

## Executive Summary

Among women aged less than 25 years who attended Hat Yai Hospital's antenatal clinic before the birth of their first child, HIV sero-prevalence increased from 2.8 percent to 4.6 percent then to 5.4 percent within three fiscal years. The target for the end of the Eighth National Development Plan (1997-2001) was 1 percent.

Among adolescents who are highly sexually active, their risk of contracting STDs and AIDS increases if they leave their hometowns for employment or for education. Another potential risk is the communal living of both sexes, either in school or college residences or factory dormitories, which makes it easier to form close relationships with other adolescents around them.

Reproductive health problems specific to adolescents include teenage pregnancy, unsafe sex practices, induced abortion, and ignorance of sex because of the lack of sex education. Though some research studies have been undertaken into young workers and their sexuality, few have investigated how gender power relationships affect sexuality and reproductive health status. Consequently, this study investigated gender roles and power relationships as related to the reproductive health and sexual behaviors of labor migrants in a latex glove factory in Songkhla province, Southern Thailand. It also compared the degree to which males and females were able to access and use reproductive health services.

The factory that served as the study site employs mainly unskilled laborers from Northeast Thailand. It also has a condom promotion program that provides condoms from a vending machine easily accessible by female workers at their factory hostel units. This factory also provides good general health care for employees by inviting general practice physicians to visit regularly (4 sessions per week) for consultation about health problems and to prescribe medication in the factory without charge to the workers.

As part of this study's quantitative component, random dimensional sampling and informed consent to recruit interviewees were performed. A total of 412 persons agreed to become a part of this research project, entailing 105 married men, 105 married women, 100 single men and 102 single women. Interviewees were assigned to trained interviewers of the same gender. Experts reviewed questionnaires, which were then used to collect information about gender relations and reproductive health.

For the qualitative component, six focus discussion sessions were held, each comprising eight members of the same sex and marital status. In-depth interviews were also conducted, involving a total of 22 interviewees, comprised of nine male workers, nine female workers, one male and one female health care provider, and two members of staff from the administrative department.

This study revealed that in an unthreatening environment and one in which condoms can be easily obtained, females are more likely to buy condoms than males. However accessibility to condoms does automatically not mean that the condoms will be used. Male respondents stated that they could not accept unmarried females taking the role of buying and initiating condom use. However, if the women had previously been married, and had engaged in sexual relations with their husbands, both single and married men were more accepting of condom initiation and use by these women. Unfortunately, though, most of the women reported that they did not have the bargaining skills nor power to ensure that their male partners would use condoms and engage in safe sexual practices.

Sixty percent of male and 70 percent of female subjects in the study were not concerned about STD prevention in their first sexual experience. If concerned, men accepted that the STD prevention role should belong to them and not to the women. The women felt that their main role in the sexual act is to prevent conception. With regard to pregnancy and birth spacing, both women and men said that these are the combined responsibility of the couple.

Men usually initiated most sexual relationships, which were almost always unprotected. Alcohol consumption often prompted men to accept the services of commercial sex workers. One-half of the men never used condoms and 80 percent of the women said they had not experienced safe sex with their partner using a condom, since they perceived that they were at low risk of contracting STDs or HIV/AIDS. Half of female workers and one-fifth of male workers revealed that they had “experienced some unwilling sexual engagement.” One-tenth of female workers and five percent of male workers had been injured by their partner.

Regarding accessibility to and use of reproductive health services, 20 percent of women reported that they suffered from reproductive tract disorders compared to only 3 percent of men. If they had any problems, unmarried females tended to favor taking no action and hoping that the reproductive tract disorders would disappear of their own accord, rather than seeing a health care worker.

This study took an in-depth look at how gender roles and power relations affect reproductive health and the use of reproductive health services. The

findings of the study can help to implement more effective reproductive health services for this high-risk group of young people. The investigators recommended that the National AIDS Prevention Program should implement a gender-sensitive approach in promoting condom use, not only for high-risk groups but also in the general population. The government should work to reshape societal attitudes to be more accepting of young females buying condoms. In addition, agencies mandated to provide reproductive health care should educate young women about their reproductive rights and increase their bargaining skills so that they can better protect themselves and engage in safe sexual practices. Reproductive health care providers should also be gender-sensitive and trained to provide more female-friendly health care.