Perception of HIV Risk-Taking Behaviors among Youths Incarcerated in a Juvenile Vocational Training Center: A Qualitative Study

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Abstract: Youths who are incarcerated often have high risk behaviors for HIV. A descriptive qualitative approach was used to gain an understanding about perceptions of HIV risk-taking behaviors among male youths who were incarcerated in a juvenile vocational training center in the north of Thailand. Multiple methods were employed to gather information from 42 male youth and included site document reviews, four focus group discussions (8 persons/group), 10 in-depth interviews, and participant observation. Data were analyzed using qualitative content analysis.

Two themes emerged. The first theme was *Personal perceptions of risky behavior* and this had five subthemes: *The nature of adolescents and risk behaviors, Stress in vocational training, Surviving the training, Needing the excitement of sex,* and *Sexual norms*. The second theme, *Social and environmental contexts encouraging HIV risk-taking behavior*, involved three subthemes: *Rules and regulations promoting risky behaviors*, *Incitement to risky behaviors*, and *Peer influence*.

Accurate understanding about HIV risk-taking behaviors of youths who are incarcerated will help nurses and other healthcare providers to provide sensitive health care to these youths and to mutually engage to support those incarcerated to reduce HIV risk-taking behaviors.

Pacific Rim Int J Nurs Res 2016; 20(2) 148-160

Keywords: HIV, Juvenile Vocational Training Center, Perception, Qualitative Descriptive, Qualitative Research, Risk-taking Behaviors,Youth Incarcerated.

Introduction

HIV infection is a serious health threat to young people who have been recognized as a group at high risk for STDs, including HIV.[1,2] Individuals who are incarcerated have an especially higher risk of STDs and HIV than non-incarcerated people because they have a higher level of substance abuse and sexual risk-taking behavior.[3,4,5] In the US, in 2008 approximately 5,733 prisoners had confirmed AIDS,

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those who were incarcerated had a 2.4 times higher risk for HIV than non-incarcerated people.[6] It has been evidenced that incarcerated individuals tend to engage in higher HIV risk-taking behaviors. For example, around 99% have engaged in sexual practices with the average age of first-time sexual intercourse being 13 years old; 63% reported having sex with multiple sex partners; 82% had used illegal drugs; and 65% consumed alcohol.[7] Youths who are incarcerated also had an average substance abuse behavior every 5 days of 36%, and alcohol consumption every 3 days to 67%.[8] Alarmingly 58.3% reported not using a condom in their last sexual intercourse.[9]

In Thailand, youths who are incarcerated are children and young people less than 18 years old who offend or commit an act that otherwise would have been charged as a crime.[10] The increasing numbers of youths in juvenile justice system is due mainly to the lack of thorough supervision of correction personnel, and the inability of the system to separate first time offenders from the experienced youth offenders; as a result, these young people become victims of sexual abuse from senior juvenile offenders.[11] Moreover, the environmental contexts of juvenile vocational training centers (JVTC) increase the HIV risk-taking behaviors of youth offenders for reasons such as witnessing sexual behaviors of older inmates, having sex with same sex person, or being sexually abused by other more powerful inmates on a regular basis. These experiences adversely affect youths' perceptions in that these behaviors become more acceptable in their daily life, and they become socialized into same activities.[12]

HIV risk-taking behaviors among youths in JVTCs are a complicated phenomenon. A literature review about HIV risk-taking behavior among youths who were incarcerated revealed that most studies have been conducted in western cultures using quantitative methods. These studies described little about the in-depth perspectives of these young people. Importantly, there is a paucity of information about HIV risk-taking behaviors within the Thai JVTC context. It is important to gain a greater insight about their HIV risk-taking behaviors from the perceptions of youths who are incarcerated by using qualitative methods. This insight will assist health professionals to have better understanding about HIV risk behaviors and enable them to implement tailored interventions to reduce HIV risk-taking behaviors among this group in the Thai context and respond appropriately to their individual needs.

Aim

To explore the perceptions of HIV risk-taking behaviors among male youths incarcerated in a JVCT in northern Thailand.

Research Question

What are the perceptions of male youths who are incarcerated about engagement in HIV risk-taking behavior?

Conceptual Framework and Literature Review

In Thailand, patients living with HIV/AIDS aged 15-24 years make up 8.35% of the total patients living with HIV/AIDS.[13] This age group have been recognized as the most likely to become HIV-infected.[1,2] Especially, people who are incarcerated have greater likelihood of HIV than the general population because they have a higher rate of substance abuse and sexual risk behavior.[3,4,5]

Factors relating to HIV risk-taking behavior can be separated into two categories, personal factors, and social and environmental factors. Personal factors include substance abuse and alcohol consumption behaviors[14,15], knowledge about HIV/AIDS[16], attitudes toward sexuality[17], perceptions of risk[9], mental health[18], and tattooing with unsterilized equipment.[19] Male

youth offenders who frequently use illegal drugs and consume alcohol tend to increase their participation in sexual risk behaviors.[7,15,20] Youth offenders who have a high risk of HIV, have a lower level of knowledge about AIDS and HIV.[16] A positive attitude about sexuality is a factor that influences youth in the justice system to talk about sex with partners, and tends to lead to unprotected sexual intercourse.[17] Youth offenders who have experienced risky peer norms tend to increase their sexual risk behavior and substance use behavior,[9] and depressive symptoms increase alcohol, drug use, and criminal activities among juvenile offenders.[18]

There are a numbers of social and environmental factors which are associated with HIV risk-taking behaviors among youth offenders including peer pressure and the media. If young offenders belong to a group that has inappropriate behavior this tends to be a co-predicting factor for sexual abuse. Moreover, youth offenders who consume pornography media have a higher level of sexual abuse than youth who are not interested in this media.[21]

HIV risk-taking behavior among youths who are incarcerated is a complicated phenomenon because their behaviors are influenced with many factors. Previous quantitative studies have not shed light on the perspectives of these young people and do not explain in depth HIV risk-taking behaviors. Therefore, qualitative research was chosen to provide a deeper understanding of the context and experiences of this phenomenon.[22]

Methods

Design: A descriptive qualitative research design was chosen since it was appropriate to explore the perceptions of HIV risk-taking behaviors of Thai youths whilst incarcerated. Qualitative descriptive designs help the researcher to understand more deeply about individual perspectives and experiences within their particular context.[22, 23]

Participants: Purposive sampling was used in the selection of male youths in a Thai JVTC <18 years old, who were willing to participate, had the ability to speak and read Thai, and had been detainees for not less than three months.

Ethical Considerations: Study approval was obtained from the Research Ethics Review Committee, Faculty of Nursing, Chiang Mai University and the Department of Juvenile Observation and Protection, and also the director of the JVTC which was the study setting. Participants were free choose about whether to participate in this study, and could withdraw at any time without consequences. To help protect confidentiality and privacy, nicknames of the participants were used in FGDs and interviews, as well as assigning pseudonyms to describe the findings.

Procedure: Meetings were held with nurses who worked in the JVTC to explain the research process and asked permission for the researcher to work in the nursing room to establish a relationship with the youth and asked if they would be interested to participate. The nurse or psychologist was then contacted to ask permission from the JVTC teacher to bring the youth for in-depth interviews and focus group discussions after they had consented to same.

Data Collection: This was done by: examining site documents; conducting 4 focus group discussions (FGDs) with 2 groups of participant aged less than 18 years and 2 groups of participant aged 18 years; 10 in-depth interviews; and participant observation to collect data until data saturation. These methods were chosen in order to get a variety of information to gain a wide, deeper insight and understanding of the HIV risk-taking behaviors among the youth. For example, FGDs used group interaction for exchanging anecdotes, commenting on each other's experiences, and exploring a variety of perceptions in discussion about a specific topic of interest.[24,25] In-depth interviews are useful for learning about the perspectives of individuals since they encouraged deep discussion about the topic under investigation.[26] A set of open-ended

questions was used as a guideline for in-depth interviews and FGDs, and these emerged from the central research question, for example "What was encouraging the youths to engage in HIV risk-taking behavior?"

Rigor and trustworthiness: Guba and Lincoln's principles[27] were used to help ensure rigor of the study. Credibility was addressed by using multiple methods for collecting data (methods triangulation) to compare a variety of data sources to confirm the accuracy of study findings. To validate these findings peer debriefing of the student researcher was also undertaken with the research advisors in an attempt to reduce researcher bias, and a clear audit trail was preserved to ensure that all finding were directly derived from data to guarantee confirmability.[28]

Data Analysis: All data from FGDs and in-depth interviews were transcribed verbatim, and then analyzed using qualitative content analysis.[29] Categories and a coding scheme were developed inductively from the raw data. Coding the text was addressed by analyzing data simultaneously with data collection in order to test data saturation. Trustworthiness of the coding scheme on a sample of text was done by testing the clarity and consistency of category definition. The themes and sub-themes were expressed in phrases that could link and explain categories together, and had its relevance to HIV risk-taking behaviors of incarcerated youth. Conclusions were drawn from the coded data by making inferences and constructions of meanings were then derived from the data. Findings were written in a descriptive format.

Results

The 42 participants in this study had been convicted for offenses that involved mostly drugs (59.52 %) and crimes against property (23.81%). All participants were incarcerated in the JVTC for > 3 months and 57% came from separated families. The term of training at JVTC ranged from 7 months to 8 years. Data analysis revealed two main themes from the perspectives of participants, *Personal perceptions of risky behavior* and *Social and environmental contexts encouraging HIV risk-taking behavior*. (Figure1 below)

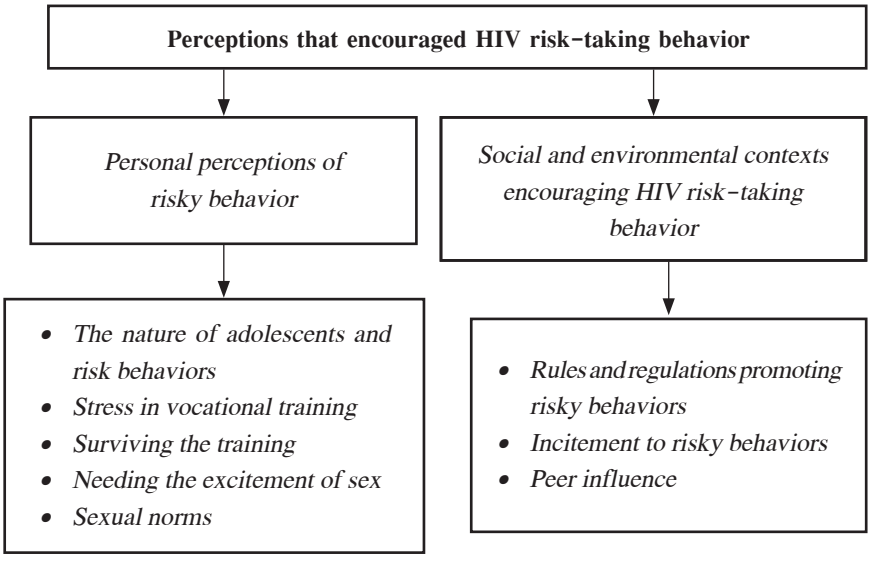

Figure1: Themes and sub-themes of perceptions about encouragers of HIV risk-taking behavior among youths incarcerated in the JVTC

Theme 1: Personal perceptions of risky behavior

All participants shared a variety of personal perceptions that encouraged HIV risk-taking behavior. There were five sub-themes in this theme: *The nature of adolescents and risk behaviors*, *Stress in vocational training*, *Surviving the training*, *Needing the excitement of sex*, and *Sexual norms*.

1. The nature of adolescents and risk behaviors: all participants agreed that the nature of risk behaviors in adolescence induced being infected with HIV. They were adolescents going through many changes such as physical and psychosocial changes. Due to these changes, they had sexual desires and a curiosity to try new things that make them feel excited. Additionally, they desired to be approved by peers. These changes encouraged them to engage in high HIV risk behaviors.

The teenage years are the age of changes, especially hormonal changes, and this contributed to their interests in sexual desire. All participants expressed that the early adolescent period (12-13 years) was a period during which they became interested in the opposite sex or same sex, needed someone to love, and had sexual desire. These changes resulted in youths who were incarcerated being at a higher risk for being infected with HIV during sexual intercourse than those at any other age.

> *At this age, sexual hormones are produced in large quantity. It causes more sexual longings among us than those at any other age.* (FD, age 18)

Most participants also agreed that teenagers were curious to try new things without thinking of consequences, causing them to have a higher risk of contracting HIV than those at other ages. A frequent change of sexual partners or a change from vaginal sex to anal sex was a new thing to do for the participants to increase the excitement and arousal of sexual activities. Moreover, they were also convinced that the joy of sex was a new experience and that life advantages for them in the JVTC this induced the risk of HIV infection.

> *I am in the age of curiosity...Having multiple sex partners...I want to have sex in a new style, from a sexual relationship with someone new and see how it feels.* (FG, age 18)

> *We want to try something new and thought anal sex might be more fun...it is better than a vaginal sex. A vagina is not that tight.* (Dew, age 17)

Moreover, all participants recognized that drug use and alcohol consumption contributed to HIV risk behavior and this was due to the curiosity of youths. Most participants agreed that during adolescence, aged 14-16 years, they would try new things and find new experiences in their life. Drug use and alcohol consuming were challenging experiences of their life. After they were detained these behaviors did not decrease. The participants explained that when they were given leave for a home visit, they engaged in risky behaviors for HIV including having sex, using illicit drugs, consuming alcohol, and wandering at night.

> *Most youths often meddle with drugs or drinking easily...They do everything without considering the consequences...I enjoy myself with friends by inviting them to consume alcohol and take drug...In here I can't do anything. Once I go out, I go full blast. I go drinking alcohol, go rambling at night, consume drugs, and have sex before getting back.* (Art, age 18)

> *When I had a home visit leave, I did all things worse than before. To be honest, I only thought of having fun, drinking with friends, taking drugs, wandering...I could get out of the center for a week once a month and I spent every day doing all those things...I also had sexual intercourse every other day, which is more often than before. I also know it's risky.* (Lak, age 18)

Youths in the JVTC wanted to be approved by their peer group. They also wanted to be popular so

they ignored the negative consequences of some of their actions and risks of getting HIV infection.

> *In here tattooing is prohibited. If caught, you are finished. Anyone who dares to get finished often will get approved by the older group and will be recognized as 'Big Brother' in here.* (Bird, age 17)

"Big Brother" means those incarcerated youth who were recognized as leaders by the others in JVTC

***2. Stress in vocational training*:** Being detained in the JVTC was an extremely stressful situation because participants lost their independence and were separated from families and loved ones, resulting in most having a number of HIV risk-taking behaviors to release stress such as having sex, using narcotics, and drinking alcoholic beverages during the granted home visit.

> *Living here is stressful. I missed my girl and feel lonely…want to go home...Once I got out, I wanted to release my tension of living here. Sometimes I used addictive drugs.* (FG, aged less than 18 years)

3. Surviving the training: Living in the JVTC created a lifestyle crisis for the participants. This led to some engaging in HIV risk-taking behaviors in order to survive while being detained, for example, having sex with other males, being in fear of those in power, and getting a body tattoo to appear tough and strong.

The participants mentioned that some youth had sex while being detained, not due to their own needs, but as servitude. They were fearful of the power and the influence of 'Big Brothers' in the center. The influential Big Brothers conducted sexual assaults on other detained juveniles that made them engage in sexual risk behavior especially engaged in having sex with same sex, resulting in the risk of HIV infection. Moreover, some participants suggested that denying having sex with the Big Brothers could lead to insecurity of their life while being detained in the JVTC.

> (For) *me, once I came in, Big Brother told me to go with him. I must agree. We can not contradict Big Brother 'cause he has a lot of power. If I oppose him, nobody will help* (me). *He has many men…I'm afraid...However, being a wife of Big Brother is good; it gave me power, from being unable to command anyone to being able to command others. There's someone taking care of everything for us. Like washing clothes, keeping clothes for* (me) *'cause Big Brother command* (him/them) *to care for us.* (Iw, 17 years)

> *Usually, I see the Big Brother group take young boys with clear white faces, which are called 'Top Beauty' to look after, to take care of. I think the boys may not want it but can't deny. Otherwise, you may be abused by hundreds of feet if having trouble with Big Brother…For me, I'm a lady boy. Once I got in the center Big Brother's pals took me to live with him. I also need to have relations with him."* (Dew, age 17).

Although, all participants were aware that having a tattoo in the JVTC made them vulnerable to HIV infection from needle sharing, but getting a tattoo on the body was a popular behavior among youths who are incarcerated. The reason why body tattoos were foremost among the youths was that a juvenile with body tattoos was seen as tough, strong, attractive, and well accepted by others. The tattoo also gave its owner the feeling of gaining more power, a feeling of being a "Big Brother", and that no one dared to cross his line which resulted in their feelings that they were safer living within the JVTC.

> *They had tattoos to make them look strong, but tattooing was not permitted* (in the center). *If someone frequently dares to go against the rules more often, he will be approved by elder detainees and accredited as being a Big Brother.* (Bird, age 17)

4. Needing the excitement of sex: The desire to try different types of sex was strong among the youths. They agreed that pearling or a penile implant was exciting. This implant was a means of enlarging the size of their penises that led to more excitement during the sexual intercourse. Getting the penis pearl-implanted was also as exciting thing for them to do. All participants accepted that a pearl inlay in the genitals in the JVTC done by his friend was a popular behavior.

> *Pearling or a penile implant is something often found in JVTC. After getting it done, it looks bigger. It is self-upgrade that gives us sexual confidence...It makes sex more pleasurable. As it expands, it feels that it fits the vagina fully. The female partner cries with pleasure and holds us really tight, making us feel so good.* (FG, age 18)

> *Here, they did a lot of pearl inlay. They will sharpen a toothbrush, then use it to pierce the penis of one person, then another, and many others, ten times of per piercing. It is risky because they use the same brush for ten people in a row without wiping or cleaning, as I see it.* (Bird, age 17)

5. Sexual norms: Having sexual intercourse and unsafe sex were regarded as common behavior among incarcerated youths. Best (age 17) said; *"Nowadays it is easy to have many sexual partners, there is no worry...they think it is common."* It was a way to show mutual love between lovers. It was also pleasant, fun, and fashionable. These sexual norms made these youths have sex effortlessly and to change sexual partners.

> *Juveniles nowadays see the importance of sex. We date each other and want to have sex as a way to express love. It makes us happy and we have fun. Also, it is supposed that if our pals have sex but if we don't, we will feel obsolete, not fashionable like others.* (Dew, age 17)

All participants held the same opinion that unsafe sex was a sexual norm of youths who are incarcerated. There was a consensus that having sex without a condom was very common in society. They thought wearing a condom was a waste of time and interrupted their sexual emotion. In addition, they believed that wearing no condom was an expression of true love.

> *It isn't fun so they don't wear it. It is like having something to cover* (the penis), *hence reducing the thrilling feeling...We don't want to waste our time buying it and it interrupts the feeling so we just don't wear it.* (Best, age 18)

Theme 2: Social and environmental contexts encouraging HIV risk-taking behavior

This theme related to the social and environment contexts of the correctional system that motivated the risk of infection with HIV. It had three sub-themes: *Rules and regulations promoting risky behaviors*, *Incitement to risky behaviors*, and *Peer influence*.

***1. Rules and regulations promoting risky behaviors*:** The JVTC had many rules and regulations that pressured youth to engage in a variety of HIV risk-taking behaviors including the prohibition of sexual activities, separating male and female detainees, the prohibitions of sharp materials and wearing a mustache or beard, body tattoos, and penile implants. All participants remarked that the prohibition of sexual activities resulted in the difficulty of acquiring a condom. The center distributed condoms to all juveniles only during their home visits. Hence, sexual conducted inside the center it was unsafe as it was usually anal:

> *I also had sex in here with lady boys. It's very risky because they have been banged by many men here, without a condom. Here no condom is given because no sex is allowed. Condoms are provided when we return home.* (Aon, age 17)

The stipulation of separating male and female detainees increased risk behavior by having sex with the same gender within the JVTC. Our observation confirmed this. Male and female adolescents were imprisoned in different zones of the center separated by heavy-duty walls and fences. Male and female youths could not see each other without permission.

> *Here, there are no women like the outside, but men and lady boys. So I have sex with the lady boys when I feel horny. It's better than self-hand sex* (masturbation). (Bird, age 17)

All participants remarked that they all had only one shaver which was at the barber's shop, no disinfecting solution, and no spare razor blades. Due to the strict prohibition of sharp materials like razors, they could not a have personal razor. Sterile alcohol was not provided because it would be stolen and mixed with sugar to make a substitute alcohol for drinking.

> *The center was shared by many people so sharp materials like razors may become a tool to hurt others. It restricts us to share a razor at the barbers, the only place that has one and only one razor.* (FG, aged less than 18 years)

The prohibition of mustache wearing was another factor affecting the detainees' use of a shared razor. Wearing a long mustache resulted in the deduction of the behavior's score which was key to a promotion level, associated with their rights for a home visit (were allowed to leave to stay at home).

> *Shaving is prohibited. Here they forbid wearing a mustache. Anyone with a long mustache will get a point deduction. If* (our) *score is less than 70,* (we) *won't get a level-promotion.* (Our) *punishment won't be reduced either. If our level is not promoted to a higher level, we won't have the rights to visit home. So,* (we) *need to share the razor.* (Aon, age 17)

Tattooing and penile pearling were most prevalent in the center. However, the youths often used the same needle without sterilization for every tattoo and the same brush without pasteurization for every penile pearling. That was because personal sharp materials, together with tattoo needles and pearling brushes, were forbidden in the center. Sterile alcohol was also banned.

> *Tattooing here needs a shared needle because they do not provide any. Changing* (a needle) *is not possible; neither is purchasing* (it). *They don't allow tattooing; we just do it in secret.* (Dew, age 17)

2. Incitement to risky behaviors: All participants suggested that the current environmental context was filled with enticement and provoked them to have HIV risk-taking behavior. The current environmental social and environmental context filled with sexual enticement such as seeing women in semi-exposing clothes, and viewing dirty media in various forms like printed materials, TV, and films, which motivated sexual risk behaviors that led to HIV contact.

> (It's) *like living in this center...the wardens played a western film with love scenes; something like everybody must hide himself under the blanket, masturbating...*(It's something) *weird I experienced since I moved here and some* (men) *even turned to me and said 'I just started to see you beautiful...I want to have sex with you.* (Iw, age 17)

> (It's) *like here sometimes they secretly played an obscene movie CD when the wardens were not around...some men just ejaculated in lady boys...Just a stars dress porn or short apparels on TV and magazine could sexually arouse them...Sometimes just a woman from outside wearing a mini skirt came in here; we crowded set an eye on her.* (Bird, age 17)

3. Peer influence: Fellow inmates had a great influence on HIV risk-taking behavior and these arose from copying and following peer behaviors through peer persuasions, and often challenges concerning drug ingestion, alcohol consumption, risk sexual behavior, tattooing, and penile pearling.

> *In JVTC...pearling and tattooing were something that we were curious and wanted to try...*(It's) *like seeing friends having it but we didn't. We were different; about we were like a black sheep. They looked down on us; they would say "this guy didn't have any, no courage"... Something like this, so I tried* (it). (FG, age 18)

Discussion

From the perspectives of the participants regarding HIV risk-taking behaviors, two main themes emerged from the data: *Personal perceptions of risky behavior* (with the sub-themes of *the nature of adolescents and risk behaviors*, s*tress in vocational training*, *surviving the training*, *needing the excitement of sex*, and *sexual norms)* and *Social and environmental contexts encouraging HIV risk-taking behavior* (with the sub-themes of r*ules and regulations promoting risky behaviors*, *incitement to risky behaviors*, and *peer influence*). We found that *the nature of adolescents and risk behaviors* was a personal perception of risky behavior that induces many risk behaviors associated with HIV. It was in accordance with the study of Fongkaew et al.[30] which demonstrated that in adolescence, physical and emotional changes occur which facilitated the emergence of many risk behaviors including HIV risk-taking behaviors. Adolescents seek new experiences that generate pleasure, especially sexual risk behavior, but tend to lack awareness of the consequences of their actions. They are curious about sexual conducts, including the need to seek the novelty of having sex and believe that changing sexual partners frequently is a new life experience and increased the fun of sex as well as they wanted social approval, and to become popular. As a result, many adolescence choose to engage in risk behavior in order to be accepted by their group of friends. The detained juveniles had a high risk of contracting HIV, and 65% of the detainees conducted in their study more than ten types of HIV risk behaviors.[31]

Stressful life in JVTC was a personal perception associated with HIV risk behaviors. Youth who are incarcerated were more depressed than youths in the general community and youths who are incarcerated for serious offences are more likely to be depressed than youths committing less serious offences.[32] People with depressive problems have difficulties adjusting to life, and this can lead to inappropriate behaviors such as having multiple sexual partners with unsafe sex.[33] Another study found that depressive symptoms were associated with increased alcohol or drug use and criminality among juvenile offenders in order to relieve their stress.[18]

Importantly, we found that the need to survive while being detained made the young offender engage in sex with the same gender and body tattoos. The study of Apakupakul found that some youths when detained, especially young people who had a gentle personality, often became sexual victims of a youth offender who called himself a "Big Brother". Big Brother was a leader of young offenders, who had authority and power over the other young offenders.[11] Another study found that having sex was forbidden in jail, but also that sexual activities and non-consensual sex were common among inmates.[34]Another study found that tattooing in prisons was a means to exhibit power and the desire for leadership.[35] Tattooing in prison is a procedure that increases the trend to HIV/AIDS outbreaks.[36]

Additionally, social and environmental contexts were the factors that enhanced HIV risk-taking behaviors. Rules and regulations within the correctional system push youths who are incarcerated to have a variety of HIV risk-taking behaviors (the prohibition

of sex, the prohibition of sharp materials, and the prohibition of body tattoos and penile implants). While having sex might be common in prisons, the non-provision and prohibition of condoms is a factor that contributes to unsafe sex and an increased risk of HIV.[37] The tattoo equipment in prisons usually involves multiple skin punctures with recycled and non-sterilized needles, and this cause a serious risk of HIV transmission because in prison have rule and regulation that prohibition of sharp materials include razor, all kinds of needles.[34]

The environment in JVTC may be filled with incitement that leads to risky behavior. It was in accordance with the results of another study which found that youth who are incarcerated have access to sexual enticement very easily for example, through porn movies, porn magazines, all affecting their sexual behaviors.[38] The impact of pornography is strongly associated with sexual abuse conducted by juveniles.[21] In additional, HIV risk behaviors among youths arise from copying and following peer behaviors since adolescents tend to imitate the behavior of friends and listen to friends rather than obey their parents.[39] Detained juveniles accompanied by inappropriately-behaved peers have more sexual abuses than those surrounded by well-behaved peers.[21]

Limitations: This study examined specific group and context of incarcerated male youth in JVTC. The findings may not be appropriate to describe about HIV risk-taking behaviors in other groups in different contexts, however the rich findings add to the knowledge of nursing and that of juvenile detention managers and administrators about a range of serious issues requiring attention in this Thai centre.

Conclusions and Implications for Health Care Providers

The findings revealed that there are multiple reasons for HIV risk-taking behaviors among youths who are incarcerated in JVTC. Achieving an accurate understanding about HIV risk-taking behaviors of incarcerated youths in correctional centers will help nurses and other healthcare providers provide sensitive health care to these youth and mutually engage to support them. In order to reduce HIV risk behaviors, we recommend that modifications to the context and environment in the JVTC to reduce HIV risk need to be done such as JVTC policy should be modified and of certain rules cancelled that encourage to incarcerated youth increase engaging in risk behavior for HIV while in detention in the JVTC. This should be a collective commitment among staff working in vocational juvenile training centers.

Acknowledgements

Thanks are given to the participants, the director and staff of the juvenile vocational training center for assisting us in this research. This study was funded as a National Research University Project under Thailand's Office of Higher Education Commission [grant number COE58_WF_Youth].

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การรับรู้พฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีของเยาวชนชายไทยที่ถูกควบคุมตัวในศูนย์ฝึกและอบรมเด็กและเยาวชน : การศึกษาเชิงคุณภาพ

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บทคัดย่อ: เยาวชนชายที่คุมขังเป็นกลุ่มที่มีพฤติกรรมเสี่ยงสูงต่อการติดเชื้อเอชไอวีการวิจัยครั้งนี้ใช้รูปแบบการวิจัยเชิงคุณภาพแบบพรรณนาเพื่อทำความเข้าใจเกี่ยวกับพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีของเยาวชนชายที่ถูกควบคุมตัวใช้วิธีการที่หลากหลายในการรวบรวมข้อมูลจากผู้เข้าร่วมวิจัยทั้งหมดจำนวน 42 ราย ได้แก่ การทบทวนเอกสารที่เกี่ยวข้อง การสนทนากลุ่ม 4 กลุ่ม (8 คน / กลุ่ม) การสัมภาษณ์เชิงลึก (10 คน) และสังเกตแบบมีส่วนร่วม การวิเคราะห์ข้อมูลใช้วิธีวิเคราะห์เชิงเนื้อหา

ผลการวิจัยพบสองประเด็นหลัก ประเด็นที่หนึ่งการรับรู้ส่วนบุคคลที่ทำให้เกิดพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวี ประกอบด้วยประเด็นย่อย 5 ประเด็น ได้แก่ ธรรมชาติของวัยรุ่นในการเกิดพฤติกรรมเสี่ยง ความเครียดจากการถูกควบคุมตัวในศูนย์ฝึก การเอาชีวิตรอดขณะถูกควบคุมตัวในศูนย์ฝึก ความต้องการความตื่นเต้นของการมีเพศสัมพันธ์และบรรทัดฐานทางเพศ ประเด็นที่สองบริบททางสังคมและสิ่งแวดล้อมที่ส่งเสริมพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวี ประกอบด้วยประเด็นย่อยสามประเด็น ได้แก่ กฎระเบียบและข้อบังคับที่ส่งเสริมการเกิดพฤติกรรมเสี่ยง สิ่งยั่วยุให้พฤติกรรมเสี่ยงและอิทธิพลของกลุ่มเพื่อน

จากความเข้าใจที่ถูกต้องเกี่ยวกับพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีของเยาวชนที่ถูกควบคุมตัวในศูนย์ฝึก ช่วยให้พยาบาลและบุคลากรทางการแพทย์สามารถให้การดูแลสุขภาพและมีส่วนร่วมในการลดพฤติกรรมเสี่ยงต่อการติดเชื้อเอชไอวีของเยาวชนที่ถูกควบคุมตัวได้

Pacific Rim Int J Nurs Res 2016; 20(2) 148-160

คำสำคัญ: การรับรู้ พฤติกรรมเสี่ยง เยาวชนชายที่ถูกควบคุมตัว ศูนย์ฝึกและอบรมเด็กและเยาวชน วิจัยเชิงคุณภาพ เอชไอวี

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