

# **COMMUNITY FINDINGS**

**THAI**



## BACKGROUND

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### **COMMUNITY PROFILE**

The information in this section is based on Australian Bureau of Statistics 2001 Census data, and on data from the Department of Immigration and Multicultural Affairs. As such, it gives a broad picture of the main trends but does not reflect the diversity within each community in terms of language, educational and employment levels, or literacy. The diversity within the Thai community is highlighted in our research findings.

#### **In a nutshell**

The Thai community in Victoria is:

- small
- new
- young
- highly educated
- not highly structured

The Thai community in Victoria is small (5,460 people).<sup>1</sup> It comprises mainly business/restaurant owners and their families. In 2004 there were also 4,292 Thai students enrolled in Victoria.<sup>2</sup> Almost all the Thais in Victoria (91.9%) live in metropolitan Melbourne, although they are not clustered in any particular area. There are few community groups and most community activities take place around the temple.<sup>3</sup>

This is a new community with more than four in five Thailand-born people arriving in Australia after 1985 and more than a third (37.5%) arriving between 1996 and 2001.<sup>4</sup> It is also a young population with a third of the population aged 15-24 years old, and another 25% between 25 and 34 years old. There are few people over 55 years of age (less than 4%, compared with 22.4% of the total Victorian population). The

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1 Victorian Office of Multicultural Affairs, *Victoria Community Profiles 2001 Census – Summary Statistics*, VOMA website ([www.voma.vic.gov.au](http://www.voma.vic.gov.au))

2 International Education Network, Year 2004 Market Indicator Data, ([www.aei.dest.gov.au](http://www.aei.dest.gov.au)). There is some overlap between census figures and student figures.

3 Interview with Thai Key Informant

4 Australian Bureau of Statistics *2001 Census Data* ([www.abs.gov.au](http://www.abs.gov.au))

median age in 2001 was 25 years, compared with 36 for Victoria as a whole. It is an overwhelmingly female population (100 females for 62 males). The main religion is Buddhism.

### **Languages & Education**

This is a highly educated population with strong English proficiency. While more than half speak Thai at home, 66.8% assess themselves as speaking English 'well' or 'very well' and only half a percent spoke English 'not at all'.

Six per cent of Thailand-Born Melbournians hold post-graduate qualifications (against 1.8% of the Victorian total) and almost 20% have at least a Bachelor degree (10.6% of the Victorian total). This high level of education does not extend to all, as more than half the Thai population (55.8%) has no qualification at all. The level of unemployment in the Thailand-born population is high with 17.3% out of work.

### **Internet use**

Computer use is high, with more than half (56.4%) of the Thailand-born having used a computer at home and 55.7% having accessed the Internet (a much higher percentage than the 38.4% of the total Victorian population).

**INFORMATION AVAILABLE TO THIS COMMUNITY**

Following is a table of booklets and brochures related to HIV prevention in Thai. All material in Thai was translated or adapted from an English version.

<b>MATERIAL</b>	<b>SOURCE</b>	<b>PUBLISHER</b>	<b>DATE (last update)</b>	<b>FORMAT</b>	<b>INCLUDES CONTACT DETAILS</b>
<b>HIV/AIDS Your Questions Answered</b>	Internet. Hard copy of English version, other languages Internet only.	Victorian Department of Human Services (DHS)	2003	Q&A format, responding to basic questions about HIV	YES
<b>Safe Sex</b>	Internet. Hard copy of English version, other languages Internet only.	Victorian Department of Human Services (DHS)	2003	Q&A format, responding to basic questions about safe sex	YES
<b>Sexually Transmissible Infections</b>	Internet. Hard copy of English version, other languages Internet only.	Victorian Department of Human Services (DHS)	2003	Q&A format, responding to basic questions about STIs	YES
<b>HIV/AIDS Getting it right!</b>	Brochure (A6) Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) & Australian National Council on AIDS and Related Diseases (ANCARD)	2003	Basic information about HIV transmission	YES
<b>HIV An Introduction – Fact Sheet 1</b>	Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service	2003	Basic information - general	NO
<b>HIV, STI and Travel – Fact Sheet 2</b>	Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service	2003	Information about HIV and STI prevention when travelling	NO
<b>The Effects of HIV/AIDS – Fact Sheet 4</b>	Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service	2003	The Effects of HIV/AIDS	NO
<b>The Health System in Australia – Fact Sheet 7</b>	Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service	2003	The Health System in Australia	NO

<b>Some common terms (glossary) – Fact Sheet 8</b>	Internet only - no hard copy	Multicultural HIV/AIDS and Hepatitis C Service	2003	A glossary of terminology relevant to HIV prevention	NO
<b>Going Home Safe Women and HIV (Fact Sheet 1 - Testing)</b>	Booklet (A6). Available In NSW only	Multicultural HIV/AIDS and Hepatitis C Service	2002	Advice on HIV prevention for people intending to travel to Asia	YES
<b>You are not alone</b>	Internet and hard copy	Family Planning Australia & NSW Health	2002	One of six fact sheets for women with HIV	NO
<b>Your Sexual Health</b>	Booklet (A5) Multilingual Information English, Thai, Cambodian, Vietnamese and Chinese	Australian Federation of AIDS Organisations	2000	General Information about HIV (some for people with HIV)	YES
<b>Let's Talk about HIV/AIDS</b>	Internet	Resourcing Health and Education in the Sex Industry (RhED) Project	2003	Information for Sex Workers	YES
<b>Health and Safety Workshop for Sex Workers</b>	Internet + RED Magazine	Resourcing Health and Education in the Sex Industry (RhED) Project	2004	HIV/AIDS prevention Information for Sex Workers	YES
<b>Everybody's Business</b>	CD Rom	SQWISI	2005	HIV/AIDS prevention Information for Sex Workers	N/A
<b>The Australian AIDS Tape</b>	Video.	Multicultural HIV/AIDS and Hepatitis C Service	2004	General HIV information	N/A
	Audio Tape	NSW Department of Health	2000	General HIV information	N/A

## **FINDINGS FROM KEY INFORMANT INTERVIEWS**

Two main groups of interest, in terms of HIV prevention, emerged from the Key Informant Interviews:

- Overseas students, and
- Sex workers

### **Thai Overseas Students**

Amongst Thai students as with many of their peers (local or overseas students), casual sex, drugs and alcohol use are common.

*It's fashion, kids start having sex from a very young age. Lots of casual sex cos' they're away from their parents, and it's basically just fashion, because their friends do it so they see there's nothing wrong with it. (Student Leader)*

Thai students in Australia may also feel safer than in Thailand, where the rate of HIV is higher.

*They're pretty safe here; of course in Thailand they're scared because the number of people with AIDS is quite high. (Community Worker)*

According to a Thai student leader, Thai students will generally not be interested in prevention and will only look for information if they are concerned about exposure to an STI or are at risk of pregnancy.

*I think they are aware of safe sex, but if they are looking for information it's often afterwards, if they're scared of being pregnant. It's probably our attitude that we don't approach anyone until a problem occurs. (Student Leader)*

Should they need information, they obtain it from their Thai friends, and mainly in Thai. They read English but would feel that the information *talks to them more* if it is in their language (see results from students' Focus Group). Information that is written in an informal style and includes illustrations is also likely to be better received.

*It should sound like it is coming from a friend.*

The other main source of information is the Internet. Thai-language radio programs are popular with older community members.

### **Thai Sex Workers' information needs**

The term 'Sex Worker' covers a variety of situations, from legal to illegal brothels, street-based workers, trafficked women, etc. Thai women can be found in legal and illegal brothels, however they are rarely found in street-based settings.<sup>5</sup> Research conducted by the Melbourne Sexual Health Centre (MSHC) and the Resourcing Health and Education (RhED) Program found that rates of STIs were lower amongst the workers in the legal sex industry than amongst street workers.<sup>6</sup>

Access to information and levels of awareness vary widely depending on the legality of the worker's activity. It is difficult for services that could provide such information to reach illegal brothel-based workers.

*If you think about it, if I knock on your door and say: 'Hi, I'm just a free, anonymous service, would you like our information?' Just by entertaining me, you're already admitting that there is an illegal activity, so it would just not make sense to do that.*

(Support Worker)

In her Senate Standing Committee Submission on *Trafficking in Women Sexual Servitude*, Dr Elizabeth Hoban explained that women who are trafficked from South East Asia to work in the sex industry in Australia *do not have access to reproductive health services or health practitioners because of their undocumented status and invisibility in the sex industry. The majority of trafficked women in the sex industry in Australia (licensed and unlicensed) do not receive prevention education and resources, STI and HIV/AIDS screening.*<sup>7</sup>

Hoban also comments that there *is an urgent need for dedicated, free and confidential sexual and reproductive health and support services for trafficked women. These services should be delivered through clinic-based and outreach activities and utilize the skills of ethnic health workers.*<sup>8</sup>

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5 Key Informant Interview with RhED Project Worker

6 Skelsey G et al (2003), *Legal vs Illegal Sex Workers, Victoria, Australia*, cited in Red Magazine #6

7 Hoban, E (2003), *Trafficking in Women Sexual Servitude*, Senate Standing Committee Submission, Submission n 14, Sept 2003

8 Ibid

By contrast, Key Informants reported that Thai sex workers based in legal brothels are generally well informed of their sexual health needs. The legislation in Victoria requires that workers in the legal sex industry undertake monthly checks for STIs and, at a minimum, quarterly HIV testing.<sup>9</sup>

*Just the fact that they (the sex workers) are able to continue in a legal brothel suggests to me that they've negotiated STIs and Blood Borne Viruses to a degree. That's not to say it's going to be accurate ... Two decades of involvement in the sex industry will not necessarily give you accurate information. (Support Worker)*

While it is in the brothel owners' and in the workers' interest to maintain their sexual health in order to keep working, several Key Informants mentioned that a vulnerable area is the workers' private life, where the 'guards are down' and the women may not use the same protective measures as in their professional life.

*I think the few times a sex worker has appeared on the blip on the radar of the surveillance data has probably been because she or he picked it up from her private partner as opposed to a client. (Support Worker)*

### Information Provision

Sources of information for workers in the legal industry include brothel owners themselves, and clinics such as the Melbourne Sexual Health Centre's Thai Sex Worker clinic. However, the main source of information for sex workers is each other.

*It's a known fact that it's among one another that they share information.' (Support Worker)*

Information provision can be difficult in a brothel environment, where *time is money*. It is essential to be well-informed 'and to the point'.

*Some of the women would be very unhappy with management if management start letting in people that are of no use to the women, who are just wasting their time. They'll be really angry with that and find that unsatisfying. (Support Worker)*

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<sup>9</sup> Victorian Government, *Prostitution Control Act 1994, Act No. 102/1994*, Melbourne

Information needs to be provided individually, as it is impossible for all workers to be available at once. A more opportune time is when workers go to a sexual health clinic for their health check. At the Melbourne Sexual Health Centre and in the drop-in STI clinic at the RhED premises, information is systematically provided on syphilis, HIV and other STIs.

To communicate with Thai Sex Workers, *nothing beats a translated resource* (Support Worker). The RhED project includes a Thai insert in every issue of its *Red* magazine and has translated information in Thai on its website. SQWISI (Self Health for Queensland Workers in the Sex Industry), a community-based organization funded by Queensland Health, has produced a CD-Rom in English and in Thai to use in workshops run by peer educators.

## **FOCUS GROUP SELECTION**

It was our original intention to investigate the information needs of sex workers regarding HIV/AIDS and how these needs were currently met, however through discussion with Key Informants it was realised that doing so could put the sex workers at risk. As explained above, sex workers, whether they operate in the legal or illegal sex industry, are difficult to approach and often distrusting of outsiders. It was decided that a focus on Thai Sex Workers was beyond the scope of the study. Should the specific information needs of Thai Sex Workers be investigated, we recommend that this be done as a separate project, and not as a part of research in the Thai community. The information material required by sex workers, due to the nature of their profession, is different from the material required by other members of the Thai community.

### **Thai Overseas Students**

When asked which group they saw as most at risk in the Thai community, Key Informants raised the issue of lack of access to information and services for overseas students from Thailand. The combination of youth, freedom from parental discipline and cultural obligations, and a tendency to live in a close-knit group, preferring 'the comfort of speaking their native tongue and the safety of being cocooned by a shared

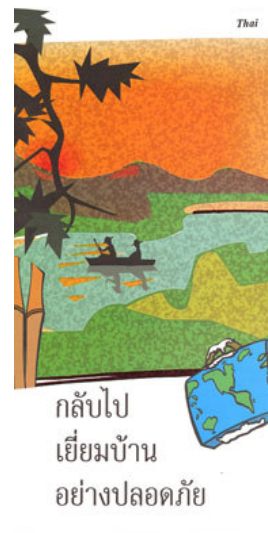
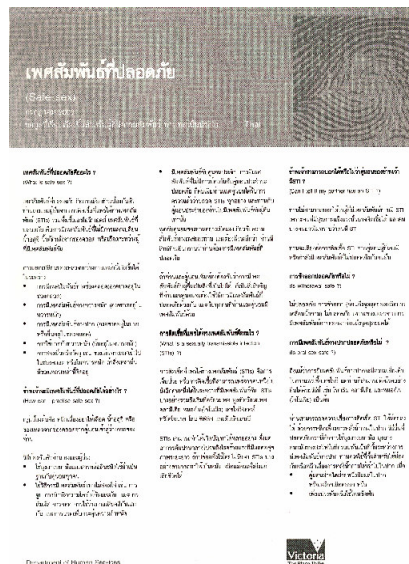
culture'<sup>10</sup> make Thai students studying in Australia particularly vulnerable to sexually transmissible diseases such as HIV.

Participants were all overseas students at undergraduate and postgraduate level, aged 24 to 27. They had lived in Australia between four months and six years. They attended social activities organised by Thai associations such as the Thai Association of Victoria or the Thai Student Association of Victoria. All participants were born in Thailand and although they studied English at a tertiary level, all nominated Thai as their preferred written and spoken language. The facilitator was a student of Thai background.

Below is the material presented to this Focus Group:



Getting it Right! (MHAHS) Safe Sex (DHS) (MHAHS)



Going Home Safe

10 The Age newspaper (2005), *Hello Stranger*, Melbourne 19/09/2005

## KEY FINDINGS

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### THAI OVERSEAS STUDENTS

Overseas students of Thai background have grown up in a society where media is very present. They are distrustful of the motives behind health promotion campaigns, including campaigns about HIV/AIDS. This critical approach makes them different from other groups.

While HIV/AIDS is not a sensitive topic amongst their peers, it remains sensitive in their community and seldom discussed.

Health literacy and knowledge of HIV/AIDS were high.

They had seen little or none information about HIV/AIDS in Australia and felt information was more freely available in Thailand.

Young men and women in this group were comfortable discussing sexual health together – there was no need for gender separation.

Communication between parents and children varied in each family and was not set by cultural and societal rules.

They have access to quality health care in Thailand and are critical of the health system in Australia. They have little faith in GPs. Some chose to return to Thailand if in need of health care.

For these young people, being in Australia - in contrast with returning home – is a time of risk-taking. Whether they return home on holiday or at the end of their studies, they are more conservative than in Australia. Therefore they did not see the relevance of written material targeting travellers.

#### **Information Provision**

Thai was the preferred language for information provision.

The Internet was widely used (in Thai and in English) and its privacy was valued.

Participants requested the inclusion of English-language terminology in Thai material in order to communicate with local doctors and services.

Bilingual information is a good way to meet their information and language needs. Multilingual information was seen as *too much*.

They value materials' content more than presentation.

Material needed to be 'straight to the point', informative and presented in simple terms. There was no sensitivity around diagrams.

## CROSS CUTTING ISSUES

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### THE RELEVANCE OF HIV TO THIS COMMUNITY

The students in this group did not feel that, as young Thai people living in Australia, they were at risk of HIV.

*The majority of Thai don't engage in casual sex – it doesn't apply to us.*

*I think it is far from us, unless we have unsafe sexual activities or associate with someone with HIV – our family members, friends or anyone. Then we would be concerned and would start looking for information as we would need to learn how to live safely with them.*

The male students were more curious and concerned about HIV and STIs than their female counterparts. Some had looked for information about HIV on the Internet, while none of the female students had done this. Both sexes believed that it is a man's responsibility to use condoms. Using condoms was also seen more as a form of contraception than as a protection against STI.

*I use condoms with women, partly because it is a protection against AIDS, but a major reason is that I don't want to get a girl pregnant – it means 'end of life' for me.*

*I only found out after I slept with this girl that she has had many unprotected sex with other men. And my friends all said it could be quite unsafe. So I got frightened and decided I had to have a blood test. Just the thought of AIDS gave me a big fright – it's not a normal sickness ... I'm terrified of its consequences – how I'm going to tell my parents, how I'm going to live a life till I die, what if people find out I have HIV. It's just scary. Since then I've never ever had sex without condom again.*

The students were suspicious of health campaigns driven by commercial interests, and were somehow cynical towards the media. This could explain why they were only interested in information if it was of direct relevance to their life.

*I think media [follows] the trend at that particular period of time. It's partially commercialised I think. Let's say, if they're running a national campaign on cancer*

*prevention, then we'll see a whole heap of TV programs or reality shows raising money and awareness for cancer. It doesn't stay for very long. And we as audience know that it's commercial. It stays because it's being sponsored to be there. But once it's over, hardly anyone ever talks about the issue again.*

*For instance, I think the Thai government only pays attention to AIDS prevention campaign when the country is at risk or when statistics show that more people have AIDS. If private pharmaceutical companies pay them enough money to sponsor the campaign, they'll definitely do it. More for money, not for the benefit of community.*

*Thais use media the wrong way. Most of the time it is too commercialised, forgetting it's a very sensitive issue that takes a long time to sink in.*

## **HIV AWARENESS**

This is an educated and wealthy group of young people who have grown-up in an environment where HIV prevention information was prominently displayed. Since the early 1990's Thailand has been running *intensive public information [campaigns] on HIV/AIDS prevention ... through the mass media,*<sup>11</sup> with messages emphasizing *prevention, behaviour change, condom use, and AIDS as not just a health problem but a social problem.*<sup>12</sup>

By contrast, the students had seen little or no information about HIV in Australia. They felt that it was easier to access information in Thailand, in part because it was in Thai but also because there were more advertisements in the media, along highways, etc. Despite this, students admitted to gaps in their understanding of HIV/AIDS, and were concerned about how these gaps affected their attitude towards people living with HIV/AIDS.

*We haven't got clear knowledge of how AIDS is transmitted from one person to another. So we need to protect ourselves as well as looking after people with HIV the right way.*

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<sup>11</sup> World Bank Office Bangkok (2000), *Thailand's Response to AIDS: Building on Success, Confronting the Future*, Thailand Social Monitor V, p. 1

<sup>12</sup> Ibid

*When we talk about AIDS, we usually directly link it to sexual intercourse and simply forget that there are other ways it can be transmitted. Because we do not have the right information of how those people caught HIV and how it's transmitted, we have wrong impressions of those who have it although they could have been diseased (sic) via other ways apart from sex. We exclude them and this leads to even bigger social problem.*

## **SENSITIVITY**

Despite their familiarity with health information and media campaigns, students felt that HIV remained a sensitive topic as it was related to sexual intercourse.

*I think the Thai culture remains conservative. When [parents] think of AIDS, they only think of sexual intercourse and that's a very risky area to talk about, because they would prefer us not to be sexually active and open-minded about it.*

*Because of our culture, to have sex before marriage is bad.*

Whether material should explicitly indicate that it contains HIV/AIDS related information could not be ascertained (there was no consensus), but the majority of participants felt uncomfortable picking up material that clearly 'spelt out' the topic.

*HIV/AIDS on the front would be appropriate for content inside but then again, people would feel reluctant to pick up a copy.*

*If it is too explicit and if it is in public, I would be reluctant to pick it up.*

*It looks like there is something wrong with you if you pick it up.*

*I would be embarrassed to pick up materials in public. So a better alternative would be for someone to hand them out in the street. You pick it up from them and put it straight in your bag to read later when you get home.*

## **INTERGENERATIONAL COMMUNICATION**

Communication between parents and children did not follow set societal rules around young people's respect for elders. There is an assumed naivety about sex or acute cultural sensitivity around sexual activity outside wedlock (as in the Arabic and Horn of Africa communities, see Focus Group discussions). Students identified different degrees of difficulty in bringing up HIV/AIDS as a topic of discussion.

*It really depends on families and how you grow up .... For some families with conservative and old-fashioned parents, children are afraid to talk to their parents... These kids end up turning to their friends for advice – which aren't always right as they don't have the same experience and knowledge as their parents. I think attitude towards sex is a real problem there. We need open communication between parents and their children.*

*Parents of our generation are still very conservative and they're too embarrassed to talk openly to us about these things.*

*My parents would not talk to me directly, they would pretend to accidentally forget books or materials in my bedroom and would leave it to me to read them.*

*It depends on your family background and how you've been brought up. I am very close to my dad and I'm sure my family would support me.*

## **RETURNING HOME**

Discussions around the *Going Home Safe* booklet, aimed at Thai-speakers travelling back to Thailand, highlighted a somewhat puzzling interpretation of the information. The students could not see the connection between travelling and risk-taking.

*I'm confused if it is travel material or they want to talk about AIDS.*

*We're not sure what it means.*

*Does that mean I should carry condoms while I travel or what?*

*I don't see how HIV/AIDS could be related to travelling. If you're going to get AIDS, it could happen anytime, anywhere because you're careless.*

*I still don't get what the leaflet is trying to say. What's the main message? It doesn't have a focus.*

They interpreted the target audience as being tourists going to Thailand; the illustrations showed activities *that give us a feeling of leisure or taking a holiday*. As the material was in Thai, they found that the material had *a very limited audience*.

One explanation for the confusion about the content is the fact that students do not travel back to Thailand for holidays, but rather to visit their family or to return at the end of their studies. Therefore, their time in Australia, away from their family and environment, is where possible risk-taking takes place – not when they return home. This was clearly expressed by a female student:

*Going Home Safe – I might be already going home and do not need to know anything about AIDS anymore.*

## **CHANNELS OF COMMUNICATION**

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Participants were asked to provide suggestions on what they saw as the most effective way to pass on HIV/AIDS prevention information. They were asked specific questions about Internet use, value of written material and preferred information providers. They were also asked to provide suggestions on how to communicate to the illiterate members of their community.

### **PREFERRED CHANNELS**

The preferred sources of information for this group differed markedly from those suggested by other CALD groups during this research, who relied on community health centres and ethno-specific organisations as the first port of call. Instead, the Thai students learnt about health in newspapers and magazines (Thai or English-language editions of women's magazines), from pharmacists, the Internet and close friends.

If faced with an HIV + diagnosis, typical reactions were:

*I would go to friends first, seek information to read, and then see a doctor.*

*I would search from books, then doctors, then friends.*

Few would turn to their parents.

*I don't want my parents to worry about me, once I know there's a major issue to worry about, then I'll let them know.*

Pharmacists and instructions in medication boxes were seen as reliable sources of information by some.

*Chemist is a safe place. I usually talk to pharmacists on medicines and read from materials given in the box to find out more.*

When asked what would be the best way to provide HIV/AIDS information, students recommended the Internet and specific programs on radio (in Thai), such as Q&A with a doctor.

### **Internet Use**

The Internet was widely used. The students would go to Thai-language websites as a first preference, as they found them easier to understand. Some participants preferred English-language websites as it gave them the terminology to communicate with doctors when needed. As with other groups, the privacy offered by the Internet was seen as a bonus.

*Most people access the Internet at home in their private room these days so they shouldn't be embarrassed searching these sites in their own time.*

They trusted sites supported by government bodies and educational institutions. An on-line diary or pocket book written by people with HIV and Internet sites on sex education (rather than just HIV/AIDS) were suggested as popular ways to provide HIV prevention information.

All the participants agreed that a website about health issues, specifically for overseas students, would be a great resource. The site could be promoted through student agencies, the Australian Embassy in Thailand, student unions and flyers distributed in Thai restaurants (heavily frequented by students).

### **PERCEPTIONS OF AUSTRALIAN HEALTH CARE**

Students in the groups showed strong dissatisfaction with the Australian health system, particularly GPs. This was based on their own experience of health care in Australia, and comparison with the level of care they were used to receiving in Thailand.

*Once a doctor thought I had some serious illness. I had to go through several painful blood tests and other tests. In the end, I decided to go back to Thailand. It turned out that I had a urinary track infection – nothing more serious. So I was quite disappointed and had a rather unimpressive memory of doctors here.*

Receiving health care was criticised by one student as not accessible enough.

*To me, it's a big hassle with Medicare. Not everywhere does bulk-billing and payment doesn't come through till many weeks later. It's just not a convenient enough system.*

The level of dissatisfaction is so great that some students opt to return to Thailand if they are concerned about their health.

*I think they ignore Asian patients. They treat us differently without tolerance which makes us scared and left stuck in the middle. In the end, it makes us feel like we want to go back to Thailand.*

*If my illness got really severe I would choose to go back to Thailand straight away. Definitely not see a doctor here.*

Should they fall ill in Australia and need to see a GP, then the preference was for a practitioner of Thai background.

*I suggest a clinic with [a] Thai doctor. I would also like to see Thai translators in large hospitals who understand the system and can help me with difficult medical terms and language barrier, medical problems and everything else. Illness is a very sensitive issue that needs private consultation with someone they can trust and rely on emotionally.*

*Maybe these services should be provided through the embassy. A doctor from Thailand maybe.*

## **WRITTEN INFORMATION**

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Participants in each group were shown three brochures and asked to provide feedback on the following points: level of language used, clarity of translation, sensitivity of material, diagrams, and general appearance.

### **LANGUAGE**

Thai students were comfortable in both Thai and English, but preferred communicating and receiving information in Thai. They felt however that they needed to understand English medical terminology in order to communicate effectively with Australian doctors.

*I prefer websites with information in English so that I know exactly the right medical terms.*

This could be addressed by bilingual information – or at least, if the information is in Thai, an index with the English translation of key terms. Despite this, reaction to multilingual material presented to the group was not positive. Participants found the booklet *You Are Not Alone* (presented in English and translated in four Asian languages) too busy and confusing.

*English is transferred into so many languages on each page, they run out of space and the message ends up meaning nothing.*

*The lay out with multi-language (sic) is too much.*

### **CONTENT AND PRESENTATION**

Students' astuteness regarding information provision also showed when asked to reflect on the way HIV prevention information is presented. They rejected jargon and statistics.

*We don't need to know the full medical terms as we wouldn't understand them anyway.*

*We just want simple words that allow us to communicate precisely with doctors about our symptoms.*

*We don't need lots of numbers. Sure, we want to know if there are any significant trends but not full statistics; just not necessary and not interested.*

They welcomed information presented in a direct and 'straight to the point' manner.

*I need something that just says it.*

*The heading is 'in your face' and you know straight away what to expect. I like that it's clear.*

*It should get straight to the point and one pamphlet for each disease so we are able to screen and only choose to obtain information related to us.*

This means that given the choice between several brochures, they preferred the most informative even if they lacked illustrations.

*Although (other) material looks pretty, this has more information. It is more formal, with more useful information too, because it is information I have never come across before.*

*Brochures with pictures sometimes lead us to believe that it is selling something to us. Materials without pictures look more serious and we know they try to inform us.*

There was no sensitivity around 'condom diagrams'

