           | 712                     | Received with<br>thanks |
| 18/9/10 | xxx        | 0812998700           | Weapon                  | Received with           |

|         |     |            |                             |                         |
|---------|-----|------------|-----------------------------|-------------------------|
|         |     |            | production Center           | thanks                  |
|         | xxx | 0805083255 | 723                         | Received with<br>thanks |
| 25/9/10 | xxx | 0803388468 | 712                         | I like the messages     |
|         | xxx | 0803388468 | 712                         | Received with<br>thanks |
|         | xxx | 0895757137 | Artillery Division          | Received with<br>thanks |
|         | xxx | 0893469858 | 712                         | Received with<br>thanks |
|         | xxx | 0805083255 | 723                         | Received with<br>thanks |
|         | xxx | 0803405724 | Third Anti aircraft         | Received with<br>thanks |
|         | xxx | 0867503350 | 723                         | Received with<br>thanks |
| 2/10/10 | xxx | 0841784818 | Weapon<br>production Center | Received with<br>thanks |
|         | xxx | 0868503350 | 723                         | Received with<br>thanks |
|         | xxx | 0803388468 | 712                         | Received with<br>thanks |
|         | xxx | 0805083255 | 723                         | Received with<br>thanks |
|         | xxx | 0865272467 | Weapon<br>production Center | We have condom<br>use   |
|         | xxx | 0853800636 | Weapon<br>production Center | Received with<br>thanks |
|         | xxx | 0805083255 | 723                         | Received                |
|         | xxx | 0878611267 | Army Aviation               | Received with           |

|          |     |            | Center               | thanks  |
|----------|-----|------------|----------------------|---|
|          | xxx | 0803388468 | 712                  | Received with thanks                              |
| 16/10/10 | xxx | 0865928107 | Army Aviation Center | The messages are not bother me, I like that       |
|          | xxx | 0895757137 | Army Aviation Center | Received with thanks                              |
|          | xxx | 0805083255 | 723                  | I have to go to Border, but still can use the SMS |
|          | xxx | 0803388468 | 712                  | Received with thanks                              |
|          | xxx | 0805083255 | 723                  | It is OK for message, I used vibration function   |
| 30/10/10 | xxx | 0803388468 | 712                  | Received with thanks                              |
|          | xxx | 0895757137 | Army Aviation Center | Received with thanks                              |
|          | xxx | 0808389580 | Third Anti aircraft  | Received with thanks                              |
| 6/11/10  | xxx | 0895385077 | 712                  | Received with thanks                              |
|          | xxx | 0812788938 | Army Aviation Center | Received with thanks                              |
|          | xxx | 0812998700 | 723                  | Received with                                     |

|          |     |            |                             | thanks   |
|----------|-----|------------|-----------------------------|--|
|          | xxx | 0892435401 | 713                         | Received with thanks   |
| 13/11/10 | xxx | 0805083255 | 721                         | I feel lonely at border,<br>receive message<br>made me feel better |
|          | xxx | 0877544099 | Army Aviation<br>Center     | Received with thanks   |
|          | xxx | 0895757137 | Army Aviation               | Received with thanks   |
| 21/11/10 | xxx | 0803388468 | 712                         | I can go out after<br>finish job                                   |
|          | xxx | 0843240877 | 712                         | Received with thanks   |
|          | xxx | 0895757137 | Army Aviation<br>Center     | We will go out<br>together   |
|          | xxx | 0892435401 | Weapon<br>production Center | Received with<br>thanks  |
| 27/11/10 | xxx | 0895385077 | 712                         | Received with<br>thanks  |
|          | xxx | 0808780585 | Army Aviation<br>Center     | Received with<br>thanks  |
| 11/12/10 | xxx | 0808389580 | Third Anti aircraft         | Received with<br>thanks  |
|          | xxx | 0803388468 | 712                         | Received with<br>thanks  |
| 18/12/10 | xxx | 0857366290 | 721                         | Received with<br>thanks  |
|          | xxx | 0812998700 | Artillery Division          | Received with  |



|          |     |             |                             | thanks  |
|----------|-----|-------------|-----------------------------|---|
|          | xxx | 0806689288  | Weapon<br>production Center | Received with<br>thanks                           |
|          | xxx | 0841784818  | Weapon<br>production Center | Received with<br>thanks                           |
|          | xxx | 0817577949  | 711                         | Received with<br>thanks                           |
| 25/12/10 | xxx | 0803388468  | 712                         | I am going to the<br>field<br>for flood situation |
|          | xxx | 0892435401  | Weapon<br>production Center | I am going to the<br>field<br>for flood situation |
|          | xxx | 0895757137  | Army Aviation<br>Center     | I am going to the<br>field<br>for flood situation |
|          | xxx | 08050883255 | 723                         | Received with<br>thanks                           |
| 30/12/10 | xxx | 0895757137  | Army Aviation<br>Center     | Received with<br>thanks                           |
|          | xxx | 0803388468  | 712                         | I am going to the<br>field<br>for flood situation |
|          | xxx | 0895757137  | Artillery Division          | Received with<br>thanks                           |
|          | xxx | 0805083255  | 723                         | I am going to the<br>field<br>for flood situation |
| 31/12/10 | xxx | 0808780585  | Army Aviation<br>Center     | Received with<br>thanks                           |

|         |     |            |                             |  |
|---------|-----|------------|-----------------------------|--|
|         | xxx | 0843240877 | 712                         | I am going to the field<br>for flood situation |
|         | xxx | 0841784818 | Weapon<br>production Center | Received with<br>thanks                        |
|         | xxx | 0893469858 | Army Aviation<br>Center     | Received with<br>thanks                        |
|         | xxx | 0865928107 | Army Aviation<br>Center     | Received with<br>thanks                        |
| 8/1/11  | xxx | 0895757137 | Army Aviation<br>Center     | Received with<br>thanks                        |
|         | xxx | 0854237918 | 712                         | Received with<br>thanks                        |
| 15/1/11 | xxx | 0805083255 | 723                         | Received with<br>thanks                        |
|         | xxx | 0843240877 | 712                         | Received with<br>thanks                        |
|         | xxx | 0892435401 | Weapon<br>production Center | Received with<br>thanks                        |
| 22/1/11 | xxx | 0895757137 | Weapon<br>production Center | Received with<br>thanks                        |
|         | xxx | 0805083255 | 723                         | Received with<br>thanks                        |
|         | xxx | 0860240063 | 711                         | Received with<br>thanks                        |
|         | xxx | 0857334120 | 713                         | Received with<br>thanks                        |
| 5/2/11  | xxx | 0805083255 | 723                         | Received with<br>thanks                        |

|     |            |        |                 |
|-----|------------|--------|-----------------|
| xxx | 0865272467 | Weapon | Answer question |
| xxx | 0805083255 | 723    | Answer question |
| xxx | 0805083255 | 723    | Answer question |

## MESSAGE FROM CONSCRIPTS

### กลุ่มปลอดโรคนะจ๊ะ (ป.723)

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ปลอดภัย ป้องกัน เมื่อใช้ถุงยางอนามัย
2. สะดวกง่าย เมื่อใช้ถุงยาง อนามัยเวลาร่วมเพศ
3. ใช้ถุงยางทุกครั้ง ได้รับความสุขทุกครั้ง
4. เห็นนารีหรือบุรุษให้หยิบชุดถุงยางมาใช้
5. ภัยจากเอดส์จะหมดไปเมื่อใช้ถุงยางอนามัย
6. อย่าอาย เมื่อต้องใช้ถุงยางอนามัย
7. ชีวิตจะปลอดภัยถ้าใช้ถุงยางอนามัย
8. ถุงยางอนามัย คือส่วนหนึ่งในชีวิตประจำวัน
9. ปลอดโรค, ปลอดภัยใช้ถุงยางอนามัย
10. คิดจะมั่วต้องกล้าใช้ถุงยางนะจ๊ะ

### กลุ่มชาติชาย

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ชาติเสียดังไว้ลาย ชาติชายต้องใส่ถุง
2. ก่อนจะ.... ต้องสวมก่อน
3. ไปเที่ยวไม่มีตั้งค์ ขอแค่มิถุนในกระเป๋
4. ผู้ชายลั่นลำ ต้องพกพาถุงยาง
5. รู้สูบต้องรู้ทุกซ์ ไม่อยากทุกซ์ต้องใส่ถุง
6. วันนี้คุณมิถุนยางแล้วหรือยัง
7. .... ครั้งนี้คุณใส่ถุงหรือยัง?
8. สวมหน้อยนะพี่ ก่อนจะ..ของหนู

### กลุ่ม721

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. กรุณาสวมหมวกทุกครั้งก่อนมีเพศสัมพันธ์
2. คิดทุกครั้งก่อนเข้าโรงแรม
3. ก่อนเข้าโรงแรมกรุณาจอด (7) ก่อน
4. คิดจะเที่ยวคิดถึงถุงยางนะจ๊ะ2 คค53

5. กรุณาสวมถุงยางก่อนออกกำลังกายรอบดึกนะ....คะ
6. ชาติเสียดังไว้ลายชาติชายต้องพกถุง
7. ยึดอกพกถุงหวังดีจาก HIV

#### กลุ่ม .....เจี๋ยจ้าว

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ก่อนจะ....สักนิด ควรคิดถึงถุงยางอนามัย
2. ก่อนมีเซ็กส์ ต้องเช็กสภาพ
3. วันนี้คุณพกถุงแล้วหรือยัง
4. พกถุงไม่พกเอดส์
5. วันที่เอดส์เกิด คือถุงยางระเบิดในช่องคลอด

#### กลุ่ม.....เทวดา

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. วันนี้สวมหมวกให้น้องชายแล้วหรือยัง
2. นายแน่จ๊ายแล้วหรือ? ใส่ถุงดีกว่ามั๊ยเพื่อน
3. ใส่ถุงยางทุกครั้ง ก่อนออกกำลังกาย
4. รู้จักรัก ต้องรู้จักป้องกัน

5. กิดจะ.....อย่าลืมเรื่องถุงยางอนามัย
6. กิดจะนอนกับพี่ น้องคนดีต้องสวมให้
7. เป็นราชาสนามรบ แต่จะจบเพราะสนามรัก
8. รักน้อยเสียดาบพี่ สวมนิคสวมหน้อยก็ยังมี
9. อยู่ปิ่นใหญ่ต้องใส่เรื่องถุงยาง
10. รักแรกคือสบตา      รักต่อมาคือสอดไส้  
รักแท้ไม่แตกใน      รักหมัดใจต้องใส่ถุง

### กลุ่ม ฟ้าหลังฝน

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ป้องกันฝนใช้ร่ม ป้องกันเอดส์ใช้ถุงยาง
2. ใส่หมวกเถอะนะถ้ามีอารมณ์ \*หมวก=ถุงยาง
3. เทียวดึกเมามันถ้ามีเพศสัมพันธ์ต้องใส่ถุง
4. รักดีหาจั่วรักมั่วต้องใส่ถุง
5. เอดส์อันตรายป้องกันได้ถ้าใส่ถุง (อนามัย)
6. กิดจะมั่วอย่าลืมตัวต้องใส่ถุง
7. รักน้องเต็มอกต้องพกถุง
8. ยึดอกพกถุง

9. คิดจะเสีงอย่าเสีงใส่ถุง
10. ป้องกันฝนใช้ร่มคิดข่มใส่ถุง
11. คิดจะ.....อย่าลืมอัปปอก
12. ขับรถต้องใบขับขี่ คิดจะ....ต้องมีถุง
13. ขับรถระวังชนตุ๊กชนระวังเอดส์

### กลุ่ม สวรรค์ในมือ

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. คิดถึงเธอเมื่อเจอถุงยาง
2. อึปลิ้น อึบนานต้อง DUREX
3. จะกิน จะ... ต้องมีถุงยาง
4. ความรักจุกอก เมื่อพกถุงยาง
5. ถุงนี้มีดี ...แล้วไม่คิดไม่เจ็บ (ลั่น)
6. ขึ้นสวรรค์อย่างปลอดภัย เมื่อใส่ถุงยาง
7. ปลอดภัยไว้เอดส์ ถ้ามีถุงยาง
8. รักสาวลูกสอง ต้องมีถุงยาง
9. ถุงนี้มีเพื่อน้อง (น้องเมีย)

### กลุ่ม สิ้นคิด (รง.ปค.)

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. จะรักทั้งที่ต้องสวมถุงยางอนามัย
2. เชื่อกุหน้อยจะได้.....ยันแก่
3. เชื่อกให้แน่จะไม่แพ้โรคร้าย
4. คิดถึงถุงยางซักรุ่นก่อนมีเพศสัมพันธ์
5. ตั้งสติก่อนสตาร์ท ก่อนจะพลาดสู่พระบาทน้ำพุ
6. ขับรถยังสวมหมวกจะ.....ต้องใส่ถุง
7. ทางมุ้งยังกันยุง ใส่ถุงป้องกันเอดส์
8. ทำงานให้เสร็จ แล้ว SEX ใส่ถุง

### กลุ่ม จูโจม (ใต้สะดือ)

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ใส่ถุงทุกครั้ง....ก็หั่นอย่างมั่นใจ
2. สวมถุงที่ไร....สั่งได้ดังใจทุกที
3. คิดจะ Sex คิดถึงก๊อฟแก๊ป
4. สู้ไม่ถอยเมื่อชอยใส่ถุง



5. การมีเพศสัมพันธ์ในปัจจุบัน อันตรายต่อการติดเชื้อ HIV
6. รักครั้งแรกของน้องชายต้องไว้ใจมัน
7. ควรอ่านวิธีการทุกครั้งก่อนมี Sex
8. มือเท่านั้นคือสวรรค์

### กลุ่ม ชิมิ

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. รักน้องต้องพกถุง
2. ถ้าตัวเองรักเขา (เขาขอใส่ถุง)
3. ถ้าไม่ยอมมีเอดส์เป็นเพื่อนใส่ถุงยากก่อนดีไหม
4. เล็กใหญ่ไม่สนถ้าไม่ใช้ถุงก็เป็นเอดส์ได้เหมือนกัน
5. เสียเวลาใส่ถุงยาสักกชีวิตท่านจะปลอดภัย

### กลุ่ม เมมแมรุ่งทุกวัน

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ช่วยใส่ถุงยงถ้าคิดจะมีอะไรกะหนู
2. มีถุงยงที่ไหนปลอดภัยที่นั่น
3. รักสนุกต้องพกถุงยง

4. อยากจะเป็นผู้ชายลั่นลำต้องสวมถุงยาง
5. คิดถึงความปลอดภัยนึกถึงถุงยางอนามัย
6. ใส่ถุงมุ้งคู่สวรรค์
7. ....ทั้งที่ต้องมีถุงยาง (52)
8. 49,52 ก็คือของชายไทย
9. ขับขี่ปลอดภัยต้องสวมถุงยาง
10. เราชักถุงยางต้องใช้ถุงยาง

#### กลุ่ม นุญเจียงปาน

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ใส่ถุงยางอย่าให้ติดคอ...(เดี่ยวขาดนะ)
2. ....ให้.....แล้วใส่เข้าไปเด็กถามว่าอะไร? ถุงยาง
3. ปลุกตื่นไม่ลดโลกร้อนสวมถุงยางช่วยลด HIV
4. สวมถุงก็จริง แต่ขออย่าอย่าเน้นแรง
5. ถ้าชอบความมัน ต้องใส่ทุกคน ถุงยาง
6. ทำอย่างไรไม่มีไวรัสให้ผมใส่ ผมจำใจยอมติดเอดส์ (ขออย่าไวรัส 99) เท่านั้น

### กลุ่ม หยุดเชื้อ HIV (พัน บ.)

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. การ....ที่ปลอดภัยต้องสวมถุงยางอนามัย Durex
2. สวมถุงยางสักนิดเพื่อพิชิต HIV
3. ก่อน....นื้อยอย่าลืมสวมหมวกกันน็อก
4. ค่าบุหรืของพ่อหนูขอเป็นค่าถุงยาง
5. พกถุงสักนิดเพื่อชีวิตที่ปลอดภัย
6. อยากใช้ชีวิตให้คุ้มค่าโปรดย่าลืมใส่ถุงยาง
7. ชีวิตจะสั้นถ้าไม่หมั่นใช้ถุงยาง 25 ก.ย.53

### กลุ่ม 55555

ชื่อสมาชิกกลุ่มและเบอร์โทรศัพท์

ข้อความ

1. ใส่ถุงยางทุกครั้งเมื่อมีเพศสัมพันธ์
2. อยากอยู่นานๆ ต้องรู้จักพกถุง
3. ตามใจปากเป็นหมู ตามใจ.....ติดเอดส์
4. รักสนุกแต่ไม่ผูกพัน
5. 8E88

6. ติดแฮดส์เมื่อไรแล้วจะหนาว
7. ฝากรักฝากใจฝากถุงยางอนามัยไปให้เธอ
8. ไม่สวมถุงยางจะนั่งเศร้า เพราะหนองใน



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Squad Leader No .....

Date /Month/year.....

(English Version)

**Focused Group Discussion Guideline in Mentor Roles of Squad leader  
for promoting Safe sex behavior in Thai conscripts**

**General Information:**

Age..... Religion.....Marital Status.....

Education.....

Original.....Time of being squad.....

Duties.....

**Personal Behaviors:**

Alcohol.....Smoking

.....Quantity.....

Spend night life ?.....where.....

Frequency.....Hobbies.....

**Mentor Role Support:**

1. How is your work related to the conscripts?

.....

.....

.....

2. Have you ever involved with promoting safe sex in Thai conscripts ? /How?/ Why?

.....

.....

3. Do you think as your role, can you be mentors of your conscripts and how?

.....

.....

4. What do you think about mentor role? How is related to your works?

.....

.....

5. How closely between you and your conscripts?  
.....  
.....

6. When you have problems with your conscripts, how were you overcome across all the problems?  
.....  
.....

7. How the army policies support all your roles?  
.....  
.....

**Knowledge and Attitude about promoting Safe sex behaviors through conscripts:**

8. What do you think and understand about safe sex behaviors? Generally, how can you help all your conscripts to practice safe sex behaviors?  
.....  
.....

9. Regarding to Army policies, how related between the policies and promoting safe sex behaviors?  
.....  
.....

10. Related through your works, how your roles can support and promoting safe sex behaviors?  
.....  
.....

11. Since you act as a squad leader, how can you promoting safe sex behaviors through your conscripts?  
.....  
.....

12. If some projects need your involvement as the important person to promote safe sex behaviors through your conscripts how can you support all projects?

.....  
.....

**Knowledge and Attitude about Short Message Services on mobile phone ( SMS )**

13. How do you familiar with using SMS services on mobile phone?

.....  
.....

14. Have you ever received health message on your mobile phone, what do you think?

.....  
.....

15. If some projects related to promote safe sex behaviors through your conscripts by using SMS how can you support all projects? What are your comments and suggestion?

.....  
.....

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

ผู้บังคับหมู่.....

เลขที่ .....

วันที่ /เดือน/ปี.....

(ฉบับภาษาไทย)

แนวทางการสนทนากลุ่มแบบบทบาทหน้าที่ของผู้บังคับหมู่กับการเป็น พี่เลี้ยงเพื่อส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัย  
ของพลทหารกองประจำการ

ข้อมูลทั่วไป:

อายุ.....ปีศาสนา..... สถานภาพสมรส..... การศึกษา.....

ภูมิลำเนา..... ระยะเวลาที่อยู่ในกองทัพ.....ระยะเวลาที่เป็น ผบ.หมู่.....

ปฏิบัติหน้าที่.....

พฤติกรรมส่วนบุคคล( ท่านมีอิสระในการเลือกที่จะตอบ หรือไม่ตอบ ) :

ดื่มเหล้า.....สูบบุหรี่.....ปริมาณมาก/น้อยเพียงไร.....

เที่ยวกลางคืน.....ที่ไหน.....ความถี่ ( บ่อย ).....

งานอดิเรก/ ว่างเวลาที่ชอบ.....

การสนับสนุนการมีบทบาทเป็นพี่เลี้ยง:

1. ลักษณะการทำงานของผู้บังคับหมู่

.....  
.....  
.....



2. ท่านมีส่วนร่วมในการส่งเสริมให้พลทหารในหมู่ของท่านมีเพศสัมพันธ์ที่ถูกต้องและปลอดภัย

อย่างไร.....

.....

3. ท่านมีความเข้าใจในบทบาทหน้าที่ของพี่เลี้ยงมากแค่ไหนอย่างไร

.....

.....

.....

4. ท่านคิดว่าบทบาทหน้าที่ของท่านในปัจจุบันสามารถเป็นพี่เลี้ยงให้แก่พลทหารในการดูแลตนเองให้มีเพศสัมพันธ์

ที่ปลอดภัยได้อย่างไร

.....

.....

5. ท่านใกล้ชิดกับพลทหารในหมู่ของท่านมากแค่ไหน มีความสัมพันธ์แบบไหน อย่างไร

.....

.....

6. หากเกิดปัญหาในการปกครองพลทหาร ท่านแก้ปัญหาอย่างไร / ยกตัวอย่าง

.....

.....

7. นโยบายของกองทัพในแต่ละช่วงเวลามีผลต่อการบังคับบัญชาหรือ ดูแลลูกหมู่ของท่านหรือไม่

.....

.....

ความรู้ / ทักษะ และแนวคิดของการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของผู้บังคับหมู่ที่มีต่อทหารกองประจำการ  
ในบังคับบัญชา

8. ท่านเข้าใจว่าการมีเพศสัมพันธ์ที่ปลอดภัยคืออะไรในบทบาทหน้าที่ของท่านท่านสามารถส่งเสริมให้เกิดการมี  
เพศสัมพันธ์ที่ปลอดภัยได้อย่างไร

.....

.....

9. ท่านได้รับการสนับสนุนเกี่ยวกับการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหารจากนโยบายของ  
กองทัพกองอย่างไร

.....

.....

10. ที่ผ่านมาในส่วนของภารกิจที่ท่านรับผิดชอบ ท่านคิดว่า ท่าน มีบทบาทหรือส่วนร่วมในการการส่งเสริมการมี  
เพศสัมพันธ์ที่ปลอดภัย อย่างไร

.....

.....

11. หากมีโครงการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัย ท่านคิดว่า ท่านจะมีบทบาทหรือส่วนร่วมอย่างไร

.....

.....

12. หากมีโครงการ ส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยโดยมีท่านเป็น แกนนำสำคัญ ท่านจะให้ความร่วมมือ / เพราะ  
เหตุใด/ อย่างไร

.....

.....

**ความรู้ / ทักษะ และแนวคิดของการใช้เทคโนโลยีมือถือส่งข้อความสั้น**

13. ท่านคุ้นเคยกับบริการส่งข้อความสั้นทางโทรศัพท์มือถือที่ท่านมีความคิดเห็นอย่างไร

.....

14. หากมีโครงการ ส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยโดยใช้ เทคโนโลยีการสื่อสาร การส่งข้อความสั้นเตือนทางโทรศัพท์มือถือท่านจะให้ความร่วมมือ อย่างไร

.....

15. ท่านเคยได้รับ ข้อมูลด้านสุขภาพ ทางโทรศัพท์มือถือหรือไม่ และท่านมีความคิดเห็นอย่างไร อย่างไร

.....

16. ท่านมีข้อเสนอแนะเกี่ยวกับโครงการวิจัย อย่างไร

.....

.....

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Conscripts No .....  
 Date /Month/year.....  
 (English Version)

**Focused Group Discussion Guideline in using behaviors about Mobile and Short  
 Massage Services in Thai Conscripts**

**General Information:**

Age..... Religion.....Marital Status..... Education.....  
 .....  
 Career before being conscripts..... Original  
 region.....  
 Time of being conscripts.....  
 Duties.....

**Personal Behaviors:**

Alcohol.....Smoking .....Quantity.....  
 Spend night life?.....where.....  
 Frequency.....Hobbies.....

**Mobile phone behavior used:**

1. What do you think about mobile phone / how necessary in your daily life /Why?  
 .....  
 .....
2. What more functions in your mobile phone that you used? How comfortable?  
 .....  
 .....

3. How many time you used mobile phone / and please estimate how long in each time  
.....  
.....
4. What are your comfortable times? Why?  
.....  
.....
5. How much you pay for your bill? How?  
.....  
.....
6. About short message services, how do you set and use?  
.....  
.....
7. What kind of messages do you like?  
.....  
.....
8. When you have a break, / What kind of places or activities do you like  
Short period.....  
Long period .....
9. Have you ever received health message on your mobile phone, what do you think?  
.....  
.....
10. If having the health messages send to you by mobile phone, what do you think?  
.....  
.....
11. How privacy do you concern about Short message services?  
.....  
.....

**Relationship between squad leader and conscripts**

12. How relationship between you and your squad leader?

.....  
.....

13. How your squad leader influence to your daily life?

.....  
.....

14. How trust between you and your squad leader?

.....  
.....

15. When you have a problem or facing difficult situation/who do you want to talk to and why?

.....  
.....

16. What do you think how squad leader can promote safe sex behaviors in conscripts?

.....  
.....

17. When you have both short and long break, how well squad leader ever involved in promoting safe sex?

.....  
.....

**Safe sex behaviors knowledge and perceptions**

18. What do you understand about safe sex?

.....  
.....

19. What do you think how important about practice safe sex ?

.....  
.....

ทหารกองประจำการ

เลขที่ .....

วันที่ /เดือน/ปี.....

(ฉบับภาษาไทย)

แนวทาง การสนทนากลุ่มพฤติกรรมการใช้โทรศัพท์มือถือและการรับ-ส่งข้อความสั้นทาง

โทรศัพท์มือถือ ทหารกองประจำการ

ข้อมูลทั่วไป:

อายุ.....ปี ศาสนา.....สถานภาพสมรส.....

อาชีพก่อนเกณฑ์ทหาร.....การศึกษา.....ภูมิลำเนา.....

ระยะเวลาที่อยู่ในกองทัพ.....ปฏิบัติหน้าที่.....

พฤติกรรมส่วนบุคคล ( ท่านมีอิสระในการเลือกที่จะตอบ หรือ/ไม่ตอบ ) :

ดื่มเหล้า.....สูบบุหรี่.....ปริมาณมาก/น้อยเพียงไร.....

เที่ยวกลางคืน.....ที่ไหน.....ความถี่ ( บ่อยแค่ไหน).....

พฤติกรรมการใช้โทรศัพท์มือถือ และการรับ-ส่ง ข้อความสั้น

1. ท่านคิดว่าโทรศัพท์มือถือมีความจำเป็นในชีวิตประจำวันของท่านอย่างไร

.....

.....

2. ท่านมีโทรศัพท์มือถือหรือไม่/ ถ้ามี โทรศัพท์มือถือของท่านมีฟังก์ชันอะไรบ้าง / ท่านมีความสะดวกสบายในการใช้หรือไม่

.....  
 .....

3. โดยปกติท่านใช้โทรศัพท์มือถือเพื่อการสนทนาประมาณกี่ครั้งใน 1 วัน ช่วงใดที่ท่านสะดวกในการใช้โทรศัพท์มือถือ

.....  
 .....

4. โดยเฉลี่ยประมาณ ค่าใช้จ่ายมือถือ ต่อเดือน / ใช้ระบบใดในการจ่ายค่าโทรศัพท์

.....  
 .....

5. ท่านเคยรับ ส่ง ข้อความทางโทรศัพท์หรือไม่/ บริการแบบใด.( เช่น รับ-ส่ง ข้อความกับเพื่อน/ บริการข่าวสาร / บริการดาวน์โหลดรูปภาพ / บริการดาวน์โหลดเพลง / บริการดาวน์โหลดคลิปเสียง / บริการดาวน์โหลด วิดีโอคลิป / ทายผลเกมส์/ ร่วมโหวต/ ทายผลฟุตบอล ฯลฯ

.....  
 .....



6. โดยปกติท่านเปิดเสียงข้อความทางโทรศัพท์หรือไม่/เมื่อได้รับข้อความต่างๆ ท่านเปิดข้อความอ่านอย่างไร

.....  
.....

7. โดยปกติช่วงหยุดพัก ท่านชอบไปที่ใด/ พักผ่อนอย่างไร

ช่วงพักระยะสั้น.....

ช่วงพักระยะยาว .....

8. ท่านเคยได้รับบริการข้อความเกี่ยวกับด้านสุขภาพท่านมีความคิดเห็นอย่างไร

.....

9. หากมีข้อความเตือนเกี่ยวกับด้านสุขภาพและการป้องกันโรคท่านพอใจที่จะเปิดอ่านหรือไม่  
ท่านมีความคิดเห็นอย่างไร

.....

10. ท่าน รู้สึกเป็นส่วนตัวหรือไม่ อย่างไร ในการเปิดอ่านข้อความทางโทรศัพท์มือถือ

.....

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**ความสัมพันธ์ระหว่างผู้บังคับหมู่กับ ทหารกองประจำการ**

11. ท่านกับผู้บังคับหมู่มีปฏิสัมพันธ์ มากน้อยเพียงไร เพราะเหตุใด

.....

ผู้บังคับหมู่มีอิทธิพลต่อชีวิตประจำวันของท่าน อย่างไร

.....

12. ท่านให้ความไว้วางใจผู้บังคับหมู่ของท่าน ในระดับใด มาก/น้อยเพียงไร

.....

13. หากท่านประสบปัญหา ท่านคิดจะปรึกษาใครเป็นคนแรก เพราะเหตุใด

.....

14. ท่านคิดว่า ผู้บังคับหมู่ มีผลต่อพฤติกรรมกรรมกรมีเพศสัมพันธ์ที่ปลอดภัยหรือไม่ ถ้ามี อย่างไร

.....

15. เมื่อท่านได้พัก ทั้งระยะสั้นและระยะยาว ผู้บังคับหมู่ ให้ข้อมูลหรือมีส่วนส่งเสริมให้ท่าน

ตระหนัก ถึงพฤติกรรมเสี่ยงต่างๆ หรือไม่ /อย่างไร

.....

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

16. ท่านมีความคิดเห็นอย่างไร กับการมีโครงการ เกี่ยวกับ การส่งเสริมการมีเพศสัมพันธ์ที่

ปลอดภัยโดย ผู้บังคับหมู่ มีส่วนร่วม / หากท่านมีโอกาส เข้าร่วมโครงการ ท่านยินดีจะให้  
ความร่วมมือหรือไม่ / เพราะเหตุใด

.....

**ความเข้าใจเกี่ยวกับการมีเพศสัมพันธ์ที่ปลอดภัย**

17. ท่านมีความเข้าใจว่า การมีเพศสัมพันธ์ที่ปลอดภัย มากน้อยเพียงใด

.....

18. ท่านมีความเห็นโดยรวมว่า การส่งเสริมให้มีเพศสัมพันธ์ที่ปลอดภัยในกลุ่มทหารกอง

ประจำการมีความสำคัญมากน้อยเพียงใด/ อย่างไร

.....

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

แบบสอบถามก่อนและหลังการเข้าร่วมการอบรมเพศสัมพันธ์ที่ปลอดภัยของ ผบ.หมู่ ในเขตพื้นที่กองทัพภาคที่ 1

ขอให้ท่านกาเครื่องหมาย ในช่องที่ท่านทราบว่า เป็นเพศสัมพันธ์ที่ปลอดภัย

| คำถาม  | ใช่ | ไม่ใช่ | ไม่<br>แน่ใจ |
|--|-----|--------|--------------|
| 1. การไม่มีเพศสัมพันธ์เลย  |     |        |              |
| 2. การมีเพศสัมพันธ์กับภรรยาคนเดียวเท่านั้นแม้ไม่ใส่ถุงยางอนามัย                              |     |        |              |
| *3. การมีเพศสัมพันธ์กับคู่นอนประจำคนเดียว เท่านั้น แม้ไม่ใส่ถุงยางอนามัย                     |     |        |              |
| *4. ใช้ถุงยางอนามัยเกือบทุกครั้งเมื่อมีเพศสัมพันธ์กับหญิงที่รู้จักฉาบฉวยหรือหญิงขายบริการ    |     |        |              |
| *5. ใช้ถุงยางอนามัยบางครั้งเมื่อมีเพศสัมพันธ์กับคู่นอนประจำทุกคน                             |     |        |              |
| 6. ใช้ถุงยางอนามัยทุกครั้งเมื่อมีเพศสัมพันธ์กับผู้ชาย  |     |        |              |
| *7. ใช้ถุงยางอนามัยเกือบทุกครั้งเมื่อมีเพศสัมพันธ์กับใครก็ตาม                                |     |        |              |
| 8. การสำเร็จความใคร่ด้วยตนเองถือว่าปลอดภัยที่สุด   |     |        |              |
| *9. การหลังข้างนอก   |     |        |              |
| *10. การทำออรัลเซ็กซ์( ใช้น้ำปากช่วยในการมีเพศสัมพันธ์ )ถือว่าปลอดภัย                        |     |        |              |
| 11. การดื่มเหล้าหรือใช้ยาเสพติดก่อนมีเพศสัมพันธ์ถือว่าเสี่ยงต่อการมีเพศสัมพันธ์ที่ไม่ปลอดภัย |     |        |              |

ท่านกาเครื่องหมาย ในช่องที่ท่านคิดว่าตรงกับความคิดเห็นของท่าน

| ข้อความ  | เห็น<br>ด้วย | ไม่<br>แน่ใจ | ไม่เห็น<br>ด้วย |
|--|--------------|--------------|-----------------|
| 1.ท่านคิดว่า การปฏิบัติตนให้มีเพศสัมพันธ์ที่ปลอดภัยเป็นสิ่งจำเป็นทั้งของตนเองและ<br>ผู้ได้บังคับบัญชา              |              |              |                 |
| 2.ท่านคิดว่า พลทหารของท่านเสี่ยงต่อการติดเชื้อทางเพศสัมพันธ์และเชื้อ เอช ไอ วี                                     |              |              |                 |
| 3.ท่านทราบนโยบายของกองทัพเกี่ยวกับการป้องกันและแพร่กระจายการติดเชื้อ<br>ทางเพศสัมพันธ์และเอชไอวี                   |              |              |                 |
| 4.ที่ผ่านมาท่านได้ร่วมงานในโครงการของกองทัพเกี่ยวกับการป้องกันและ<br>แพร่กระจายการติดเชื้อทางเพศสัมพันธ์และเอชไอวี |              |              |                 |
| 5.บทบาทหน้าที่ของท่านมีส่วนส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหาร<br>ในบังคับบัญชาของท่าน                     |              |              |                 |
| 6.ท่านคิดว่า ท่านสามารถเป็นที่ปรึกษาและไว้ใจของพลทหารในบังคับบัญชาของท่าน  |              |              |                 |
| 7.ท่านคิดว่า ควรมีโครงการ/กิจกรรมนี้ ที่เน้นการมีเพศสัมพันธ์ที่ปลอดภัยของพล<br>ทหารในบังคับบัญชาของท่าน            |              |              |                 |
| 8.ท่านชอบใช้โทรศัพท์มือถือและส่งข้อความสั้น ( SMS)เป็นประจำ  |              |              |                 |
| 9.ท่านคิดว่าเทคโนโลยีการสื่อสารจะสามารถส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของ<br>พลทหารในบังคับบัญชา                |              |              |                 |
| 10.ท่านคิดว่าโครงการนี้มีส่วนส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัย  |              |              |                 |
| *11. ท่านคิดว่าโครงการนี้อาจทำได้ยาก   |              |              |                 |

(English Version) Conscripts No .....

Date /Month/year.....

**Pre-post test Questionnaires on Knowledge Attitude and Practice on Safe sex behaviors in First Army Area**

**Note:Do not put your name on this questionnaire. Please answer in your real situation. Your information will be useful for improving the effective program**

**\*\*\*\*\* All answer and information will be confidentiality\*\*\*\*\***

**Part 1 Personal/demographic data**

Unit..... Group.../.....

1. Age.....years
2. Marital status: .....single..... married..... widowed.....divorced  
.....having regular partner .....others please indicate.....
3. Original local area (province) (what kind of the area)  
.....Urban .....Rural
4. Education level.....No education .....Prathom (elementary)  
.....Early secondary.....Late secondary  
..... Sub-bachelor .....Bachelor or above
5. Career before being conscripts  
.....Agricultural .....government officer .....private company .....labor  
.....students .....others (please indicate).....
6. Average income/month before being conscripts  
.....No income .....1,000 Baht or less .....1,001-2,000 Baht..... 2,001-3,000 Baht  
.....33,001-4,000 Baht....4,001-5,000 .....4,001-5,000 Baht.....more than 5,000 Baht
7. Before being conscripts, who did you stay  
.....Alone .....Parent(s) .....Wife .....Parent(s) and wife  
.....Relative and cousin .....Friends .....Others please indicate

..... **Having continuous page**

## Part 2 Knowledge Attitude and Practice on Safe sex behaviors

Knowledge about safe sex

1. Please mark **x** for your answers

| Statements   | Yes | No | Not sure |
|--|-----|----|----------|
| <b>What is safe sex</b>  |     |    |          |
| 1. No sex  |     |    |          |
| 2. Having sex with wife <b>only</b>  |     |    |          |
| 3. Having sex with regular partner <b>only</b>   |     |    |          |
| 4. Use condom every time when having sex with <b>non-regular (steady) partners</b> or <b>sex workers</b> |     |    |          |
| 5. Use <b>condom every time</b> when having sex with regular partners                                    |     |    |          |
| 6. Having sex <b>without condoms</b> when having with male partners                                      |     |    |          |
| 7. Use <b>condom every time</b> when having sex  |     |    |          |
| 8. <b>Masturbation</b> is safe sex   |     |    |          |
| 9. <b>Oral sex</b> is safe   |     |    |          |
| 10. <b>Drinking alcohol and using drug</b> before having sex are not safe sex                            |     |    |          |

Having continuous page

2. Please mark **x** for your answers

| <b>What is Sexual Transmitted Diseases</b>     | <b>Yes</b> | <b>No</b> | <b>Not<br/>sure</b> |
|--|------------|-----------|---------------------|
| 1. Every diseases come from Sexual intercourse |            |           |                     |
| 2. Gonorrhea                                   |            |           |                     |
| 3. Non- Gonococcal Gonorrhea                   |            |           |                     |
| 4. Syphilis                                    |            |           |                     |
| 5. Hepatitis                                   |            |           |                     |
| 6. Herpes Simplex/ Genital Herpes              |            |           |                     |
| 7. <b>pubic lice</b> and louse                 |            |           |                     |
| 8. Candidiasis                                 |            |           |                     |
| 9. Herpes zoster                               |            |           |                     |
| 10. Human Immunodeficiency Virus and AIDS      |            |           |                     |

**Having continuous page**

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



**Attitude**

3. Please mark x for your opinions

| Statement  | Strongly Agree | Agree | Either agree and not agree | Not agree | Strongly not agree |
|--|----------------|-------|----------------------------|-----------|--------------------|
| 1.No sex is <b>impossible</b>  |                |       |                            |           |                    |
| 2.Condom use can <b>prevent</b> sexual transmitted diseases  |                |       |                            |           |                    |
| 3. Not used condom <b>is proved</b> for being man  |                |       |                            |           |                    |
| 4.Having sex with only wife is <b>boring</b>   |                |       |                            |           |                    |
| 5. It is fine to have <b>multiple partnerswithout condoms</b> . Others do the same things either                       |                |       |                            |           |                    |
| 6.Having sex with <b>girlfriend</b> is not necessary to use condoms all the time because she can <b>trust and safe</b> |                |       |                            |           |                    |
| 7.Having <b>sex with menno need</b> to use condom  |                |       |                            |           |                    |
| 8.It <b>is impossible</b> to having sex <b>only one</b> female   |                |       |                            |           |                    |
| 9. <b>Drinking alcohol and using drug</b> lead to unsafe sex behaviors   |                |       |                            |           |                    |
| 10. <b>All</b> sexual transmitted diseases can be cured  |                |       |                            |           |                    |
| 11.Using condom is <b>embarrassing</b>   |                |       |                            |           |                    |

| Statement   | Strongly Agree | Agree | Either agree and not agree | Not agree | Strongly not agree |
|---|----------------|-------|----------------------------|-----------|--------------------|
| 12. To express for <b>trust and sincere</b> to partners by <b>not using condoms</b>   |                |       |                            |           |                    |
| 13. It is <b>difficult</b> to talk about sex with others                              |                |       |                            |           |                    |
| 14. If partners do not need to use condoms, it is <b>not necessary to use condoms</b> |                |       |                            |           |                    |
| 15. When having <b>aroused</b> , it is <b>impossible to stop and put condoms</b>      |                |       |                            |           |                    |
| 16. If <b>condoms break and tear</b> , it is <b>impossible to stop and change</b>     |                |       |                            |           |                    |

### Practice Safe Sex behaviors

4. In the following questions, there are **confidential and personal** question, if you **feel uncomfortable** to answer **please leave them blank**. All information will **useful** for further programs in the army.

| <b>History of Sexual Practices</b>  | <b>Yes</b> | <b>No</b> | <b>Not<br/>sure</b> |
|---|------------|-----------|---------------------|
| 1. In the last <b>6 months</b> , you <b>never have sex at all</b>                               |            |           |                     |
| 2. If you are married, In the last <b>6 months</b> , you only have <b>sex with your wife</b>    |            |           |                     |
| 3. In the last <b>6 months</b> , you only have <b>sex with your girlfriend ( 1 girlfriend )</b> |            |           |                     |
| 4. In the last <b>6 months</b> , you have <b>sex with your girlfriends ( more than 1)</b>       |            |           |                     |
| 5. In the last <b>6 months</b> , you <b>only have sex with man( only 1)</b>                     |            |           |                     |
| 6. In the last <b>6 months</b> , you have <b>sex with men (more than 1)</b>                     |            |           |                     |
| 7. In the last <b>6 months</b> , you have <b>sex with sex workers</b>                           |            |           |                     |
| 8. In the last <b>6 months</b> , you have <b>sex with non-steady partners</b>                   |            |           |                     |

| <b>History of Sexual Practices</b>  | <b>Yes</b> | <b>No</b> | <b>Not<br/>sure</b> |
|---|------------|-----------|---------------------|
| 9. In the last <b>6 months</b> , you have <b>sex with other not mentioned above</b> , please indicate.....how many..... |            |           |                     |
| 10. In the last <b>6 months</b> , you have <b>sexual transmitted diseases</b>   |            |           |                     |
| 11. In the last <b>6 months</b> , you <b>received diagnosis and treatment</b> for sexual transmitted diseases           |            |           |                     |

| <b>Sexual Behaviors</b>   | <b>Every<br/>times</b> | <b>Almost<br/>every<br/>times</b> | <b>Often</b> | <b>Some<br/>times</b> | <b>Never</b> |
|---|------------------------|-----------------------------------|--------------|-----------------------|--------------|
| 1. In the last 6 months, you <b>drank alcohol before having sex</b>                                 |                        |                                   |              |                       |              |
| 2. If you are married, In the last 6 months, you used <b>condoms with your wife.</b>                |                        |                                   |              |                       |              |
| 3. In the last 6 month, you had sex with your <b>girlfriends and used condoms</b>                   |                        |                                   |              |                       |              |
| 4. In the last 6 month, you had sex with <b>non steady partners ( more than 1) and used condoms</b> |                        |                                   |              |                       |              |
| 5. In the last 6 month, you had sex with <b>man ( only 1) and used condoms</b>                      |                        |                                   |              |                       |              |
| 6. In the last 6 month, you had sex with <b>men ( more than 1) and used condoms</b>                 |                        |                                   |              |                       |              |
| 7. In the last 6 month, you had sex with <b>sex workers and used condoms</b>                        |                        |                                   |              |                       |              |

| <b>Sexual Behaviors</b>  | <b>Every<br/>times</b> | <b>Almost<br/>every<br/>times</b> | <b>Often</b> | <b>Some<br/>times</b> | <b>Never</b> |
|--|------------------------|-----------------------------------|--------------|-----------------------|--------------|
| <b>8.</b> In the last 6 month, you had sex with non-steady partners and used condoms                                     |                        |                                   |              |                       |              |
| <b>9.</b> In the last 6 months, you have <b>sexwith other not mentioned above</b> , please indicate.....and used condoms |                        |                                   |              |                       |              |
| <b>10.</b> In the last 6 months, whenever you have sex, you <b>used condoms correctly and effectively</b>                |                        |                                   |              |                       |              |
| <b>11. .</b> In the last 6 months, you have <b>oral sex without condoms</b>  |                        |                                   |              |                       |              |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

### Part 3 Short Message Services on mobile phone

Please mark x for your answers

| Statements   | Yes | No | Not sure |
|--|-----|----|----------|
| 1. Mobile phone is necessary for your daily life   |     |    |          |
| 2. Your mobile phone can use SMS function  |     |    |          |
| 3. You mostly use your mobile phone for your conversation  |     |    |          |
| 4. You use prepaid card for you mobile phone bill  |     |    |          |
| 5. You use monthly payroll system on your mobile phone bill  |     |    |          |
| 6. You use SMS function with your friends and girlfriends  |     |    |          |
| 7. You have ever used SMS function for download VDO clips, picture, songs and others please indicate |     |    |          |
| 8. You have ever used SMS function for through votes and competitions                                |     |    |          |
| 9. You have ever used SMS for compete football matches   |     |    |          |
| 10. You open message immediately   |     |    |          |
| 11. you feel privacy when you open messages  |     |    |          |
| 12. You ever received health messages  |     |    |          |
| 13. You ever received messages about safe sex behaviors  |     |    |          |

### Frequency of using SMS

| Statements  | Every times | Almost every times | Often | Some times | Never |
|---|-------------|--------------------|-------|------------|-------|
| 1. You use SMS function for download VDO clips, picture, songs and pornography picture and VDO clip |             |                    |       |            |       |
| 2. You use SMS for compete game.  |             |                    |       |            |       |
| 3. You use SMS for compete football matches   |             |                    |       |            |       |
| 4. You opened and read SMS  |             |                    |       |            |       |
| <b>5. You opened and read health message</b>  |             |                    |       |            |       |
| <b>6. You open and read message about safe sex behaviors on mobile phone</b>                        |             |                    |       |            |       |

### Squad Leader Roles

Please mark x for your answers

| Statements  | Yes | No | Not sure |
|---|-----|----|----------|
| 1. You and your squad leader have good relationships  |     |    |          |
| 2. your squad leader involve your daily life  |     |    |          |
| 3. You trust your squad leader  |     |    |          |
| 4. Your squad leader is the first person you talk to when you have problems                     |     |    |          |
| 5. Your squad leader can support you to have safe sex behaviors                                 |     |    |          |
| 6. When you leave or break, your squad leader give information and support you to have safe sex |     |    |          |
| 7. Your squad leader can communicate with you effectively                                       |     |    |          |
| 8. Your squad leader involves for sexual health information and condoms distribution            |     |    |          |
| 9. Your squad leader can coach you in every things  |     |    |          |
| 10. You close to your squad leader  |     |    |          |
| 11. Your squad leader have knowledge and ability to promote safe sex behaviors                  |     |    |          |
| 12. Your squad leader is good model for you   |     |    |          |

**Thank you for your cooperation**



### แบบสอบถามก่อนและหลังการเข้าร่วมการศึกษา

กรุณาตอบแบบสอบถามตามความเข้าใจและความเป็นจริงโดยข้อมูลในแบบสอบถามทั้งหมดจะเป็นความลับและในการนำเสนอข้อมูลจะไม่มีการระบุตัวบุคคล หน่วยงาน โดยข้อมูลของท่านจะก่อให้เกิดประโยชน์อย่างสูงสุดต่อไป

#### ส่วนที่ 1 ข้อมูลส่วนบุคคล

1. อายุ ..... ปี
2. สถานภาพสมรส ..... โสด ..... คู่ ..... หม้าย ..... หย่าร้าง  
..... มีคู่ไม่ใช้กรรขยา ..... อื่นๆ...ระบุ .....
3. ถิ่นกำเนิด ..... ลักษณะ ..... เมือง ..... ชนบทจังหวัด ( ระบุ ).....
4. ระดับการศึกษา  
..... ไม่ได้เรียน ... ประถมศึกษาตอนต้น..... ประถมศึกษาตอนปลาย..... มัธยมศึกษาตอนต้น  
..... มัธยมศึกษาตอนปลาย ..... จบปริญญา ..... ปริญญาตรีหรือสูงกว่า
5. อาชีพก่อนเข้าเป็นทหารเกณฑ์ ..... เกษตรกร ..... รับราชการ ..... บริษัท  
..... รับจ้าง ( แรงงาน ) ..... นักเรียน/นักศึกษา ..... อื่นๆ โปรดระบุ .....
6. รายได้เฉลี่ยต่อเดือนก่อนเกณฑ์ทหาร.  
..... ไม่มีรายได้  
..... น้อยกว่า 2,000 บาท ..... 2,001-3,000 บาท ..... 3,001-4,000 บาท  
..... 4,001-5,000 บาท ..... 5,001-6000 บาท ..... มากกว่า 6,000บาท
7. ก่อนเกณฑ์ทหารอาศัยอยู่กับใคร  
..... ลำพัง ..... ครอบครัวระบุสมาชิกในครอบครัว .....  
..... ภรรยา ..... ครอบครัวภรรยา..... พี่น้อง /ญาติ ..... เพื่อน ..... อื่นๆ ระบุ.....

มีหน้าถัดไป

ส่วนที่ 2 แบบประเมินความรู้ทัศนคติการปฏิบัติต่อการมีเพศสัมพันธ์ที่ปลอดภัย

ความรู้

1. ขอให้ท่านกาเครื่องหมาย x ในช่องที่ท่านทราบว่า เป็นเพศสัมพันธ์ที่ปลอดภัย

| คำถาม  | ใช่ | ไม่ใช่ | ไม่แน่ใจ |
|--|-----|--------|----------|
| 1. การไม่มีเพศสัมพันธ์เลย  |     |        |          |
| 2. การมีเพศสัมพันธ์กับภรรยาคนเดียวเท่านั้นแม้ไม่ใส่ถุงยางอนามัย                              |     |        |          |
| *3. การมีเพศสัมพันธ์กับคู่นอนประจำคนเดียว เท่านั้น แม้ไม่ใส่ถุงยางอนามัย                     |     |        |          |
| 4. ใช้ถุงยางอนามัยทุกครั้งเมื่อมีเพศสัมพันธ์กับหญิงที่รู้จักฉาบฉวยหรือหญิงขายบริการ          |     |        |          |
| 5. ใช้ถุงยางอนามัยทุกครั้งแม้มีเพศสัมพันธ์กับคู่นอนประจำ                                     |     |        |          |
| *6. มีเพศสัมพันธ์กับผู้ชายด้วยกันไม่ต้องใส่ถุงยางอนามัย                                      |     |        |          |
| 7. ใช้ถุงยางอนามัยทุกครั้งเมื่อมีเพศสัมพันธ์กับใครก็ตาม                                      |     |        |          |
| 8. การสำเร็จความใคร่ด้วยตนเองถือว่าปลอดภัยที่สุด   |     |        |          |
| *9. การทำออร์ดิเชกส์ถือว่าปลอดภัย  |     |        |          |
| 10. การดื่มเหล้าหรือใช้ยาเสพติดก่อนมีเพศสัมพันธ์ถือว่าเสี่ยงต่อการมีเพศสัมพันธ์ที่ไม่ปลอดภัย |     |        |          |

2. ขอให้ท่านกาเครื่องหมาย x ในช่องที่ท่านทราบว่า เป็นโรคติดต่อทางเพศสัมพันธ์

| คำถาม                                  | ใช่ | ไม่ใช่ | ไม่แน่ใจ |
|--|-----|--------|----------|
| 1. โรคที่เกิดจากการมีเพศสัมพันธ์ทุกโรค |     |        |          |
| 2. โรคหนองในแท้                        |     |        |          |
| 3. โรคหนองในเทียม                      |     |        |          |
| 4. กามโรค                              |     |        |          |
| *5. โรคไวรัสตับอักเสบบ                 |     |        |          |
| *6. เริม                               |     |        |          |
| *7. โลม และ เหา                        |     |        |          |
| *8. เชื้อรา                            |     |        |          |
| *9. งูสวัด                             |     |        |          |
| 10. โรคเอดส์                           |     |        |          |

มีหน้าถัดไป

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## ทัศนคติ

3. ขอให้ท่านกาเครื่องหมาย x ในช่องที่ท่านคิดว่าตรงกับความคิดเห็นของท่าน

| ข้อความ   | เห็น<br>ด้วย<br>ที่สุด | เห็น<br>ด้วย | ไม่<br>แน่ใจ | ไม่เห็น<br>ด้วย | ไม่เห็น<br>ด้วย<br>ที่สุด |
|---|------------------------|--------------|--------------|-----------------|---------------------------|
| 1. เป็นไปไม่ได้ที่จะไม่มีเพศสัมพันธ์  |                        |              |              |                 |                           |
| 2. ถุงยางอนามัยสามารถป้องกันโรคติดต่อทางเพศสัมพันธ์ได้ 100 เปอร์เซ็นต์                          |                        |              |              |                 |                           |
| *3. การไม่ใส่ถุงยางอนามัยเป็นเรื่องทำร้ายความเป็นลูกผู้ชาย                                      |                        |              |              |                 |                           |
| *4. การมีเพศสัมพันธ์กับภรรยาเพียงคนเดียวเป็นเรื่องที่น่าเบื่อ                                   |                        |              |              |                 |                           |
| *5. การมีเพศสัมพันธ์กับคู่นอนหลายๆ คนโดยไม่ใช้ถุงยางอนามัย เป็นเรื่องไม่แปลก ใครๆ ก็ทำกัน       |                        |              |              |                 |                           |
| *6. การมีเพศสัมพันธ์กับแฟน ปลอดภัย ไว้ใจได้ ไม่จำเป็นต้องใช้ถุงยางอนามัย                        |                        |              |              |                 |                           |
| *7. การมีเพศสัมพันธ์กับผู้ชายด้วยกัน ไม่จำเป็นต้องใช้ถุงยางอนามัย                               |                        |              |              |                 |                           |
| *8. เป็นไปไม่ได้ที่จะมีเพศสัมพันธ์กับผู้หญิงเพียงคนเดียว  |                        |              |              |                 |                           |
| 9. การดื่มเหล้าหรือใช้ยาก่อนมีเพศสัมพันธ์ทำให้ไม่สามารถควบคุมตนเองให้มีเพศสัมพันธ์ที่ปลอดภัยได้ |                        |              |              |                 |                           |

| ข้อความ   | เห็น<br>ด้วย<br>ที่สุด | เห็น<br>ด้วย | ไม่<br>แน่ใจ | ไม่เห็น<br>ด้วย | ไม่เห็น<br>ด้วย<br>ที่สุด |
|---|------------------------|--------------|--------------|-----------------|---------------------------|
| *10. โรคติดต่อทางเพศสัมพันธ์สามารถรักษาหายได้   |                        |              |              |                 |                           |
| *11. การใช้ถุงยางอนามัย เป็นเรื่องน่าอาย  |                        |              |              |                 |                           |
| *12. การแสดงความเป็นชายแท้ คือ การไม่ใช้ถุงยางอนามัย                                      |                        |              |              |                 |                           |
| *13. เป็นเรื่องยากที่จะพูดเรื่องการมีเพศสัมพันธ์กับคนอื่น                                 |                        |              |              |                 |                           |
| *14. หากคู่นอนไม่ชอบให้ใช้ถุงยางอนามัยก็ไม่จำเป็นต้องใช้<br>ถุงยางอนามัย                  |                        |              |              |                 |                           |
| *15. เวลาเมื่ออารมณ์หรือถูกปลุกเร้า เป็นไปไม่ได้ที่จะหยุดใส่<br>ถุงยางอนามัย              |                        |              |              |                 |                           |
| *16. หากถุงยางอนามัยแตก ขาด ขณะมีเพศสัมพันธ์เป็นไป<br>ไม่ได้ที่จะหยุด และ เปลี่ยนชิ้นใหม่ |                        |              |              |                 |                           |

มีหน้าถัดไป

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

การปฏิบัติตนต่อการมีเพศสัมพันธ์ที่ถูกต้อง

4. คำถามต่อไปนี้ เป็นคำถามที่ถามข้อมูลที่เป็นความลับ และ ส่วนตัว ท่านมีสิทธิเลือกที่จะตอบ หรือไม่ตอบใน แต่ละข้อได้ โดย ข้อมูลต่างๆจะถูกเก็บ เป็นความลับ และไม่มีผลต่อผู้ตอบแบบสอบถาม

| การปฏิบัติตน  | ใช่ | ไม่ใช่ | ไม่แน่ใจ |
|---|-----|--------|----------|
| 1.ในช่วง 6 เดือนที่ผ่านมา ท่านไม่มีเพศสัมพันธ์เลย   |     |        |          |
| 2. หากท่านแต่งงานแล้ว ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับ ภรรยาของท่านคนเดียวเท่านั้น |     |        |          |
| 3. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับแฟนสาวของท่านเพียงคนเดียว                       |     |        |          |
| *4. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับกิ๊ก มากกว่า 1 คน                              |     |        |          |
| *5. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับผู้ชายด้วยกันเพียงคนเดียว                      |     |        |          |
| *6. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับผู้ชายด้วยกัน มากกว่า 1 คน                     |     |        |          |
| *7. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับหญิงขายบริการ                                  |     |        |          |
| *8. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับ ผู้หญิงทั่วไปที่รู้จักกันไม่นาน               |     |        |          |
| *9. ในช่วง 6 เดือนที่ผ่านมาท่านมีอาการของโรคติดต่อทางเพศสัมพันธ์                              |     |        |          |
| *10. ในช่วง 6 เดือนที่ผ่านมาท่านได้รับการตรวจและรักษาโรคติดต่อทางเพศสัมพันธ์                  |     |        |          |

มีหน้าถัดไป

| พฤติกรรมกรมามีเพศสัมพันธ์   | ทุกครั้ง | เกือบทุกครั้ง | บ่อยๆ | บางครั้ง | ไม่เคย |
|---|----------|---------------|-------|----------|--------|
| *1. ในช่วง 6 เดือนที่ผ่านมาท่านดื่มแอลกอฮอล์/ ใข้ยา ก่อนมีเพศสัมพันธ์                                 |          |               |       |          |        |
| 2. หากท่านแต่งงานแล้ว ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์โดยใช้ถุงยางอนามัย กับ ภรรยาของท่าน     |          |               |       |          |        |
| 3. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับแฟนสาวของท่านเพียงคนเดียวและใช้ถุงยางอนามัย             |          |               |       |          |        |
| 4. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับกิ๊ก มากกว่า 1 คนและใช้ถุงยางอนามัย                     |          |               |       |          |        |
| 5. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับผู้ชายด้วยกันเพียงคนเดียว และใช้ถุงยางอนามัย            |          |               |       |          |        |
| 6. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับผู้ชายด้วยกัน มากกว่า 1 คนและใช้ถุงยางอนามัย            |          |               |       |          |        |
| 7. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับหญิงขายบริการโดยใช้ถุงยางอนามัย                         |          |               |       |          |        |
| 8. ในช่วง 6 เดือนที่ผ่านมาท่านมีเพศสัมพันธ์กับ ผู้หญิงทั่วไปที่รู้จักกันไม่นานและใช้ถุงยางอนามัย      |          |               |       |          |        |
| 9. ในช่วง 6 เดือนที่ผ่านมาท่านใช้ถุงยางอนามัยอย่างมีประสิทธิภาพ โดยไม่เคยแตก และ ขาด ขณะมีเพศสัมพันธ์ |          |               |       |          |        |
| *10. ในช่วง 6 เดือนที่ผ่านมาท่านเคย ออรัลเซ็กซ์ โดยไม่มีอุปกรณ์ใดๆ ป้องกันการติดเชื้อโรค              |          |               |       |          |        |

5. ขอให้ท่านกาเครื่องหมาย x ในช่องที่ท่านคิดว่าตรงกับท่านมากที่สุด

ส่วนที่ 3 การใช้ ข้อความสั้นทางโทรศัพท์มือถือ

| ข้อความ  | ใช่ | ไม่ใช่ | ไม่แน่ใจ |
|--|-----|--------|----------|
| 1. โทรศัพท์มือถือมีความจำเป็นในชีวิตประจำวันของท่าน  |     |        |          |
| 2. โทรศัพท์มือถือของท่านสามารถรับ-ส่งข้อความได้  |     |        |          |
| 3. ท่านใช้โทรศัพท์มือถือเพื่อการสนทนาเป็นส่วนใหญ่  |     |        |          |
| 4. ท่านใช้โทรศัพท์มือถือระบบเติมเงิน   |     |        |          |
| 5. ท่านใช้โทรศัพท์มือถือระบบรายเดือน   |     |        |          |
| 6. ท่าน รับ-ส่งข้อความกับเพื่อน / แฟน  |     |        |          |
| 7.ท่าน เคย รับ-ส่ง บริการข่าวสาร /บริการดาวน์โหลดรูปภาพ / บริการดาวน์โหลดเพลง / บริการดาวน์โหลดคลิปเสียง / บริการดาวน์โหลดวิดีโอคลิป |     |        |          |
| 8.ท่าน เคย ใช้ข้อความ ทายผลเกมส์ / ร่วมโหวตเกมส์โชว์ต่างๆ  |     |        |          |
| 9.ท่าน เคย ใช้ข้อความ ทายผลฟุตบอล  |     |        |          |
| 10.หากมีข้อความส่งเข้า ท่านเปิดข้อความดูทุกครั้ง   |     |        |          |
| 11.ท่านรู้สึกเป็นส่วนตัวกับข้อความทางโทรศัพท์มือถือ  |     |        |          |
| 12.ท่านเคยได้รับบริการข้อความเกี่ยวกับการส่งเสริมสุขภาพและข้อมูลด้านสุขภาพ   |     |        |          |
| 13. ท่านเคยได้รับบริการข้อความเตือนเกี่ยวกับการมีเพศสัมพันธ์ที่ปลอดภัยทางโทรศัพท์มือถือ  |     |        |          |

มีหน้าถัดไป



## 6. ความถี่บ่อยในการ ใช้ ข้อความสั้นทางโทรศัพท์มือถือ

| ข้อความ  | บ่อยมาก<br>(ทุกวัน) | บ่อย<br>(ทุก<br>อาทิตย์) | ไม่บ่อย<br>(เดือนละไม่<br>เกิน 3 ครั้ง) | น้อย<br>(เดือนละ1<br>ครั้ง) | ไม่เคย |
|--|---------------------|--------------------------|---|-----------------------------|--------|
| 1.ท่าน รับ-ส่ง บริการข่าวสาร /บริการดาวน์โหลด<br>รูปภาพ / บริการดาวน์โหลดเพลง / บริการดาวน์โหลด<br>คลิปเสียง / บริการดาวน์โหลดวิดีโอคลิป |                     |                          |   |                             |        |
| 2.ท่าน ทายผลเกมส์ / ร่วมโหวตเกมส์โชว์ต่างๆ   |                     |                          |   |                             |        |
| 3.ท่าน ใช้ข้อความ ทายผลฟุตบอล  |                     |                          |   |                             |        |
| 4. ท่านเปิดดูข้อความต่างๆ  |                     |                          |   |                             |        |
| 5.ท่านเปิดดูข้อความสุขภาพ  |                     |                          |   |                             |        |
| 6.ท่านเปิดดูข้อความเตือนเกี่ยวกับการมี<br>เพศสัมพันธ์ที่ปลอดภัย ทางโทรศัพท์มือถือ  |                     |                          |   |                             |        |

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

มีหน้าถัดไป

### บทบาทของผู้บังคับหมู่

7. ขอให้ท่านกาเครื่องหมาย x ในช่องที่ท่านคิดว่าตรงกับความรู้สึกของท่านมากที่สุด

| ข้อความ   | ใช่ | ไม่ใช่ | ไม่แน่ใจ |
|---|-----|--------|----------|
| 1. ท่านกับผู้บังคับหมู่มีความสัมพันธ์ที่ดี  |     |        |          |
| 2. ผู้บังคับหมู่มีอิทธิพลต่อชีวิตประจำวันของท่าน  |     |        |          |
| 3. ท่านให้ความไว้วางใจผู้บังคับหมู่ของท่าน  |     |        |          |
| 4. เมื่อท่านประสบปัญหา ท่านปรึกษาผู้บังคับหมู่ของท่านเป็นคนแรก  |     |        |          |
| 5. ผู้บังคับหมู่ สามารถดูแลท่านให้มีเพศสัมพันธ์ที่ปลอดภัย   |     |        |          |
| 6. ผู้บังคับหมู่ ได้ให้ข้อมูลหรือมีส่วนส่งเสริมให้ท่านตระหนัก ถึงพฤติกรรมเสี่ยงต่างๆก่อนที่ท่านจะออกจากหน่วยในช่วงพัก |     |        |          |
| 7. ผู้บังคับหมู่ของท่านสามารถพูดคุย และ สื่อสารกับท่านได้รู้เรื่อง  |     |        |          |
| 8. ผู้บังคับหมู่มีส่วนในการดูแลพฤติกรรมทางเพศของท่าน เช่น ให้ข้อมูล และ แจกถุงยางอนามัยให้แก่ท่าน                     |     |        |          |
| 9. ผู้บังคับหมู่ของท่านสามารถเป็นที่เล็งท่านได้ในทุกๆเรื่อง   |     |        |          |
| 10. ท่านใกล้ชิดกับผู้บังคับหมู่ของท่าน  |     |        |          |
| 11. ผู้บังคับหมู่ของท่านมีความรู้ในด้านการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัย  |     |        |          |
| 12. ผู้บังคับหมู่ของท่านเป็นแบบอย่างที่ดีแก่ท่าน  |     |        |          |

ขอขอบคุณในความร่วมมือ

## เอกสารชี้แจงข้อมูลแก่ผู้เข้าร่วมโครงการวิจัย

(Research Subject Information sheet)

**ชื่อโครงการวิจัย:** ผลของการใช้รูปแบบการนำผู้บังคับหมู่เป็นพี่เลี้ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มือถือเพื่อการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหารกองประจำการในเขตพื้นที่กองทัพภาคที่ 1

**วันที่ชี้แจง**

**ชื่อและสถานที่ทำงานของผู้วิจัย**

พันโทหญิง หทัยรัตน์ ชาวเยี่ยม อาจารย์พยาบาล วิทยาลัยพยาบาลกองทัพบก  
317/6 ถนน ราชวิถี พุ่งพญาไท อำเภอ/เขต ราชเทวี จังหวัด กทม รหัสไปรษณีย์ 10400  
โทรศัพท์ 02-354- 7600 ต่อ 93558

**ชื่อผู้วิจัยร่วม**

ศาสตราจารย์นายแพทย์สุรศักดิ์ ฐานีพานิชสกุล  
คณบดี วิทยาลัยวิทยาศาสตร์ สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

รศ. พันเอก ดร. บุญเต็ม แสงดิษฐ์

ผู้อำนวยการกองธนาคารเลือด สถาบันพยาธิวิทยา ศูนย์อำนวยการแพทย์พระมงกุฎเกล้า

ผู้ช่วยศาสตราจารย์ ดร. รัตนา สำโรงทอง

รองคณบดี วิทยาลัยวิทยาศาสตร์ สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

**ผู้ให้ทุนวิจัย**

ท่านได้รับการเชิญชวนให้เข้าร่วมในโครงการวิจัยนี้ แต่ก่อนที่ท่านจะตกลงใจเข้าร่วมหรือไม่ โปรดอ่านข้อความในเอกสารนี้ทั้งหมด เพื่อให้ทราบว่า เหตุใดท่านจึงได้รับเชิญให้เข้าร่วมในโครงการวิจัยนี้ โครงการวิจัยนี้ทำเพื่ออะไร หากท่านเข้าร่วมโครงการวิจัยนี้ท่านจะต้องทำอะไรบ้าง รวมทั้งข้อดีและข้อเสียที่อาจจะเกิดขึ้นในระหว่างการวิจัย

ในเอกสารนี้ อาจมีข้อความที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามผู้วิจัยหรือผู้ช่วยผู้วิจัยที่ทำโครงการนี้เพื่อให้อธิบายจนกว่าท่านจะเข้าใจ ท่านจะได้รับ เอกสารนี้ 1 ชุด กลับไปอ่านที่บ้านเพื่อปรึกษาหารือกับญาติพี่น้อง เพื่อน ที่ท่านรู้จัก ให้ช่วยตัดสินใจว่าควรจะเข้าร่วมโครงการวิจัยนี้หรือไม่ การเข้าร่วมในโครงการวิจัยครั้งนี้จะต้องเป็น **ความสมัครใจ** ของท่าน ไม่มีการบังคับหรือชักจูง ถึงแม้ท่านจะไม่เข้าร่วมในโครงการวิจัย ท่านก็จะได้รับการรักษาพยาบาลตามปกติ การไม่เข้าร่วมหรือถอนตัวจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อ การได้รับบริการ การรักษาพยาบาลหรือผลประโยชน์ที่พึงจะได้รับของท่านแต่อย่างใด

โปรดอย่าลงลายมือชื่อของท่านในเอกสารนี้จนกว่าท่านจะแน่ใจว่ามีความประสงค์จะเข้าร่วมในโครงการวิจัยนี้ คำว่า “ท่าน” ในเอกสารนี้ หมายถึงผู้เข้าร่วมโครงการวิจัยในฐานะเป็นอาสาสมัครในโครงการวิจัยนี้ หากท่านเป็นผู้แทนโดยชอบธรรมตามกฎหมาย ของผู้ที่จะเข้าร่วมในโครงการวิจัย และลงนามแทนในเอกสารนี้ โปรดเข้าใจว่า “ท่าน” ในเอกสารนี้หมายถึงผู้เข้าร่วมในโครงการวิจัยเท่านั้น

### **โครงการวิจัยนี้มีที่มาอย่างไร และวัตถุประสงค์ของโครงการวิจัย**

ผู้บังคับหมู่เป็นผู้ที่มีบทบาทสำคัญในการส่งเสริมให้พลทหารมีพฤติกรรมทางเพศที่ปลอดภัย แต่เนื่องจาก งบประมาณยังต้องการการพัฒนาศักยภาพในการเป็นผู้นำ/ พี่เลี้ยง/ ความรู้และทักษะในการทำหน้าที่ยังคงต่ำ ทำให้ขาดโอกาสในการได้รับประโยชน์ของกลุ่มชายไทยวัยเจริญพันธุ์ เมื่อเข้ามาอยู่ในสังคมของกองทัพและมีโอกาสที่ได้ฝึกฝนวินัยในตนเองในช่วงที่เป็นทหารเกณฑ์อื่นจะนำไปสู่การมีสุขนิสัยและพฤติกรรมที่ปลอดภัยโดยเฉพาะด้านการมีเพศสัมพันธ์

ในขณะที่เทคโนโลยีก้าวหน้า มีความสะดวกสบายเพิ่มมากขึ้น การส่งข้อความสั้นทางโทรศัพท์ มีทั้งผลดีและผลเสีย ดังนั้นการใช้ประโยชน์จาก เทคโนโลยีดังกล่าวหากผลการวิจัยสามารถยืนยันถึงประโยชน์อันพึงจะได้รับ จะเป็นการเอื้อประโยชน์ อีกทั้งเป็นช่องทาง ในการประยุกต์ โปรแกรมทางด้านสุขภาพต่างๆ เพื่อก่อให้เกิดประโยชน์สูงสุดและเกิดความคุ้มค่าในการใช้ทรัพยากรที่มีอยู่

### **วัตถุประสงค์**

1. เพื่อส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยในพลทหารกองประจำการเพื่อลดการติดเชื้อทางเพศสัมพันธ์และ การติดเชื้อ เชช ไอ วี
2. เพื่อพัฒนารูปแบบของ การควบคุมและป้องกันการติดเชื้อ เชช ไอ วี ที่มีประสิทธิภาพ และเหมาะสมกับ พลทหารกองประจำการ กองทัพบก
3. เพื่อหาความสัมพันธ์ ระหว่าง การนำรูปแบบของการมีผู้บังคับหมู่เป็นพี่เลี้ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มีผลต่อการส่งเสริมการมีพฤติกรรมทางเพศที่ปลอดภัย

### **ท่านได้รับเชิญให้เข้าร่วมโครงการวิจัยนี้เพราะคุณสมบัติที่เหมาะสมดังต่อไปนี้**

1. เข้าร่วมงานวิจัยด้วยความสมัครใจ
2. เป็นทหารกองประจำการ อายุระหว่าง 18-22 ปี โดยปฏิบัติหน้าที่ อยู่ในพื้นที่ที่ทำการศึกษา
3. มีโทรศัพท์มือถือ และสามารถ รับ-ส่งข้อความสั้นได้
4. ปฏิบัติหน้าที่ อยู่ใน หมู่ที่ งบประมาณได้รับการฝึก พัฒนาศักยภาพความเป็นพี่เลี้ยงด้านการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัย
5. ในช่วงระหว่างทำการศึกษา ไม่ถูกมอบหมายให้ปฏิบัติหน้าที่ในพื้นที่ที่มีปัญหาความไม่สงบ

## จะมีการทำโครงการวิจัยนี้ที่ใด และมีจำนวนผู้เข้าร่วมโครงการวิจัยทั้งสิ้นเท่าไร

การวิจัยจะดำเนินการ ในเขตพื้นที่กองทัพ ภาคที่ 1 และมี ทหารกองประจำการเข้าร่วมโครงการทั้งสิ้น 200 นาย โดยแบ่งเป็นกลุ่มทดลอง 100 นาย และ กลุ่มควบคุม 100 นาย

## ระยะเวลาที่ท่านจะต้องร่วมโครงการวิจัยและจำนวนครั้งนี้นัด

การประชุมกลุ่ม จะมีการอบรม การเข้าร่วมงานวิจัย 1 ครั้ง หลังจากนั้นผู้เข้าร่วมวิจัย จะได้รับข้อความเตือนทางโทรศัพท์ ประมาณเดือนละ ไม่เกิน 4 ครั้ง เป็นเวลา 6 เดือนเพื่อประเมิน พฤติกรรมการมีเพศสัมพันธ์ที่ปลอดภัย โดย ประเมินจาก การทำแบบสอบถาม ด้วยตนเอง ก่อนและ หลังเข้าร่วมโครงการ หากท่านเข้าร่วมโครงการวิจัยครั้งนี้ ท่านจะต้องปฏิบัติตามขั้นตอน หรือได้รับการปฏิบัติอย่างไรบ้าง

1. เลือกกลุ่มประชากร โดยเลือกแบบเฉพาะเจาะจง จาก 12 โรงพยาบาลค่ายทหารบก ในเขตพื้นที่ กองทัพภาคที่ 1
2. เลือกกลุ่มประชากร(หมู่)โดยเลือกแบบเฉพาะเจาะจงตามศักยภาพของการเป็นพี่เลี้ยงของผู้บังคับหมู่ในพื้นที่ที่ได้รับการคัดเลือก 20 หมู่
3. สุ่มเลือกหมู่เพื่อที่จะเป็นกลุ่มทดลองและกลุ่มควบคุม อย่างละ 10 หมู่

ความไม่สุขสบาย หรือความเสี่ยงต่ออันตรายที่อาจจะได้รับจากกรรมวิธีการวิจัยมีอะไรบ้าง และวิธีกั้น/แก้ไขที่ผู้วิจัยเตรียมไว้หากมีเหตุการณ์ดังกล่าวเกิดขึ้น

การได้รับข้อความสั้นทางโทรศัพท์เมื่อถืออาจรบกวนความเป็นส่วนตัว และ สมาธิในการทำงาน ผู้วิจัยได้วางแผนในการประชุมร่วมกับ ท่าน และ ผู้บังคับบัญชาเป็นลำดับ ชั้น ในการวางแผน เวลา และ ข้อความที่เหมาะสม รวมถึง ทำความเข้าใจถึงความเร่งด่วน และ การตอบกลับ มีการขอความยินยอมจากท่านเป็นลายลักษณ์อักษร เพื่อป้องกันการละเมิดสิทธิส่วนบุคคล

## ประโยชน์ที่คาดว่าจะได้รับจากโครงการวิจัย

1. เพิ่มศักยภาพของ ผู้บังคับบัญชาระดับต้น (ผู้บังคับหมู่) ให้เป็นผู้ที่มีบทบาทสำคัญและสามารถส่งเสริมให้พลทหารมีพฤติกรรมทางเพศที่ปลอดภัย เพิ่มโอกาสให้ชายไทย สามารถเข้าถึงข้อมูล และ ป้องกันตนเองในระหว่างปฏิบัติหน้าที่และ ภายหลังปลดประจำการ รวมทั้ง สามารถนำองค์ความรู้ที่ได้ระหว่างการประชุมการในกองทัพบก ไปประยุกต์ใช้ และ เผยแพร่ ความรู้ ด้านการมีเพศสัมพันธ์ที่ปลอดภัยแก่ชุมชนของตนเองภายหลังจากปลดประจำการ

2. ก่อให้เกิดการพัฒนารูปแบบการป้องกันโรคโดยใช้ เทคโนโลยีที่ทหารกองประจำการเข้าถึงง่าย และ ใช้ในชีวิตประจำวัน รวมทั้งสามารถนำไปประยุกต์ใช้ใน โปรแกรมทางด้านสุขภาพต่างๆ เพื่อก่อให้เกิดประโยชน์สูงสุดและเกิดความคุ้มค่าในการใช้ทรัพยากรที่มีอยู่

### **ค่าใช้จ่ายที่ผู้เข้าร่วมในโครงการวิจัยจะต้องรับผิดชอบ (ถ้ามี)**

ค่าใช้จ่ายในการส่งข้อความทางโทรศัพท์มือถือกลับผู้วิจัยเพื่อยืนยันผลโดยผู้วิจัยเป็นผู้รับผิดชอบ

### **ค่าตอบแทนที่จะได้รับเมื่อเข้าร่วมโครงการวิจัย**

ค่าเดินทางเข้าร่วมประชุมกลุ่ม ( หากมี ตามจริง ) ผู้วิจัยเป็นผู้จ่าย

### **หากท่านไม่เข้าร่วมโครงการวิจัยนี้ ท่านมีทางเลือกอื่นอย่างไรบ้าง**

ท่านมีสิทธิปฏิเสธที่จะไม่เข้าร่วมวิจัย โดยไม่ส่งผลใดๆทั้งสิ้น

### **หากเกิดอันตรายที่เกี่ยวข้องกับโครงการวิจัยนี้ จะติดต่อกับใคร และจะได้รับการปฏิบัติอย่างไร**

**ผู้วิจัยหลัก** พันโทหญิง หทัยรัตน์ ชาวเอี่ยม อาจารย์พยาบาล วิทยาลัยพยาบาลกองทัพบก

317/6 ถนน ราชวิถี พุ่งพญาไท อำเภอ/เขต ราชเทวี จังหวัด กทม รหัสไปรษณีย์ 10400

โทรศัพท์ 02-354- 7600ต่อ 93558/083-421-8889

**ผู้วิจัยร่วม** รศ. พันเอก ดร. บุญเต็ม แสงดิษฐ์ ผู้อำนวยการกองธนาคารเลือด สถาบันพยาธิวิทยา

ศูนย์อำนวยการแพทย์ พระมงกุฎเกล้า โทรศัพท์ 081 -491-2906

### **หากท่านมีคำถามที่เกี่ยวข้องกับโครงการวิจัย จะถามใคร ระบุชื่อผู้วิจัยหรือผู้วิจัยร่วม**

พันโทหญิง หทัยรัตน์ ชาวเอี่ยม อาจารย์พยาบาล วิทยาลัยพยาบาลกองทัพบก

317/6 ถนน ราชวิถี พุ่งพญาไท อำเภอ/เขต ราชเทวี จังหวัด กทม รหัสไปรษณีย์ 10400

โทรศัพท์ 02-354- 7600ต่อ 93558/083-421-8889

### **หากท่านรู้สึกว่าจะได้รับการปฏิบัติอย่างไม่เป็นธรรมในระหว่างโครงการวิจัยนี้ ท่านอาจแจ้งเรื่องได้ที่**

สำนักงานพิจารณาโครงการวิจัย กรมแพทย์ทหารบก ชั้น 5 อาคารพระมงกุฎเกล้าเวชวิทยา เบอร์

โทร 02-3547600-28 ต่อ 94270

### **ข้อมูลส่วนตัวของท่านที่ได้จากโครงการวิจัยครั้งนี้จะถูกนำไปใช้ดังต่อไปนี้**

การนำเสนอข้อมูลที่ได้จากโครงการวิจัย เพื่อประโยชน์ทางวิชาการจะไม่เปิดเผยชื่อนามสกุล ที่อยู่ของผู้เข้าร่วมในโครงการวิจัยเป็นรายบุคคล และมีมาตรการในการเก็บรักษาข้อมูลส่วนตัวและข้อมูลที่ได้จากโครงการวิจัย โดยหากมีการนำเสนอข้อมูลที่ได้จากการวิจัย เช่น ข้อมูลจะถูกส่งไปให้ผู้ให้ทุนวิจัยหรือคณะกรรมการจริยธรรม ฯ จะ เป็นการให้ข้อมูลเชิงสถิติ และไม่ส่งผลกระทบใดๆ ต่อท่าน

### **ท่านจะถอนตัวออกจากโครงการวิจัยหลังจากได้ลงนามเข้าร่วมโครงการวิจัยแล้วได้หรือไม่**

ท่านสามารถถอนตัวจากการเข้าร่วมโครงการวิจัยได้ตลอดเวลา โดยไม่ส่งผลใดๆ ต่อท่าน

## หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัย (Informed Consent)

รับรองโดยคณะกรรมการพิจารณาโครงการวิจัย พบ.

**ชื่อโครงการวิจัย:** ผลของการใช้รูปแบบการนำผู้บังคับหมู่เป็นพี่เลี้ยงร่วมกับการส่งข้อความสั้นทางโทรศัพท์มือถือเพื่อการส่งเสริมการมีเพศสัมพันธ์ที่ปลอดภัยของพลทหารกองประจำการในเขตพื้นที่กองทัพ ภาคที่ 1

**วันที่ลงนาม**.....

ก่อนที่จะลงนามในใบยินยอมให้ทำการวิจัยนี้ ข้าพเจ้าได้รับการอธิบายจากผู้วิจัยถึงวัตถุประสงค์ของการวิจัย วิธีการวิจัย อันตราย หรืออาการที่อาจเกิดขึ้นจากการวิจัย หรือจากยาที่ใช้ รวมทั้งประโยชน์ที่คาดว่าจะเกิดขึ้นจากการวิจัยอย่างละเอียด และมีความเข้าใจดีแล้ว

ผู้วิจัยรับรองว่าจะตอบคำถามที่ข้าพเจ้าสงสัยด้วยความเต็มใจ และไม่ปิดบังซ่อนเร้น จนข้าพเจ้าพอใจ ข้าพเจ้าเข้าร่วมในโครงการวิจัยนี้ด้วยความสมัครใจ โดยปราศจากการบังคับหรือชักจูง

ข้าพเจ้ามีสิทธิที่จะบอกเลิกการเข้าร่วมในโครงการวิจัยเมื่อใดก็ได้ และการบอกเลิกนี้จะไม่มีผลต่อการรักษาพยาบาลที่ข้าพเจ้าจะพึงได้รับในปัจจุบันและในอนาคต

ผู้วิจัยรับรองว่าจะเก็บข้อมูลเกี่ยวกับตัวข้าพเจ้าเป็นความลับ และจะเปิดเผยเฉพาะในรูปของสรุปผลการวิจัยโดยไม่มีกระบวนการระบุชื่อนามสกุลของข้าพเจ้า การเปิดเผยข้อมูลเกี่ยวกับตัวข้าพเจ้าต่อหน่วยงานต่างๆ ที่เกี่ยวข้อง จะกระทำด้วยเหตุผลทางวิชาการเท่านั้น

ผู้วิจัยรับรองว่าหากเกิดอันตรายใดๆ จากการวิจัย ข้าพเจ้าจะได้รับการรักษาพยาบาล ตามที่ระบุในเอกสารชี้แจงข้อมูลแก่ผู้เข้าร่วมโครงการวิจัย

ข้าพเจ้าจะได้รับเอกสารชี้แจงและหนังสือยินยอมที่มีข้อความเดียวกันกับผู้วิจัยเก็บไว้ เป็นส่วนตัว ข้าพเจ้าเอง 1 ชุด

ข้าพเจ้าได้รับทราบข้อความข้างต้นแล้ว มีความเข้าใจดีทุกประการ และลงนามในใบยินยอมด้วยความเต็มใจ

ลงชื่อ.....ผู้เข้าร่วมโครงการวิจัย  
(.....ชื่อ-นามสกุล ตัวบรรจง )

ลงชื่อ .....ผู้ดำเนินโครงการวิจัย  
(.....ชื่อ-นามสกุล ตัวบรรจง )

**VITAE**

|                                  |  |   |
|----------------------------------|--|---|
| <b>NAME</b>                      | Lt.Col Hatairat Kaoaiem  |   |
| <b>PLACE OF BIRTH</b>            | Bangkok, Thailand  |   |
| <b>EDUCATION:</b>                |  |   |
| 1999                             | M.S. ( HSA)  |   |
|                                  | Master of Science in Health Administration and Health Education (Graduate Health Administration High Honors)<br>California State University, San Bernardino, USA |   |
| 1991                             | B.S. N   |   |
|                                  | Bachelor Degree in Nursing and Midwifery, Royal Thai Army Nursing College Affiliated with Mahidol University   |   |
| <b>PROFESSIONAL EXPERIENCES:</b> |  |   |
| <b>Year</b>                      | <b>Position</b>  | <b>Organization</b>                                       |
| 2005-2008                        | Instructor of Obstetrics and Gynecology Nursing Unit,  | Royal Thai Army Nursing College                           |
| 2004-2005                        | HIV/AIDS Policy Advisor,   | United Nations Mission Support in East Timor, Timor Leste |
| 2003-2004                        | Preventive Medicine Officer  |   |
|                                  | Instructor of Obstetrics and Gynecology Nursing Unit,  | Royal Thai Army Nursing College                           |
| 2001-2003                        | Clinical Nursing Instructor, Obstetrics and Gynecology,  | Royal Thai Army Nursing College                           |
| 1992-1997                        | Professional Nurse (Midwifery), Labor and Delivery Department , Obstetrics and Gynecology,   | Pramongkutklao Hospital                                   |
|                                  | Clinical Nursing Instructor, Obstetrics and Gynecology,  |   |
|                                  | Instructor of HIV /AIDS prevention program for Army Courses  |   |