

Sex in the city

Sexual risk behaviors and sexual harassment among female beer promoters in Chiang Mai province, Thailand

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Abstract

Purpose – The purpose of this paper is to determine the sexual risk behavior and sexual harassment among female beer promoters in Chiang Mai, Thailand and analyze the associations among demographic data, sexual activities, sexual orientation, attitudes and working conditions based on the level of sexual harassment.

Design/methodology/approach – This study is a cross-sectional study that approached 184 Thai female beer promoters in Chiang Mai by a snowball sampling technique. Data were collected through a self-administrative questionnaire to find demographic data, sexual activities, sexual orientation, attitudes, sexual risk behavior and sexual harassment while working as a beer promoter. Descriptive, Pearson's χ^2 and Fisher exact tests were performed to describe and determine the associations.

Findings – The findings highlight that sexual risk behaviors and sexual harassment are found among female beer promoters. In total, 62.5 percent of them ever had sexual intercourse and 25.2 percent did not use condom. For sexual harassment, most of respondents had experienced a medium level harassment especially verbal harassment (73.9 percent). It associated with currently student status ($p = 0.038$), having sexual intercourse experience ($p = 0.024$), and type of job ($p = 0.002$).

Originality/value – This paper explores the sexual risk behaviors and sexual harassment among female beer promoters in the northern part of Thailand, containing the information on how common are the types of sexual risk behavior and sexual harassment experiences among a specific and hard-to-reach population.

Keywords Sexual harassment, Beer promoters, Sexual risk behaviours

Paper type Short report

Introduction

Alcohol consumption varies significantly across the world. The latest report of World Health Organization found that Belarus is the highest alcohol consumer in the world (17.6 liters/person/year) follow by Moldova and Lithuania (16.8 and 15.5 liters/person/year, respectively). In Thailand, it is found that Thai people consume 8.3 liters/person/year of alcohol which is continuously increasing especially in terms of beer and spirit[1]. Alcohol consumption is a known risk factor for a number of health conditions and potential mortality cases such as infectious diseases, specifically risky sexual behavior and sexually transmitted infections, alcohol-related crime and incidents, alcohol-related road traffic death and mental health disorders[1].

As the Alcohol Beverage Control Act B.E. 2551 was launched, alcohol advertising has become illegal[2]. The beer companies and local establishments have found a new way of advertising and marketing brands of beer to customers by beer promoters[3, 4]. Many young women are hired due to their appearance and forced to wear close-fitting and



revealing clothes[5]. Satisfying customers is one of their job duties and necessary for maintaining income especially commission. Consequently, beer promoters face daily sexual harassment and frequent requests to drink with customers which probably lead to sexual risk behavior[6]. In the some societies, a beer promoter is defined as “indirect sex workers” and stigmatized as the group of “bad girl” due to their working conditions including selling beer and working at night[5]. Due to the lack of clear categorization among this group, it might be hard to determine the risks they suffer from currently available data and their vulnerability to sexual and reproductive health, which is a major public health challenge.

Sexual harassment is defined as unwelcome behavior that includes non-verbal or gestural, verbal and physical harassment[7]. In Thailand, in past 20 years, more than 40,000 women have had the experiences toward violence and sexual harassment[8], despite the existing of law prohibiting sexual harassment. Sexual harassment is also related to sexual risk behaviors by forced sex. Sexual risk behavior is defined as a behavior that increases the risk of negative health consequences by increasing a chance of sexually transmitted infection, HIV infection and chance of unintended pregnancy[9–11].

Chiang Mai province is situated in the north of Thailand and is well-known and attractive tourist place which include several types of traveling including travelling for nightlife. Moreover, people also migrate to the city for job opportunities especially in the service and entertainment sector due to which lead beer promoters can be found throughout Chiang Mai.

Although this population can be found throughout the country, there are little evidence-based research works about their sexual behavior and workplace harassment. Without the authoritative surveillance and accurate data regarding this group, it is hard to find out the accurate solution to solve the problems. Therefore, this study aimed to determine their sexual risk behavior and sexual harassment among female beer promoters in Chiang Mai, Thailand; analyze the associations among demographic data, sexual activities, sexual orientation, attitudes and working conditions based on the level of sexual harassment.

Methods

The cross-sectional descriptive survey was conducted from May to July 2018 in Chiang Mai, Thailand. Snowball sampling technique was used due to hard-to-reach population from four seeds as first-wave participants and asked to identify further recruits until reach settled sample which is 198, calculated by using W.G. Cochran[12] with 95 percent confidence level with estimated proportion from prior research, 2011 Cambodia Survey Female Entertainment Workers[13]. The study population consisted of Thai female beer promoters who were 18 years old or more. People who have worked for less than a month and were not willing to fulfill the questionnaire or participate and were excluded.

A structural questionnaire was used to determine demographic characteristics, sexual activities, attitudes, working conditions, sexual risk behaviors and sexual harassment and was modified using Brief Sexual Attitudes Scale, Youth Risk Behavior, Deployment Risk and Resilience Inventory-2, and Sexual Harassment Attitude Scale[14–16]. Sexual harassment consists of non-verbal harassment, including being stared, blocked and seeing sexual gestures; verbal harassment, including being called baby, asked to have sex with or sexual preferences and hearing whistling or sexual comments; and physical harassment, including being massaged, touched body or cloths, stroked, hugged and stood close. The frequency of sexual harassment was scored as 0 = never; 4 = always and was classified into three levels by using mean and standard deviation as follows:

- (1) Low sexual harassment = point \leq mean – SD (\leq 6.04).

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- (2) Medium sexual harassment = mean - SD < point < mean + SD (6.05-13.05).
(3) High sexual harassment = point ≥ mean + SD (≥ 13.06).

Questionnaire was submitted to three experts for content validity testing, IOC score of which was 0.73. Pilot test was performed for 30 female beer promoters in Bangkok, Thailand who were not included in the final survey. The reliability value was calculated by using coefficient Cronbach's α that was 0.804. Data collection was conducted through a self-administrative questionnaire under supervision of researcher and two trained female research assistants. All the participants were informed about the purpose of the survey and data were collected after having received participants' consent.

Statistical analysis was performed using SPSS window software program version 22.0 (licensed for Chulalongkorn University). Descriptive statistics for continuous variables and categorical variables were used to describe the population characteristics. Pearson's χ^2 and Fisher exact test were used to determine association between variables, and p -value less than 0.05 was considered significant. Ethical approval was obtained from the Ethics Review Committee for Research Involving Human Research Subjects, Health Sciences Group, Chulalongkorn University (No. 133/2016).

Results

A cross-sectional study was done to assess sociodemographic characteristics, sexual activities, sexual orientation, attitudes, working conditions, sexual risk behaviors and sexual harassment of female beer promoters in Chiang Mai. The calculated total sample size was 198 and there were 184 respondents with 92.9 percent of responded rate, excluding the respondents with unmatched criteria and who did not fulfill the questionnaire. The results obtained were divided into two parts including descriptive findings and bivariate findings.

Table I shows the sociodemographic characteristics of female beer promoters in Chiang Mai, Thailand. Participants' age ranged from 18 to 30 years with a mean age of 22.7 years (SD = 2.58). Most of beer promoters (91.3 percent) were single (no a marriage certificate); 8.2 percent of beer promoters were married (having a marriage certificate); 0.5 percent of beer promoters were divorced or separated with partners. All beer promoters were educated and most had the education of college graduate or high vocational certificate levels (86.4 percent). In total, 58.7 percent of them were still students, 59.8 percent of them were studying for a bachelor degree followed by high vocational certificate (32.7 percent) and non-formal education (7.5 percent). Half of the participants rated their income status as sufficient without saving income status (50.0 percent), sufficient with saving (39.1 percent) and insufficient (10.9 percent). There were 35.3 percent of respondents who lived alone followed by 27.7 percent living with friends, 21.2 percent with boyfriend or husband and 16.3 percent with their families.

Table II shows the sexual activity and sexual orientation of the respondents. In total, 62.5 percent of respondents had experienced sexual intercourse with the mean age of respondents at the time of first sex being 18.9 years. Interestingly, among people who had sexual intercourse, most of them had sexual contact with male (86.0 percent), whereas 14 percent had same sex relationship 7.0 percent having sexual contact with female and 7.0 percent having sexual contact with both in male and female. Most of female beer promoters were heterosexual (81.5 percent), 11.4 percent were lesbian, 3.8 percent were not sure and 3.3 percent were bisexual.

Furthermore, this study revealed that the 71.7 percent of female beer promoters had neutral attitude toward sexuality, 17.4 percent had positive attitude and 10.9 percent had negative attitude. In terms of attitude toward using a condom, the 72.8 percent of female beer promoters had neutral attitude, whereas 19.6 percent had negative attitude.

Characteristics (<i>n</i> = 184)	Frequency	Percentage
<i>Age</i>		
18–21	60	32.6
22–25	94	51.1
≥26	30	16.3
(Mean ± SD) = 22.7 ± 2.58, Min. = 18, Max. = 30		
<i>Marital status</i>		
Single (no a marriage certificate)	168	91.3
Married (having a marriage certificate)	15	8.2
Divorced/Separated	1	0.5
<i>Education level</i>		
< Senior high school	4	2.2
Senior high school/vocational certificate	21	11.4
College graduate/high vocational certificate	159	86.4
<i>Currently student status</i>		
No	77	41.3
Yes	107	58.7
<i>Currently education level (n = 107)</i>		
Non-formal education	8	7.5
High vocational certificate	35	32.7
Bachelor degree	64	59.8
<i>Additional occupation</i>		
No	123	66.8
Yes	61	33.2
<i>Additional occupation (n = 61)</i>		
Selling	17	27.9
Office worker	20	32.8
Employee	16	26.2
Accountant	8	13.1
<i>Average income (baht)</i>		
< 15,000	88	47.8
15,001–30,000	86	46.8
> 30,000	10	5.4
<i>Income status</i>		
Insufficient	20	10.9
Sufficient without saving	92	50.0
Sufficient with saving	72	39.1
Months of employment (mean ± SD) (16.3 ± 9.42), Min. = 6, Max. = 50		
<i>Living condition</i>		
Living alone	65	35.3
Living with friend	50	27.2
Living with family	30	16.3
Living with boyfriend/husband	39	21.2
<i>Hometown</i>		
Northern	159	86.4
Another regions	25	13.6

Table I.
Sociodemographic
characteristics of
female beer promoters

Concerning attitude toward emergency contraceptive pills, 69.5 percent of them had neutral attitude. There were the 81.0 percent of female beer promoters who had neutral attitude toward sexual harassment, whereas 8.7 percent had negative attitude and 10.3 percent had positive attitude.

Table II.
Distribution of sexual activity and sexual orientation of female beer promoters

Sexual activity	Frequency	Percentage
<i>Have you ever had sexual intercourse? (n = 184)</i>		
No	69	37.5
Yes	115	62.5
Age at first sex (Mean ± SD) (18.9 ± 2.13), Min. = 14, Max. = 25		
<i>With whom have you had sexual contact? (n = 115)</i>		
Female	8	7.0
Male	99	86.0
Both	8	7.0
<i>Sexual orientation (n = 184)</i>		
Heterosexual (straight)	150	81.5
Lesbian	21	11.4
Bisexual	6	3.3
Not sure	7	3.8

Table III represents about the distribution of attitude level of female beer promoters in three levels including sexuality, using condom, emergency contraceptive pills and sexual harassment. The majority of female beer promoters had a neutral attitude in all aspects.

Table IV represents the working conditions of respondents. There were 78.3 percent of respondents who worked as part-time beer promoters with average job hours of 5.6 and average job days of 5.2. Restaurant was the dominant workplace among female beer promoter (47.8 percent) followed by club or bar (33.5 percent). In total, 48.4 percent of them got drunk with the clients; however, the majority of them never got drunk at their workplace (83.1 percent).

Among 115 female beer promoters who ever had sexual intercourse, there were 45.2 percent of them having three or more sexual partners during their lifetime. The majority of them had sexual intercourse with one person (91.3 percent) in past three months. More than a half of them ever had sex under the influence alcohol or drug in their lifetime (67.0 percent). A few respondents had voluntary sex with their client in their lifetime (9.6 percent), and only 0.3 percent of them had voluntary sex with their client in past three months. Concerning pregnancy prevention, the majority of them used a condom (74.8 percent) during their last sex; nevertheless, 20.0 percent of them had no protection (Table V).

Table III.
Distribution of attitude levels of female beer promoters in Chiang Mai province, Thailand

Level of attitude toward	Frequency	Percentage
Sexuality	(28.96 ± 3.01)	
Negative attitude (≤25.95)	20	10.9
Neutral attitude (25.96–31.96)	132	71.7
Positive attitude (≥31.97)	32	17.4
Using condom	(14.03±2.03)	
Negative attitude (≤12.0)	36	19.6
Neutral attitude (12.1–16.05)	134	72.8
Positive attitude (≥16.06)	14	7.6
Emergency contraceptive pills	(8.84±1.61)	
Negative attitude (≤7.23)	29	15.8
Neutral attitude (7.24–10.44)	128	69.5
Positive attitude (≥10.45)	27	14.7
Sexual harassment	(19.84±2.28)	
Negative attitude (≤17.56)	16	8.7
Neutral attitude (17.57–22.11)	149	81.0
Positive attitude (≥22.12)	19	10.3

Working conditions (<i>n</i> = 184)	Frequency	Percentage	
<i>Type of job</i>			
Part-time	144	78.3	
Full-time	40	21.7	
Job hours (Mean ± SD)		5.6 ± 0.69	
Job days (Mean ± SD)		5.2 ± 0.80	
<i>Type of workplace (multiple answers)</i>			
Restaurant	100	47.8	
Karaoke	6	2.9	
Club/bar	70	33.5	
Beer garden	33	15.8	
<i>Drink with clients</i>			
No	95	51.6	
Yes	89	48.4	
<i>Frequency of drinking with clients (n = 89)</i>			
Monthly or less	27	30.3	
2–4 times/month	41	46.1	
2–3 times/week	13	14.6	
4 or more times/week	8	9.0	
<i>Get drunk from workplace (n = 89)</i>			
No	74	83.1	
Yes	15	16.9	

Table IV.
Working conditions of
female beer promoters

From Table VI, more than half of female beer promoters had experienced medium level sexual harassment including non-verbal, verbal and physical sexual harassment (68.5, 73.9 and 68.5 percent, respectively). Interestingly, there were 17.9 percent of them have faced a high level of physical sexual harassment which is the most threatening type of sexual harassment.

The associations among sociodemographic characteristics, sexual activity, sexual orientation, attitudes and working conditions with the level of sexual harassment are shown in Table VI. The study found that months of employment ($p < 0.033$), living condition ($p < 0.017$) and emergency contraceptive pills attitude ($p < 0.026$) were associated with non-verbal sexual harassment. On the contrary, the level of verbal sexual harassment was associated with currently student status ($p < 0.038$), having sexual intercourse experience ($p < 0.024$), and type of job ($p < 0.002$). Furthermore, the association findings demonstrated education level, income status, having sexual intercourse experience, and type of job that can make female beer promoters face physical type of sexual harassment at p -value 0.001, 0.003, 0.002 and 0.048, respectively (see Table VII).

Discussion

According to this study, sexual risk behaviors and sexual harassment experiences among female beer promoters in the northern part of Thailand were investigated. The study found that most of respondents were under the age of 25 years (83.7 percent) and single (91.3 percent) which is remarkably similar to Webber *et al.*'s study[4]. All of the respondents were educated; half of them were still students (58.7 percent) and mostly studying bachelor programs. This might be related to the age distribution of respondents as 45.7 percent of respondents ranged between the age of 18–22 years. Moreover, remaining of them had high vocational certificate and non-formal education level of education. Concerning the living condition, 35.3 percent of respondents were living alone

Sexual behaviors (<i>n</i> = 115)	Frequency	Percentage
<i>During your life, with how many people have you had sexual intercourse?</i>		
1 person	26	22.6
2 people	37	32.2
3 or more people	52	45.2
<i>During past 3 months, with how many people have you had sexual intercourse?</i>		
1 person	105	91.3
2 people	10	8.7
<i>Have you ever drunk alcohol or use drugs before you had sexual intercourse in your lifetime?</i>		
No	77	67.0
Yes	38	33.0
<i>Did you drink alcohol or use drugs before you had sexual intercourse in past 3 months?</i>		
No	104	90.4
Yes	11	9.6
<i>Have you ever voluntary had sex with clients in your lifetime?</i>		
No	104	90.4
Yes	11	9.6
<i>Did you voluntary had sex with clients in past 3 months?</i>		
No	114	99.1
Yes	1	0.9
<i>Have you ever had sex with client for money or object in your lifetime?</i>		
No	111	96.5
Yes	4	3.5
<i>Did you had sex with client for money or object in past 3 months?</i>		
No	115	100.0
<i>The last time you had sexual intercourse, did your partner use a condom?</i>		
No	29	25.2
Yes	86	74.8
<i>The last time you had sexual intercourse, what one method did you use to prevent pregnancy?</i>		
Any method	23	20.0
Condoms	86	74.8
Emergency contraceptive pills	6	5.2

Table V.
Distribution of sexual behaviors of female beer promoters

Sexual harassment (<i>n</i> = 184)	Frequency	Percentage
Non-verbal (9.6 ± 3.51)		
Low level (≤ 6.04)	36	19.6
Medium level (6.05–13.05)	126	68.5
High level (≥ 13.06)	22	11.9
Verbal (8.2 ± 3.35)		
Low level (≤ 4.83)	23	12.5
Medium level (4.84–11.52)	136	73.9
High level (≥ 11.53)	25	12.6
Physical (5.1 ± 3.54)		
Low level (≤ 1.59)	25	13.6
Medium level (1.60–8.66)	126	68.5
High level (≥ 8.67)	33	17.9

Table VI.
Distribution of sexual harassment level of female beer promoters

Independent variables	Level of sexual harassment		
	Non-verbal χ^2 (sig.)	Verbal χ^2 (sig.)	Physical χ^2 (sig.)
<i>Sociodemographic characteristics</i>			
Age range	2.929 (0.570)	4.609 (0.327)	0.542 (0.969)
Marital status	4.523 (0.340)	3.855 (0.484)	2.302 (0.724)
Education level	5.728 (0.167)	8.140 (0.056)	17.205 (0.001) ^a
Currently student status	3.386 (0.184)	4.868 (0.038) ^b	0.966 (0.617)
Having other occupation	4.694 (0.096)	0.119 (0.942)	3.960 (0.138)
Average income	5.585 (0.200)	3.341 (0.475)	2.958 (0.564)
Income status	9.326 (0.046)	2.661 (0.618)	15.626 (0.003) ^a
Months of employment	4.536 (0.033) ^a	1.683 (0.195)	0.122 (0.726)
Living condition	15.511 (0.017) ^b	7.946 (0.269)	7.417 (0.284)
Hometown	1.882 (0.399)	0.931 (0.636)	9.211 (0.124)
<i>Sexual activity and sexual orientation</i>			
Have you ever had sexual intercourse?	0.572 (0.751)	7.429 (0.024) ^b	12.890 (0.002) ^b
Sexual orientation	1.708 (0.968)	7.046 (0.226)	5.267 (0.434)
<i>Level of attitude toward</i>			
Sexuality	3.792 (0.401)	5.908 (0.146)	4.690 (0.279)
Using condom	1.766 (0.794)	4.345 (0.346)	5.248 (0.251)
Emergency contraceptive pills	10.527 (0.026) ^a	3.683 (0.441)	4.370 (0.352)
Sexual harassment	1.810 (0.771)	1.027 (0.931)	2.248 (0.682)
<i>Working conditions</i>			
Type of job	3.890 (0.143)	11.997 (0.002) ^b	6.060 (0.048) ^b
Job hours	4.881 (0.530)	1.614 (0.111)	3.313 (0.776)
Job days	10.053 (0.225)	2.507 (0.113)	13.275 (0.071)
Type of workplace			
Restaurant	0.901 (0.637)	0.134 (0.935)	1.999 (0.368)
Karaoke	1.388 (0.536)	0.600 (1.000)	1.380 (0.548)
Club/bar	0.454 (0.797)	0.899 (0.638)	1.861 (0.394)
Beer garden	1.588 (0.452)	1.479 (0.487)	0.706 (0.703)
Drink with clients	0.431 (0.806)	3.955 (0.138)	0.836 (0.659)

Notes: ^aFisher's exact test, $p < 0.05$; ^bPearson χ^2 , $p < 0.05$

Table VII.
Association between sociodemographic characteristics, sexual activity, sexual orientation, attitudes and working conditions with the level of sexual harassment

who were likely to have sexual risk behaviors followed by 27.2 percent living with friend. Interestingly, 21.2 percent of respondents were living with boyfriend or husband, and only 8.2 percent of respondents replied that they were married by registering a marriage certificate. This inconsistency might be explained that some respondents might live with their boyfriend before marriage. However, this phenomenon cannot be explained clearly based on only information from the survey.

The present study found that 62.5 percent of the participants used to have sexual intercourse with mean age at the time of first sex being 18.9 years. In comparison, female entertainment workers in Cambodia reported higher numbers to sexual intercourse experience (91.9 percent) with the mean age at the time of first sex being 19.4 years[17]. One study in Chiang Mai among general population, reported higher mean age at first sex around 2 years [18]. Based on the sexual experience of the group, 45.2 percent had sexual intercourse with three or more people during their lifetime which was consistent to H. Yang *et al.*'s study[19]. Furthermore, the majority of respondents never had sex with their clients neither voluntarily nor beneficially that was similar to Webber study and H. Yang *et al.* study[19, 20]. There were 25.2 percent respondents who did not use a condom as a protection which consistent with 2011 Cambodia STI survey among female beer promoters[21] that 24.1 percent did not use the condom during sexual activity.

In terms of attitude levels toward using a condom, 72.8 percent of female beer promoters had a neutral attitude about using condom, while 19.6 percent of them had a negative attitude. Most of female beer promoters had agreed that using condoms is an effective way to prevent HIV/AIDS. These results were consistent with Abhay Nirgude *et al.* study[22] that the majority of bar girls knew that the use of a condom can prevent them from HIV/AIDS. However, little more than half of respondents agreed that condoms make sex less enjoyable (53.8 percent). This finding showed that beyond the knowledge and awareness regarding protection during sexual intercourse, sexual pleasure remains essential for their sex life.

The study showed that most participants worked as part-time beer promoters (78.3 percent) which was inconsistent with Webber *et al.*'s study[20], while majority of respondents worked as full-time beer promoters (83 percent). This difference might be related to different study areas. Moreover, most respondents in this study were still a student or had other job. Most common workplace among beer promoters was restaurants (47.8 percent) and many respondents also used to drink with their clients (48.4 percent). Despite a few differences between studies, Webber's study reported that 42.0 percent of Thai respondents ever had drunk with clients which is consistent[20].

The findings demonstrated that most respondents faced all types of sexual harassments while working as a beer promoter. Similar to the study in the USA, it was found that nearly 50 percent of women in the USA faced with sexual harassment in their work lives[23]. Moreover, the study by Webber *et al.*[20] revealed that workplace harassment was commonly found among beer promoters and alcohol was a major cause of the harassment. The majority of respondents had a medium level of sexual harassment experiences; however, numbers of sexual harassment experiences at a high level were also high. It might be related to low attention and unsuccessful campaigns regarding sexual harassment in Thailand. Moreover, many people also think that sexual harassment is a personal matter or personal perception which is hard to deal with. This was consistent with Cindy Bishop statement regarding less powerful #MeToo campaign in Thailand that "our society is quite conservative and for someone to come out and point a finger at someone who assaulted her is huge."

Based on the results, associations between types of job and verbal sexual harassment and physical sexual harassment were found. The length of working time might be able to explain the difference between full-time and part-time job. Referring to A. Pina *et al.*'s study[24], it was revealed that the time length of exposure with strangers who were clients can lead sexual harassment. In addition, clients who drank alcohol tended to conduct improper behavior to other people.

There were possibly reasons for contradictory results of sexual harassment. First, the experience of sexual harassment depends on individual perception that is difficult to identify. Moreover, the respondents in this study were more likely to be the victims of sexual harassment and were in more vulnerable and insecure positions[25] and could not avoid the situation due to their job duties.

There were a few limitations of this study: first, non-probability snowball sampling technique cannot be representative of the population and could result in biasing recruitment toward respondents. Second, recall bias from self-administration. Third, all the data are quantitative data which cannot explain the entire phenomenon. Mixed method is recommended for in-depth information in further study.

Recommendations

The magnitude of sexual risk behaviors and sexual harassment should be revealed to the public as it is necessary to educate people in the society considering about these issues. The campaigns for women empowerment regarding knowledge and awareness of sexual

harassment, negotiation and life skills for female beer promoters should be created. In addition, the workplace should have a plan to guarantee the safety for female beer promoters in their workplace during working. Legal regulation and punishment should be strictly enforced to perpetrators in order to reduce sexual harassment occurrence and protect women's right.

Conclusion

This study was a cross-sectional survey based on sexual risk behaviors and sexual harassment among female beer promoters in Chiang Mai, Thailand. The study disclosed more than half of the respondents had sexual intercourse; 25.2 percent of them did not use a condom during last sexual intercourse. Regarding sexual harassment, it was found that most of the respondents had experienced sexual harassment including non-verbal, verbal and physical sexual harassment. Based on association results, the findings demonstrate that non-verbal sexual harassment associated with employment, living condition and emergency contraceptive pills attitude. Verbal sexual harassment was associated with current status of student, having sexual intercourse experience, and type of job, whereas physical sexual harassment was associated with the education level, income status, having sexual intercourse experience, and type of job.

References

1. World Health Organization [WHO]. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018.
2. Government of Thailand. Alcoholic Beverage Control Act, BE 2551. In: Health p, editor. The Government Gazette: Government of Thailand; 2008. p. 10.
3. Vuthy H. Challenges for organizing the beer promotion women in Cambodia: Asia monitor resource centre; 2010 [updated 2010 Sep 1; cited 2010 Sep 1]. Available from: <https://amrc.org.hk/content/challenges-organizing-beer-promotion-women-cambodia>
4. Webber GC, Spitzer DL, Somrongthong R, Dat TC, Kounnavongsa S. Migrant beer promoters' experiences accessing reproductive health care in Cambodia, Laos, Thailand, and Vietnam: lessons for planners and providers. *Asia Pac J Public Health*. 2015; 27(2): NP1228-NP1240.
5. International FH, Thailand. Krasuang Satharanasuk. Samnak Rok 'Et W, lae Rok Tittø thang Phetsamphan. The Asian Epidemic Model (AEM): Projections for HIV/AIDS in Thailand, 2005-2025: Family Health International; 2008.
6. O'Leary-Kelly AM, Bowes-Sperry L, Bates CA, Lean ER. Sexual harassment at work: a decade (plus) of progress. *J Manag Stud*. 2009; 35(3): 503-36.
7. Sbraga TP, O'donohue W. Sexual harassment. *Annu Rev Sex Res*. 2000; 11(1): 258-85.
8. Kompipote U. Sexual harassment in the workplace: a report from field research in Thailand [monograph on the internet]: globalization & the workplace; 2002 [cited 2002 Jun 30]. Available from: <https://digitalcommons.ilr.cornell.edu/globaldocs/462/>
9. Kotchick BA, Shaffer A, Miller KS, Forehand R. Adolescent sexual risk behavior: a multi-system perspective. *Clin Psychol Rev*. 2001; 21(4): 493-519.
10. Kirby D, Lepore G, Ryan J. A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease. Washington, DC: The National Campaign to Prevent Teen Pregnancy; 2005.
11. Jaccard J, Dittus PJ. Adolescent perceptions of maternal approval of birth control and sexual risk behavior. *Am J Public Health*. 2000; 90(9): 1426-30.
12. Charan J, Biswas T. How to calculate sample size for different study designs in medical research? *Indian J Psychol Med*. 2013; 35(2): 121-6.
13. National Center for HIV/AIDS, Dermatology, and STDs (NCHADS). Cambodia. 2011 Cambodia STI survey female entertainment workers. Phnom Penh, Cambodia: NCHADS; 2013.

14. Hendrick C, Hendrick SS, Reich DA. The Brief Sexual Attitudes Scale. *J Sex Res.* 2006; 43(1): 76-86.
15. Vogt D, Smith BN, King LA, King DW, Knight J, Vasterling JJ. Deployment Risk and Resilience Inventory-2 (DRRI-2): an updated tool for assessing psychosocial risk and resilience factors among service members and veterans. *J Trauma Stress.* 2013; 26(6): 710-17.
16. McKinney K. Sexual harassment of university faculty by colleagues and students. *Sex Roles.* 1990; 23(7-8): 421-38.
17. Sopheab H, Tuot S, Chhea C, Gorbach P. Characteristics, risk behaviors and factors associated with abortion among female entertainment workers in Cambodia. *Reprod Health.* 2015; 12(1): 82-9.
18. Pinyopornpanish K, Thanamee S, Jiraporncharoen W, Thaikla K, McDonald J, Aramrattana A, *et al.* Sexual health, risky sexual behavior and condom use among adolescents young adults and older adults in Chiang Mai, Thailand: findings from a population based survey. *BMC Res Notes.* 2017; 10(1): 682-9.
19. Yang H, Li X, Stanton B, Fang X, Lin D, Mao R, *et al.* Workplace and HIV-related sexual behaviours and perceptions among female migrant workers. *AIDS Care.* 2005; 17(7): 819-33.
20. Webber G, Spitzer D, Somrongthong R, Dat TC, Kounnavongsa S. Facilitators and barriers to accessing reproductive health care for migrant beer promoters in Cambodia, Laos, Thailand and Vietnam: a mixed methods study. *Globalization Health.* 2012; 8(1): 21-38.
21. Mun P. Cambodia STI survey female entertainment workers; 2011. HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub: NCHADS; 2013 [updated 2013 Mar 22; cited 2013]. Available from: www.aidsdatahub.org/2011-cambodia-sti-survey-female-entertainment-workers-phalkun-m
22. Nirgude A, Solanki MJ, Shinde RR, Naik P. Study of sexual behaviour of bar-girls residing in an urban slum area of Mumbai. *Indian J Community Med: Official Publication of Indian Association of Preventive & Social Medicine.* 2011; 36(1): 31-5.
23. Bell MP, Quick JC, Cycyota CS. Assessment and prevention of sexual harassment of employees: an applied guide to creating healthy organizations. *Int J Select Assess.* 2002; 10(1-2): 160-67.
24. Pina A, Gannon TA, Saunders B. An overview of the literature on sexual harassment: perpetrator, theory, and treatment issues. *Aggress Violent Beh.* 2009; 14(2): 126-38.
25. McLaughlin H, Uggen C, Blackstone A. Sexual harassment, workplace authority, and the paradox of power. *Am Sociol Rev.* 2012; 77(4): 625-47.

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