EFFECTIVENESS OF GOVERNMENT AND NGO SOCIAL MARKETING CAMPAIGNS TO EDUCATE MALE SEX WORKERS, IDUS, AND HOMOSEXUAL MEN ABOUT HIV/AIDS

BY

MR. JAKKARIN THUENGJITVILAS

AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE PROGRAM IN MARKETING
(INTERNATIONAL PROGRAM)
FACULTY OF COMMERCE AND ACCOUNTANCY
THAMMASAT UNIVERSITY
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ENTITLED

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was approved as partial fulfillment of the requirements for
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Chairman

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Independent Study Title	EFFECTIVENESS OF GOVERNMENT AND NGO SOCIAL MARKETING CAMPAIGNS TO EDUCATE MALE SEX WORKER, IDUS, AND HOMOSEXUAL MEN ABOUT HIV/AIDS.
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ABSTRACT

Thailand succeeded in launching a campaign to prevent HIV/AIDS in 1991. However, there are new challenge for Thailand right now, as to prevent HIV/AIDS among groups of homosexual men, IDUs, and male sex workers. This group shows highest proportion on new infected HIV/AIDS over the decade. The trend is forecasted to continue until 2025. Government has recently shown effort to reduce HIV/AIDS among this group by launching campaign; such as, ADAM's LOVE and Needle and syringe campaigns to target specifically these group. This has been supported by many parties and has been talked about widely in society.

The study will measure an effectiveness of campaign among three main groups: homosexual men, IDUs, and male sex workers. Lifestyle, attitude, and other behavioral aspects will be also studied to beneficially draw a strategic map for the future plan.

There are four main objective of the study including 1) To study and overview about history of HIV/AIDS among sex workers, IDUs, and homosexual men in Thailand 2) To know the lifestyle and attitude between sex workers, IDUs, and homosexual men 3) To understand the key issues causing HIV/AIDS of each segment 4) To measure an awareness and performance on current social marketing campaigns

Research methodology was divided into 2 main phases, Exploratory and Descriptive. Exploratory research has been conducted with twelve respondents that were pre-recruited into location one by one to interview. Survey is used for descriptive study. 100 homosexual men, 24 IDUs, and 24 sex workers were completed the questionnaire in either provided online or offline method.

The result of the study will unveil an effectiveness of current government & NGO's campaign, study attitude, lifestyle, behavior, and key barrier on HIV/AIDS protection among sex workers, IDUs, and homosexual men group. It would help reader develop understanding and use the knowledge build more effective and sustainable campaign in the future.

Keywords: HIV, AIDS, Human immunodeficiency virus infection, Acquired immune deficiency syndrome, Homosexual men, IDUS, Sex worker, Government, Campaign, Social marketing

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Jakkarin Thuengjitvilas

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

Symbols/Abbreviations	Terms
NGO	Non-governmental organization
AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus infection
IDU	Injected drug users
STD	Sexually transmitted diseases
HAART	Highly active antiretroviral therapy
UIAI	Unprotected insertive anal intercourse
URAI	Unprotected receptive anal intercourse
USAID	United States Agency for International Development

INTRODUCTION

1.1 Problem Statement and Research Purpose

Thailand is one of the countries, where successful in solving HIV/AIDS problems. Nearly 10 million people avoided HIV transmission because of early intervention programs with key affected populations between 1990 and 2010. (AVERT, 2015) According to the World Health Organization (WHO), there were approximately 36.9 million people worldwide living with HIV/AIDS at the end of 2014. An estimated 2.0 million individuals worldwide became newly infected with HIV in 2014. Out of 36.9 million people, 22 million do not have access to HIV treatment while 6.3 million people do not know they have the virus. In 2014, 34 million people accumulated have died from AIDS-related causes so far.

Asia and the Pacific become the second rank on global regional ranking ended up with 5 million people who live with HIV/AIDS under 25.8 million people from Sub-Saharan Africa region in 2014. Western and Central Europe and North America was on the third rank with 2.4 million. Latin America, Eastern Europe/Central Asia, Caribbean, and Middle East and North Africa were coming up with 1.7 million, 1.5 million, 280,000, and 240,000 respectively. (UNAIDS, 2015) (Appendix 1)

Thailand become a fourth Asia and the pacific AIDS-related deaths ranking which contributed about 8% in total under India 51%, China 14%, and Indonesia 12%. From total Thailand's population over 60 million, about 1% or 440,000 people live with AIDS/HIV. Almost 20,000 people died yearly because of this problem. (AVERT, 2015)

Since the first case of HIV/AIDS was reported in Thailand in 1984, the incidence of HIV infections has increased steadily. Accumulated 1,115,415 adults have been infected in 2008. Of this number 585,830 have died of AIDS while 532,522 adults are suffering from HIV or AIDS. New infections affected 12,787 adults and children. (Sarnsamak, 2008)

In terms of infected rate, the incidence of infection increased steadily in the country until 1991 where government adopted a strategy to combat the disease. The number of new infections has declined since 1991, but in recent years, the rate has slowed down with more people receiving antiretroviral therapy.

For Thailand, in 1991, implemented programs called “100% Condom” helped educate Thai people and raised up concerns about AIDS well, by showing significant results. Condom used in brothels has seen increasing from 14 percent to more than 90 percent from 1990 to 1992, then dropped by 80 percent from 1991 to 2001 (Patterson, 2013). However, Thailand is now facing new issue to promote HIV/AIDS protection among homosexual male, because 62% of people infected with HIV/Aids in Thailand are male. The incidence of HIV/Aids infection is as high as 30% among gay community or among men engaging in sex with other men. (Thailoveline, 2014). Male sexes with men (MSM), together with injected drug users, have high contribution among new infectors (Lertpiriyasuwat, 2014).

Thailand’s cases of HIV/AIDS occurred primarily among men who have sex with men (MSM). The virus then spread rapidly to injecting drug users (IDUs), followed by sex workers and their clients. (Regional Development Mission for Asia, 2008) According to Thailand's Ministry of Public Health and the US Center for Disease Control and Prevention (CDC), new HIV/AIDS infections among homosexual men have been growing sharply (17 percent in 2003, 29 percent in 2011, and 41 percent in 2012). Limited budget on HIV/AIDS prevention resources went to program protected men having sex with men (less than 10% in 2011) (Ananworanich, Jintanat, 2013). Constantly high proportion of MSM and IDUs until year 2025 has been forecasted. (Appendix 2)

Thailand is currently facing the new challenge to protect HIV/AIDS among these groups. For decade, there has been several campaigns launched with limited budget to target new group e.g. Homosexual men and IDUs under “getting to zero” 2011-2015 strategy.

Thus, the result of this study will help organization to measure effectiveness of current campaign, to understand more target population, and further use it to develop strategy to against HIV/AIDS in the next era.

1.2 Objective

This study is a contemporary topic in academic marketing related to society. The major purpose of this research is to help government or related NGOs understand the effectiveness of their current action against HIV/AIDS among sex workers, IDUs, and homosexual men in terms of awareness and impact of the campaign. The research will help them know the key success factors, then draw a strategic map for the future plan by identifying the key issue causing HIV/AIDS in terms of lifestyle and attitude in order to communicate the right message to each segment. The research is guided by following objective:

1) To study and overview about history of HIV/AIDS among sex workers, IDUs, and homosexual men in Thailand
2) To know the lifestyle and attitude between sex workers, IDUs, and homosexual men
    a. Media consumption and Lifestyle
    b. Attitudes toward HIV/AIDS as well as sexual activity and protection
    c. Frequency of sexual activity or consuming drug or other possible factors causing HIV/AIDS
    d. Frequency of HIV testing
3) To understand the key issues causing HIV/AIDS of each segment
    a. Key factors that influence and enhance the risk behaviors
4) To measure an awareness and performance on current social marketing campaigns
    a. Awareness of current related campaign
    b. Source of awareness
    c. Level of overall impact to reduce risky behavior

ACADEMIC TOPIC DESCRIPTION

2.1 Literature review

There were various researches studied about Human immunodeficiency virus infection and acquired immune deficiency syndrome in Homosexual men group. In 1991, American Journal of Public Health initiated the study of Behavioral, Health and Psychosocial Factors and Risk for HIV Infection among Sexually Active Homosexual Men. It reported that Heavy alcohol consumption, moderate to heavy drug use, younger age and, to a lesser extent, smoking were associated with seroconversion. Anonymous sex and anal intercourse were the main reason caused HIV/AIDS. (Lil Penkower, 1991)

Some factors that also place Male sex workers at risk for HIV infection include unprotected anal intercourse, multiple sex partners, sexually transmitted diseases (STD), and low condom use (Toledo, 2010)

There are some studies unveiled homosexual sex behavior changes over the time due to higher ability to defend HIV/AIDS in communities. Risky sexual behavior among homosexual men is associated with positive treatment beliefs that have arisen as a result of the introduction of highly active antiretroviral therapy (HAART), possibly explaining part of the recent increases in risk behavior and sexual transmitted disease. Study also found that 'perceiving less HIV/AIDS threat' was found to predict an individuals' change from unprotected insertive anal intercourse (UIAI) to unprotected receptive anal intercourse (URAI). (Stoltea, 2014)

Government and NGOs over the world tried hard to defend HIV/AIDS among risk group: homosexual men, sex worker, and IDUs by initiating a social marketing campaign. Social Marketing is the application of marketing tools, concept and resources to encourage positive behavior change among those underserved by existing public and private health systems. (Price, 2001)

Thailand is one of the country that organization was successful in taking action against this problem. Thailand has become the first country in the developing world where declines in HIV prevalence are seen nationally and the HIV epidemic has been successfully controlled through a prevention strategy. (Phoolchareon) In Asia and the Pacific region, only 2 countries; Thailand and Cambodia, show success on treating infector with more than 50% of all people living with HIV currently on antiretroviral treatment. (UNAIDS, 2015)

However, Thailand is now facing the new challenge. New HIV/AIDS infections among homosexual men have been growing sharply. An estimated 70 per cent of new sexually transmitted infections cases are occurring among young people, especially among men who have sex with men, those involved in sex work and those who inject drugs in Thailand, where “social media, online dating websites and mobile application make it much easier for young people to meet others in order to engage in casual sex,” says a new United Nations report.

2.2 Academic Theory Implication

There was academic theory used for change behavior of sociality for HIV/AIDS developed by Family Health International Institute for HIV/AIDS together with United States Agency for International Development (USAID).

Practitioners use a combination of theories and practical steps included Diffusion of Innovations model (Everett Rogers), the Stages of Change model (Prochaska, DiClemente and Norcross), the Self-Efficacy model (Bandura) and the Behavior Change Continuum (World Bank). It was based on field realities, rather than relying on any single theory or model. (Family Health International Institute for HIV/AIDS, 2002) Further information will inform how each theory applied to Behavior change communication model.

Diffusion of Innovations model by Everett Rogers explained how people adopt themselves to technology. (Rogers, 2003) There were 5 stages in decision innovation

process starting from knowledge, persuasive, decision, implementation, and confirmation. (Figure 1) This theory was applied to the adoption process in behavior change communication model.

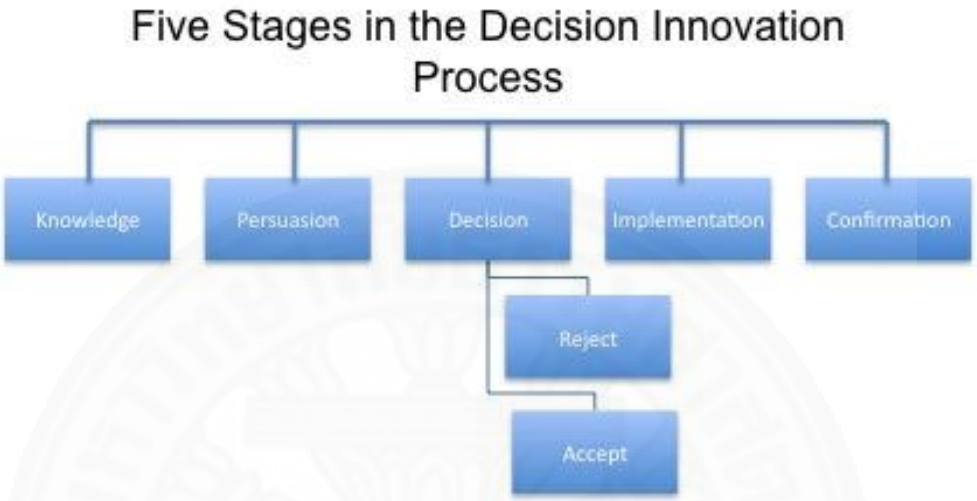

Figure 1: Five stages of the decision innovation (Rogers, 2003)

The Stages of Change model (The Transtheoretical Model) had also been applied into this theory. The concept believes that "change is a process, not an event." (Prochaska, 2008) Studies of change have found that people move through a series of stages when modifying behavior. (Prochaska, 2008) The main challenge of changing behavior is to move their status into next stage of behavior according to figure 2. At first, people will not intend to take any action in the precontemplation stage. This could either cause by uninformed or under informed about the consequences of one's behavior. Once people passed first stage, they would set up time frame to change behavior. It called Contemplation (Getting ready) stage. They were researching pros and cons of changing one's specific behavior. If they passed this stage, they would enter the preparation stage where intended to take action in the immediate future. Finally, people would take action and try to maintain over the time. Challenges were to keep people in this stage, otherwise they would flashback to the precontemplation stage once again.

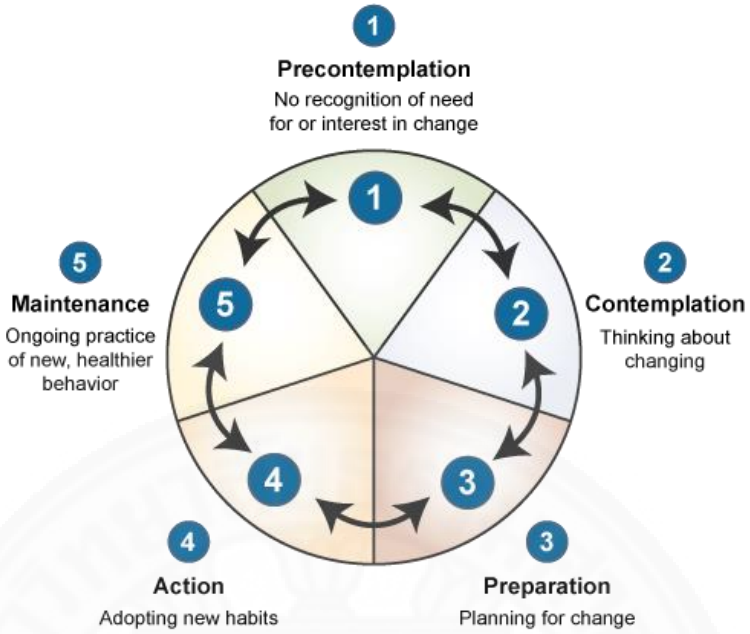

Figure 2: Five stages of the adoption process (Prochaska, 2008)

Another concept called self-efficacy model developed by Albert Bandura. The study explained the influential factors that could affect behavior or performance of individuals. Strong self-efficacy helped performance or behavior improved. There are 4 main sources that drive people belief in themselves included: past performance accomplishment, vicarious experience, social persuasion, and physiological/emotional state. (Bandura, 2010) The concept was employed to find ways influencing people and sustained the behavior changes.

Last concept was called behavior change continuum by World Bank. This theory was the backbone of behavior change communication model since it implies the stage of behavior change, which the model outlined an effective implication of each stage in behavior change communication model. There were 7 stages of behavior change starting from unaware to practicing sustainable change as explained in figure 3. The model aimed to develop positive behaviors, promote and sustain individual,

community and societal behavior change, and maintain appropriate behaviors. (Family Health International Institute for HIV/AIDS , 2002)

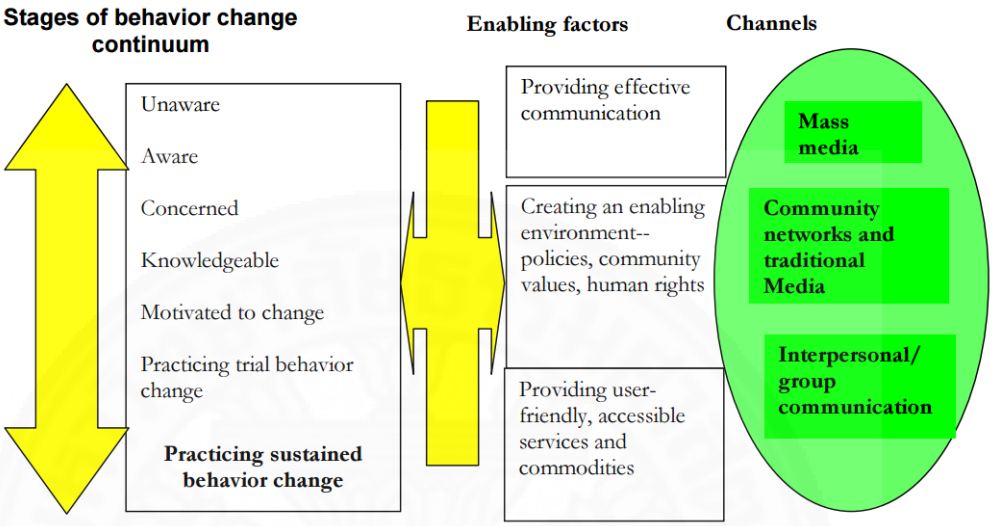

Figure 3: Behavior change communication model
(Family Health International Institute for HIV/AIDS , 2002)

There were different strategies to take action effectively with each stage of behavior change. During first stage, mass media was the most effective tool to spread the information and build up awareness. Once people had concern, they would have choice to make a decision whether they would participate or not. Thus, sources like community become more effective to enable an action and develop positive behaviors by strengthen self-efficacy of people.

RESEARCH DESIGN

3.1 Research Methodology

3.1.1 Exploratory research

Before getting deeper to quantify the result through quantitative stage, qualitative study has been conducted to get an overview picture of all possible result of each objective as to list up all attributes, as well as to scope the main activities of Government and NGOS reacting with the HIV/AIDS issues in Thailand. Two sub-techniques were employed in this stage which are: Desk research and In-depth interview.

In order to understand the industry overview [Objective 1] and define the right scope and guideline of research, secondary desk research is conducted. Information has been gathering from published source and related websites; such as, Thailand's Ministry of Public Health and the US Center for Disease Control and Prevention, many NGOs like Thai Red Cross, UNICEF, and World Health Organization.

Apart from understanding the market overview, to get more information specifically to the study, primary in-depth interviews were conducted. Personal one to one in-depth interview with representative respondents from each group resulted by overall understanding with all groups according to the research objective [Objective 2-5]. The information is collected and used to design the survey questionnaire in the next phase. Information that has been collected in this stage are general activities, interest, key influential risk factors, media consumption, attitudes toward sexual activity and protection, aided and unaided awareness of social marketing HIV/AIDS campaign.

3.1.2) Descriptive Research

Main purpose of descriptive research is to quantify the result we get from qualitative phase from a larger sample. Survey will be the main tool to collect information in this phase.

Online and Offline interview

The data is collected through the questionnaire that has been well-designed from the knowledge that we get from qualitative phase. The information is gathered from both online and offline channel with 3 main groups: sex workers, IDUs, and homosexual men. Questionnaire's length of time will be approximately around 20-30 minutes. All data from questionnaire will be logically checked, coded, punched into excel file. SPSS statistical software is an analysis tool to run the result whereas benefits to interpret the result according to the main objective.

Questionnaire (Appendix 3) is designed based on 3 main objectives which listed below:

- To know the lifestyle and attitude between sex workers, IDUs, and homosexual men [Objective 2]
- To understand key issues causing HIV/AIDS of each segment [Objective 3]
- To measure an awareness and performance on current social marketing campaigns [Objective 4]

3.2 Sampling Procedure

For in-depth interview, total 12 respondents were interviewed on one-to-one basis on site at their preferred location. Interlocking quota were explained in the table below:

		Homosexual	IDUs	Sex worker
Age	Less than 30 years	2	2	2
	Equal or more than 30	2	2	2
Household Income	Less than 50000	2	2	2
	Equal or more than 50000	2	2	2
Total respondents		4	4	4

Table 1: Number of respondents from in-depth interview

Total 148 respondents are interviewed thought both online and offline channels for market survey. Some interlocking quota were explained in the table below:

		Homosexual	IDUs	Sex worker
Age	Less than 30 years	42	8	12
	Equal or more than 30	58	16	12
Household Income	Less than 50000	44	12	16
	Equal or more than 50000	56	12	8
Total respondents		100	24	24

Table 2: Number of respondents from survey

In order to reach the target population, qualification of each group are different which have been set up as follow:

	Homosexual	IDUs	Sex worker
Homosexual men	√	√	√
Age 18 - 50 years	√	√	√
Used to have sex with partner	√	√	√
Consume drugs at least every 2 weeks		√	
Being sex for money at least 3 months			√

Table 3: Respondent's qualification

In overall, all respondents were homosexual men, aged between 18-50 years. They need to have sexual experience with partner. To further classify themselves as IDU, respondents have to consume drugs at least every 2 weeks, while for sex workers group, respondents need to have sex for money at least 3 months.

3.3 Data Collection Method

For an in-depth interview, respondents were interviewed with semi-structure questions according to the objective. Screening question part was developed and filtered the respondents first before interview. Interviews were made at the set up place where were convenient to reach, did not easily interrupt by externalities, and private since respondents' confidentiality is a maximum concerned. Main purpose of the research was unveiled before the interview session is begun.

For Quantitative part, both online and offline channel were employed to get the sufficient sample size. Firstly, respondents were acquired through personal connection and snow ball approach. Attached survey link was given to prospect respondents to screen and complete. Online questionnaire will be administered by www.surveymonkey.com

There was some quota included IDUs and Sex workers that were hard to acquire through online method. Thus, hard copy of questionnaire was prepared and printed. It was administered by interviewer in multiple places that tend to get high response; such as, fitness club, restaurant and bar near Silom Soi 4 and Patpong area, university, office building, and authorized department store.

DATA ANALYSIS AND RESULTS

There were 3 pre-defined group of the study including Homosexual men, IDUS, and Sex worker. The analysis would divide into 3 main phases starting from general profile, lifestyle, behaviors, and attitude of each segment, key issues causing HIV/AIDS of each segment, and awareness and effectiveness of government and NGOs' HIV/AIDS campaign.

4.1 Profile, Lifestyle, Behavior, and Attitude

		Total		Users					
				Regular homosexual		IDUs		Sex workers	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Age	less than 30 years	62	42%	42	42%	8	33%	12	50%
	Equal or more than 30 years	86	58%	58	58%	16	67%	12	50%
Household Income	Less than 50,000 baht	72	49%	44	44%	12	50%	16	67%
	Equal or more than 50,000 baht	76	51%	56	56%	12	50%	8	33%
	Total	148	100%	100	100%	24	100%	24	100%

Table 4: Respondent's profile

Respondents' profile was well spread across age and household income. Majority of respondents slightly skewed those who were aged equal or more than 30 years, except sex worker group that equally spread into 50:50. For household income, regular homosexual skewed toward upper class household income. IDUs had an equal distribution between upper and middle-low household income, while sex worker's household income skewed toward low-middle household income.

To learn the lifestyle of each group, in-depth interview with 12 respondents who were homosexual men, IDUs, and sex worker have been conducted. All attributes had been listed up in table 5 as to be quantified in quantitative phase. Factor analysis with Principal Axis Factoring extraction and Promax rotation method was further

employed to help analysis of the different between lifestyle of each group by unveiling unobserved variable from 25 observed variables which results in Table 5.

	Factor									
	Image	Technology/ connected	Fashionable	Openness	Innovator	Individualist/love stable	Price concern	Thai culture/love mixed	Modern life	Look good
I find imported brand is better quality than local brand	.73									
I tend to follow if most people or my friend/family say it is good	.67									
I love to stay connected/always on line		.86								
I love technology		.57								
I love to party/hang around with friends										
I follow fashion and trend			.90							
I am not worried or serious about life			.68							
I always find information before making any buying decision			.36							
I love to make new friends/trying new thing without too much consideration				.65						
I rarely change brand				-.57			-.42			
I am opened for new thing				.55	.35				.32	
I usually have more than one brand of the same product in my houses	.51			.55						
I am willing to pay more for thing that satisfy me					.73					
Gradual change is acceptable					.58					
I love to make fun					.42					
I have only few friends but we are really close						.98				
I love stable life/I don't like change				-.30		.40				
I love to wait and buy on promotion	.30					.36				
I don't mind about brand as long as it is cheaper							.86			
I like blending between old culture and modern style, not too old, not too modern								.91		
Conserving culture/ritual is very important to me							.33	.47		
I accustom to Asian culture than western culture									-.75	
I like modern lifestyle		.34							.51	
I love shopping in open space rather than mall with air condition						.31			-.48	
Looking good/good appearance is important to me										.86

Table 5: Rotated Component Matrix from Factor analysis

With Principal Axis Factoring extraction and Promax rotation method, there are total 10 factors together account for 75.45% of the total variance. There were only 10% nonredundant residuals with absolute values greater than 0.05. Largest variance found from eigenvalue were image 5.828, technology 2.882, and fashionable 1.714. (Table 6) These factors could probably be the point of differentiation between pre-defined groups.

	Initial Eigenvalues			Rotation Sums of Squared Loadings
	Total	% of Variance	Cumulative %	Total
Image	5.828	23.312	23.312	3.340
Technology/ connected	2.882	11.528	34.840	2.957
Fashionable	1.714	6.856	41.696	3.263
Openness	1.580	6.319	48.016	3.050
Innovator	1.404	5.616	53.631	3.244
Individualist/love stable	1.277	5.109	58.740	2.235
Price concern	1.195	4.781	63.522	1.616
Thai culture/love mixed	1.090	4.359	67.881	1.724
Modern life	.988	3.951	71.832	2.811
Look good	.904	3.617	75.449	1.290

Table 6: Total variance explained and Eigenvalues

As refer to table 7, factors correlation matrix explained the correlation between factors were mostly minimized. Only few factors have moderate relationship with each other e.g. Image and technology, Fashionable and modern life, or innovator and openness.

	Factor									
	Image	Technology/ connected	Fashionable	Openness	Innovator	Individualist/love stable	Price concern	Thai culture/love mixed	Modem life	Look good
Image	1.00	0.41	0.40	0.35	0.42	0.23	-0.11	0.08	0.43	0.04
Technology/ connected	0.41	1.00	0.26	0.26	0.28	0.00	-0.22	-0.05	0.30	0.24
Fashionable	0.40	0.26	1.00	0.36	0.41	0.46	0.17	0.24	0.45	0.01
Openness	0.35	0.26	0.36	1.00	0.42	0.17	-0.10	0.18	0.25	0.02
Innovator	0.42	0.28	0.41	0.42	1.00	0.35	0.19	0.26	0.39	-0.16
Individualist/love stable	0.23	0.00	0.46	0.17	0.35	1.00	0.31	0.29	0.16	-0.30
Price concern	-0.11	-0.22	0.17	-0.10	0.19	0.31	1.00	0.00	-0.07	-0.17
Thai culture/love mixed	0.08	-0.05	0.24	0.18	0.26	0.29	0.00	1.00	0.34	-0.34
Modern life	0.43	0.30	0.45	0.25	0.39	0.16	-0.07	0.34	1.00	-0.11
Look good	0.04	0.24	0.01	0.02	-0.16	-0.30	-0.17	-0.34	-0.11	1.00

Table 7: Factors Correlation Matrix

There were 10 factors extracted including Image, Technology/ connected, Fashionable, Openness, Innovator, Individualist/love stable, Price concern, Thai culture/love mixed, Modern life, and Look good. Characteristic of each factor were explained as follow:

- **Image -** Love brand name product and may consider to buy things based on social acceptance
- **Technology/ connected** – Tech Savvy who always stay connected and online
- **Fashionable** – Follow fashion/ don't serious about life
- **Openness** – Always open for friend and new things
- **Innovator** – Love to try new thing regardless on price if it makes them enjoy
- **Individualist/love stable –** have only few close friend, love to stay with themselves
- **Price concern** – Price driven
- **Thai culture/love mixed** – adaptable, but still conservative
- **Modern life** – Love modern lifestyle
- **Look good -** good appearance is important to them

	Users			F	P-value	Significant at 95% confidence interval
	Regular homo (n=100)	IDUs (n=24)	Sex workers (n=24)			
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)			
Innovator	0.05 (0.82)	0.38 (1.1)	-0.59 (0.75)	8.027	0	Sig
Image	0.01 (0.85)	0.47 (0.79)	-0.5 (1.02)	7.397	0.001	Sig
Fashionable	-0.01 (0.85)	0.5 (0.78)	-0.45 (1.19)	6.622	0.002	Sig
Price concern	-0.16 (0.89)	0.29 (0.94)	0.36 (0.59)	5.082	0.007	Sig
Openness	0.04 (0.89)	0.3 (0.79)	-0.45 (1.02)	4.355	0.015	Sig
Modern life	-0.02 (0.97)	0.42 (0.87)	-0.35 (0.56)	4.333	0.015	Sig
Thai culture/love mixed	0.14 (0.85)	-0.19 (1.15)	-0.39 (0.66)	4.245	0.016	Sig
Look good	0.09 (0.9)	0.06 (0.74)	-0.42 (1)	3.181	0.044	Sig
Technology/ connected	0.03 (0.96)	0.16 (0.78)	-0.3 (0.99)	1.667	0.192	Not Sig
Individualist/love stable	-0.01 (0.75)	-0.16 (1.38)	0.22 (1.04)	1.02	0.363	Not Sig

Table 8: Factor score by users

Table 8 proves that only 8 out of the 10 factors could explain the different between 3 groups. Regular homosexual is the group that always need good appearance. They are adaptable, but still conservative inside. Price is not a barrier for them they like somethings. On the other hand, IDUs group is quite extreme in the way they live. They love to try and open for a new thing regardless on price if it makes them enjoy. They are very fashionable and love modern life. For sex worker group, they don't care about their image, not reachable easily, and seem to buy things based on price.

	Users					
	Regular homo (n=100)		IDUs (n=24)		Sex workers (n=24)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Brochures/ leaflets	6	6%	0	0%	0	0%
TV	40	40%	9	38%	8	33%
Radio	18	18%	6	25%	0	0%
Newspaper/ Magazine	26	26%	9	38%	2	8%
Official website	60	60%	10	42%	6	25%
Facebook	88	88%	24	100%	18	75%
Twitter	24	24%	4	17%	0	0%
Instagram	60	60%	13	54%	2	8%
Blogs/reviews	14	14%	7	29%	2	8%
Friends/Family	36	36%	11	46%	6	25%
LINE official account	38	38%	6	25%	2	8%
Billboards/ signage out of home	38	38%	12	50%	0	0%
Advertising on mobile transportation e.g. taxi, bus, train etc.	30	30%	6	25%	0	0%

Table 9: Media consumption by users

For media consumption, Facebook seem to be the channel that could be reach effectively by each group results at 88%, 100%, and 75% for regular homosexual, IDUs, and sex workers respectively. Instagram is favorable toward regular homosexual group (60%) and IDUs group (54%). Out of home media like billboards/ signage is also a good supporting tool for reaching IDUs group (50%).

	Users					
	Regular homo (n=100)		IDUs (n=24)		Sex workers (n=24)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Morning	14	14%	0	0%	4	17%
Afternoon	10	10%	4	17%	0	0%
Evening	16	16%	0	0%	2	8%
Night	60	60%	20	83%	18	75%

Table 10: Time consuming media by users

In addition, all groups tend to consume social media at night results by 83%, 75%, and 60% for IDUs, sex workers, and regular homosexual men respectively.

	Users			F	P-value	Significant at 95% confidence interval
	Regular homo (n=100)	IDUs (n=24)	Sex workers (n=24)			
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)			
Time having sex with condom	7.26 (7.04)	14.83 (4.41)	14.04 (5.24)	18.87	0	sig
Time having sex without condom	6.84 (6.6)	12.92 (4.14)	13.86 (5.23)	17.2	0	sig
Out of 100 points, how much you give yourself for HIV/AIDS protection	91.56 (16.13)	97.67 (3.1)	79.83 (29.67)	6.39	0	sig
Time per year having HIV test	1.97 (1.1)	2.5 (2.13)	2.17 (0.94)	1.06	0.35	not sig

Table 11: Frequency of sex activities, level of protection, and number of HIV/AIDS test by users

In term of sexual behavior, there are 3 out of the 4 factors can explain the different between 3 groups. IDUs and Sex workers were the group that were quite extreme. They had sex around 14-15 times on average per month, meanwhile regular homosexual group having sex about only half of other groups.

For HIV/AIDS test, it found that sex worker thought themselves were risky for HIV/AIDS. There was no difference in terms of time per year having test (2 times a year.)

	Users			F	P-value	Significant at 95% confidence interval
	Regular homosexual (n=100)	IDUs (n=24)	Sex workers (n=24)			
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)			
I am very concerned on HIV/AIDS	3.9 (1.14)	3.83 (0.7)	3.08 (1.41)	5.09	0.01	Sig
I believe that sex with condom show no respect to partner	1.38 (0.94)	1.38 (0.49)	2.08 (1.47)	5.06	0.01	Sig
I feel guilty when I use condom	4.26 (1.08)	2.42 (1.21)	3.42 (1.47)	25.71	0.00	Sig
I believe that frequent sex is no necessary for good love	3.16 (1.35)	2.17 (1.71)	2.92 (1.21)	4.91	0.01	Sig
Use condom make my sexual feeling got worse	1.92 (1.04)	1.38 (0.49)	2 (0.83)	3.62	0.03	Sig
Most of the time I have some alcohol before sex	2.24 (1.02)	2.08 (0.78)	2.75 (1.45)	2.80	0.06	Sig
I feel so proud when I have sex without condom	1.54 (1.03)	1.33 (0.48)	2.25 (1.33)	5.84	0.00	Sig
I can kiss my partner even my mouth got wound	2.88 (1.33)	3.29 (1.63)	2.67 (1.34)	1.31	0.27	Not Sig
I can do oral sex with my partner even my mouth got wound	1.98 (1.31)	3.21 (1.72)	1.92 (1.21)	8.28	0.00	Sig
I am able to have group sex.	1.94 (1.14)	1.33 (0.48)	2.67 (1.34)	8.82	0.00	Sig
I share needle with friend when I inject drugs.	-	1.21 (0.41)	-	-	-	-
Most of time, I do not inject drugs myself	-	3.96 (1.27)	-	-	-	-
I don't have much concern to clean equipment every time it use drug	-	1.29 (0.55)	-	-	-	-
I have no choice, it depends on my customers	-	-	2.42 (1.21)	-	-	-
I really have no budget for it	-	-	2.00 (0.93)	-	-	-
I always get from condom	-	-	4.54 (0.88)	-	-	-

Table 12: Attitude rating by users

Table 12 shows different attitude between regular homosexual, IDUs, and sex worker group. Key barrier among regular homosexual group is all about their belief that they feel guilty when having condom sex (mean=4.26, S.D.=1.08).

For IDUs, they do not belief that frequent sex is not necessary for being partner (mean=2.17, S.D.=1.71). That is the reason why they have highest frequency on having sex with condom. They also can do oral sex if their mouths got wound

(mean=3.21, S.D.= 1.72). Another key risk for this group is because most of them they do not inject drugs themselves (mean=3.96, S.D.= 1.27).

Sex workers is the group that have less concern on HIV/AIDS (mean=3.08, S.D.= 1.41). Even they always got condom for free (mean=4.54, S.D.= 0.88), but some of them belief that using condom shows no respect to sex partner (mean=2.08, S.D.= 1.47), also they feel proud when they have sex without it (mean=2.25, S.D.= 1.33).

4.2 Key issues causing HIV/AIDS of each segment

	Users					
	Regular homosexual (n=100)		IDUs (n=24)		Sex workers (n=24)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Hard to find condom	2	2%	4	17%	0	0%
Unexpected sex	54	59%	12	50%	2	9%
Sex without conscious	42	46%	8	33%	8	36%
Cannot avoid it	22	24%	4	17%	2	9%
Partner don’t like condom	50	54%	20	83%	14	64%
Not clean drug equipment	0	0%	24	100%	0	0%
Do not injected drug by myself	0	0%	16	67%	0	0%

Table 13: Key issues causing HIV/AIDS by users

There are different key barriers of each segment. Regular homosexual tends to have a problem on unexpected sex at 59%, and partner’s unfavorable of condom at 54%. In similar fashion, IDUs group found the same problem on HIV/AIDS protection, but adding up key problems of the group which are uncleaned drug equipment at 100% and do not injected drug by themselves at 67%. Meanwhile, sex workers’ key influential factors tend to be mostly because of partners’ preference that they don’t condom which resulted by 64%.

4.3 Awareness and effectiveness of government and NGOs' HIV/AIDS campaign

There are two main launching campaigns from government and NGOs called "Adam's love" and "Needle and syringe programs" aimed to 1) increase the awareness of HIV/AIDS among the MSM community in Thailand and encourage Safe Sex and HIV Testing and 2) To reduce HIV/AIDS among drug users respectively. (Appendix 4)

		Total		Users					
				Regular homosexual (n=100)		IDUs (n=24)		Sex workers (n=24)	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Adam's love	Aware	68	46%	48	48%	16	67%	4	17%
	Unaware	80	54%	52	52%	8	33%	20	83%
Needle and syringe programs	Aware	-	-	-	-	5	21%	-	-
	Unaware	-	-	-	-	19	79%	-	-

Table 14: Awareness of Adam's love and Needle and syringe programs by users

For Adam's love, 48% of regular homosexual group aware of the campaign, while it showed healthier rate at 67% among IDUs group. In contrast, the campaign was unreachable by sex workers group results at 17% awareness.

For Needle and syringe programs, this campaign was not performed well as a result of 21% awareness from IDUs groups.

The following analysis would measure success of each campaign based on their objective starting from "Adam's love" and "Needle and syringe programs" respectively. Awareness of the campaign would become main variable on the analysis.

	Adam's love Campaign		t	P-value	Significant at 95% confidence interval
	Aware (n=68)	Unaware (n=80)			
	Mean (S.D.)	Mean (S.D.)			
Time having sex with condom	10.82 (7.6)	9.41 (6.78)	1.08	0.28	Not sig
Time having sex without condom	9.91 (6.85)	8.84 (6.61)	0.87	0.39	Not sig
Out of 100 points, how much you give yourself for HIV/AIDS protection	94.59 (7.65)	87.30 (23.71)	2.60	0.01	Sig
Time per year having HIV test	2.39 (1.63)	1.77 (.80)	2.30	0.02	Sig

Table 15: Frequency of sex activities, level of protection, and number of HIV/AIDS test by campaign's awareness

Comparing between those who aware and unaware of Adam's love campaign, there was no difference between these two group in terms of number of sex either with condom or without condom. However, the campaign seems to be effective to raise up concern and bring people to have HIV test more often. There was significant difference for time per year having HIV test between those who aware of the campaign (mean=2.39, S.D. =1.63) and unaware of the campaign (mean=1.77, S.D. =0.80)

	Users who aware "Adam's love" campaign			F	P-value	Significant at 95% confidence interval
	Regular homosexual (n=48)	IDUs (n=21)	Sex workers (n=4)			
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)			
10 points - Impact of Adam's love Campaign influencing life	7.58 (1.75)	5.25 (3.04)	10.00 (0.00)	11.41	0.00	Sig

Table 16: Impact of Adam's love campaign by users who aware of the campaign

There was significant difference for the perception on campaign's impact between each group. The program was quite effective, especially for sex worker group (mean=10, S.D.=0.00). And, it seems to be less effective among IDU groups (mean=5.25, S.D.=3.04). However, sex worker seems to be unreachable through this campaign. (Table 14)

	Users					
	Regular homosexual (n=100)		IDUs (n=24)		Sex workers (n=24)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Free condom	62	62%	20	83%	16	67%
Free HIV/AIDS test point	72	72%	12	50%	10	42%
Celebrity Get HIV Tested	22	22%	0	0%	6	25%
Free counseling about love, sex, HIV/AID	50	50%	12	50%	4	17%
NAT Test – Quick 7-day HIV/AID detection	62	62%	8	33%	10	42%
Co-promotion with brand	36	36%	4	17%	2	8%

Table 17: Effective activities that can provoke thought, and effect behavior for HIV/AIDS protection by users

In terms of Adam's love activities, the characteristic of each segment are well reflected by programs that they liked. As refer to Table 11, regular homosexual men are the group that have less frequency of sexual activity. Thus, free condom (62%) is inferior to free HIV/AIDS test point (72%) that was more attractive for this group. On the other hand, IDUs and Sex workers were heavy users of condom. They have more frequency of sexual activity compared with regular group. (Table 11) Thus, both groups are attracted by free condom instead.

The reason why Adam's love might not have a strong impact over IDUs group was because activities were not specifically targeted to the key barrier causing HIV/AIDS of this group which was "not clean drug equipment" as refer to Table 13. Thus, the following "Free Needle and Syringes" campaign is specifically targeted IDUs group since the main purpose of the campaign was to encourage people to have cleaned equipment. (Appendix 4)

	Free Needle and Syringes Campaign		t	P-value	Significant at 95% confidence interval
	Aware (n=5)	Unaware (n=19)			
	Mean (S.D.)	Mean (S.D.)			
From 100%, what proportion you clean or change necessary items for injecting drugs	100 (0.0)	73.68 (30.36)	3.778	0.01	sig

* Note – Weight case is applied for finite population (awareness of Free Needle and Syringes Campaign) for mean comparison

Table 18: level of protection for injected drug by campaign's awareness

Comparing between those who aware and unaware of free needle and syringes campaign, there were difference between these two groups in terms of risky behavior. Those who aware this campaign totally had to change or clean equipment for injected drugs (mean=100, S.D.=0.0). Meanwhile, those who unaware of the campaign have some chance on taking risk on uncleaned and unchanged equipment (mean=73.68, S.D.=30.36).

	Income range		t	p-value	Significant at 95% confidence interval
	Less than 50000 baht (n=12)	Equal or more than 50000 baht (n=12)			
	Mean (S.D.)	Mean (S.D.)			
From 100%, what proportion you clean or change necessary items for injecting drugs	58.75 (29.09)	99.58 (1.44)	4.86	0.00	Sig
10 points - Impact of Free needle and Syringes Campaign influencing life	10 (0.00)	1.67 (1.30)	22.16	0.00	Sig

Table 19: level of protection for injected drug and impact of free Needle and syringes campaign by income

Focusing on IDUs group, there was difference for regular chance to clean and change equipment for injected drug between upper income (mean=99.75, S.D.=1.44) and lower-middle income group (mean=58.75, S.D.=29.09). The difference was also shown in topic of perception on effectiveness of the campaign as well. Lower-middle income group found the campaign is more attractive to change their behavior (mean=10, S.D.=0.0), while upper income group found the campaign less attractive (mean=1.67, S.D.=1.3).

From 100%, what proportion you clean or change necessary items for injecting drugs	Income range					
	Less than 50000 baht		Equal or more than 50000 baht		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
30%	4	33%	0	0%	4	17%
50%	4	33%	0	0%	4	17%
90%	1	8%	0	0%	1	4%
95%	1	8%	1	8%	2	8%
100%	2	17%	11	92%	13	54%
Total	12	100%	12	100%	24	100%

- Cramer's V =0.797, Sig=0.004

Table 20: Relationship between level of protection for injected drug and income

Campaign was more effective towards low-middle household income group since the problem of cleaning and changing issue is more associated with lower-middle household income group (Cramer's V =0. 797, Sig=0.004)

SUMMARY, IMPLICATION, AND LIMITATIONS

5.1 Summary and Implication

"Adam's love" and "Needle and syringe programs" are quite successful. For Adam's love, even the campaign cannot reduce sexual activities among those who aware it and do not well solve the main problem of IDUs group, but it can provoke people thought about HIV/AIDS and encourage this group to have HIV/AIDS test more often than other group.

However, there are some area for improvement; such as awareness, especially for sex workers that thinks that the campaign shows most benefits to them compared to other group, but they gain lowest awareness on this campaign. For other group, only half of each group knows the campaign. Thus, to improve the awareness among each group is needed.

Actually, Facebook is the key instrument to reach each group effectively. Instagram is also favorable except for sex worker group. Out of home media like billboards/ signage is also a good supporting tool for reaching IDUs group. All groups consume media mostly at night. Thus, these would be an appropriate channel and time to promote the campaign

Each group of users are favorable in different activities like regular homosexual who have sex only 7-8 times a month, not frequently like IDUs, or sex worker group. They tend to like the free HIV/AIDS test point rather than other group. In addition, this group believe that using condom show no respect to partner as well.

IDUs are heavy users of condom. They believe that sex is very important to their life. As well as sex workers, they are price concerned and think that they are riskiest group for HIV/AIDS. Thus, free condom might attract them.

However, key issues that tend to cause HIV/AIDS of each group are mostly because partner don't like condom. That's deeply down to behavior and no campaigns effectively fixed this problem yet. So, to develop new campaign solving this problem is critical.

Free Needle and Syringes campaign is effective to provoke IDUs about risk of HIV/AIDS; however, the problem of cleaned and changed equipment are more leverage to lower household income group who have less ability to afford equipment. Problem of cleaning and changing issue is more associated with lower-middle household income group.

Thus, related organization can use this campaign communicate and target only low-middle income group since they are not affordable. However, subsidizing equipment do not solve the problem. Campaign should focus more on educating IDUs about risk of drugs, try to fix the problem upfront together with current subsidiaries. The campaign will be more effective in the long run.

5.2 Limitations

Due to the limitation of time, questionnaires were distributed by both online and offline method through convenient sampling. Personal contact and snowball techniques were used to find sufficient respondents for each group. Scope of research was also only in Bangkok. Thus, the result gained from research could not represent Thailand's homosexual men, IDUs, and sex workers. Some groups like IDUs and sex workers were also difficult to recruit and complete the questionnaire. Thus, there were a small sample size for each group that results higher margin of error on the result of these groups as well.

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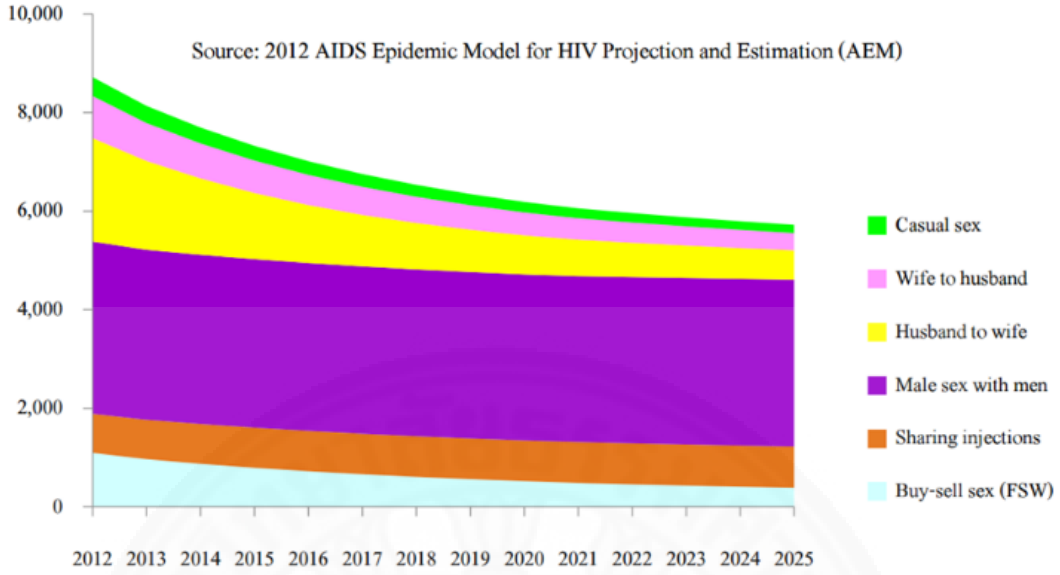
APPENDIX

Appendix 1: Regional HIV statistic

Region	People living with HIV 2014		New HIV infections 2014			AIDS-related deaths 2014 (total)
	total	children	total	adults	children	
Sub-Saharan Africa	**25.8 million** [24.0 million–28.7 million]	**2.3 million** [2.2 million–2.5 million]	**1.4 million** [1.2 million – 1.5 million]	**1.2 million** [1.1 million–1.3 million]	**190 000** [170 000-230 000]	**790 000** [670 000-990 000]
Asia and the Pacific	**5.0 million** 4.5 million-5.6 million	**200 000** [180 000–230 000]	**340 000** [240 000-480 000]	**320 000** [230 000–450 000]	**21 000** [16 000-27 000]	**240 000** [140 000-570 000]
Latin America	**1.7 million** [1.4 million-2.0 million]	**33 000** [29 000–40 000]	**87 000** [70 000-100 000]	**85 000** [68 000–100 000]	**2000** [1300-2900]	**41 000** [30 000-82 000]
Caribbean	**280 000** [210 000-340 000]	**13 000** [11 000–15 000]	**13 000** [9600-17 000]	**13 000** [9300–16 000]	**<500** [<500-<1000]	**8800** [5700-13 000]
Middle East and North Africa	**240 000** [150 000-320 000]	**13 000** [10 000–16 000]	**22 000** [13 000-33 000]	**20 000** [12 000–30 000]	**2400** [1800-3300]	**12 000** [5300-24 000]
Eastern Europe and Central Asia	**1.5 million** 1.3 million-1.8 million	**17 000** [14 000-19 000]	**140 000** [110 000-160 000]	**130 000** [110 000–160 000]	**1200** [<1000-1600]	**62 000** [34 000-140 000]
Western and Central Europe and North America	**2.4 million** [1.5 million-3.5 million]	**3300** [2200–4700]	**85 000** [48 000-130 000	**85 000** [47 000–130 000]	**<500** [<200-<500]	**26 000** [11 000-86 000]
GLOBAL	**36.9 million** [34.3 million-41.4 million]	**2.6 million** [2.4 million-2.8 million]	**2.0 million** [1.9 million-2.2 million]	**1.8 million** [1.7 million-2.0 million]	**220 000** [190 000-260 000]	**1.2 million** [980 000-1.6 million]

Appendix 2: HIV aids projection and Estimation 2012



Appendix 3: Questionnaire

MIM THAMMASAT BUSINESS SCHOOL MASTER'S DEGREE PROGRAM IN MARKETING

Questionnaire measuring effectiveness toward HIV/AIDS campaign

Q1 How old are you _____

Q2 Have you ever have sex with partner?
1. Yes 2. No (closed)

Q3 Are you homosexual men?
1. Yes 2. No (closed)

Q4 Are you Injected drug users?
1. Yes 2. No (Skip to Q13)

Q5 How often are you injected drug?
1. Everyday
2. Every 3 days
3. Every week
4. Every 2 weeks
5. Every month
6. Less than once a month

Q6 From 100%, what proportion you clean or change necessary items for injecting drug? _____

Q7 How strong do you agree with these statements? (5=strongly agree – 1=strongly disagree)
____ I share needle with friend when I inject drugs.
____ Most of time, I do not inject drugs myself
____ I don't have much concern to clean equipment every time it use drug

Q8 What are the factors that influence and enhance the risk behaviors? [MA]
1. Not clean drug equipment
2. I do not inject drug myself
3. Other specify _____

Q9 Do you know "Free Needle and Syringes" campaign?
1. Yes 2. No

Q10 What do you like from "Free Needle and Syringes" campaign?
_____

Q11 Where do you learn the campaign from? [MA]
1. Brochures/ leaflets
2. TV
3. Radio
4. Newspaper/ Magazine
5. Official website
6. Facebook
7. Twitter
8. Instagram
9. Blogs/reviews
10. Friends/Family
11. LINE official account
12. Billboards/ signage out of home
13. Advertising on mobile transportation e.g. taxi, bus, train etc.
14. I don't know this campaign

Q12 out of 10 points, how strong you think this campaign could bring you interested on HIV/AIDS protection? _____ point

Q13 Are you having sex for money for more than 3 month already?
1. Yes 2. No (skip to Q15)

Q14 How strong do you agree with these statements? (5=strongly agree – 1=strongly disagree)
____ I have no choice, it depends on my customers
____ I really have no budget for it
____ I always get from condom

Q15 How often you have sex within one month? (Please specify 00 if less than 1 time per month) _____ Time

Q16 How about time having sex with condom?
_____ Time

Q17 If you have 100 maximum points, how much you give yourself for HIV/AIDS protection? _____ point

Q18 How strong do you agree with these statements? (5=strongly agree – 1=strongly disagree)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
(R1) I am very concerned on HIV/AIDS	1	2	3	4	5
(R2) I believe that sex with condom show no respect to partner	1	2	3	4	5
(R3) I feel guilty when I use condom	1	2	3	4	5
(R4) I believe that frequent sex is no necessary for good love	1	2	3	4	5
(R5) Use condom make my sexual feeling got worse	1	2	3	4	5
(R6) Most of the time I have some alcohol before sex	1	2	3	4	5
(R7) I feel so proud when I have sex without condom	1	2	3	4	5
(R8) I can kiss my partner even my mouth got wound	1	2	3	4	5
(R9) I can do oral sex with my partner even my mouth got wound	1	2	3	4	5
(R10) I am able to have group sex.	1	2	3	4	5
(R11) I consume drug before having sex	1	2	3	4	5

Q19 What are the factors that influence and enhance the risk behaviors? [MA]

Hard to find condom
Unexpected sex
Sex without conscious
Cannot avoid it
Partner don't like condom
No budget for condom
Other specify _____

Q20 How many times per year you have HIV/AIDS test?

_____

Q21 What are the effective activities that can provoke your thought and affect your behaviors in order to protect yourself from HIV/AIDS infection?

1. Free condom
2. Free HIV/AIDS test point
3. Celebrity Get HIV Tested
4. Free counseling about love, sex, HIV/AID
5. NAT Test – Quick 7-day HIV/AID detection
6. Co-promotion with brand
7. Free Needle and Syringes
8. Other specify _____

Adam's Love คือ แคมเปญรณรงค์ด้านการสื่อสาร และโซเชียลมีเดีย ที่จัดทำขึ้นโดยศูนย์วิจัยโรคเอดส์ สภากาชาดไทย เพื่อสร้างความตระหนักถึงการป้องกัน การมีเพศสัมพันธ์ที่ปลอดภัย และรณรงค์การตรวจเชื้อเอชไอวีและโรคเอดส์ ในกลุ่มชายรักชายในประเทศไทย และระดับภูมิภาค ผ่านกิจกรรมการเรียนรู้รูปแบบต่างๆ และการให้คำปรึกษา เพื่อส่งเสริมให้คนไทยมีสุขภาพดี

เว็บไซต์ adamslove.org คือ เว็บไซต์ชายรักชายอย่างเป็นทางการแห่งแรกในประเทศไทย และถือเป็นศูนย์รวมข้อมูลด้านเอชไอวีที่ครบครัน และมีข้อมูลเป็นกลาง ปกติณาะ มีการให้ความรู้จากผู้รู้ด้านต่างๆ และมีห้องให้คำปรึกษาออนไลน์ สำหรับกลุ่มชายรักชายไทย และทั่วโลก

ตัวอย่างกิจกรรมของ ADAM's LOVE

- แจกถุงยางอนามัย
- จุดตรวจโรคเอดส์โดยไม่มีค่าใช้จ่าย
- ดาราชื่อดัง ไอดอล เป็นตัวอย่างในการไปตรวจวินิจฉัยการติดเชื้อโรคเอดส์
- ให้คำปรึกษาเกี่ยวกับความรัก การมีเพศสัมพันธ์ และโรคเอดส์โดยไม่มีค่าใช้จ่าย
- การตรวจวินิจฉัยการติดเชื้อโรคเอดส์แบบด่วน 7 วัน NAT Test
- ทำโปรโมชั่นร่วมกับแบรนด์ Co-promotion with brand เช่น Stud

adamslove.org

Q22 Are you aware of this campaign?

1. Yes 2. No

Q23 What do you like about ADAM's LOVE?

_____

Q24 Where do you learn the campaign from? [MA]

1. Brochures/ leaflets
2. TV
3. Radio
4. Newspaper/ Magazine
5. Official website
6. Facebook
7. Twitter
8. Instagram
9. Blogs/reviews
10. Friends/Family
11. LINE official account
12. Billboards/ signage out of home
13. Advertising on mobile transportation e.g. taxi, bus, train etc.
14. I don't know this campaign

Q25 From total 10 point, how much you think the campaign positively influence your life on HIV/AIDS protection? _____ point

Q26 What is/are the most effective ways that government can help you on HIV/AIDS protection?

_____

_____

_____

Q27 Talking about lifestyle, how strong you agree with this statement? [SA]

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
(R1)	I always find information before making any buying decision	1	2	3	4	5
(R2)	I accustom to Asian culture than western culture	1	2	3	4	5
(R3)	I love to party/hang around with friends	1	2	3	4	5
(R4)	I rarely change brand	1	2	3	4	5
(R5)	I love technology	1	2	3	4	5
(R6)	I don't mind about brand as long as it is cheaper	1	2	3	4	5
(R7)	I love to wait and buy on promotion	1	2	3	4	5
(R8)	I have only few friends but we are really close	1	2	3	4	5
(R9)	I follow fashion and trend	1	2	3	4	5
(R10)	Looking good/good appearance is important to me	1	2	3	4	5
(R11)	I love to make new friends/trying new thing without too much consideration	1	2	3	4	5
(R12)	I am not worried or serious about life	1	2	3	4	5
(R13)	I love to make fun	1	2	3	4	5
(R14)	Gradual change is acceptable	1	2	3	4	5
(R15)	I love shopping in open space rather than mall with air condition	1	2	3	4	5
(R16)	I am willing to pay more for thing that satisfy me	1	2	3	4	5
(R17)	I like modern lifestyle	1	2	3	4	5
(R18)	I love stable life/I don't like change	1	2	3	4	5
(R19)	Conserving culture/ritual is very important to me	1	2	3	4	5
(R20)	I love to stay connected/always on line	1	2	3	4	5
(R21)	I tend to follow if most people or my friend/family say it is good	1	2	3	4	5
(R22)	I like blending between old culture and modern style, not too old, not too modern	1	2	3	4	5
(R23)	I find imported brand is better quality than local brand	1	2	3	4	5
(R24)	I am opened for new thing	1	2	3	4	5
(R25)	I usually have more than one brand of the same product in my houses	1	2	3	4	5

Q28 What kind of media you are regularly consume?[MA]

1. Brochures/ leaflets
2. TV
3. Radio
4. Newspaper/ Magazine
5. Official website
6. Facebook
7. Twitter
8. Instagram
9. Blogs/reviews
10. Friends/Family
11. LINE official account
12. Billboards/ signage out of home
13. Advertising on mobile transportation e.g. taxi, bus, train etc.
14. Other specify

_____

Q29 What time you are regular consuming media?[MA]

1. Morning
2. Afternoon
3. Evening
4. Night

Q30 What is your occupation?[SA]

1. Employee
2. Government official
3. Business owner
4. Profession such as architect, engineer, dentist, doctor, lawyer
5. Freelance
6. Student
7. Retired
8. Sex worker
9. Unemployed

Q31 Please specify your monthly personal income in dollar. We are going to use this information for classification purpose only)

1. Less than or equal 7500
2. 7501-18000
3. 18000-50000
4. 50001-85000
5. More than 85000

Appendix 4: Campaign

1) ADAM's LOVE campaigns	Launched by	Year launched
 **Target:** Homosexual men **Objective:** Increase the awareness of HIV/AIDS among the MSM community in Thailand and encourage Safe Sex and HIV Testing. **Activity:** • Free HIV/AIDS test point • Celebrity Get HIV Tested • Free counseling about love, sex, HIV/AID • NAT Test – Quick 7-day HIV/AID detection • Co-promotion with brand e.g. STUD - Wear It Proud underwear • TVC - What does every human being want?	Thai Red Cross (NGOs)	2011
2) Needle and syringe programs in Thailand	**Launched by**	**Year launched**
 **Target:** IDUs **Objective:** To reduce HIV/AIDS among drug users	Government	2009

BIOGRAPHY

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