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Affixing Blame: Ideologies of HIV/AIDS in Thailand

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I. INTRODUCTION

This Article focuses on ideologies of the HIV/AIDS epidemic in Thailand, one of many nations where the HIV/AIDS pandemic has reached alarming levels. Not unlike other nations struggling with HIV/AIDS, an epidemic of stigma and blame has developed in Thailand with increasing rates of infection among the population. Understandings of whom to blame for the epidemic, and how to realize appropriate solutions, have likewise developed as the epidemic continues to persist and spread. This Article examines these ideologies and how they are mediated through the lens of popular culture in

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contemporary Thailand. It attempts to examine the reasoning of such ideologies, and their appeal within a society searching for both explanations and repose.

Part I provides an historical overview of the HIV/AIDS epidemic in Thailand from its first appearance in 1984 to its current state. It identifies trends within the epidemic based on the categorical, bio-medical construction of "risk groups" and the spread of HIV/AIDS from such groups to the "general population." Part II examines the concept of illness as a stigmatizing force, and the importance of such an understanding to concepts of identity. It draws on the critical theory concepts of "self" and "other," and how the construction of illness reinforces psycho-social divisions between the unhealthy and the ill as a crucial part of the social process of stigmatization. Particularly significant in the context of HIV/AIDS is the importance of such stigmatization to rationalize social and policy neglect of the epidemic as a problem deserving attention.

Parts III and IV provide the bulk of this Article's analysis. Part III outlines competing and at times conflicting understandings of the HIV/AIDS epidemic in Thailand, understandings which focus blame or responsibility for the epidemic to a variety of different reasons. These understandings depict HIV/AIDS as a product of either foreign or indigenous causes. The different representations of HIV/AIDS reviewed in this section attribute HIV, or causal factors related to HIV, as a result of: 1) the presence of the U.S. military and foreign "sex tourists"; 2) "western" cultural influences and the perceived erosion of indigenous norms of morality and traditional "family values" vis-à-vis globalization; 3) economic development policies that have encouraged internal migration and widened economic gaps in an age of international capitalism; 4) Thai male patronage of commercial sex workers; 5) the perception of female prostitutes as deviant and dangerous sexual creatures; 6) apathy or complicity by Thai government authorities to the sex industry; and, 7) ideologies flowing from Therevada Buddhism, which contribute to gender inequality and the commodification of women.

Part IV examines manifestations of these ideologies in popular Thai media. Focus is expressly placed on recent, high-profile Thai films about HIV/AIDS and related social problems because of the significant role popular film has in disseminating messages to wide audiences. It examines the interplay of gender-based themes in the explanation of social problems and HIV/AIDS. Particular reference is focused on depictions of family life and family values, the influence of urban "modernity," patriarchal control, and female victimization and lack of empowerment. This Article concludes that patriarchal ideologies of HIV/AIDS reflected in the popular visual

medium contributes to an incomplete understanding of the HIV/AIDS epidemic in Thailand, therefore neglecting indigenous cultural issues that may contribute to male privilege and continued access to female bodies through commercial sex.

II. PART I: THE EPIDEMIOLOGY OF HIV IN THAILAND

Thailand's first known AIDS case was officially reported in September of 1984—a homosexual Thai male who had previously lived in the United States.[1] As scientists had previously identified AIDS with an infectious virus, which would later be known as HIV, the Thai Ministry of Public Health authorized nation-wide reporting of the disease in November 1985.[2] From then until 1987, there were eight reported cases of AIDS and 907 cases of HIV.[3] The majority of early AIDS cases were seen in males who had engaged in homosexual behavior, foreign visitors to Thailand, and shortly thereafter, Intravenous Drug Users (IDUs).[4] There was a particularly sharp increase in the incidence of HIV among IDUs between 1987 and 1988. A government supported survey of HIV status among IDUs in Bangkok showed an increase in HIV positive rates from one percent to thirty percent of the surveyed population in less than one year.[5] In October 1988, screening of donated blood was introduced throughout the nation's hospitals.[6] Other measures were also implemented beginning in 1988 as part of Thai Ministry of Public Health and World Health

1. SOM-ARCH WONGKHOMTHONG ET AL., AIDS IN THE DEVELOPING WORLD: A CASE STUDY OF THAILAND 8 (1995). *See also* CHRIS BEYRER, WAR IN THE BLOOD: SEX, POLITICS AND AIDS IN SOUTHEAST ASIA 20–21 (1998) (discussing early cases of AIDS among Thai men).

2. Graham Fordham, *Moral Panic and the Construction of National Order: HIV/AIDS Risk Groups and Moral Boundaries in the Creation of Modern Thailand*, 21 CRITIQUE OF ANTHROPOLOGY 259, 262 (2001) (discussing the history of the epidemic in Thailand).

3. WONGKHOMTHONG ET AL., *supra* note 1, at 8 (quoting statistics compiled by the Ministry of Public Health).

4. *Id.* at 8.

5. *See id.* at 8–9 (discussing survey results at Thanyarak hospital by the Metropolitan Administration's Health Department); Tim Brown et al., *The recent epidemiology of HIV and AIDS in Thailand*, 8 AIDS S131, S136–37 (Supp. 2) (1994) (discussing factors contributing to HIV spread among IDUs, such as needle-sharing and number of needle-sharing partners).

6. Jon Ungphakorn & Werasit Sittitrai, *The Thai Response to the HIV/AIDS epidemic*, 8 AIDS S155 (Supp. 2) (1994). The authors note, however, that these screening measures were not initially successful. Health professionals were not effectively trained and the budget allocated to screening procedures at hospitals was relatively small. It was not until 1992 that a much larger budget was allocated for screening procedures. *Id.* at S155–56.

Organization plans to prevent or mitigate the further spread of HIV/AIDS. Many of these initiatives involved activities focused on strengthening programs within the formal healthcare and education systems, such as increased training among healthcare professionals, condom distribution, and stronger surveillance programs.[7]

In 1989, another sharp increase in HIV incidence was reported among Female Commercial Sex Workers (FCSWs). Where incidence was previously at very low levels, a July 1989 survey found that forty-four percent of "low charging" FCSWs in the Chiang Mai area were tested positive for HIV.[8] Until the beginning of the 1990s, HIV was largely considered a disease confined to homosexual or bisexual males, IDUs, and foreigners.[9] Soon after the rising prevalence rates of HIV were detected among FCSWs, sexually transmitted disease clinics began reporting increasingly higher numbers of HIV incidence as well among male clients.[10] At this point, the Thai government broadly expanded its approach to the HIV/AIDS epidemic. Whereas previous efforts had been largely administered by the Ministry of Public Health, in 1991 the Prime Minister became the Chairperson of the National AIDS Prevention and Control Committee.[11] This body was comprised of representatives from both major government ministries as well as Non-Governmental Organizations (NGOs), and emphasized a "multisectoral approach" to the epidemic involving initiatives within the formal healthcare system, greater nationwide education efforts, NGO participation, and human rights and anti-discrimination efforts.[12]

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7. *See id.* at S156 (outlining initial efforts in response to HIV/AIDS developed by Thai authorities).

8. WONGKHOMTHONG ET AL., *supra* note 1, at 9–10 (discussing the results of the first national sentinel serosurvey). Chiang Mai is a major metropolitan area in the North of Thailand.

9. *See id.* at 8. ("AIDS was perceived as a disease of homosexuals and foreigners." *Id.*); Nicholas Ford & Suporn Koetsawang, *The Socio-Cultural Context of the Transmission of HIV in Thailand*, 33 SOC. SCI. & MED. 405, 406 (1991) (noting that the general public's initial reaction to the spread of HIV/AIDS in Thailand was "complacency" because it was considered a homosexual or foreign/western disease). Foreign nationals with HIV/AIDS were restricted from entering Thailand. *See* Ungphakorn & Sittitrai, *supra* note 6, at S155.

10. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 10 (noting that Thai Ministry of Public Health surveys reported a doubling of incidence rates among men at sexually transmitted disease clinics beginning in 1990).

11. *See* Ungphakorn & Sittitrai, *supra* note 6, at S156 (describing the expansion of policies and programs and noting that 1991 was a "turning-point" in the government's response to the epidemic). The Prime Minister's new position as Chairperson of the new committee reflected the fear of how "seriously the epidemic could affect Thailand" as a whole. *Id. See also* Joe Anderson, *AIDS in Thailand*, 300 BRIT. MED. J. 415, 415–16 (1990) (describing public education efforts in the years leading up to 1991, including statements made by Princess Chulabhorn calling for "greater awareness" of AIDS).

12. *See* Ungphakorn & Sittitrai, *supra* note 6, at S156 (describing the revised government programs initiated in 1991). The authors note that a significant factor in the new, broadened approach to the epidemic was the appointment of a renowned NGO activist, Mechai Viravaidya, to aid government efforts. *Id.* Mr. Viravaidya was a well-

It is worth emphasizing that the aggressive approach taken in 1991 by the Thai government towards the spread of HIV occurred with the recognition that it could "spread to all sections of society" vis-à-vis heterosexual transmission between FCSWs and male clients.[13] Whereas the disease was previously confined to the "high-risk groups" of IDUs and homosexual men, the increasing prevalence of HIV found in FCSWs and their clients, indicated the possibility of widespread infection rates among male heterosexuals who patronize FCSWs.[14] The possibility that HIV could be transmitted to the "general population" in this fashion exists because the commercial sex industry in Thailand is notoriously large. Recent estimates of the number of FCSWs within Thailand range from 400,000 to 1 million,[15] with widespread availability of commercial sex at brothels, restaurants, and a variety of other locations.[16] Thai males patronize FCSWs at high rates. An estimated thirty percent of lower income males[17] to fifty

respected family planning and social development advocate who had been active in AIDS education for some time. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 54. Viravaidya was very well-known in Thai society for his advocacy and was popularly nick-named "Mr. Condom." Alison Clements, *Reprieve for Thailand's AIDS Campaign*, 305 BRIT. MED. J. 211 (1992). His official appointment may have reflected a recognition that HIV/AIDS was, in the eyes of some commentators, primarily the result of social pathologies. *See* Phil Marshall & Janet Hunt, *Non-government organisations: imperatives and pitfalls*, *in* NO PLACE FOR BORDERS: THE HIV/AIDS EPIDEMIC AND DEVELOPMENT IN ASIA AND THE PACIFIC 124 (Godfrey Linge & Doug Porter eds., 1997). Mr. Viravaidya's own explanation for why government authorities began to take aggressive actions against further spread of HIV is that there was a growing awareness of the potentially devastating economic effects of the disease: "The economic impact projection became very, very important . . . . [W]hen you talk about money, then they began to realize how many people they would lose . . . . I played golf with the Prime Minister, and I convinced him that his caddies would not be around to take care of him." Mechai Viravaidya, *AIDS in South and Southeast Asia: HIV/AIDS Perspective on Thailand*, 15 AIDS PATIENT CARE AND SEXUALLY TRANSMITTED DISEASES 437, 438 (2001).

13. Ungphakorn & Sittitrai, *supra* note 6, at S156.

14. *See* Ford & Koetsawang, *supra* note 9, at 406. ("[T]he greatest societal concern has focussed upon infection from female prostitutes to male, heterosexual clients, which, given the scale of the commercial sex industry, is generally viewed as having the potential for the most widespread transmission to all strata of society." *Id.*).

15. *See* Marjorie A. Muecke, *Mother Sold Food, Daughter Sells Her Body: The Cultural Continuity of Prostitution*, 35 SOC. SCI. & MED. 891, 892 (1992) (summarizing estimates by academics of the number of FCSWs in Thailand since World War II).

16. *See* Constance Chay-Nemeth, *Demystifying AIDS in Thailand: A Dialectical Analysis of the Thai Sex Industry*, 3 J. HEALTH COMM. 217, 218 (1998) (outlining the diversity of locations where commercial sex is available).

17. *See* Martina Morris et al., *Bridge populations in the spread of HIV/AIDS in Thailand*, 10 AIDS 1265, 1268 (surveying a sample of low-income men and finding that 29.74% reported a commercial sex partner).

percent of all males[18] have reported commercial sex experience. In some regions, samples indicate that seventy percent of males' first sex partners were reported to be FCSWs.[19]

Shortly after increased incidence of HIV among FCSWs and their male clients was reported, greater incidence of females who were not commercial sex workers but were believed to have contracted the virus from boyfriends or husbands who patronized FCSWs also was seen.[20] Vertical transmission of HIV/AIDS also began occurring more frequently, with reports of HIV+ infants being born to infected mothers beginning in 1989.[21]

Despite an increase in contraceptive use and decrease in the incidence of sexually transmitted diseases[22] credited to public health education campaigns, the HIV/AIDS epidemic continued to spread among the population. By 1993 there were an estimated 708,000 people infected with HIV,[23] an enormous amount for a nation with an estimated total

18. *See id.* at 1266 (citing a Thai academic survey and stating that "nearly one-half of all Thai men report a recent commercial sex partner").

19. *See* Eleanor Maticka-Tyndale et al., *Context and Patterns of Men's Commercial Sexual Partnerships in Northeastern Thailand: Implications for AIDS Prevention*, 44 SOC. SCI. & MED. 199, 203 (1997) (discussing survey results of a sample of 737 males from communities in Khon Kaen province, forty-eight percent of whom reported intercourse with FCSWs); Boonterm Saengdidtha et al., *Sexual Behaviors and Human Immunodeficiency Virus Infection among Thai Army Conscripts between 1992 and 1998*, 167 MIL. MED. 272, 273 (2002) (discussing survey results in which forty-two percent of a sample of army conscripts reported sexual intercourse with FCSWs, only forty-five percent of whom reported consistent condom use).

20. *See* Brown et al., *supra* note 5, at S131 (noting that "rates in women attending antenatal clinics at several major hospitals have continued to increase, almost doubling annually").

21. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 10 (noting estimates of infants born with HIV from infected mothers). The spread of HIV/AIDS from "high-risk" groups to the general population has been described in terms of "waves" of infection among distinct categories of people. Wave I, infection among homosexual/bisexual men; wave II, infection among IDUs and FCSWs; wave III, infection among clients of FCSWs; wave IV, infection among wives or girlfriends of male clients of FCSWs; and, wave V, pediatric cases. *See* Brown et al., *supra* note 5, at S131; Weniger et al., *The Epidemiology of HIV Infection and AIDS in Thailand*, 5 AIDS S71, S71–85 (Supp. 2) (1991).

22. *See* Stephen Mills, *HIV risk behavioral surveillance in Bangkok, Thailand: sexual behavior trends among eight population groups*, 11 AIDS S43, S43–51 (Supp. 1) (discussing sexual behavior among sampled populations and generally noting increased condom usage among some sampled groups, but not among all sampled groups); Robert S. Hanenberg, *Impact of Thailand's HIV-control programme as indicated by the decline of sexually transmitted diseases*, 344 LANCET 243, 243–45 (1994) (estimating that condom use among FCSWs increased from fourteen percent to ninety-four percent from 1989 to 1993 according to samples of FCSWs).

23. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 12–13 (noting an estimate of 708,800 by a body composed of government and non-government representatives, but also noting that estimates of HIV and AIDS may likely be lower than actual prevalence due to under reporting).

population of 56 million.[24] Although annual incidence rates of new HIV infection declined during several periods in the 1990s for some groups perceived to be "at risk,"[25] the overall incidence and prevalence of HIV continued to increase for many population groups surveyed by Thai authorities.[26] There were also indications that the Asian financial crisis of 1997, which originated in Thailand, had negative implications for the country's ability to implement its anti-HIV/AIDS policies.[27]

The current estimate of HIV prevalence in Thailand is roughly 1 million cases.[28] It should be noted that on average it takes ten years for AIDS to develop after initial infection.[29] In the absence of a cure or treatments that would mitigate the effects of AIDS and prolong life, the magnitude of the epidemic may have dramatic effects on the country as a whole. These include a sharp increase in the number of AIDS orphans in Thailand,[30] an expansion of healthcare costs for treating persons with AIDS amounting to as much as one-half of the annual income of some households,[31] and sharp increases in infant mortality and decreases in life expectancy.[32] Death rates due to AIDS may be so high that the

24. MICHAEL LEIFER, DICTIONARY OF THE MODERN POLITICS OF SOUTH-EAST ASIA 33 (1995).

25. *See* David C. Celentano et al., *Decreasing incidence of HIV and sexually transmitted diseases in young Thai men: evidence for success of the HIV/AIDS control and prevention program*, 12 AIDS F29, F29–36 (1998) (discussing results from a study of male servicemen showing decreasing incidence in both HIV and other sexually transmitted diseases).

26. *See* Viroj Tangcharoensathien et al., *Health impacts of rapid economic changes in Thailand*, 51 SOC. SCI. & MED. 789, 802 fig.16 (2000) (showing incidence rates among FCSWs, male visitors of sexually transmitted disease clinics, IDUs, female visitors of antenatal clinics, and blood donors, from June 1989 to June 1998).

27. *See id.* at 796–97, 801 (noting that budget cuts were made in 1998 among several government social service ministries and the national AIDS program, and there was a sharp decrease in free condom distribution).

28. *See* Chris Beyrer, *Accelerating and Disseminating Across Asia*, WASH. Q., Winter 2001, at 211, 220 (discussing the state of HIV and AIDS in Thailand as of 2001).

29. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 12 (noting the time lapse between infection and AIDS onset).

30. *See id.* at 22–23 (citing predictions on pediatric AIDS cases and the number of AIDS orphans).

31. *See* Sukhontha Kongsin, *Economic impacts of HIV/AIDS mortality on households in rural Thailand*, *in* Marshall & Hunt, *supra* note 12, at 92–94 (outlining costs for AIDS treatments among a sample of households, including hospital care, medicine, travel costs, and lost wages).

32. *See* Rob Moodie, *The situation now and possible futures*, *in* Marshall & Hunt, *supra* note 12, at 39 (citing estimations that by the year 2010 infant mortality will increase from twenty-seven to forty-five for every one-thousand persons and average life expectancy will decrease from sixty-nine to forty-five years).

overall population rate may actually decline by 0.7% annually instead of increase.[33] Since the outbreak of the epidemic in the late 1980s, an estimated 300–350,000 people have died of AIDS in Thailand, with 66,000 dying in 1999 alone.[34] The overall effects of the epidemic are certainly difficult to estimate or define, but will no doubt be significant. There may be profound effects on economic productivity, loss of income from declining tourism (one of Thailand's strongest domestic industries), problems related to social stigmatization and discrimination, rising crime rates, and so on. Still, prevalence of HIV continues to grow, with a conservative, low estimate of HIV incidence projected to be around 25,000 new cases annually by the year 2005.[35] Undoubtedly, HIV/AIDS has reached truly epidemic proportions in Thailand, with potentially devastating effects.

III. PART II: THE DOGMA AND STIGMA OF HIV/AIDS

Illness and disease is defined and contextualized with non-medical meanings attributed from social and cultural interpretations.[36] Popular explanations for HIV/AIDS can and have manifested in a variety of non-medical meanings, often infused with religious, social, or political texts. Interpretations of HIV/AIDS can range from explanations defining the epidemic as a punishment for behavior not sanctioned by religion, an imperialist or government plot, or a consequence of medical experimentation gone awry.[37] As people are the bearers of HIV/AIDS, those who contract it are marked with meanings created by the society they live in. Thus, HIV/AIDS is not only an epidemic with medical and health implications, but an epidemic of stigmatization, or

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33. *See id.* (noting the possible population shrinkage and projections that the "total Thai population is expected to be 62 million rather than 76 million").

34. *See* Beyrer, *supra* note 28, at 213 (citing UNAIDS statistics).

35. *See* Kenrad E. Nelson, Editorial Comment, *The demographic impact of the HIV epidemic in Thailand*, 12 AIDS 813, 814 (1998) (citing projections of HIV incidence by the National Economic and Social Development Board of Thailand). This body estimated future HIV incidence rates for the year 2005, with 25,574 new cases projected if Thailand's current AIDS budget (as of 1994) was increased by fifty percent. If it were maintained at then current levels, incidence was projected to be nearly 90,000 cases a year. As Professor Kenrad notes, the 1994 projections did not take into account a decline in the AIDS budget due to the 1997 financial crisis. *Id.* Cuts did in fact take place following the financial crisis. *See* Tangcharoensathien et al., *supra* note 26, at 797. Thus, it is not unlikely that actual annual incidence rates may be significantly higher than 90,000 a year.

36. Michael C. Clatts & Kevin M. Mutchler, *AIDS and the Dangerous Other: Metaphors of Sex and Deviance in the Representation of Disease*, 10 MED. ANTHROPOLOGY 105 (1989) (discussing the symbolic representations of disease).

37. *See* PAULA A. TREICHLER, HOW TO HAVE THEORY IN AN EPIDEMIC 12–13 (1999) (listing a variety of HIV/AIDS explanations, including: a fascist plot to kill homosexuals, a capitalist plot to create markets for pharmaceutical companies, a result of genetic developments through racial mixing, a test from God, etc.).

"signification"—a disease which creates implications for notions of identity and placement within society.[38]

Formal, bio-medical discourse on what would later be known as AIDS first emerged in the United States and Europe in the early 1980s. Patterns of illness first began emerging among patients whom physicians classified in terms of perceived social similarities—the first example of which was a group of homosexual men in California.[39] Researchers then began hypothesizing that links existed between their afflictions and their personal behavior, particularly behavior believed to be associated with gay-male lifestyles—such as recreational drug use or an abundance of sexual activity.[40] In this sense, the study of the disease of AIDS became a study of behavior, with forms of behavior attributed to groups of people who could be defined as "at risk"[41] for AIDS.[42] Thus, when the U.S. Centers for Disease Control (CDC) began identifying people at risk for AIDS infection, it created a hierarchy among groups of people deemed to be at risk for AIDS based on what were perceived to be behaviors commonly associated with such groups. This hierarchy, in order of transmission risk, included persons: 1) involved in male homosexual contact; 2) involved in intravenous drug use; 3) involved in either male homosexual contact or intravenous drug use; 4) with hemophilia; and, 5) involved in heterosexual contact with any person in the above categories.[43]

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38. *See* Robert Crawford, *The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture, and AIDS*, 38 SOC. SCI. & MED. 1347 (1994) (discussing AIDS as a problem of cultural politics and a crisis of identity).

39. *See* Christine Gorman, *The Disease Detective*, TIME (Asian Edition), Dec. 30, 1996–Jan. 6, 1997, at 31–37 (discussing the early work of Dr. David Ho and colleagues in identifying what would later be known as AIDS). The U.S. Centers for Disease Control first published a report on an AIDS-related pneumonia among five patients in Los Angeles in June 1981. *Id.* However, it should be noted that the first cases of what would later be known as AIDS most likely occurred in the United States prior to 1981. *See* RANDY SHILTS, AND THE BAND PLAYED ON 37 (1987) (noting rare appearances of what may have been AIDS related symptoms in 1979).

40. *See id.* at 33 (noting that the very first theories involved causation attributed to past drug use among patients or a "bizarre allergic reaction from having too many sex partners").

41. *See* Carl Kendall, *The Construction of Risk in AIDS Control Programs*, *in* CONCEIVING SEXUALITY 250 (Richard G. Parker & John H. Gagnon eds., 1995) (defining risk as the process by which mortality or morbidity are related to a given form of behavior, and noting that the concept of risk is ultimately a social construction).

42. *See* Nina Glick Schiller, *Risky Business: The Cultural Construction of AIDS Risk Groups*, 38 SOC. SCI. & MED. 1337 (1994) (discussing the construction of risk groups).

43. *See id.* at 1338 (outlining the early CDC hierarchy of risk groups).

Another "at-risk" group was identified after a number of Haitians living in the United States were diagnosed with the disease by 1982.[44] The "at-risk" behavior associated with Haitians came to be defined in terms of racial stereotypes regarding the practice of voodoo and rituals involving animals—like biting the heads off live chickens in religious ceremonies.[45] Likewise, growing awareness of the AIDS epidemic in Africa was rationalized as a consequence of practices black Africans purportedly engaged in, such as eating raw animal meat or sexual contact with monkeys.[46]

The important point to note is that the dominant, bio-medical construction of "risk groups" led to the development of an understanding of HIV/AIDS as an affliction that affected people because of who they *are*, because all of *them*, engage in "at-risk behavior."[47] In this sense, perceptions and characteristics of individuals with HIV/AIDS developed out of already present stereotypes of that person's group associations.[48]

The process by which the stigmatizing self constructs the identities of other persons based on imagined stereotypes is commonly referred to by academics as creation of the "other." This process serves to configure the self's perception of its own identity by differentiating it from that of another person,[49] or more commonly, configuring the identity of "us"—the group of persons the self associates with—versus that of "them"—another group of persons perceived to be different enough to warrant categorizing separately from "us." Early academic discourse on the concept of "self" and "other" was most famously elucidated by Edward Said in *Orientalism*,[50] a study on European renderings of the Arab world. Said's basic contention was that European "imagining" of Arab societies vis-à-vis stereotypical understandings Europeans held of the Middle East gave credence to and justified historical European imperialism.[51] As the "orient" was perceived by Europeans as exotic, lawless, feminine, menacing, and "backwards," such artificial characterizations justified Europe's exploration, intervention, and imposition of colonial rule.

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44. *See* TREICHLER, *supra* note 37, at 47 (outlining the first diagnoses and their impact on the creation of risk groups). Professor Treichler's book well documents social constructions of HIV/AIDS both in the United States, as well as internationally.

45. *See id.* at 114 (discussing gross "exaggeration" of Haitian cultural practices in racist fashions).

46. *See id.* (discussing stereotypes attributed to Africans).

47. *See* Schiller, *supra* note 42, at 1338 (discussing the creation of risk groups as a mechanism by which individuals could be "differentiated from the 'general population'").

48. *See* Crawford, *supra* note 38, at 1348 (discussing the creation of AIDS stereotypes and their perpetuation of previously existing stereotypes).

49. *See* Clatts & Mutchler, *supra* note 36, at 106–07 (discussing the "predication of 'self' and 'other'").

50. EDWARD SAID, ORIENTALISM (1978).

51. *See generally id.*

Medical anthropologists applied the concept of "self" and "other" to the creation of stigma associated with social concepts of illness and health. For example, Susan Sontag's important work, *Illness as Metaphor*,[52] critically analyzed the association of being ill with being blameworthy for that illness. The concept of blaming the victim, or blaming the ill, has psycho-social relevance on a number of levels. On a purely personal level, the healthy individual can differentiate himself from the sick and diseased other by identifying himself as the person who, for whatever reason, made the "right choice" or "does the right things." This operates as a moral justification for differentiating the healthy self from the ill other. As observed by Crawford, the symbol of healthy self reassures the self that "I am healthy. I am not vulnerable because I do things one should do in order to be healthy . . . . I am [therefore] responsible and rational."[53] This distinction reinforces the practice of placing "boundaries" between healthy and ill individuals, enabling healthy individuals to distance themselves from the blameworthy ill.[54] Thus, the individual without HIV/AIDS tends to rationalize his own status by way of separating himself from the stigmatized behavior of those fringe "sub-cultures" of society who do have HIV/AIDS. The healthy, HIV– self has made the "right choices" of not engaging in homosexual sodomy or using heroin, whereas the HIV+ other is afflicted with the disease for engaging in such "wrong" behavior.

The psycho-social division between the healthy self and ill other is also reinforced by notions of social obligation,[55] and used to rationalize societal neglect of ill individuals. The healthy populace deems itself "normal" by virtue of the fact that they still participate as productive members of society. Whereas the ill are depicted as "drains on society"—individuals who, due to their illnesses, impede society's progress due to time and money wasted for medical care.[56] Categorizing

52. SUSAN SONTAG, ILLNESS AS METAPHOR (1978). Sontag's work is primarily about the meanings and stigmas associated with tuberculosis and cancer. She later wrote an equally important work on AIDS entitled AIDS AND ITS METAPHORS (1988).

53. Crawford, *supra* note 38, at 1356.

54. *See id.* ("[T]here is also a social distancing from the 'unhealthy,' a further stereotyping of already stigmatized groups who then, because of their 'irresponsible' habits, are confirmed in their otherness." *Id.*).

55. *See* SONTAG, supra note 52, at 72–82 (discussing disease as a metaphor for an unstable society or political body).

56. *See* Crawford, *supra* note 38, at 1358. ("The disorientation of the [ill] individual is simultaneously a disordering of social relations; social roles are not

the ill as impediments whose continued existence only burdens society, therefore justifies societal neglect. That neglect is reinforced when the illness at hand is perceived as one in which the illness-bearer is deemed "deserving" of his situation due to his personal actions or vices.[57] Thus, society shows more sympathy for the "innocent" victims of illness, than those whose actions are perceived to have contributed to their ill status. The individual in need of an organ transplant due to reasons beyond his control deserves more sympathy than one who needs a transplant due to excessive alcohol or drug abuse. Likewise, the infant born with HIV, or the individual who contracts HIV through blood infusion, deserves more sympathy than the gay man or IDU who was infected through the "wrong" vices of homosexual sex and drug use.[58] The innocent AIDS baby receives society's attention and sympathy, whereas the HIV+ gay man or IDU are treated with scorn and neglect. This "moral model" holds the wrongdoer as being both responsible for his HIV+ positive status, and therefore responsible for a solution to his predicament.[59] Because he is responsible for his situation, society at large can reject any notion of responsibility for a solution.

The sick other can also be constructed to rationalize not only neglect, but antagonism. The sick other can be perceived as an entity which both bears and spreads illness to the healthy self, representing a dangerous source of contamination.[60] This understanding is typically transposed to scenarios where a social group can be singled out and stigmatized to further nationalist or extremist agendas.[61] History is rife with examples of social groups being targeted for allegedly harboring destructive

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performed, obligations are not met, medical care may be costly, and the sick may require extensive care giving, especially by family members." *Id.*).

57. *See* Clatts & Mutchler, *supra* note 36, at 109 (noting that participation in socially "deviant" activities justifies society's "abdication of responsibility" for those who fall ill due to such activities).

58. *See* Clyde B. McCoy et al., *The Medicalization of Discourse Within an AIDS Research Setting*, *in* POWER IN THE BLOOD 39, 46–47 (William N. Elwood ed., 1999) (noting how those who have contracted HIV through sex or drug use are perceived to be at fault by society for their situations).

59. *See id.* (discussing the concept of the moral model in framing the relationship between human behavior and medical consequences). In the moral model, the ill individual is responsible for his illness, and for the solution to his illness. This is to be contrasted with the medical model, in which the ill individual is not to blame for his illness because it is caused by forces beyond his control, and is therefore not responsible for a solution. *Id.*

60. *See* Dennis Altman, *Political Sexualities*, *in* CONCEIVING SEXUALITY 99 (Richard G. Parker & John H. Gagnon eds., 1995) (noting that the creation of AIDS risk groups gave rise to the idea of quarantining particular groups of people).

61. *See* Schiller, *supra* note 42, at 1344 (noting that the process of stereotyping groups can be used to create policies aimed towards separating those deemed threatening from the "general population").

intentions by spreading illness.[62] Construction of the ill other as a dangerous entity serves to scapegoat that other for the destruction he has brought to the community.[63] The HIV infected individual becomes not only an other not worthy of societal support or sympathy, but also a "Typhoid Mary" figure that seeks vengeance by infecting the innocent with a deadly plague.[64] The anxiety and antagonism created by such depictions are reinforced with notions of infection being transmitted in the most secure or innocent of environs, such as the image of the HIV+ dentist purposefully infecting his patients with contaminated tools,[65] or the athlete who competes with others in sporting events, not disclosing his HIV+ status.[66] Popular American media is replete with imagery of an evil entity, willfully spreading disease or illness to an innocent populace, a familiar plot to a number of well-known media texts.[67] The fear of a disease-spreading other, compounded by anxieties and stereotypes, only reinforces social antagonism towards the disease-bearers.

The bio-medical discourse of risk-groups and psychosocial creation of the HIV+/AIDS-infected other can thus function to justify neglect, and antagonism, towards the disease-bearer. Because the disease bearers are deemed responsible for their status, their alleged behavior, spoken in terms of already existing stereotypes, serve as a message of both scorn and warning, and a harsh reminder of the need to conform to

62. *See* Clatts & Mutchler, *supra* note 36, at 109 (noting how Jews were accused of spreading the plague in Christian Europe in the middle ages).

63. *See* Kevin A. Clark, *Pink Water: The Archetype of Blood and the Pool of Infinite Contagion*, *in* POWER IN THE BLOOD 9 (William N. Elwood ed., 1999) (discussing stereotypes of "enemy" groups accused of willfully spreading diseases).

64. *See id.* at 15 (discussing depictions of HIV+ individuals who purposefully intend to infect others with the virus).

65. *See id.* at 17 (discussing the case of David Acer, a dentist accused of purposefully infecting his patients).

66. *See id.* at 19–20 (discussing the case of Greg Louganis). Louganis was a world renowned diver who struck his head on the diving board during the 1988 Summer Olympics. It was later reported that he knew he was HIV+ at that time, but had not publicly disclosed his status. *Id.* at 19.

67. *See, e.g.*, MOONRAKER (United Artists 1979)—an evil madman intends to repopulate Earth with a "super-race" after destroying humanity with a poison derived from a rare flower; OUTBREAK (Warner Bros. 1995)—U.S. military conspiracy to develop a biological weapon from a virus; 12 MONKEYS (Universal Pictures 1998)—a deranged scientist creates a deadly virus to destroy a corrupted humanity; MISSION IMPOSSIBLE 2 (Paramount Pictures 2000)—terrorists create a virus to capitalize on sales of an antidote. In cases of art imitating life, or vice versa, imagery of destruction through the intentional spread of disease is reinforced by its occurrence in real life, as witnessed by the dissemination of both real anthrax and hoax versions in 2001 throughout the United States.

predominant social principles.[68] The HIV+ IDU is perceived as flawed and deserving of his illness because of his self-indulgent addiction to heroin, irresponsible nature, and neglect of social obligations.[69] The HIV+ gay man is perceived as deserving of his illness for flaunting the social morés of heterosexuality and engaging in rampant, hedonistic sex with multiple, homosexual partners.[70] Thus, the epidemic of HIV/AIDS, a virus transmitted by bodily fluids, became an epidemic of stigma associated with social identity.

It can be argued that social stigmas in Thailand about those with HIV/AIDS also originated from categorization of risk groups. The bio-medical construction of risk groups to explain the epidemic was adopted by Thai public health authorities at the outset of the disease.[71] The early response of general society to the HIV/AIDS epidemic was relatively ambivalent because it seemed initially confined to select "risk groups" such as homosexual men and IDUs[72]—deviant populations that "general society" could choose to neglect.[73] The perception that it was confined to these groups contributed to a general "medical-moral" understanding of the epidemic in which risk of transmission paralleled behavior generally deemed immoral by mainstream Thai society.[74] Only upon the epidemic's spread from FCSWs to male clients at an alarmingly high rate did Thai authorities begin taking aggressive steps in implementing anti-HIV/AIDS policies.[75] Early initial reactions soon became motivated more by fear than apathy as the prospect of a national HIV/AIDS epidemic gained public attention. For example, a government bill was drafted in 1989 that would have allowed health authorities to quarantine

68. *See* Crawford, *supra* note 38, at 1359 (discussing how the symbolism of AIDS is used to encourage conformity with social mandates).

69. *See* Clatts & Mutchler, *supra* note 36, at 109 (discussing characteristics commonly attributed to homosexuals, alcoholics, and drug addicts).

70. *See id.* (outlining characteristics believed to "typify" homosexual male behavior).

71. *See* Chris Lyttleton, *Messages of Distinction: The HIV/AIDS Media Campaign in Thailand*, 16 MED. ANTHROPOLOGY 363, 365 (1996) (discussing the adoption of the risk group model in Thailand).

72. *See supra* note 9 and accompanying text for a description of the spread of HIV/AIDS among the population.

73. *See* Fordham, *supra* note 2, at 260 (noting that the early stages of the epidemic "legitimated and reinforced existing social prejudices" against homosexuals, drug users, and female prostitutes).

74. *See id.* at 262–65 (discussing the social construction of the Thai HIV/AIDS epidemic as a consequence of the bio-medical understanding of HIV/AIDS bearers as members of social groups distinguished by their behavior). Fordham employs the term "medical-moral" to describe a discourse in which the "risk group" concept reinforces a belief that transmission is related to perceptions of moral behavior among the infected. *Id.* at 270. *See also* Lyttleton, *supra* note 71, at 365 (noting that the early Thai anti-HIV education campaigns adhered to the "risk group" framework).

75. *See supra* notes 11–14 and accompanying text for a description of the Thai response.

HIV+ individuals and restrict their movement.[76] A number of high-profile Thai medical researchers continue to employ the risk group framework in their work.[77] The stigma and fear associated with the disease became a recognized problem, and Thai authorities have since taken strong measures to counteract stigma with human rights and awareness programs, largely because of pressure from local non-governmental organizations.[78] In any case, the realization that HIV/AIDS has become a national problem, instead of one confined to individuals who could be neglected as social deviants, has engendered a need among many Thais to understand why the epidemic has become so widespread in Thailand.

IV. PART III: REPRESENTATIONS OF BLAME FOR THE HIV EPIDEMIC IN THAILAND

Collective anxiety about the epidemic first translated to a finger of blame directed at foreigners. The belief that HIV/AIDS was a disease of foreigners may stem from the fact that the first known AIDS case in Thailand had lived abroad and had a western partner.[79] The second known case was a male commercial sex worker who was also believed to have had western partners.[80] HIV+ foreigners were denied entry to the country.[81] The presence of a notoriously large and well-known sex industry catering to (mainly male) foreign visitors[82] also reinforced the belief that foreigners were responsible to some extent for HIV/AIDS in Thailand.[83]

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76. *See* Ungphakorn & Sittitrai, *supra* note 6, at S155 (describing provisions of the draft "AIDS Act"). The proposed law was never enacted. *Id.* at S157.

77. *See* Fordham, *supra* note 2, at 265–68 (providing an overview of prominent Thai research bodies that have employed the risk group model to explain the epidemic).

78. *See* Ungphakorn & Sittitrai, *supra* note 6, at S161–62 (discussing human rights principles in the official national policies towards HIV/AIDS).

79. BEYRER, *supra* note 1, at 20.

80. *Id.*

81. *See* Ungphakorn & Sittitrai, *supra* note 6, at S155 (describing early reactions to the HIV/AIDS epidemic).

82. *See* Annette Hamilton, *Primal Dream: Masculinism, Sin, and Salvation in Thailand's Sex Trade*, *in* SITES OF DESIRE, ECONOMIES OF PLEASURE 145 (Lenore Manderson & Margaret Jolly eds., 1997) (discussing the widespread perception among non-Thais that commercial sex is widely available in Thailand). This perception is so prevalent that an English-language dictionary published by *Longman's* defined Bangkok in part as "a place where there are a lot of prostitutes." *Id.*

83. *See* Alison Clements, *Reprieve for Thailand's AIDS Campaign*, 305 BRIT. MED. J. 211 (1992) (quoting a Thai politician in reference to foreign sex tourists: "We do not want that tourist money. We do not need to be called 'Thailand: the sex capital.'").

Placing blame on foreigners for HIV/AIDS raises important issues in the understanding of the epidemic. "Foreign-origin" theories for social illnesses have important implications in terms of removing feelings of guilt or responsibility for an illness and attributing its cause to others.[84] On the most extreme and general level, such "conspiracy" theories have appeal in a context of international or inter-ethnic tensions. Although widely discredited, there have been characterizations of AIDS as a disease purposefully created to destroy "unwanted populations" in the third world.[85] A less caustic example of an extremely controversial theory was promulgated in an internationally best-selling book, *The River*, attributing the origin of HIV to experimental polio vaccine trials in central Africa.[86]

Perhaps a more widely accepted theory in Thailand is that, regardless of the exact origin of HIV, foreigners are responsible for conditions which accelerate its spread, specifically, prostitution. For example, it is often noted that although forms of prostitution in Thailand may have existed for several centuries,[87] the number of FCSWs greatly increased in the 1960s with the presence of U.S. military forces in the region.[88] This explanation comports with gender and race theorists who argue that western men objectify Asian women as sex objects who are to be used at whim.[89] Commentators particularly emphasize forms of institutionalized military masculinity where racial and sexual objectification of women allegedly thrives.[90] It also appeals to critics of the U.S. military presence in Asia,

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84. *See* Anita M. Waters, *Conspiracy Theories as Ethnosociologies: Explanation and Intention in African American Political Culture*, 28 J. BLACK STUD. 112, 112–14 (1997) (discussing the attraction of conspiracy theories, particularly in attributing responsibility for wrongs to those of other ethnic groups).

85. *See* TREICHLER, *supra* note 37, at 12–13 (listing conspiracy theories explaining the existence of AIDS).

86. *See generally* EDWARD HOOPER, THE RIVER: A JOURNEY BACK TO THE SOURCE OF HIV AND AIDS (1999). Hooper's hypothesis was that HIV developed out of a simian version of the virus, caused by the use of green monkey derivatives in experimental polio vaccines used by western researchers in Africa during the 1950s. His hypothesis does not attribute HIV/AIDS as an intentional creation of western scientists. However, it evokes images of medical experimentation on human subjects gone awry. *Id.*

87. *See* Mark VanLandingham & Nancy Grandjean, *Some Cultural Underpinnings of Male Sexual Behavior Patterns in Thailand*, *in* SEXUAL CULTURES AND MIGRATION IN THE ERA OF AIDS 127, 128–29 (Gilbert Herdt ed., 1997) (discussing the origins of prostitution in Thailand prior to the 1960s).

88. *See* Maria J. Wawer et al., *Origins and Working Conditions of Female Sex Workers in Urban Thailand: Consequences of Social Context for HIV Transmission*, 42 SOC. SCI. & MED. 453, 454 (1996) (discussing the historical origins of prostitution in Thailand).

89. *See* Lenore Manderson, *Parables of Imperialism and Fantasies of the Exotic: Western Representations of Thailand—Place and Sex*, *in* SITES OF DESIRE, ECONOMIES OF PLEASURE 123, 123–25 (Lenore Manderson & Margaret Jolly eds., 1997) (discussing the interplay between racial stereotypes and post-imperialist ideologies in the western portrayal of Asian women).

90. *See* Julie Yuki Ralston, *Geishas, Gays and Grunts: What the Exploitation of Asian Pacific Women Reveals About Military Culture and the Legal Ban on Lesbian,*

who allege that the U.S. military is, either explicitly or implicitly, responsible for the growth of prostitution among areas in which it operates.[91] Commentators have noted that both U.S. and Thai military officials cooperated in developing policies allowing for lucrative "rest and recreation" opportunities for U.S. soldiers based in Thailand.[92]

Although the U.S. military still maintains an occasional presence in Thailand,[93] the predominant foreign client of Thai FCSWs are no longer U.S. soldiers but civilian sex tourists from a variety of nations.[94] The influx of civilian sex tourists followed the exodus of U.S. military forces in Thailand, who had paved the way for the creation of a commercial sex infrastructure.[95] Thailand's tourist industry has grown tremendously since the Vietnam War with the assistance of the World Bank.[96] It is estimated that the number of foreign tourists visiting Thailand grew from 1.8 million in 1980 to 5 million in 1995.[97] Overall, tourism is Thailand's largest foreign currency earning industry.[98] Nightlife that caters to foreign visitors is notoriously well-known: "Patong [a red light district in a popular tourist destination] turns out to have more bars than Alcatraz . . . . composed of a dozen nationalities from Australian,

Gay and Bisexual Service Members, 16 L. & INEQ. J. 661, 671–89 (1998) (arguing that the military has developed a racist and sexist culture encouraging hyper-masculinity and objectification of women).

91. *See* SAUNDRA POLLOCK STURDEVANT & BRENDA STOLTZFUS, LET THE GOOD TIMES ROLL: PROSTITUTION AND THE U.S. MILITARY IN ASIA 305 (1992) (arguing that "[a]ccess to indigenous women's bodies" is a necessary component of the U.S. military's policies to support the morale of soldiers stationed abroad).

92. Elizabeth Rho-Ng, *The Conscription of Asian Sex Slaves: Causes and Effects of U.S. Military Sex Colonialism in Thailand and the Call to Expand U.S. Asylum Law*, 7 ASIAN L.J. 103, 109–11 (2000) (describing agreements that facilitated the development of the commercial sex industry in the 1960s).

93. *See* ROBERT O. TILMAN, SOUTHEAST ASIA AND THE ENEMY BEYOND: ASEAN PERCEPTIONS OF EXTERNAL THREATS 133–34 (1987) (describing continued U.S. connections to Thailand since the Vietnam War).

94. Alison Clements, *Thailand Stifles AIDS campaign*, 304 BRIT. MED. J. 1264 (1992) (noting the magnitude of foreign sex tourism and its financial significance for Thailand's economy).

95. *See* Rho-Ng, *supra* note 92, at 111–13 (discussing the presence of foreign civilian sex tourists in Thailand).

96. *See* RYAN BISHOP & LILLIAN S. ROBINSON, NIGHT MARKET: SEXUAL CULTURES AND THE THAI ECONOMIC MIRACLE 98 (1998) (discussing development of the tourist industry in Thailand). Coincidentally, former U.S. Secretary of Defense Robert McNamara was president of the World Bank when it began helping Thailand develop its tourist industry. *Id.*

97. *See* Rho-Ng, *supra* note 92, at 112–13 (citing estimates of tourist visitors to Thailand).

98. *See* BISHOP & ROBINSON, *supra* note 96, at 97–98 (discussing Thailand's tourist industry).

Austrian and American to English and German, Norwegian and Swedish."[99] Organized "sex tours" bring male visitors to Thailand to visit commercial sex establishments catering to foreigners.[100] A subset of these sex tourists in Thailand have been pedophiles.[101] The presence of so many foreign sex tourists in Thailand reinforces a popular Thai theory of foreign responsibility for prostitution,[102] offering an explanation that can be confirmed through daily observation.

On a related yet wider level, blame is directed at "The West" not just for the specific ill of modern commercial sex proliferation, but for a general decline in "traditional values." As a starting point, this theory posits a division of world societies into distinctive categories with fundamentally different value systems. Modern western philosophers, such as Adam Smith and Karl Marx, both contributed to an understanding of "West versus East," in which the West would develop through rational stages of history, but the East would remain static and bound to feudal value systems.[103] More recently, well-known works by western thinkers posited reductionist visions of entire civilizations in conflict, such as in Bernard Barber's *Jihad vs. McWorld*[104]—where western, liberal capitalism clashes with Islamic civilization, or Francis Fukuyama's *The End of History and the Last Man*[105]—where western, liberal capitalism and democracy proliferates throughout the world with the end of communism. This concept of East vs. West provides a simple model to explain social or economic phenomena. "Asian values" were frequently cited as an explanation for the prominent rise of East Asian economies in the 1980s and 1990s.[106] In this context, "Asian values" are perceived to stress community harmony, hard work, and obedience to authority, whereas the West is perceived as morally corrupt, and its people preoccupied with individual liberties.

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99. Dean Johns, *What? No Gigolo A Go Go?*, HIS, Mar. 1997, at 50–51 (Malaysian magazine describing a visit to the red light district of Patong on Phuket island in southern Thailand).

100. *See* Donna R. Lee, *Mail Fantasy: Global Sexual Exploitation in the Mail-Order Bride Industry and Proposed Legal Solutions*, 5 ASIAN L.J. 139, 161 (1998). (describing "fantasy love tours" to Southeast Asia).

101. *See* Vandana Rastogi, *Preserving Children's Rights: The Challenges of Eradicating Child Sexual Exploitation in Thailand and India*, 22 SUFFOLK TRANSNAT'L L. REV. 259, 263–67 (1998) (discussing pedophile tourists in Thailand).

102. *See* ALISON MURRAY, PINK FITS: SEX, SUBCULTURES AND DISCOURSES IN THE ASIA-PACIFIC 67 (2001). ("The underlying premises are that America is at fault . . . ." *Id.*).

103. *See* ANDRE GUNDER FRANK, REORIENT: GLOBAL ECONOMY IN THE ASIAN AGE 322–23 (1998) (discussing assumptions behind a theory of an "asiatic mode of production").

104. BERNARD BARBER, JIHAD VS. MCWORLD (1995).

105. FRANCIS FUKUYAMA, THE END OF HISTORY AND THE LAST MAN (1992).

106. DAVID I. HITCHCOCK, FACTORS AFFECTING EAST ASIAN VIEWS OF THE UNITED STATES 1–2 (1997) (discussing the role of value systems and cross-cultural perceptions to explain the "East Asian Economic Miracle" and noting that "East Asian cultures tend to stress the community over the individual, and harmony and stability over personal freedom").

Malaysian Prime Minister Dr. Mahathir Mohamad frequently cited "Asian values" as an explanation for the region's economic successes, and simultaneously warned of the dangers of western culture.[107] For Dr. Mahathir, the West is a civilization in decline—"riddled with single-parent families, which foster incest, with homosexuality . . . [e]ven their pleasure seeking has begun to bore them, leaving them totally empty or addicted to the thrill of drugs and other vices."[108] On the other hand, Asia has preserved its "values, traditions, and religions,"[109] with Asian family values being of utmost importance. In Dr. Mahathir's opinion, the homosexual marriages or single parent families of western nations simply "are not families. A family exists when a man and a woman are joined in marriage and have children. The western redefinition of the family is totally unacceptable."[110]

Maintaining strong values, thus, has become a matter of concern for some Thais who fear the replacement of traditional, indigenous social morés with the hedonism and materialism they associate with the West. The extent to which a sense of moral decline is perceived as a byproduct of "modernization" is difficult to quantify. Some Thai intellectuals and social activists have long advocated for the preservation of a rural, village-based "peasant culture" which resists integration with a capitalist, industrializing state.[111] Some Thai academics have opined that "in the past Thai society was ruled by a polite courtesy which created a harmonious culture . . . . But Thai society has changed . . . . Disregarding the moral principles, the hearts of our people have deteriorated to the point where we could now call Thailand a 'land of violence.'"[112] They warn that today's "students have little sense of right

107. *See* MAHATHIR MOHAMAD & SHINTARO ISHIHARA, THE VOICE OF ASIA 72 (1995). ("Materialism, sensual gratification, and selfishness are rife . . . . Asia has now caught up. Fortunately, the countries of Asia have not totally succumbed to western culture along the way; they have retained much of their distinctive traditions. This will, in the long run, save us from the decay befalling the West today, which has its roots, I believe, in the decline of western culture itself." *Id.*).

108. *Id.* at 80–81.

109. *Id.* at 81.

110. *Id.* at 86.

111. *See* Chatthip Nartsupha, *The Community Culture School of Thought*, *in* THAI CONSTRUCTIONS OF KNOWLEDGE 118, 126–34 (Manas Chitakasem & Andrew Turton eds., 1991) (discussing the origins and substance of the Thai "community culture" school of thought, which focuses on the preservation of long-standing rural community values in response to the perceived threat of capitalist development).

112. Kriengsak Charoenwongsak, *From "land of smiles" to "land of violence"*, BANGKOK POST, June 1, 1997, at Perspective 3.

or wrong."[113] Particularly disturbing to some is the trend towards more sexually promiscuous behavior not only among students,[114] but youth in general. The crux of such concerns focuses on the perceived declining influence of the patriarchal family and its role in socializing children with appropriate norms of behavior:

> Thais used to live together in extended families .... Within the family, husband and wife were to raise their children and teach them social values and norms. The husband had ritual superiority over his wife and was the head of the family. Hence, the wife was supposed to show respect for her husband in certain symbolic ways.
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> ....
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> The child was expected to be dutiful and submissive towards the parents, showing loyalty and compliance at an early age. He or she should behave well, which first of all meant paying respect for elders.[115]

The fear that the modern family is failing to protect and control young people is exemplified in news articles titled: "Traditional Thai values take a nosedive as today's youth go headlong into the Sexual Revolution."[116] Such fears rest on the assumption that when family influence erodes, its traditional role in controlling sex diminishes, resulting in greater sexual promiscuity among youth.[117]

In this sense, the change in values can be understood as a consequence of Thailand's rapid economic development and inevitable interface with an increasingly global culture and economy. However, a general erosion of traditional values is not the only consequence of international economic integration and development. Many commentators claim that rapid development has specifically contributed to the growth in Thailand's large sex industry. This argument focuses on development programs that encouraged migration to industrial Bangkok and other commercial areas from rural agricultural provinces.[118]

In the transition from small, local farming communities to an export oriented nation, land ownership was consolidated by business elites for the efficient production of cash crops, resulting in both less local land

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113. HITCHCOCK, *supra* note 106, at 13.

114. *See* Karnjariya Sukrung, *Sex and the Single Student*, BANGKOK POST, Sept. 3, 1997, at Outlook 1 (discussing a survey among college students and noting a "loss of morals" among Thai women).

115. Sobha Spielmann, *The Family in Thailand and Drug Demand Reduction: Problems of Urban Thai Society in Transition*, 46 BULLETIN ON NARCOTICS 45, 45–46 (1994).

116. Subhatra Bhumiprabhas, *Traditional Thai values take a nosedive as today's youth go headlong into the Sexual Revolution*, THE NATION, Aug. 21, 1997, at C1.

117. *See* KENNETH MACKINNON, THE POLITICS OF POPULAR REPRESENTATION: REAGAN, THATCHER, AIDS, AND THE MOVIES 63–64 (1992) (discussing the family as a "means of sexual control").

118. *See* Wawer et al., *supra* note 88, at 454 (noting that the modern growth in FCSWs is due to the United States military presence, sex tourists, and economic development policies favoring urbanization "at the expense of the agricultural sector").

ownership and less local income opportunities.[119] Younger people from the poorer rural areas travel to Bangkok or other urban areas to seek economic opportunities. This trend diminishes the family's traditional role as the basic unit in Thai society's hierarchical system of social order:

> The independent incomes now earned by members of the family have effectively reduced the function of the family as a productive unit and have also somewhat eroded the authority of parents, especially the father as head of household.[120]

This analysis echoes the understanding that economic development has led to the erosion of traditional family values, as discussed previously. But there are significant economic implications on persons as well. Young rural women, otherwise without the benefit of educational and employment opportunities accessible to the urban upper classes, may find commercial sex work to be a lucrative and attractive option to earn income quickly.[121] Likewise, male migrants separated from their families and local communities seek entertainment by frequenting FCSWs.[122]

The argument that poverty, and the need to obtain economic security in a rapidly changing economy, is the primary reason for the proliferation of the sex industry is not unsupported by data. Significant amounts of empirical evidence exist to validate this understanding. The majority of FCSWs are believed to be from the agricultural and poor North and Northeast regions of Thailand.[123] HIV prevalence is also generally higher in those regions than in Central or Southern Thailand.[124] In one study, rural women reported income as the most common reason to pursue work in Bangkok.[125] Those women came "chiefly from farming families with large numbers of

119. *See* Anchalee Singhanetra-Renard, *Population Movement and the AIDS Epidemic in Thailand*, *in* CULTURES AND MIGRATION IN THE ERA OF AIDS 70, 73 (Gilbert Herdt ed., 1997) (discussing trends in rural land ownership).

120. Juree Vichit-Vadakan, *Women and the Family in Thailand in the Midst of Social Change*, 28 LAW & SOC'Y REV. 515, 518 (1994).

121. *See id.* at 77–78 (discussing the option of commercial sex work for women striving for economic security and social mobility).

122. *See* Brown et al., *supra* note 5, at S134 (noting frequent commercial sex patronage by male truck drivers and fishermen).

123. *See* PASUK PHONGPAICHIT, FROM PEASANT GIRLS TO BANGKOK MASSEUSES 36 (1982) (discussing rates of migration); Brown et al., *supra* note 5, at S133–34 (outlining studies where FCSW populations were predominantly from the North and Northeast).

124. *See* Brown et al., *supra* note 5, at S132–34 (describing differences in prevalence by region and noting that "[l]abor-driven migration in particular may play a large role" in regional variations).

125. *See* PHONGPAICHIT, *supra* note 123, at 14 (describing survey results of a sample of women working at Bangkok massage parlors, eighty-five percent of whom reported that increasing family income was the reason they migrated to Bangkok).

dependents. Most of them had left because of the pressure of poverty."[126] The author of that study, Pasuk Phongpaichit, concluded that the problem of commercial sex work was primarily economic:

> The migration is thus an intrinsic part of Thailand's economic orientation. Thailand's strategy depends internationally on accepting a dependent and vulnerable role in the world economy, and depends internally on keeping the primary sector in a dependent and tractable state. A business which sets girls out of the poorer parts of the countryside and sells their services to the urban earner and to the foreign visitor is merely the mirror image of this hierarchy of dependence.
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> . . . .
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> . . . The only real solution is a long-term one, and it lies in a massive change in the distribution of income between city and country, and in a fundamental shift in Thailand's orientation to the international economy.[127]

Also, because economic inequities and development policies explained the modern sex industry, Phongpaichit argued that pathologies within Thai culture were not responsible for the commercial sex industry:

> There are, of course, many other poor countries in a similarly dependent state . . . . Few of them, however, have developed a "trade" which comes close to [that of Thailand's]. Yet it is no good seeking an explanation for this in any eternal characteristics of Thai culture. There is nothing especially "loose" about Thailand's rural women.[128]

This understanding of responsibility for Thailand's large sex industry appeals to a nationalist instinct to blame social and economic woes on "globalization" and the economically dominant West.[129] This theory is attractive because it can be validated by real experience. Thailand is a relatively poor country in comparison to western nations, foreign sex tourists do have a strong presence in Thailand, and international financial and economic trends do indeed have a major impact on social and economic conditions within the country. This is most recently evidenced in the economic hardships experienced by Thais, and those of other Asian nations, following the 1997 financial crisis.[130] The after effects of the crisis included a sharp increase in unemployment and poverty in Thailand,[131] factors believed to contribute to women entering

126. *Id.*
127. *Id.* at 75–76.
128. *Id.* at 75.
129. *See* MURRAY, *supra* note 102, at 66–67 (noting blame for the commercial sex industry on "North-South inequalities" and foreign influence); Muecke, *supra* note 15, at 894 (claiming that the Thai press "does not recognize an indigenous history of prostitution" and attributes prostitution to "demand by foreign men coupled with local rural poverty").
130. *See* Mary Jordan, *Middle Class Plunging Back to Poverty*, WASH. POST, Sept. 6, 1998, at A01 (discussing the effects of the Asian Financial Crisis on South Korea, Indonesia, and Thailand).
131. *See* Keith B. Richburg, *The Path From Boom to Bust Leads Home*, WASH. POST, Sept. 8, 1998, at A1 (discussing unemployment and poverty following the Asian Financial Crisis).

the sex industry. Not coincidentally, some within Asian nations blamed the West for the financial crisis, particularly, currency speculators "wanting to destroy weak countries."[132]

Yet despite these understandings of foreign culpability for the nation's sex industry, however appealing they may be, many Thai anti-HIV/AIDS education campaigns have emphasized Thai personal behavior as the locus for intervention. Campaigns have stressed a return to "traditional values" and practices such as sexual abstinence before marriage and monogamy.[133] Particular emphasis has been placed on "family values" in the content and imagery of educational materials. For example, messages warning ". . . love your family, don't share needles, don't be promiscuous and you won't get AIDS,"[134] or "[the] family will be happy if every member is free from AIDS."[135]

The focus on discouraging sexual promiscuity, particularly among men, arose with the recognition that the most common form of HIV transmission was between FCSWs and their heterosexual male clients.[136] A shift from a model directing blame towards western sex tourists, cultural influences, or economic forces, to Thai personal behavior, implicitly recognizes some local culpability for the existence of the HIV/AIDS epidemic in Thailand. Especially because local Thai men are known to patronize FCSWs at high rates,[137] making the sex industry catering to local men much larger than that catering to foreign visitors.

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132. *Malaysia's Misdiagnosis*, THE ECONOMIST, Aug. 2, 1997, at 15. *See also* Tom Fennell, *Asia's Growling Tigers*, MACLEAN'S, Oct. 6, 1997, at 61 (describing Indonesian commercials featuring currency traders as terrorists); Mahathir Mohamad, *The Need for Choices*, CIVILIZATION, June/July, 1999, at 86. ("The weapon used by Western capitalists was simple. Their victim's currencies were devalued so that they lost much of their purchasing power." *Id.*).

133. *See* Ungphakorn & Sittitrai, *supra* note 6, at S159 (describing anti-HIV/AIDS campaigns as "top down" and emphasizing traditional moral and family values).

134. CHRIS LYTTLETON, ENDANGERED RELATIONS: NEGOTIATING SEX AND AIDS IN THAILAND 41 (Harwood Academic Publishers 2000). For other examples of content and imagery in Thai anti-HIV/AIDS educational material *see id.* at 37–66.

135. Fordham, *supra* note 2, at 271. The emphasis on morality-based messages may be related to a worldview in which social problems are viewed primarily as manifestations of immoral behavior. *See id.* at 270 (discussing the importance of moral understanding of HIV/AIDS among Thais).

136. *See* Chris Lyttleton, *Knowledge and Meaning: The AIDS Education Campaign in Rural Northeast Thailand*, 38 SOC. SCI. & MED. 135, 137 (1993) (discussing the predominant themes in anti-HIV/AIDS campaigns as being related to needle use among IDUs and promiscuity).

137. *See supra* notes 17–19 and accompanying text.

In some regions of Thailand, forty-eight percent[138] and eighty-eight percent[139] of male study samples had at some time paid for sex. The proclivity with which some Thai men visit FCSWs is apparently related to, as some commentators argue, constructions of perceived masculine roles. Anthropologists have argued that drinking alcohol and visiting prostitutes with friends are considered typical masculine traits that should be adhered to.[140] For some Thai men, drinking and then visiting prostitutes is perceived as an almost normal ritual: "When people have money, they get drunk. If they are drunk they go [to the brothel]."[141] Men visiting prostitutes is so common that some wives or girlfriends accept it, although reluctantly, as an unchangeable aspect of "a man's nature."[142] This may be because of the claim that Thai men are to some extent expected to be impulsive and act on sexual urges as a form of gender role fulfillment.[143] Heterosexual men are expected to affirm their masculinity with other men by having sex with women.[144] This may result in a "sense of entitlement" among men to have sex often, and with multiple partners, including of course, FCSWs.[145]

Although the degree to which Thai men are responsible for the country's large sex industry through widespread patronage of FCSWs seems apparent, and is acknowledged by the anti-promiscuity messages of HIV/AIDS education campaigns, much of the stigma of perceived responsibility for widespread transmission of HIV remains on female prostitutes. Fordham has hypothesized that a popular perception of FCSWs as being primarily to blame for HIV/AIDS rests on understandings of FCSWs as being deviant and dangerous.[146] Some aspects of the Thai anti-HIV/AIDS education campaign may have reinforced this message. In a review of the content of HIV/AIDS education material, Chris Lyttleton argues that a distinct theme or

138. *See* Maticka-Tyndale et al., *supra* note 19, at 203 (sampling men in rural Northeast Thailand).

139. *See* Fordham, *supra* note 2, at 274 (sampling men in a Northern district of Thailand).

140. *See id.* (documenting observations on Thai male behavior and discussing the importance of drinking alcohol and visiting prostitutes as a social activity for men).

141. Maticka-Tyndale et al., *supra* note 19, at 206–07.

142. Lyttleton, *supra* note 136, at 140. Lyttleton is correct to point out, however, that certainly not all Thai men engage in commercial sex with prostitutes. *Id.*

143. *See* VanLandingham & Grandjean, *supra* note 87, at 132 (discussing gender expectations and the "typical" Thai man). This of course is not uncommon in other societies, such as in the United States. Whereas "good" women are expected to retain their virginity, and not be overly sexually active, men are typically expected to exercise their masculinity by having as much sex as possible.

144. *See id.* at 137 (discussing the role of men visiting prostitutes as a male social ritual).

145. *Id.* at 133.

146. *See* Fordham, *supra* note 2, at 260 (discussing how "existing social prejudices" against "deviant populations" contribute to continued simplifications and demonization of categorically-defined groups such as female prostitutes).

variations of themes emerging from much of the material depict FCSWs as dangerous sources of HIV infection.[147] In many educational television commercials, emphasis is placed on female prostitutes assumed to be HIV+, who therefore pose a threat to male clients:[148]

> [One] spot shows a brothel owner telling a CSW (commercial sex worker) she is infected and ordering her to clean the place rather than see clients. She responds by saying she'll just go elsewhere to work: "I'm more scared of starving." A voice-over warns "you" (the audience) can get AIDS anytime".
>
> . . . .
>
> One vignette has a doctor telling the prostitute she is infected. The shot cuts to a man's face as we hear: "one day it could be you."[149]

The message of these images is that the female prostitute is the AIDS infected "other," whom the uninfected man should fear and shun. By reducing the risk of transmission into such a simplified model, an understanding of responsibility for HIV infection is placed more on the FCSW as the source of infection, rather than any male responsibility contributing to the spread of the disease, namely, the degree to which male patronage of FCSWs is so prevalent. Thus, a simplified construction of the female prostitute as the embodiment of HIV-associated danger,[150] serves to direct responsibility and blame for the epidemic on her behavior, rather than other factors.

Another argument exists which focuses blame on Thai government authorities for the proliferation of the HIV/AIDS epidemic. For example, although prostitution is technically illegal in Thailand, the government legalized the operation of massage parlors in 1966, which today remain as well-known fronts for commercial sex.[151] "Behind the scenes" commercial sex transactions are also widely available at other "legitimate" fronts in urban areas, such as tea houses, discos, night clubs, and restaurants.[152] Some assert that local police are either apathetic to, or

147. *See* LYTTLETON, *supra* note 134, at 50–54 (reviewing the content of government-sponsored anti-HIV/AIDS television commercials and their depiction of female prostitutes).

148. *See id.* at 51. ("The implication is that it only matters that the woman is infected for the threat she poses to men." *Id.*).

149. *Id.*

150. *See* Fordham, *supra* note 2, at 287 (asserting that the society's fear of HIV/AIDS "crystallized" into attention and fear directed towards female prostitutes).

151. *See* Muecke, *supra* note 15, at 892 (discussing the history of commercial sex in Thailand). Technically, the service being offered at massage parlors are massages, but the majority of women working in the parlors also provide sex to clients.

152. *See* PHONGPAICHIT, *supra* note 123, at 9 (describing places where sexual services can be found).

complicit with, the continued operations of such establishments. Anecdotal reports suggest that local police receive bribes from establishment owners in return for protection.[153] Police actually helped authors of studies on commercial sex at massage parlors by offering them tours, and arranging interviews.[154] On a wider level, the national government once even moved to stifle the public HIV/AIDS awareness campaign intentionally. Following the military's installation of an army commander as prime minister in 1992,[155] the subsequent government announced its decision to tone-down the HIV education campaign, suggesting that the country's epidemic was "over-blown" and that the awareness campaign "seriously affected tourism."[156] This awareness of tourism's importance to the overall economy allegedly puts the government in a "position of not wanting to enforce its own law against prostitution."[157] The 1992 government was shortly replaced after a series of violent pro-democracy protests occurred, and the HIV/AIDS campaign was later restored to previous levels.[158]

A common characteristic of this understanding of responsibility for the HIV/AIDS epidemic seems to be a focus on modern, twenty-first century phenomena. Whether it be an erosion of traditional values due to western influence, the role of the U.S. military and foreign sex tourists in the proliferation of the modern commercial sex industry, the impacts of economic development, or police corruption, all these forces can be understood as relatively recent phenomena. The one exception, however, is Thai male patronage of FCSWs, as discussed above.

Commentators have argued that the acceptance and popularity of understandings of HIV/AIDS which either focus blame on the role of foreigners, or "excuse" the growth of the sex industry as a correlate of economic development, effectively remove scrutiny from the social problem of Thai male patronage of FCSWs.[159] Forms of prostitution or

153. *See* BISHOP & ROBINSON, *supra* note 96, at 101–02 (outlining anecdotal reports suggesting police complicity with commercial sex establishments).

154. *See* PHONGPAICHIT, supra note 123, at 11–12 (describing how massage parlors are "well protected" by police in return for money, and how police assisted researchers in conducting studies of massage parlors).

155. *See* MICHAEL LEIFER, DICTIONARY OF THE MODERN POLITICS OF SOUTH-EAST ASIA 224–25 (1995) (discussing the military's appointment of General Suchinda Krapayoon as Prime Minister in 1992).

156. *See* Clements, *supra* note 94, at 1264. (describing announcements by Deputy Minister Charoon Ngamphichet to curtail the HIV awareness campaign because of its negative effect on foreign tourism).

157. Muecke, *supra* note 15, at 896.

158. *See* Clements, *supra* note 83, at 211 (discussing the restoration of the HIV/AIDS campaign after the pro-military government was removed).

159. *See* Muecke, *supra* note 15, at 895 (noting that although such understandings are valid in themselves, they ignore the problem of Thai male patronage of prostitutes).

polygamy have existed in Thailand long before the influx of the U.S. military and foreign sex tourists. There is, however, disagreement on when and how prostitution emerged on a significant level. There are suggestions that an indigenous form of prostitution originated in the fifteenth century, when migrant male laborers were required to work for local nobles.[160] Another theory credits the influx of merchants and trading communities as being responsible for the "large scale" proliferation of prostitution in the nineteenth century.[161] However, it should be noted that historical indigenous traditions have contributed to an environment where women were perceived as appendages of men. Male polygamy was legally recognized in 1361,[162] and became an acceptable practice as a symbol of wealth and status among men.[163] Male nobles were allowed to have several wives simultaneously until the early twentieth century.[164] It was also legal until the late nineteenth century for men to sell wives or daughters to other men as a form of payment.[165] Although no longer legal today, the practice of retaining multiple wives is still practiced.[166]

Academics have argued that Thai male patronage of FCSWs, or other forms of male privilege vis-à-vis access to women as sexual commodities, is attributed to ideologies of Thai women's social roles flowing from patriarchal gender concepts derived from Thai Therevada Buddhism.[167] This argument proceeds as follows: Core concepts of

160. *See id.* at 892 (discussing the history of prostitution in Thailand).

161. *See* PHONGPAICHIT, *supra* note 123, at 3–4 (attributing prostitution to immigrant communities).

162. *See* LYTTLETON, *supra* note 134, at 131 (discussing history of polygamy in Thailand).

163. *See* PHONGPAICHIT, *supra* note 123, at 4 (discussing polygamy as a practice of the social upper classes).

164. *See* VanLandingham & Grandjean, *supra* note 87, at 130 (discussing tradition of polygamy).

165. *See* Muecke, *supra* note 15, at 892 (discussing the sale and purchase of women).

166. *See* VanLandingham & Grandjean, *supra* note 87, at 130 (discussing the practice of having a second wife, or minor wife, known as a *mia noi*). *Mia noi* translates literally to "little wife," and although a man and *mia noi* are not legally married, the man is still expected to care for the well-being of the *mia noi* and other offspring which result from their relationship. *Id.* Other, lesser wives exist informally. For example, the *mia gep*—a "kept wife"—and *mia chao*—a "rented wife."

167. For a thorough discussion on the status of women in the Thai practice of Buddhism *see generally* KHIN THITSA, PROVIDENCE AND PROSTITUTION: IMAGE AND REALITY FOR WOMEN IN BUDDHIST THAILAND (1980). For a general overview of academic commentary on women and Thai Therevada Buddhism, and its relationship to prostitution *see* Fordham, *supra* note 2, at 282–86.

Therevada Buddhism include the ideas of *dukkha*—the "suffering, misery, pain, death" that is caused by worldly desires and the world in which humans live[168]—and *nibbana*—elimination of *dukkha*.[169] Although all humans strive to free themselves of *dukkha* by following the moral precepts of Buddhism, men and women are perceived differently in terms of the behavior by which they can free themselves from the world of *dukkha*. This is illustrated in *jataka*—religious stories recited at Buddhist rituals in which men play the role of monks striving to stay on the path towards obtainment of Buddhist goals, and women, who are not allowed to be monks, are perceived in secondary roles supporting male monks.[170] This division of labor assumes an understanding of men as being more able to obtain the Buddhist goals of freedom from *dukkha*, whereas women are, by negative inference, more attached to the world of desires that create *dukkha*.[171]

This foundation has manifested in at least two understandings of women's characters and roles in Thai Buddhist social construction. First, because women are perceived to be more attached to the world of desires, they symbolize the threat of desire to the Buddhist man seeking salvation (i.e. they appeal to sexual desires among men).[172] This explains why women are not allowed to enter the monkhood in Thai Therevada Buddhism, or even to touch them or have any physical contact with monks at all.[173] Women's menstruation is perceived as particularly strong symbol of uncontrolled, female threat. Menstruating women are not allowed to enter Buddhist monasteries, and women's undergarments are washed separately from those of men.[174]

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168. *See* Santikaro Bhikkhu, *Foreword* to BUDDHADASA BHIKKU, KEYS TO NATURAL TRUTH vii, xi (Santikaro Bhikkhu et al. trans., Mental Health Publishing 3d ed. 1999) (1988) (defining *dukkha*).

169. *See* BHIKKU, *supra* note 168, at 25–26 (describing *nibbana* as the freedom achieved when *dukkha* is eliminated).

170. *See* Charles Keyes, *Mother or Mistress but Never a Monk: Buddhist Notions of Female Gender in Rural Thailand*, 11 AM. ETHNOLOGIST 223, 227–29 (1984) (describing the "Blessings of Ordination" story in which a mother saves herself from hell by supporting her son's entrance into the monkhood).

171. *See id.* at 226 (discussing how men and women allegedly differ in respect to their attachment to the world).

172. *See* Fordham, *supra* note 2, at 288–91 (discussing variations on themes of women as beings associated with sexuality).

173. *See* Juree Vichit-Vadakan, *Women and the Family in Thailand in the Midst of Social Change*, 28 L. & SOC'Y REV. 515, 522 (1994) (discussing prohibitions on female contact with monks). *See generally* CHATSUMARN KABILSINGH, THAI WOMEN IN BUDDHISM (1991); THITSA, *supra* note 167, for discussions on women's roles vis-à-vis Thai Therevada Buddhism.

174. *See* Shigeharu Tanabe, *Spirits, Power and the Discourse of Female Gender: The Phi Meng Cult of Northern Thailand*, *in* THAI CONSTRUCTIONS OF KNOWLEDGE, *supra* note 111, at 183, 188–89 (discussing menstruation as a sinful act of "pollution" in Northern Thai Buddhist worldview).

Second, although women are not allowed ordination into the monkhood to participate in the obtainment of *nibbana*, they are expected to gain merit and obtain *nibbana* by supporting the family son's ordination to monkhood,[175] and otherwise gain Buddhist merit through the giving of alms and prayer. This idealized understanding of women places them in the esteemed, yet still secondary, role of mother-figure, whose primary duties include supporting and nurturing the family. The woman's ideal role in the family is to be a "source of goodness, . . . [who] symbolizes virtue and selfishness. She is the pivot of one's moral obligations that revolve around the family. Her purity symbolizes the wholeness of the home."[176] Idealized visions of women in the Thai social order typically portray women as being selfless and faithful supporters of the family, whose importance was likened to "the elephant's hind legs, indispensable but obviously created to follow."[177]

Thus, commentators have claimed that these gender roles in Thai Therevada Buddhist social construction inform an understanding of women as being economic assets. According to this argument, Thai Buddhists strive to obtain *nibbana* through good acts—to increase good *kamma*.[178] Thai Buddhists perceive those with higher social status—such as nobility or monks—as having more *kamma*.[179] Because women are not allowed to enter the monkhood themselves, but are expected to support male ordination into monkhood, and otherwise support the Buddhist religion by giving alms and prayer, women are encouraged to sacrifice themselves for the good of others, namely, men. The act of a woman making merit—giving money to family and temples—"is perceived by her and by folk and doctrinal Buddhism as an independent activity in which she is being a good Buddhist."[180] The woman is thus "quantified in terms of the money she

175. *See* A. Thomas Kirsch, *Text and Context: Buddhist Sex Roles/Culture of Gender Revisited*, 12 AM. ETHNOLOGIST 302, 306 (1985) (discussing the ideal role of the mother in supporting the son's entrance to the monkhood in *jataka*).

176. NIELS MULDER, INSIDE SOUTHEAST ASIA: RELIGION, EVERYDAY LIFE, CULTURAL CHANGE 102 (The Pepin Press 1996).

177. THE LIONESS IN BLOOM: MODERN THAI FICTION ABOUT WOMEN 1 (Susan Fulop Kepner trans., ed., University of California Press 1996) [hereinafter THE LIONESS IN BLOOM]. *See id.* at 1–5 for a general descriptive narrative on women in Thai society.

178. *See* BHIKKU, *supra* note 168, at 41–42 (describing the concepts of good and bad *kamma*).

179. *See* Muecke, *supra* note 15, at 893 (discussing perceptions of social status and relation to *kamma*).

180. *Id.* at 894.

brings to the family, the monastery, and society."[181] For poor women lacking other opportunities, becoming a prostitute serves as an effective way to still be a "good Buddhist," and explains the common practice of FCSWs engaging in merit-making activities like giving alms to temples,[182] or sending money to support their families. Among one study sample of FCSWs, between sixty-one percent and seventy-nine percent sent money earned through their work to family members, and some parents even visited brothels to collect money from their daughters.[183] Those participants believed that the stigma associated with commercial sex work was negated by the money they produced and sent back home.[184] Needless to say, the proposal that Buddhism is in any way responsible for, even indirectly, justifying prostitution, is a controversial topic among academics[185] and rejected by many Thais.[186]

In summary, it should be noted that many of these explanations for HIV/AIDS contain some degree of validity. Indeed, many academic commentators or activists argue that the epidemic is the result of a number of factors interacting simultaneously.[187] The purpose of this section was to

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181. Chay-Nemeth, *supra* note 16, at 221.

182. *See* Muecke, *supra* note 15, at 894 (describing the practice of FCSWs going to temples to give money).

183. *See* Wawer et al., *supra* note 88, at 457–58 (discussing survey results of a sample of FCSWs on family and relationships).

184. *See id.* at 458 (discussing attitudes among the study samples). Reponses included: "'Some folks don't say anything (when I go home). Some congratulate me for bringing home the money. Some may look down upon me but I don't care.' 'Folks in the North don't ask such questions [about their work]. They don't despise us . . . .' 'They welcome us.' 'They all do this.'" *Id.*

185. For example, Kepner notes that the reaction to Khin Thitsa's work—KHIN THITSA, PROVIDENCE AND PROSTITUTION: IMAGE AND REALITY FOR WOMEN IN BUDDHIST THAILAND (1980), which was highly critical of Thai Buddhism and its alleged links to prostitution, "predictably ranged from outrage to curt dismissal." THE LIONESS IN BLOOM, *supra* note 177, at 36 n.55. Kirsch states that Thitsa's claim "that Buddhism encourages the sexual degradation of Thai women is based in her radical feminist perspective . . . ." Kirsch, *supra* note 175, at 306. Several academics warn that reducing the problem of prostitution to a discourse focusing exclusively on Buddhism is reductive. *See* Chay-Nemeth, *supra* note 16, at 228 (exploring the relationship between Buddhism, gender roles, and prostitution, but claiming that "I do not mean that Thai Buddhism indirectly encourages Thai women to become [commercial sex workers] . . . ."); Keyes, *supra* note 170, at 236. ("Those who seek to discover the cultural roots of prostitution should look less at the traditional Buddhist culture of gender and more at the emergent materialistic culture that has unmoored the actions of both men and women from Buddhist values." *Id.*). Still, many perceive a significant link between religious practice and the conditions that contribute to the HIV epidemic. *See* Chay-Nemeth, *supra* note 16, at 228 (quoting remarks by a participant in an HIV/AIDS conference as saying "[m]any of us would agree that the fight against AIDS in Asia will be lost or won through education programs whose effectiveness will often depend upon the interrelationships between culture and religion").

186. *See* Muecke, *supra* note 15, at 894 (noting that "Thai authors risk censorship or worse for linking prostitution and Buddhism on the grounds of defiling religion" and how a documentary on prostitution was deemed an "instrument to destroy Buddhism").

187. *See* Chay-Nemeth, *supra* note 16, at 219 (outlining the interplay of factors that contribute to the commercial sex industry and HIV/AIDS); Alex Y. Seita, *Globalization and the Convergence of Values*, 30 CORNELL INT'L L. J 429, 489 (1997) (asserting that sex industries in developing nations result from the interaction of poverty, culture, and affluent foreign sex tourists).

isolate these theories to identify the extent each of them focus responsibility for HIV/AIDS on different phenomena. The question worth examining then becomes the extent to which these ideologies have gained prominence in popular discourse about the HIV/AIDS epidemic. Such an examination can provide insight as to what dominant messages of blame and responsibility for HIV/AIDS circulate in Thai popular culture, and therefore how discourse on HIV/AIDS is characterized.

V. PART IV: HIV DOGMA IN POPULAR FILM

It is important to distinguish between images of HIV/AIDS communicated though televised public education campaigns versus those communicated through popular film. The most obvious difference between the two is time length. Public health commercials are often considered pedagogic and paternalistic in style, their objective being to disseminate a single and strong message in a short amount of time.[188] Both public health commercials and film can make use of "active" audience participation—the use of imagery to invoke meanings from already existing social understandings.[189] Commentators on Thailand's anti-HIV/AIDS campaigns have argued that the substance of many commercials have drawn from pre-existing ideas about morality and common stereotypes, particularly about FCSWs, which serve to reinforce those stereotypes and the related social stigma.[190] Film can certainly have the same results,[191] but it can also serve as an ideal vehicle to mediate and deepen understandings and provoke multiple interpretations of substance at length. Films have therefore become an important medium for the dissemination of "cultural capital to vast audiences,"[192] and deserve attention and analysis.

Two recent Thai films have featured HIV/AIDS as topic matter, *Sia Dai* (1995) and *Sia Dai* 2 (1996).[193] Both are important because they remain the only two major Thai films that have depicted HIV/AIDS, and

188. *See* JOHN TULLOCH & DEBORAH LUPTON, TELEVISION, AIDS AND RISK 30 (Terry Threadgold ed., 1997) (discussing public health commercial content and style).

189. *See id.* at 14 (discussing different theories of the audience in television).

190. *See* LYTTLETON, *supra* note 134, at 37–66 (reviewing content of public health commercials and other television spots and arguing that stereotypical themes exist in many such productions); Fordham, *supra* note 2, at 286–92 (arguing that the official Thai discourse on HIV/AIDS draws from stereotypes about FCSWs and gender).

191. *See* MACKINNON, *supra* note 117, at 14 (discussing film and television and their potential to disseminate political and social views).

192. Irving Epstein, *Street Children in Film*, 29 CURRICULUM INQUIRY 375, 375 (1999).

193. *Sia Dai* is an expression of regret for a lost opportunity.

problems associated with HIV/AIDS, at length. Both films were made by Prince Chatri Chalerm Yukol, a member of the Thai royal family, and arguably one of the most well-known and acknowledged filmmakers in Thailand.[194] Both films were also critically acclaimed,[195] and *Sia Dai 2* was named best picture at the Thai National Film Award competition.[196] This is also remarkable because local films with "controversial" topics are not typically successful in Thailand, one reason being that film content must meet substantial content guidelines or risk censorship by government authorities.[197]

Sia Dai would be considered a "mockumentary" in English film vernacular. It is a purely fictional depiction of characters from a third-person perspective, yet occasionally interwoven with documentary style footage in which the characters speak directly to the camera (you). The story develops around the lives of four high school age female students in Bangkok; Pam, Ngaw, Duen, and Pu, but makes frequent use of "flashback" scenes to depict moments involving each of the girls' relationships with their families.

Each of the four characters is from lower or middle class backgrounds, with the exception of Pu, who is somewhat well-off.[198] Pam's father is a strict and controlling police officer, and her mother a food industry worker with a penchant for gambling. The father frequently beats the mother, particularly when he catches her gambling with friends. Ngaw's parents have migrated to Bangkok from the North to open a small restaurant. Her father is an alcoholic who also beats both Ngaw and her mother. Duen's father was previously a cargo lifter but now paralyzed

194. *See* LEE SERVER, ASIAN POP CINEMA: BOMBAY TO TOKYO 118 (1999) (discussing Yukol's work and describing him as among "the most accomplished and certainly the most idiosyncratic of Thai filmmakers"). Yukol's latest film, SURIYOTHAI (Prommitr Productions 2001), an historical drama, gained the backing of the royal family and went on to be the biggest grossing Thai film in history. Chuck Stephens, *New Thai Cinema Hits the Road*, VILLAGE VOICE, Sept. 12–18, 2001, at 124. Yukol did make an earlier film called RONGRAM (1974), about prostitution. "Rongram" means hotel. However, this was long before the HIV/AIDS epidemic existed as it is known today.

195. *See* SERVER, *supra* note 194, at 118 (describing *Sia Dai* as Yukol's first "smash hit"); Miti Wilas, *Sequel a Definite Must—See: The Inspiration Behind the Man*, THE NATION (Thai newspaper), Dec. 6, 1996, at C1 (describing *Sia Dai* as "excellent" and *Sia Dai* 2 as a "must-see").

196. Federation of National Film Association of Thailand, *Best Picture Awards Film (1999–2001)*, http://www.thainationalfilm.com/english/E23000/Ebestpic_award.html (last visited Aug. 11, 2002).

197. *See* Annette Hamilton, *Cinema and Nation: Dilemmas of Representation in Thailand*, *in* COLONIALISM AND NATIONALISM IN ASIAN CINEMA 156 (Wimal Dissanayake ed., 1994) (describing the Cinema Act of 1930, which allows censorship of films deemed too violent, sexually obscene, and critical of Buddhism, the royal family, or government). *See id.* at 141–61 for general information on popularly accepted films.

198. I use these generalizations with caution. A Thai "middle class" socio-economic categorization does not carry the same connotation as it does in the United States.

and bedridden due to a back injury. Her mother works as a freelance prostitute to support Duen, a younger sibling, and the father. Pu's parents are divorced. Her mother left the father because of his mistress, and then moved to Bangkok to remarry. Her father, a butcher from the South, sent Pu to live with her mother and new stepfather to attend a private school in Bangkok. Neither her father nor mother realizes, however, that her new stepfather sexually assaults Pu on a regular basis after her mother goes to sleep.

The four girls forge a strong friendship, and move in to an apartment together to escape from their parents. Most of their time is spent wandering around shopping malls or enjoying themselves at a disco. Pu and Ngaw both find boyfriends—Pu's boyfriend is a drug dealer and Ngaw's a disc jockey at the disco they like to frequent. Much of their time is also spent using drugs—sniffing glue, and smoking marijuana, and so much of the film simply depicts scenes of the girls and their friends using drugs. The drug use escalates in severity, and Pam and Pu eventually begin injecting heroin, and become addicted. Pam and Duen also become prostitutes, although for different reasons. Pam becomes a prostitute to support her heroin habit, whereas Duen is seemingly a prostitute to support herself, pay for her younger sister's schooling, and care for her bedridden father. Her mother, who is also a prostitute, becomes infected with HIV, and later develops AIDS.

After one of Pam and Pu's friend dies from a heroin overdose, Pam returns home, and her father tries to remedy her withdrawal symptoms. He later brings her to a Buddhist monastery to participate in a rehabilitation program run by monks. Pu's father arrives from the South, and also places her in a treatment program. Ngaw's father arrives and takes her back home as well. The film fast forwards to a future time, and closes on an ambivalent note, with Pu, Ngaw and Duen, sadly reflecting on their experiences while visiting Pu at her treatment center. It is revealed that Pam has returned to drug use, and although it is suggested that the remaining three girls have changed their lifestyles, it is unclear what the future will bring.

Several consistent themes permeate *Sia Dai*. First, the four main characters—the girls—are portrayed principally as victims. Although all of them engage in drug use and/or prostitution, the film suggests that they do so to escape from painful experiences and memories associated with their families, such as physical or sexual abuse. One exception is Duen, who prostitutes herself to care for her family and, particularly, her paralyzed father. In this sense, the four

girls' behavior, devious as it may be, seems justified in the sense that it is motivated by reasons beyond their control. This sense of victimhood emanates from popular expectations of role and identity. The theme of a "suffering woman" is popular in Asian cinema, including Thai films.[199] The victimization of a young girl seems particularly abhorrent in modern societies.[200] Particularly troublesome are the images of the girls either prostituting themselves, or being sexually assaulted.[201] Their victimhood is further reinforced by their behavior. Although drug use and prostitution is typically perceived as devious, they are also self-harming activities—their drug abuse and prostitution harms and defiles their bodies, not others.[202] This would be contrasted by behavior in which the girls actually harm others—behavior which would create antagonism and not sympathy between the audience and characters. For example, this can be seen in the film *Kids* (1995), in which the teen characters are portrayed more as violent and hateful young criminals victimizing others.[203] However, none of the girls in *Sia Dai* are portrayed in this light.

A gender division is also apparent in the behavior of the characters. Females are portrayed either as victims (the girls), or in a negative light. Duen's mother is a prostitute, Pam's mother compulsively gambles, Ngaw's mother is distant and aloof, and Pu's mother cannot accept the notion that her new husband sexually abuses Pu, and she even blames Pu for being "oversexed" and forces her to leave the home. Males, however, are portrayed less superficially. Many of them are depicted in typical antagonist roles—as clients of prostitutes, drug dealers, or physically and sexually abusive. Yet at the same time, Ngaw's boyfriend is portrayed as a caring savior and father figure. Pam's father is particularly distinguished. Early in the film he is physically abusive, but only when he catches his wife and Pam after "bad acts" such as gambling and drug use. The punishment of abuse is excessive, yet seems "justified" to the extent that the females were engaging in improper behavior. This line of reasoning is highlighted in the end of the film, when

199. *See* Annette Hamilton, *Family Dramas: Film and Modernity in Thailand*, 33 SCREEN 259, 265 (1992) (discussing the theme of feminine suffering in Thai films).

200. *See* Margaret Mead, *Theoretical Settings 1954*, *in* CHILDHOOD IN CONTEMPORARY CULTURE 7 (Margaret Mead & Martha Wolfenstein eds., 1955) (discussing adult perceptions of children, and arguing that adults almost universally view children as vulnerable and in need of protection across cultures).

201. Children are generally perceived as being sexually innocent. *See* JUDITH ENNEW, THE SEXUAL EXPLOITATION OF CHILDREN 1 (1986). There are numerous "shock" images used throughout *Sia Dai*, including a scene where Pu attempts suicide after being sexually assaulted by her step father.

202. *See* Tom Hall & Heather Montgomery, *Home and Away: "Childhood", "Youth" and Young People*, 16 ANTHROPOLOGY TODAY 13 (2000) (noting the different perspectives of children "in trouble" and children who are "troublesome").

203. *See* Epstein, *supra* note 192, at 378–80 (discussing analysis of the North American film KIDS (Pioneer 1995)). The child characters in *Kids* are depicted largely as violent and uncaring delinquents, at times racist, sexist, and dishonest. At one point, they brutally attack and beat an individual nearly to death.

the father, with the intent of helping his daughter as best he can, actually handcuffs Pam to prevent her from finding heroin again and to mitigate her withdrawal symptoms. He epitomizes the patriarchal father who both controls and protects his daughter from sin. Similarly, Pu and Ngaw's fathers are also depicted, in the end of the film, as sympathetic figures that arrive to remove their daughters from the dangerous world of drug use and unsanctioned sex and take them back home. Thus, while *Sia Dai* acknowledges male wrongdoing, it also vindicates them as saviors. Females, however, are not similarly vindicated. They are either victims or antagonists. The only absolution for wrongdoing occurs when the girls themselves seemingly give up their bad habits, and therefore become "normal."

The theme of family in turmoil is also prevalent throughout *Sia Dai.* None of the four girls' families represent a traditional extended family model, where values of cohesion and conformity are socialized in harmonious environments.[204] All of the families are troubled and dysfunctional to some degree. The girls' drug use is largely understood as a means by which they can escape from the problems of their families. They move in together away from their home environments. The absence of parental authority simultaneously "liberates" them to pursue the vices of drug use and sexual promiscuity, yet exposes them to the dangers of an environment without familial protection.[205] Appropriately so, when their fathers arrive to reclaim the daughters and take them home at the close of the film, it is suggested that this action changes their habits because the daughters have rejoined the family unit where they rightfully should be.

The family "breakdown" also reflects the concern of unyielding modernization—a theme related to an understanding of traditional family values under assault from changing social morés:

> The rapid socio-economic development process exercises tremendous strains on Thailand's social institutions. In its wake, the Thai family, as an institution, has come under extraordinary pressure and been exposed to eroding forces. In particular, the modern urban Thai family, which usually is a nuclear one, appears to have come under massive siege and is in danger of losing its identity and stabilizing role in society.[206]

204. *See* Spielmann, *supra* note 115, at 45–46 (discussing the importance of family in Thailand).

205. *See* Epstein, *supra* note 192, at 377 (discussing the symbolism of children living away from home).

206. Spielmann, *supra* note 115, at 49. Spielmann defines the eroding effects of modernization as creating an ideology of materialism, need for achievement, widening economic gaps, the stress of urban living, and media, which promote violence and drug use. *See id.*

The modern, urban imagery of metropolitan Bangkok is repeatedly used as backdrop throughout the film. When not partying in large discos, the girls and their friends interact and use drugs in typical hyper-urban settings—shopping malls, under bridges, high-rise rooftops, or abandoned railroad areas. In one scene, the girls get high and declare how badly they want to go to America. In contrast, the only two non-urban environments in *Sia Dai* are affiliated with positive change in lifestyle—the Buddhist monastery that Pam is sent to, and the seaside treatment center that Pu attends, which also serves as the closing backdrop for the end of the film. The characterization of modern Bangkok as the corrupting environment is reinforced through the lives of the characters. Ngaw and her family, it is revealed, are economic migrants to Bangkok from the rural North. Pu comes from the South. In one of the opening documentary segments, her father states: "If I had known she would become a broken girl, I would have sent her to [another province to study]. . . better than being a whore in Bangkok."

Finally, a secondary theme of economic victimization is alluded to as well. Pam and Duen live in a slum-area tenement. Both Duen and her mother are prostitutes, we are told, to support the other family members. Ngaw's family migrated to Bangkok because her father didn't make enough money as a teacher in the North.

The emphasis on modern environment being to blame for the corruption and victimization of its four main characters in *Sia Dai* is contrasted by the story in *Sia Dai 2*. Yet, some themes are shared by both films. Although *Sia Dai 2* involves drug use and HIV/AIDS, it is not a sequel to the first film and has completely different characters. The two main characters are a 13-year-old girl, Rose, and her father, Rabin. Rose's family is extremely wealthy. Rabin is a well-known classical music conductor, and his wife, Margaret, is a ballet instructor. Much of the early part of the film simply depicts the seemingly happy and perfect life of Rose and her upper class family.

At the same time, a subplot develops involving a scoop-hungry television investigative journalist, Paisanee, who discovers some discrepancies in government screening of blood banks for the HIV virus. After several encounters with a completely apathetic government minister who has a tendency to fall asleep during HIV/AIDS conferences, she learns that the deficiencies in screening may have resulted in one person receiving HIV infected blood from a blood bank.

Rose mysteriously falls ill. Rabin takes her to a physician, who later informs him that his daughter has AIDS. Rabin first goes through a process of denial, and neglects to inform Rose or the other family members of her diagnosis. Time passes, and eventually Rabin informs his wife Margaret and Rose that she has AIDS. The parents calmly

confront Rose and ask her how she could have become infected with HIV. Rose is predictably shocked and grief-stricken, and has no idea how she was infected because she has never used drugs or had sexual relations. After making inquiries, the family later discovers that Rose was indeed that one person who received HIV infected blood during a medical procedure several years prior.

After learning this story, Paisanee interviews Rose and her family for her television news program. Segments of the program are showed, in which Paisanee introduces the piece by saying: "This is a rich family. They have everything. They are happy. But . . ." and then proceeds to identify and interview Rose and her family and disclose her HIV+ status. Shortly after the show airs, Rose and her entire family become shunned by acquaintances and strangers alike. Her brother is teased and bullied at school, her elder sister loses friends, Margaret loses students in her ballet classes, and the next door neighbors discourage their son—a friend of Rose—from visiting her again. At the same time, the family faces stigma from others; Rabin, although depicted as a loving and good father of Rose, struggles internally with his own fears about contracting HIV/AIDS, but eventually overcomes them.[207] The family ultimately concludes that going public with Rose's status was a bad idea.

Throughout this affair, Rose becomes suicidal, and consumed by sadness, confusion, and shame. She feels tremendously guilty for having AIDS, although not her fault, and also for the negative publicity she believes she has brought to her family.[208] She contacts and befriends An, a young HIV+ woman who works with a grassroots HIV/AIDS education organization, whose advisor is a physician and expert on HIV/AIDS. The older An, who has hardened herself to the stigma of AIDS from others, receives counsel from the physician advisor about Rose, and becomes a consoling and supportive older sister figure for her. An herself contracted HIV from heroin use. Consumed by guilt, Rose eventually runs away from home and moves in with An for several days, who she believes is the only person who can understand her predicament

207. Rabin's character somewhat parallels the attorney character in the American film, PHILADELPHIA (Tri Star Pictures 1993) in which the attorney of an AIDS patient faces and overcomes his own prejudices and beliefs about homosexual men and HIV/AIDS and becomes a heroic figure.

208. For a discussion on the emotional issues involving persons with AIDS and their family relationships, *see generally* Gregory A. Bechtel & Nualta Apakupakul, *AIDS in Southern Thailand: Stories of Krengjai and Social Connections*, 29 J. ADVANCED NURSING 471 (1999).

and feelings. However, An herself eventually calls Rabin and asks him to pick up her daughter because she believes it is better for Rose to return to her loving family. The film concludes with Rabin arriving to take his daughter back home. At the same time, An begins experiencing severe AIDS related medical problems. The film's final scene closes with An on her deathbed, with Rose, Rabin, and the rest of her family standing supportively at her side.

Sia Dai 2's principal theme is not the medical effect of AIDS, but the destructive effects and unfairness of the stigma of AIDS on Rose and her family. The alienating stigma they encounter, and therefore the sympathy of the audience, is heightened by the sense of injustice surrounding the identity and circumstances of the victim. Rose comes from a happy and successful upper class family. Rose personifies the truly innocent young victim of HIV/AIDS—she has never engaged in the typical "risk" behavior of intravenous drug use or careless sexual promiscuity. She obtains HIV through blood transfusion, a mistake born from the irresponsibility of others. If ever there was an "undeserving" victim of AIDS, it would be Rose.[209]

On a second level, the only other person with AIDS depicted at length in *Sia Dai 2* is An, the heroin user. It is noteworthy that focus is placed on a heroin using young woman, as opposed to a man, because the overwhelming majority of IDUs in Thailand are believed to be males.[210] The choice of her character as a young woman may reflect an attempt to provoke a sympathetic response for her health status as a young woman, as opposed to a male.[211]

What is particularly noteworthy of *Sia Dai 2*, however, may be what is *not* depicted. Heterosexual transmission of HIV is by far the most common mode of transmission in Thailand, with intravenous drug use being a significant, but still distant, second-highest known mode.[212] Transmission through blood transfusions is actually the least common mode of HIV transmission.[213] In this sense, *Sia Dai 2* is more or less a typical and conservative, film, as it

209. Generally speaking, HIV/AIDS is considered a disease associated more with lower socio-economic classes than the wealthy. *See* Boondee Atikij et al., *HIV Prevalence in Upper Socioeconomic Level Hospital Patients, 1991–1993*, 27 S.E. ASIAN J. TROPICAL MED. & PUB. HEALTH 449, 450 (surveying and comparing rates of HIV prevalence among patients at elite, private hospitals, and public medical clinics, and noting that "the HIV epidemic in Thailand may be far more advanced among lower socio-economic groups").

210. *See* Kachit Choopanya et al., *Risk Factors and HIV Seropositivity Among Injecting Drug Users in Bangkok*, 5 AIDS 1509, 1510 (1991) (describing a sample of 601 IDUs in Bangkok, ninety-five percent of them being male).

211. *See* Hamilton, *supra* note 199, at 265 (discussing the theme of feminine suffering in Thai films).

212. *See* WONGKHOMTHONG ET AL., *supra* note 1, at 13–14. (discussing distribution of reported AIDS cases between 1984–94). 76.4% of cases were attributed to heterosexual sex, 15.4% had unknown modes of transmission, and 7.2% of cases were attributed to intravenous drug use. *Id.*

213. *See id.* (noting that transmission through blood transfusions for AIDS cases in 1984–94 occurred in only 0.2% of the cases).

portrays the dramatic affairs of people in the upper classes, a popular dramatic formula in Thailand, while the lives of "ordinary people" do not often receive the same attention.[214] Because of Rose's identity as the innocent and good daughter of a wealthy family, it would only make sense that she is infected by blood transfusion, rather than by sexual promiscuity or intravenous drug use—behavior popularly associated with alienated sub-groups in Thai society. To do that would have lessened the impact of *Sia Dai 2*'s message—to condemn the stigma of HIV/AIDS. If Rose had acquired the disease through sex or drug use, the audience would have perceived her as being a "deserving" recipient of AIDS, not a purely innocent victim, and the stigma would seem justified. The ironic end effect of *Sia Dai 2*'s message is that the stigma of HIV/AIDS is terrible and unjustified—when it happens to a wealthy 13-year-old girl and her family. Yet, the stories of the vast majority of other people with HIV/AIDS is not told. The problem of heterosexual transmission, the frequent practice of Thai men patronizing FCSWs, and indeed, the very existence of the commercial sex industry, is not questioned at all. Their stories remain in the realm of "otherness."

The first *Sia Dai*, however, offers some explanation of those problems. In the foreground, *Sia Dai* principally focuses on the problem of drug use among youth, and a general decline in "family values." In the background, the specter of HIV exists as a result of the drug use—the girls and their friends are shown sharing their syringe needles. But the reason that the girls have turned to drugs in the first place is to escape from the realities of their family environments. The two girls who prostitute themselves do so to support their drug habit (Pam), or to support their family (Duen). Therefore, the principal culprits in *Sia Dai* are the eroding "traditional values" of families in modern, urban Thailand, and the financial pressures these families face. The culpability of male patronage of female prostitutes is muted in the process.

Males are depicted as commercial sex clients in two scenes from *Sia Dai*. Males are also portrayed in a variety of other negative roles in both films—drug users or dealers, sexual predators, violent or alcoholic, or apathetic civil servants.

Yet, males are ultimately portrayed in both films as positive father figures who arrive to "save" their daughters, reinforcing a message of patriarchy and return to the protective family unit. The daughters in both films are all depicted as victims to be sympathized with. What are

214. *See* Hamilton, *supra* note 199, at 259–61 (discussing the popularity of modern Thai dramas, which usually features characters and lifestyles of the wealthy classes).

conspicuously absent are any messages of female empowerment or independence. Arguably, the only "empowered" female character in either film is An, the HIV/AIDS activist in *Sia Dai 2* who consoles Rose and takes her in as a little sister. However, An herself receives counsel and guidance about how to relate with Rose from the old and wise HIV/AIDS specialist physician—a male authority figure. And in the end, she concludes that the best course for Rose is to return to her family, and she contacts Rabin so he can bring her back home. The father figure as savior message concludes *Sia Dai 2* as it did in *Sia Dai*.

VI. CONCLUSION: PATRIARCHY PERSISTS?

Taken as manifestations of a popular ideology for HIV in Thailand, *Sia Dai* and *Sia Dai 2* manage to reduce understandings of HIV as a consequence primarily of moral breakdown in an age of globalization. The solution to the epidemic is characterized in terms of a return to traditional family values and patriarchal control, responsibility, or protection. Although it would be unwise to suggest that changing social values and rapid economic development are not factors related to the HIV epidemic in Thailand, critical questions about entrenched male privilege and other social or religious pathologies are left unanswered.[215]

Although the main purpose of this Article is to provide a descriptive analysis of ideologies related to the HIV/AIDS epidemic in Thailand and how they are represented in popular film, and not propose a formal solution that would mitigate the epidemic, the ideological themes contained in *Sia Dai* and *Sia Dai 2* pose the universal question: How can cultural problems that reinforce a system of patriarchy be undone?

Concepts that foster male privilege, perhaps flowing from religion,[216] cannot be readily mitigated or solved through a formal policy process. Various cultural pathologies that have historically victimized women have been targeted by formal interventions based on international human rights laws and have succeeded to some degree (i.e. the practices of "honor killings"[217] and female genital mutilation).[218] However, culture and cultural

215. This conclusion is shared by Fordham, who argues that the simplification of the HIV epidemic into notions of moral ideology "have failed to ask fundamental questions about Thailand's HIV/AIDS epidemic." Fordham, *supra* note 2, at 274.

216. *See* THEODORA FOSTER CARROLL, WOMEN, RELIGION, AND DEVELOPMENT IN THE THIRD WORLD 86 (1983) (asserting that Buddhism reinforces a concept that women are "generally regarded as the inferiors and the possessions of men," as indicated by core teachings which state that wives can be bought, shared in polygamous relationships, or used to perform specific physical duties for men).

217. *See* Kathryn Christine Arnold, *Are the Perpetrators of Honor Killings Getting Away With Murder? Article 340 of the Jordanian Penal Code Analyzed Under the Convention on the Elimination of All Forms of Discrimination Against Women*, 16 AM. U. INT'L L. REV. 1343 (2001) (discussing honor killings in Jordan and the formal response).

sovereignty have remained barriers to significant policy interventions intended to target concepts of male privilege, particularly if gender differentiations are not amenable to a universal interpretation that they amount to blatant, unjust oppression.[219] Frequent criticism, justified or not, of such interventions, warn of the dangers posed by making culturally specific judgments in the name of "gender equality."[220]

Both *Sia Dai* and *Sia Dai 2*, however, reflect to at least some degree, a recognition that the problem of HIV/AIDS and phenomena associated with the epidemic exist on both a domestic and international level. Separating indigenous cultural pathologies from international economic influences is difficult to do, because cultural problems related to gender differentiation in developing nations is further impacted by wealth and power differentiations that exist on a global scale.[221] Focusing purely on cultural problems "fails to link the exploitation of women to exploitation as a component of the global capitalist system"[222] of which Thailand is a part. Thus, it is important to place focus on the interplay between both indigenous cultural practices that reinforce patriarchy, as well as wider economic forces.[223]

In any case, mediating complex questions and answers about HIV/AIDS and related social problems on the popular film screen leaves much to be desired. Through popular media, people "need an ideology that can give them self-esteem and an explanation [for the HIV/AIDS

218. *See* Leigh A. Trueblood, *Female Genital Mutilation: A Discussion of International Human Rights Instruments, Cultural Sovereignty and Dominance Theory*, 28 DENV. J. INT'L L. & POL'Y 437 (2000) (discussing the problem of female genital mutilation within the international human rights law framework).

219. *See* Celestine I. Nyamu, *How Should Human Rights and Development Respond to Cultural Legitimization of Gender Hierarchy in Developing Nations?*, 41 HARV. INT'L L.J. 381 (2000) (asserting that international human rights interventions "are limited in their ability to address forms of gender hierarchy that cannot be easily characterized as cultural oppression").

220. Kwok Pui-Lan, *Unbinding Our Feet: Saving Brown Women and Feminist Religious Discourse*, *in* POSTCOLONIALISM, FEMINISM, AND RELIGIOUS DISCOURSE 62, 63 (Laura E. Donaldson & Kwok Pui-Lan eds., 2002) (discussing a perspective on "colonialist feminism").

221. *See* Nyamu, *supra* note 219, at 385–86 (discussing perspectives on female status in developing nations that fail to address all issues, which ultimately result in female exploitation).

222. *Id.* at 385.

223. *See* Wathinee Boonchalaksi & Philip Guest, *Prostitution in Thailand*, *in* THE SEX SECTOR: THE ECONOMIC AND SOCIAL BASES OF PROSTITUTION IN SOUTHEAST ASIA 130, 132-33 (Lin Lean Lim ed., 1998) (discussing the link between gender roles, cultural expectations, and an economic environment which rewards sexual objectification).

epidemic]; for many, tradition . . . provide[s] this."[224] In this sense, it is understandable that an ideology of HIV/AIDS represented through popular media is somewhat simplistic or feeds off status quo social norms. Yet, the important influence of popular media, and film in particular, in disseminating ideas to the public, cannot be ignored. Especially when the fictionalized "reality" presented on the screen mutes a closer examination of issues and problems related to entrenched patriarchy and gender inequality.[225] A better analysis of the HIV/AIDS epidemic in Thailand should include a questioning of both the effects of modernization and a cultural status quo where so many men regularly patronize prostitutes, and so many women are reduced to sexual commodities for male pleasure.

224. Ivan Wolffers, *Culture, Media, and HIV/AIDS in Asia*, 349 LANCET 52, 53 (1997).

225. Muecke strongly argues that the Thai public discourse on the commercial sex industry reduces the problem by "globalizing it to the scale of the Third World," therefore attributing it solely to problems of economic inequalities, or "individualizing it to detestable characters." Muecke, *supra* note 15, at 896. However, by focusing blame for HIV solely on economic development and integration into international capitalism, although definitely a factor, the discourse neglects to examine problems related to "the ideologies of family and religion." *Id.* at 898.