COMMERCIAL SEX WORKERS AND HIV/AIDS IN KHON KAEN, THAILAND

AN ETHNOGRAPHIC-PARTICIPATORY STUDY OF COMMERCIAL SEX WORKERS RESPONDING TO THE PROBLEM OF HIV/AIDS IN KHON KAEN, THAILAND

by

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ABSTRACT

This thesis presents the findings of a study carried out in brothels in Khon Kaen, Thailand. The study examined efforts of the "voiceless" sex workers to organize in order to increase their control over decision-making processes. It also analyzed the difficulties, social forces, structures and ideologies which maintain an inequitable distribution of power. The broader aim was to clarify the notion of people's participation in order to make it operationally more useful with respect to AIDS prevention intervention to sex workers. A technocratic approach to issues of AIDS prevention and control among sex workers was rejected. The study embraced a number of complementary activities including: situation analysis of AIDS in the Thai context, specifically in the northeast, ethnographic study of the sex industry, and participatory action research.

This study was initiated in late 1991 and completed in 1993. It was carried out in six brothels in downtown Khon Kaen. The study occurred in 4 phases: 1) situation assessment in which historical and documentary analysis were utilized, 2) ethnographic research on sex workers which served as a basis for constructing culturally appropriate interventions, 3) participatory action research emphasizing self determination of sex workers on AIDS prevention and control, and 4) evaluation of this "experiment." The

research attempts to balance "classic ethnography" and "applied participatory research" to an AIDS prevention program for sex workers in Thailand. It was carried in collaboration with health professionals, landlords, pimps, and sex workers. Groups met and worked together in brothels to discuss the findings. Results were also presented to local health authorities.

This study illustrates the opportunities for and the formidable difficulties of participation by sex workers in Thailand. Without strong support for non-formal AIDS education and self determination by sex workers, there is little chance that they can negotiate safe sex and make decisions concerning AIDS prevention.

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CHAPTER 1

INTRODUCTION

> It is characteristic of epidemics to begin quietly and capriciously, as depicted by Albert Camus in his novel **The Plague** [1948]. In its early phase of surreptitious spread, few realize their vulnerability to AIDS. In Asia the epidemic is still invisible. In Thailand, with fewer than 200 persons known to be symptomatic out of the population of 56 million, hardly anyone feels vulnerable. The Thais have an aphorism: "Mai hen long sop mai lang naamtaa" (If you don't see the corpse in the coffin, you don't shed a tear) [Muecke 1990:2].

It is 1994, and while the known cases of AIDS increased, this epigraph still reflects in large measure the sentiment of the Thai people. They know about AIDS -- recounting in lurid detail the causes of AIDS and known behavioral factors associated with it -- but in large part they still do not feel vulnerable. As a result, preventive behaviours that could deter the spread of the HIV virus, such as condom use, are not generally practised in spite of government reports to the contrary [AIDS Policy and Planning Coordination Bureau n.d.:5-6]. AIDS is believed to be the disease of Westerners, gays, intravenous drug users, and commercial sex workers, but not the disease of the average citizen. The Royal Thai government, together with non-government organizations, mounted a sustained and aggressive campaign to combat the spread of HIV. These implemented interventions do not always result in behaviours that

"promote the sexual health" of the population [Ottawa Charter for Health Promotion 1987]. Stated in disease preventive rather than health promotive terms, these interventions do not consistently result in sexual behaviour change that reduces the disease risk to persons in the target populations. The conundrum of national governments world-wide, the problem still remains: how is it possible to raise the consciousness of all persons in society (heterosexual, homosexual, injection drug users) through the provision of compelling AIDS prevention messages that are tailored to ethnocultural groups (to the extent that this is feasible, situationally relevant, culturally sensitive, and meaningful)? Culturally appropriate interventions (media, popular education, etc.) are capable of alerting targeted groups to the risk situations (events and behaviours) that should be avoided if they are to be protected from the disease [Zwi 1993:3], these need to be complemented with supportive counselling, effective management for those who become infected, and the continuing search for a cure.

The underlying problem, however, is of a political nature. The issue still remains as to how to deal with the social-economic factors that propel, force, or seduce vulnerable persons into situations of risk; the "risk realities" [Willms and Sewankambo 1994] of brothels and massage parlours; and for that matter, what should be done with/for the so-called "direct" and "indirect" female entertainment workers[1] who are

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[1] Since 1971, the Venereal Disease Division of the Ministry of Public Health has organized a semiannual inventory of establishments where men and women can meet to arrange or engage in commercial sex transactions. Provincial and district health staff in each province of Thailand up-date the inventory in January and July every year. Establishments are pinpointed by a system of contact identification conducted in the government VD clinics. In general, these commercial sex enterprises are divided into two general types: (1) "direct" prostitutes, those whose primary income is derived from

vehicles for the rapid spread of the disease [NESDB 1992:16]. How should governments curb the activities of individuals who benefit from the marketing of human bodies? Sex tourism and the Thai entertainment industry generate large revenues for the Royal Thai government. In light of this fact, it is not surprising that the government appears to take a less than aggressive stance with respect to the issue of human justice -- even though it denounces the practice of prostitution for those under 18 years of age -- and is reticent to report on the actual prevalence of HIV/AIDS in the country (National AIDS Committee 1991, NESDB 1992]. As Muecke reports:

> The Thai government faces a dilemma of trying to meet incompatible needs: a need to maintain the stability of the economy and a need to contain the spread of HIV infection. Tourism and export labour are major components of the successful economy, yet both are major contributors to the AIDS epidemic. As in most countries, the government has responded to the AIDS threat with a variety of strategies: testing, denial, targeted prevention education, and coercion. The strategies do not add up to a comprehensive attack on the problem, and some are counterproductive [Muecke 1990:24].

In the debate about how to control the spread of HIV/AIDS in Thailand, two

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providing sex for a fee, and (2) "indirect" prostitutes, those which provide entertainment services as their primary source of revenue (although the employee herself would often derive more income from sexual services than from other earnings). The first type of commercial sex enterprise consists mainly of brothels of one form or another (including so-called tea-houses, brothels fronting as restaurants, and call-girl centres). The prostitutes employed in these establishments usually have little choice about servicing any client who happens to select her. In the second type of commercial sex establishment, the worker would normally have discretion over whether or not to provide sexual services (in addition to her non-sexual services) to any particular patron. Sexual services are often provided off the premises. Workers in this second category include masseuses, dancing partners, and bar girls. It is likely that the VD division inventory is not complete, missing some commercial sex enterprises and undercounting prostitutes in others.

strategies need attention: (1) a political-economic strategy (requiring both the political will and strength to counteract human inequities and suffering), and (2) health care programming that advances more effective, engaging, and culturally relevant AIDS prevention messages. Both are required for effective AIDS interventions; both are ineffective in the absence of measures designed to radically alter the other.

THE NATIONAL PROGRAMME AGAINST AIDS

> To accelerate the control of communicable diseases, especially AIDS, in coordination with the private sector and public services agencies, in the area of **public information** in order to convince the population of the seriousness of this disease and create a feeling of individual responsibility to join the prevention effort ... [Quoted from the Social Policy section, item 7, in presentation to the National Judicial Committee, In National Economic and Social Development Board 1992; emphasis added).

The Thai Government has been active in fighting the spread of AIDS in the country and has gained considerable international recognition for its efforts. For example, the sentinel surveillance program that has been in operation since June 1989 to monitor the spread of HIV, particularly among high risk groups, is unique in the developing world. This surveillance system has provided highly accurate data for making projections which clearly demonstrate to the government that it faces a very severe AIDS problem. These projections indicate that by the year 2,000, 2 to 4 million Thais will carry HIV [NESDB 1992:3].[2]

If these projections are accurate, "in the year 2000 one out of three deaths

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[2] The lower estimate takes into account highly effective control campaigns and the higher estimate assumes minimal control success.

will be caused by AIDS" [NESDB 1992:3]. As for HIV prevalence rates, the most recent sentinel surveillance rates are as follows: blood donors in Maehongson 12.3%; pregnant women in Rayong 7.4%; male STD patients in Payao 45%; intravenous drug users in Pattalung 71.4%; direct prostitutes in Nakornpathom 67.2%; and indirect prostitutes in Srisaket 39.7%. For Bangkok, the HIV prevalence rate was reported to be 33.3% for direct prostitutes and 9.4% for indirect prostitutes in June 1992 [MOPH 1992]. Finally, the Ministry of Public Health predicted that areas most seriously affected include "Bangkok and its suburbs, the upper northern provinces and provinces with a large number of fishermen in the East and South of the country" [MOPH 1992]. It has also been observed that:

> While hill tribes make up only about 1% of the population of Thailand, about 1/3 of the commercial sex workers in a recent survey in Chiangmai were members of hill tribes, and more than 1/4 were ethnic Shan from Burma ... many of these women return to their own ethnic group to live after leaving the industry, and thus, may be important sources of transmission to uninfected men [Kunstadter: personal communication].

Thai government and non-government organizations recognize that in the absence of a vaccine or effective treatment, prevention of HIV infection is presently the only feasible option for the control of AIDS. Most transmission is related to high risk behaviours and attempts to change these behaviours are key objectives of the Royal Thai Government. Recently the Government announced an accelerated national plan [NESDB 1992] with particular emphasis on:

1. public information ... for knowledge and understanding;
2. treatment and rehabilitation;
3. the protection of human rights and social support; and
4. research and evaluation [NESDB 1992:1-2].

The **objectives** of the plan are:

1. to limit the spread of HIV;
2. to promote understanding and awareness among the population and to integrate the infected into general society without discrimination or infringement of individual rights; and
3. to mobilize resources and manpower in domestic public and private as well as international donor agencies to join forces to support the prevention and control of AIDS [NESDB 1992:5].

Using the vehicle of public education through the media (radio spots, television), the strategy has been to: implement education, information and counselling programs on safer sex practices and condom use for targeted groups practising risk behaviours, provide information and influence behaviour choices among susceptible groups, including housewives and non-sexually active youth, and develop an orchestrated national information campaign using professional advertising techniques and increased involvement of non-government and private organizations [MOPH 1992:15 Aug].

These specific strategies appear to target both high risk groups (eg., drug users) as well as vulnerable groups in the population susceptible to infection (eg., persons involved in high risk sexual activities, whether they are managers in the commercial sex industry or consumers of this industry). In large part, however, the prevention strategies are directed to persons involved in high risk sexual activities. The educational messages are delivered through "television and radio spots, documentaries, handbooks, appointment books, pamphlets, cartoons, video, audio tapes, posters, training manuals, slide sets, etc." [NESDB 1992:9].

These messages which are communicated in the Central Thai language, contain a lot of official jargon. The essential message delivered is that the average

citizen (1) does not know the factors associated with HIV transmission, and if they do know, (2) they should avoid risk behaviours! Building on these two fundamental principles are the following statements: AIDS is an incurable disease, it is caused by an individual's sexual behaviour, persons with HIV/AIDS should be permitted to live with the general public, and it is an infectious disease. It is presumed that the above mention is not appropriate to prostitute life-world.

RESEARCH METHODOLOGY

An ethnographic study examining the behavioral determinants of HIV transmission is necessary in the design of culturally appropriate AIDS prevention strategies (eg., counselling interventions, peer support groups, and communication and negotiation of reduced risk in the sex trade). Increasingly, the relevance of qualitative and participatory research models is being advanced as a significant data entrée point, complementing more orthodox Knowledge-Attitude-Practice models [cf. Ankrah 1989]. Participatory methods are particularly useful in educational interventions (eg. the role of "peer educators") involving persons at highest risk (eg. prostitutes being educated in the use of condoms and how to negotiate their use with clients and sexual partners and transferring this information to other prostitutes in their work setting).

The main objective of this study was to interpret ethnographically the culture of risk (risk perception, risk management, risk realities) among the participants, and on this basis, participate in the development of a culturally appropriate intervention intended to increase condom use, with a view to sustaining these disease prevention behaviours.

Specifically, the intervention was directed to persons with multiple partners, that is prostitutes, with the purpose of increasing their awareness of the importance of using condoms in preventing the transmission of AIDS. On the one hand, the participatory intervention identified the relevant social processes required to empower prostitutes in adopting preventive behaviours. On the other hand, this participatory intervention identified gaps in their knowledge about STD/HIV/AIDS.

The study was carried out in six brothels in Khon Kaen, Thailand. Khon Kaen, the heart and regional centre of the Northeast, is typical of most provincial cities in Thailand and boasts a population of 1.8 million persons. In recent years, it has been promoted as a tourist town and is accessible daily from Bangkok by air conditioned express train, every 30 minutes by bus, and by air travel twice a day. With an increasing number of tourists visiting the region -- a proportion of whom patronize the commercial sex industry -- the number of prostitutes has risen to 325 working in 24 brothels in downtown Khon Kaen.

The data were collected from December 1991 to May 1993. At the initial stage, from December 1991 to May 1992, documentary research[3] was used for situation assessment. Available statistical data were collected from several sources including universities; research institutes; various national, provincial, and district level government

[3] Documentary research refers to the use of written materials as sources of information about human behavior. These may include official documents such as population censuses or hospital and clinic records; public documents collected by social agencies, newspapers, etc.; personal documents such as diaries, letters, autobiographies and other memoranda; and professional documents such as journal articles by research scientists.

offices; and in several cases, health service centres such as hospitals and AIDS clinics. The objective was to determine the disease's pattern in terms of magnitude and distribution since it was first identified, as well as its projected levels in the future. In addition, a literature survey was conducted to identify current trends in AIDS and STDs research with an emphasis on epidemiological studies to determine the disease's geographic extent and main target groups; the type and effectiveness of existing behavioral-educational control and prevention programs; people's (especially prostitute and public) responses to AIDS regarding changes in their knowledge, attitudes, and practices; and coping mechanisms of those either at high risk or already infected.

In June 1992, the research team was organized. During this time, I sought and obtained permission from the brothel's owners to conduct the research. A health professional interested in the study agreed to act as a co-investigator. Eight research assistants (RAs) between the ages of 19 and 28 -- one male and seven females -- were hired. The male research assistant worked primarily with clients, pimps, and landlords, and the female research assistants with prostitutes. The researchers used qualitative (ethnographic) methods for respondent selection and data collection. In-depth interviews were conducted using a set of systematic and reasonably detailed interview guidelines. Virtually all questions were open-ended. Interviews were conducted in a flexible manner. Questions and probes were asked in a conversational style and the interviewer was free to engage in conversation about other topics when appropriate for establishing rapport. All of the RAs had graduate level education in an area of either social science or education. Most also has some formal training in social research methods. A great

deal of time was spent by the senior researchers working with the team to develop appropriate interviewing approaches and techniques. The small size of the interviewer team allowed for intensive training and monitoring. Usually the male RA contacted and interviewed the male participants, and the female RAs interviewed/did the same for the female participants. It was thought that the male RA might have difficulty eliciting accurate responses from the women because they might distort their replies to get the interviewers' sympathy. On the other hand, it was feared that the female RAs might get biased answers because the women were conscious of the differences in their social status. In several cases, the male RA did gather data from prostitutes and the female RAs collected data from male clients.

A four-step training program was developed for the RAs. First, the RAs were given information about the purpose of the study. "Theory of Thai Prostitution" was explained and detailed attention given to the logic behind the development of the categories used to summarize and report observations. Secondly, RAs were given an opportunity to observe the behaviour of prostitutes and record their observations on a prepared schedule or data recording sheet. Initially the RAs experienced difficulty generating questions, and selecting proper categories for recording observations. These difficulties were resolved through discussion and further practice. Third, the RAs participated in a pilot session designed to replicate, on a reduced scale, the actual experience they would have in the field. Problems and questions were discussed. Several practice sessions, each followed by a reliability check of the data collected, were necessary until all of the RAs became comparable measuring instruments. Finally, the

RAs were ready for actual data collection. It is my belief that the quality of the data obtained is largely a function of how good the researchers are. If one cannot demonstrate reliability between researchers, then little credibility can be granted to the data and their interpretation.

In exploratory interviews, the RAs and I examined a variety of preselected topics with the participants. Little concern was given to asking questions in any preestablished format or sequence. With this approach, we did not have a standard set of questions that were to be asked of all participants nor was any attention given to developing response categories for the subject. We did have some specific topics that were to be covered, however, the exact manner in which the questions were asked and their sequence was determined in the course of the interview itself. An interview guide was used to make sure that all of the issues of concern were covered during the course of the encounter, but the interview itself remained unstructured.

Since July 1992, qualitative methods were used to explore existing behavioral patterns rather than simply describe them. Since it was difficult to anticipate exactly which women would be able to provide useful information, the initial design left some flexibility for defining who would be interviewed as the fieldwork proceeded. One hundred and four prostitutes, pimps, and landlords from six brothels participated in the study. In addition, 526 clients were recruited. Data was gathered using unstructured in-depth interviews, participant observation techniques, and the naturalistic inquiry.

Triangulation[4] methods were used to validate the data. Content[5] and inductive[6] analysis techniques were employed in the interpretation of the ethnographic data.

This is one part of the larger project funded by The Rockefeller Foundation,[7] in which all of the brothels in Khon Kaen down town were mapped and divided into three geographical zones. Zone 1 was a control group, Zone 2 a "quasi-participatory" group, and Zone 3 a "pure-participatory" group. This thesis describes the activities undertaken in Zone 3 where landlords were asked permission and participated in the study on a voluntary basis. Ethnographic and participatory action research methodologies were used. Ethnographic data were required as the basic knowledge to design appropriate interventions.

This thesis present the results of the study in 3 divisions. In part 1, chapter 2 provides an historical review of AIDS and its impact on the Thai population; chapter

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[4] Triangulation refers to the method that requires two or more informants (clues) to validate data. It involves the comparison of data relating to the same event but deriving from different observers, at different times, or from different data sources.

[5] Content analysis refers to a process of formally identifying themes by organizing the relevant data directly into emergent topics.

[6] Inductive analysis refers to the patterns, themes, and categories of analysis that derive from the data. They emerge out of the data rather than being imposed on them before data gathering.

[7] This thesis is a qualitative report; the evidence was collected through methods described on pages 7-11. For readers interested in the quantitative evidence collected, where the merging of ethnographic and epidemiological evidence is reported, see Kanato, Willms, and Berkley (forthcoming) "Developing a Culturally Appropriate AIDS Prevention Intervention for Prostitution in Khon Kaen, Thailand" a research report to The Rockefellor Foundation. For more information, please contact Manop Kanato, Department of Community Medicine, Faculty of Medicine, Khon Kaen University, 40002, Thailand.

3 demonstrates the socio-cultural context of the transmission of HIV in the Northeast. In part 2, ethnographic data on the sex business, commercial workers and their clients are contained in chapters 4, 5, 6. In part 3, the process of participatory action is outlined in chapters 7; chapter 8 presents an evaluation of available interventions, suggesting that the balancing of classic ethnographic and participatory action research brought about the success of the intervention design.

PART 1: HISTORY OF AIDS

CHAPTER 2

PRIOR TO AIDS PERIOD

In this chapter, an attempt is made to place the topic of prostitution and sexually transmitted diseases (STDs) in Thailand in historical perspective. The presentation is divided into two main sections: up to 1960, and 1961-1984. The discussion in each of these sections focuses, as far as sources permit, on the epidemiological picture, as well as public and official responses to these diseases. This examination tries to concentrate on time (when infection or symptoms appear), place (where infected persons are found), and person (the characteristics of infected persons). From such a description, we are able to understand how and why STDs spread, and the responses of Thai society to the burgeoning epidemic.

PRIOR TO 1960

STDs were clearly prevalent among Thais in the old days. The earliest available account comes from La Loubere, who in visiting Ayudhaya referred to the frequency of "the ill consequences of a debauch," adding that "they know not whether they are ancient or modern in their country" [La Loubere 1693].

The first known reference to STDs in Thai sources comes in one of the 18th

century Ayudhaya chronicles where it is recorded that in 1755 a court noble fell ill with Rok Samrap Burut ("disease for man") [Prachumpongsawadan 1961]. Descriptions of diseases with symptoms consistent with those of STDs are also to be found in the medical inscriptions at Wat Phrachetupon during the reign of King Nangklao (1824-1851) [Rongrean Paetpanboran Watphrachetupon 1962] and in the collection of traditional Thai medical texts compiled during King Mongkut's reign (1851-1868) [Samakhom Rongrean Paetsaadpanboran Watphrachetupon 1976]. It is notable that even in these early texts an association is made between prostitution and STDs. This association is common throughout the period, hence discussions of STDs included the regulation of prostitution.

Thai scholars ascribe the origins of prostitution in Thailand to the early Ayudhaya period (15th century) in which codified laws structured society hierarchically, vested men with authority over women, and required men to leave home for extended periods to serve their lord. From the 15th century to the late 19th century, prostitutes serviced Siamese peasant men when they left their homes for their obligatory annual corvee labour in the service of the king or nobility [Skrobanek 1987]. Prostitutes also serviced Chinese men who immigrated to Ayudhaya as labourers in the 17th and 18th centuries [La Loubere 1693]. The prostitutes were women who had been sold into prostitution by their parents or husbands. Until the late 19th century, it was legal for a man to sell or give away his wife or daughter without her consent as a present to his superior or in payment of his debts; men could also purchase slave women, and gain Buddhist merit for their generosity in doing so [Muecke 1992:893]. Thailand is not unique in this respect. China and Japan supplied a "vigorous market for prostitutes" in

the colonial port towns of Southeast Asia [Warren 1990:360-83]. Although laws have changed, the historical practice of selling women provides an important precedent for the current practice whereby adults, predominantly men, sell family members, particularly daughters, for economic gain [Muecke 1992:897].

There is very little information on the prevalence of STDs among the Thai population. The earliest references consist of anecdotal evidence and the records kept by Western medical missionaries such as the American missionary doctor, Bradley, who lived in Thailand from 1835 until his death in 1873. Of a total of 3,650 patients he treated over a one year period from May 1836 to April 1837, he recorded five cases of gonorrhoea and 136 cases of syphilis [The Siamese Respiratory 1837]. These figures indicate that STDs were quite common in Bangkok at that time, and this situation is believed to have continued through the Fourth Reign into the reign of King Rama V (1868-1910) [Thapthong 1983]. No further figures on the prevalence of STDs are available until the early 20th century, after the establishment of the Western hospital system. The figures available for the early 20th century, during the reign of King Rama VI (1910-1925), indicate an alarming situation in regard to the prevalence of STDs. A report in the newspaper gives a figure of 80% for people presenting at Siriraj Hospital, and a similar figure for Wachira Hospital [Daily Mail 1914]. Another source estimates that during this period 75% of adult males in Bangkok suffered from STDs. Among soldiers stationed at the Ban Pong Army Camp the prevalence was estimated to be 80% [Mettarikanon 1983]. Despite the development of the medical system, this situation appears to have remained unchanged into the late 1920s. In 1927, a contributor to the

Sri Krung newspaper, writing under the name "Dr Phlong," cited information obtained from a public health doctor who estimated that 80% of the people in Bangkok were infected with the organisms that cause venereal disease (VD) [Sri Krung 1927].

By this time, STDs clearly affected people in Thai society in general. Prior to the 19th century, it appears that STDs were largely a disease of the rich. In the mid-19th century the French missionary, Bishop Pallegoix was still able to comment that "venereal disease is common among the rich," adding that it was a just punishment for their polygamy and immorality [Pallegoix 1854]. By the early 20th century, however, men from a variety of occupations ranging from low class labours to public servants were likely to be infected. There was concern that STDs may follow the trade routes into neighbouring regions such as Laos [Spire 1907]. It was also likely that STDs accompanied Yunnanese traders along the routes from China into Northern Thailand. The movement of people across these borders maybe an important contributing factor to the high prevalence of STDs in Thailand today.

Official responses to the problem of STDs were closely linked to policies regarding the problem of prostitution. Initial government involvement came around 1897 when a tax farm was transferred to the Department of Public Health (DPH) of the Ministry of Thesapibaan[8] ("Municipal Affairs"). It appears that this move was partly motivated by a concern for the prevention of VD, and plans were discussed to use part of the revenue to improve health services, including the establishment of VD centres [Mettarikanon 1984]. A Western medical doctor, Highet, was involved in drafting the

[8] The name has now been changed to Ministry of Interior.

proposed Prostitution Act of 1898 which was to be enforced by the DPH. At a meeting held to discuss the proposed law, Kromluang Therawong suggested that the name was not appropriate and asked that it be changed to the Law for the Prevention of Venereal Diseases. It was under this new name that the law was given further discussion at meetings in February and March 1908 before being approved by King Rama V on 1 April 1908 [Mettarikanon 1983]. In the foreword to the Law for the Prevention of Venereal Diseases, the King justified its introduction stating that:

> some women are suffering from diseases which could be transmitted to the men who have relations with them. As there are no doctors to examine them and treat their diseases these are likely to keep spreading until they become a great danger to humankind [Mettarikanon 1983].

The law contained provisions for the compulsory registration of all prostitutes and premises used for prostitution. In addition to obeying a number of restrictions on the conduct of their profession, all prostitutes had to undergo a regular medical examination carried out by a government doctor. Any woman found to have a communicable disease was not allowed to work, and had to hand in her permit and seek medical attention. The permit was returned on presentation of a doctor's certificate.

Prior to 1905, prostitutes in Thailand were recruited from the slave market, worked for brothel keepers, and were liable for tax. The abolition of slavery in 1905 resulted in a sudden growth of prostitution as a large number of former slave women became prostitutes [Huntrakul 1988]. Registration figures for the year following the introduction of the law showed 2,500 prostitutes operating in 319 licensed brothels [Mettarikanon 1984]. The focus of these early measures to prevent STDs was on the

prostitutes themselves. No concern is evident for the rehabilitation of, or provision of medical care for, the women, and no share of responsibility was directed towards their male clients. This pattern is one which has characterised official responses to STDs to date.

As it turned out, the Law for the Prevention of Venereal Diseases soon proved to be ineffective, with prostitutes refusing to allow themselves to be examined. Some brothels were forced to close for a short time. As a result, government revenue derived from the sale of opium in the brothels fell. The careless enforcement of the law's provisions, followed by the reopening of the brothels has been ascribed to a concern for the protection of this important source of revenue. The law continued to come under criticism for its ineffectiveness. In 1922, a women's magazine carried an article attacking the spread of VD and proposing either the closure of brothels, "the existence of which the powers that be, for the most part, close their eyes," [Bangkok Time Weekly Review 1922] or bringing them under close medical supervision. A short time later the DPH was reported to be convinced that the law was "worthless from a public health point of view...[as]...it continues the now discredited principle of regulation and medical examination" [Bangkok Time Weekly Review 1922]. According to the report, the DPH was not prepared to undertake an extensive campaign to control the spread of STDs. These sentiments were echoed a few years later, in 1927, by "Dr Phlong" in an article in the Sri Krung newspaper. He accused the government of being interested in the suppression of prostitution, rather than the prevention of STDs. He argued that there should be greater medical supervision [Sri Krung 1927].

In 1925, the Bang Rak Hospital -- formerly a clinic established by a Western doctor, Hays -- came under the control of the DPH. Bang Rak Hospital had a communicable disease division. Two years later, there was a discussion about requiring the hospital to specialise solely in STDs. Following a trip by Prince Sakol Voravarn to observe STDs in some forty-four countries, a decision was made to open Bang Rak Hospital at the end of 1930 where a control unit to reduce VD was established under the Education Division of the DPH [Bangkok Time 1929]. The charge for treatment was fixed at 1 baht (US$0.04). DPH had by this time also commenced health education programmes which were to eventually become available to VD patients of the Bang Rak Hospital.

The Law for the Prevention of Venereal Diseases remained in force, and prostitution continued under the registration system. By the late twenties it appears that registered prostitution was on the decline (see Table 1) because of the general economic downturn of the time. Unlicensed brothels were common, with the police estimating that there were 300 prostitutes working in Bangkok while informants to the League of Nations Commission claimed the number was as high as 2,000 prostitutes. Police estimated that 30% of prostitute clients were married men [League of Nations 1932]. There was a general concern that STDs were on the rise, and there were calls to ban brothels which were said

TABLE 1: Number of registered prostitutes in Bangkok 1926-1929 by country of origin

	THAI	CHINESE	OTHER	TOTAL
1926	137[17%]	658[82%]	12[2%]	807
1927	182[20%]	731[79%]	12[1%]	925
1928	153[16%]	813[83%]	8[1%]	974
1929	138[18%]	625[82%]	-	763

to be giving the country a "disgusting reputation" [Bangkok Time 1929].

The interest of the League of Nations was itself another reason for the increased attention given to STDs and prostitution control. Thailand had problems with the age of consent, which was 12 years. The government argued that it could not be raised. Indeed, it was only in 1987 that the age of consent was raised to 15 years.

There were some important organisational changes in health services during 1939 to 1949. The VD Unit became a part of the Social Medicine Division of the DPH in 1938. In 1942, the name was changed to the Venereal Diseases Hospital after it came under the control of the Regional Hospitals Unit of the Medical Department. This change came about as a result of the DPH being included in the new Ministry of Public Health (MOPH). Subsequent reorganisations in 1945 and 1947 did little to change the fact that Bang Rak Hospital remained the centre for STD control. Later, similar control units were established in Lumpang province of the North (100 kilometres south of Chiangmai) and Nakornsawan of the Central region (250 kilometres north of Bangkok).

In 1938 a plan for the prevention and control of STDs was drawn up by the Division of Health Education, but it was never implemented. Prostitutes were considered a problem, especially where licensing did not operate, and prostitution was seen to be increasing in the provinces. The plan made distention between Bangkok and other areas and between prevention and treatment. Prevention emphasized education, prostitute control, and new laws [Fox 1960]. Just prior to the outbreak of the Pacific War, the initiative was taken up by a private welfare group established to provide hygiene training for registered prostitutes, to benefit "the women themselves as well as their clients...."

The effort was said to have the backing of the authorities, although the Ministry of the Interior denied its support [Bangkok Chronicle 1939]. The police recommended to the Ministry of the Interior that registration of brothels and prostitutes be replaced by a system of medical control. An editorial in the Bangkok Chronicle noted that the police recommendation had been accepted by a Ministry of the Interior committee examining prostitution. The editor saw this as a progressive step both in terms of morals and hygiene. It was felt that the old law of 1908 failed for lack of medical personnel and because prostitutes concealed their medical condition. The editor also noted that illegal prostitution might flourish if the licensing system was abolished. He urged strong measures against pimps and those who exploit women and children as well as "strict control over the spread of diseases and...a progressive campaign of public enlightenment in the matter" [Van Praagh 1989].

No decision, however, was reached by the committee and registration continued. In 1942, an inter-ministerial Venereal Disease Prevention and Suppression Committee was set up and a new law was drafted. The draft law would have suppressed all prostitution except that of licensed sex workers. Moreover, the new law would have allowed a health officer who suspected someone of having an infection to force that person to be treated at a medical centre [Fox 1960]. It was not, however, legislated. As a result, the law of 1908 remained in force.

In 1948 the government of Thailand revised its policy and refused to register new prostitutes because it was concerned about the United Nations' policy on women and child labour. In 1956, they disallowed previously registered prostitutes to continue

working. Four years later, prostitution finally became illegal. After World War II, prostitution developed in cities more than in rural areas. The first massage parlour, an imitation of the Japanese steam bath, is reported to have appeared in the Patpong area of Bangkok in 1951.

Following World War II, it appears that there was a STD problem particularly among the troops [Van Praagh 1989]. It may be that STDs were, in part, confused with yaws (treponematosis), which reached epidemic proportions during the war. Perhaps, the unavailability of drugs during the war caused the STD incidence rate in Thailand to increase. In 1952, the DPH became the Health Department, and the Venereal Disease Unit was expanded to become the Venereal and Treponematous Diseases Control Division. It was at this time that the government first received external assistance to solve STD problems. The United Nations (UN) assisted in the introduction of an STD education amongst Thai students. In addition, the UN and USA assisted in developing a VD control program. Each STD hospital had ten beds and charged for treatment in general, but would waive this for poor patients [Blanchard 1958]. In 1962, the Venereal and Treponematous Diseases Control Division was transferred to the Medical Science and Health Department of the MOPH. Information on the incidence of STDs was inadequate, although in Bangkok it was known to be high. In 1950, data from the three control units in Lumpang, Bangkok and Nakornsawan estimated an incidence rate of 5-8% [Blanchard 1958].

Although the law of 1908 remained in force, another attempt to introduce a law to ban prostitution was made in 1954 but met with no success. Instead, the Public

Welfare Department was directed to regulate more closely the living and working conditions of prostitutes.

Again, it appears that there was a perceived relationship between the expansion of prostitution and venereal disease. An editorial in the Siam Rath Weekly Review warned the government against banning prostitution, calling instead for better medical supervision:

> There is no denying that brothels are not only the breeding place for venereal diseases but also for all kinds of dreaded infectious diseases [Siam Rath Weekly Review 1954].

An academic report of this period argued that the number of unlicensed prostitutes was large and included "vast numbers" of low-class prostitutes. This increase in prostitution was linked to the rise of STDs in Bangkok [Blanchard 1958]. Blanchard and his colleagues pointed out that prostitution "thrives as a lucrative investment for businessmen and some government officials." This was confirmed when the Hotels Association requested that police allow prostitutes to enter hotels "since the greater part of a hotel's income is derived from this source" [Blanchard 1958]. Prostitutes would not be allowed to live in the hotels, but to enter with men.

In 1957, it was estimated that there were 20,000 prostitutes in Thailand, half of whom worked in the capital city of Bangkok. Official figures, however, showed only 103 registered brothels and 1,133 prostitutes [Fox 1960]. About the same time, it was reported that periodic medical inspections were not being carried out, the reason being that prostitutes themselves sought treatment if they believed they were infected. One private clinic, serving 500 registered prostitutes and about 1,000 unlicensed prostitutes,

reported that positive STD findings had been reduced from 90% in 1937 to 25% over a twenty year period, though rates outside Bangkok were believed to be higher. By this time, STD self-treatment was also available from drugstores where antibiotics were available. This would have further reduced clinical consultations [Fox 1960].

Fox, a UN Social Welfare Advisor, noted that there was virtually no official effort to suppress prostitution. Yet in 1957, another draft law was proposed to replace the law of 1908. This draft was referred to as the Prostitution Suppression Act. It emphasized prostitution suppression and rehabilitation, with no mention of STDs. It seems that there was an official belief that the control of prostitution would greatly reduce STD incidence rates. This draft was revised in 1960, and was passed in the same year. As a result, the long period of attempting to control prostitution through a system of registration of brothels and prostitutes had come to an end.

DURING 1961-1984

Since 1961, the Thailand National Economic and Social Development Plan was introduced. The Prostitution Suppression Act was introduced in 1960 as part of a general program for "social purification." The new act was brought about by pressure from the United Nations to abolish prostitution. Under the Prostitution Suppression Act, a woman who works as a prostitute was arrested and given a penalty:

> ...the act of prostitution is completed if the person gives sexual services for money on a regular basis to several men...anyone found guilty of engaging in the trade, including pimps and owners of establishments, is liable to imprisonment from three months to one year, or a fine varying from 1,000-2,000 baht... [Prostitution Suppression Act].

The Act also orders that arrested female prostitutes, after having paid fines or served a prison sentence, be reformed. Although prostitution was outlawed in 1960, massage parlours were legalized in 1966. They quickly became a major cover-up for prostitution in the country.

During the Vietnam war period, there was an expansion of illegal prostitution. US military bases were built in Thailand, particularly in Udornthani (a large city in the northeast, 120 kilometres north of Khon Kaen). Thousands of servicemen came on rest and recreation leave from Vietnam. Thailand, particularly Bangkok, was regarded as a paradise for Western males interested in sex. Western men and Thai prostitutes, bar girls and boys, cabaret players, and artists spawned a whole genre of literature. The practice of Miachao ("rent wife") became popular with the American GIs at Udornthani. It was during this period that Thailand's international reputation as a "sex heaven" was established. In addition, Thailand promoted itself as a major tourist destination. Despite a change of name in 1974 for the Venereal Diseases Division within the Communicable Diseases Department of the MOPH, efforts to control the spread of STDs remained unchanged. Interestingly, during this time, it was documented that the MOPH was "one of the best run government agencies" [Henderson 1971].

Henderson reported that by 1969-70, STDs, and especially syphilis, were still a major problem in urban areas:

> Although prostitution is forbidden by law, fifty VD clinics throughout the country report that about 5% of the population have contracted the disease [Henderson 1971:122].

It was added that the real prevalence rate was probably much higher, because the rural incidence was unknown. Although the literature often states that rural areas did not suffer from STDs, there is no evidence to support this argument. In fact, data for 1973 (see Table 2) suggest that STDs were quite common outside Bangkok.

TABLE 2: Incidence of gonorrhoea and syphilis in selected provinces in 1973

Province	Gonorrhoea No.	Gonorrhoea %	Syphilis No.	Syphilis %
Korat	46,310	30	849	12
Bangkok	41,310	27	2,925	43
Chonburi	28,524	18	1,462	21
Chiangmai	24,088	16	749	11
Songkhla	13,979	9	871	13
Totals	154,211	100	6,856	100

Prostitution was blooming at this time. In 1969, it was officially reported that there were 2,417 brothels and 50,689 prostitutes in Thailand [Henderson 1971:120]. The Venereal Diseases Division of the MOPH estimated that this represented only about 34% of all prostitutes in the country. It was also stated that in 1968-69, the number of prostitutes increased by 20%. Academic estimated of the number of prostitutes is shown in Table 3. Officially, there was no effort to suppress the sex industry, as had occasionally been the case prior to 1969. Harris, in an interview with General Prapas Charusathian, the most powerful man in the sixties and Minister of the Interior, declared he wanted to enlarge the sexual service industry, claiming it would be good for the economy by attracting tourists [Harris 1968]. Perhaps the Patpong area in Bangkok, a high profile foreign tourist enclave, got

TABLE 3: Estimated number of prostitutes in Thailand

Author	Year	Number
Phongpaichit	1964	400,000
Government	1969	50,689
Mulder	1976	100,000
Keyes	1980	500,000
Phongpaichit	1982	500,000

its reputation from the influx of American soldiers during the Vietnam war. It was well known as a place for intoxication and intercourse [Merchand 1987]. Yet, it may be argued that the soldiers had little to do with Patpong's development as a centre of the expatriate sex industry. American servicemen had pulled out by 1976 when the Vietnam war was over, but the tourist industry kept growing. As a result, the rise in prostitution continued.

Phonnikorn notes that during this period there was an increase in the STD rate among 15 to 25-year-olds group -- an increase among the highest in the world for this age group [Phonnikorn 1984]. His explanation for this increased rate takes into account various factors such as the behavioral basis of STDs, the changing sexual behaviour of youth, and a rapidly changing society. In addition, he identified the expansion of the sex industry, male homosexual behaviour, birth control, and the lack of sexual knowledge as co-factors.

Official promotion of the sex industry continued, with 1980 being declared the "Year of Tourism." In a highly publicized statement, Boonchu Rojanasathien, a high-profile deputy premier, banker and businessman, urged provincial governors to promote sex tourism in order to benefit the economy. The same year, Tawan Mai magazine estimated, using police statistics, that more than 400,000 Thai women were involved in various aspects of the sex industry. In the 1980s, prostitution of Thai women mushroomed into an industry of extensive national and international proportions [Ekachai 1989].

Among the social, economic, and political factors which appear to have been

responsible for the prevalence of STDs in Thailand, the widespread use of prostitutes by Thai men is one of the most important. Another important contributing factor is the link between government, business interests, and sex. Throughout the period reviewed, the government has earned revenue, either directly or indirectly, from prostitution, constraining any serious measures undertaken to control the sex industry and the spread of STDs. In addition to these factors, is the fact that those at greater risk for STDs have traditionally lacked political power. The history of STDs in Thailand is characterized by unsympathetic and often harsh treatment of its victims. Blame as well as measures to control the diseases have been directed towards women, in particular prostitutes. These groups have had little say in the provision of services or other measures which would improve their position.

The history of STDs in Thailand closely parallels the present situation with regard to HIV/AIDS. In both cases, the diseases are epidemic, and without cure. There are certain other features of Thai culture and society which have not been considered in the context of this chapter. These will be discussed in the next chapter which examines sexuality in the Northeast and HIV/AIDS.

CHAPTER 3

CONTEXT OF THE AIDS EPIDEMIC

EPIDEMIOLOGICAL CONTEXT

As are many other nations, Thailand is facing an AIDS epidemic, compounded by relatively recent economic and social changes. Because AIDS is a new disease which takes several years from the time of infection for illness to appear, very few people have become sick or died. The MOPH indicates that AIDS has spread to the general population. It is no longer confined to smaller groups of individuals engaging in high risk behaviors such as intravenous drug users, commercial sex workers, and homosexuals. The scale of the sex industry and needle/syringe sharing among intravenous drug users have been recognised as providing fertile ground for the rapid transmission of HIV [Viravaidya 1989].

Public reaction to the diagnosis of early AIDS cases in Thailand (from 1984) was lack lustre. AIDS was considered to be a homosexual, farang ("foreign Westerner") disease. The government was accused by the press of not providing sufficient information about HIV/AIDS to the public, partly in order to protect Thailand's burgeoning tourist industry. By 1987, the MOPH began to release more figures and information concerning the level of HIV/AIDS in Thailand [Cohen 1988:467-88]. From

1987 onwards, the number of reported cases of infection rapidly increased, in part reflecting more widespread blood testing for HIV. As in other countries where systematic screening for HIV is absent, the actual number of cases of HIV infection is thought to be considerably higher than the number of officially reported cases. HIV infection has now been detected among intravenous drug users (overwhelmingly male), the number of whom are prostitutes both male and female, male clients who visit STD clinics, recipients of contaminated blood products, wives of male clients, and babies born to wives of clients and intravenous drug users. The commercial sex industry, injection drug use, international tourism and prisons have all been implicated as causes of accelerated HIV transmission.

Within this complex of causes the societal concern has focused on infection from female prostitutes to male heterosexual clients. Given the scale of the commercial sex industry, this is generally viewed as having the potential for the most widespread transmission to the general population. Also with respect to sex tourism, there is the reciprocal likelihood of foreigners infecting Thais, and Thais infecting tourists who in turn may infect sexual contacts in their home countries.

The HIV sentinel surveillance carried out by the MOPH every six months reveals levels of HIV infection among different population groups, including blood donors, intravenous drug users, pregnant women, male STD patients, and prostitutes. As of December 1993, data indicate four areas of high HIV+ prevalence among these five high risk groups. Zone 1 includes the northern border and tourist areas of Maehongson, Chiangmai, Chiangrai and Payao. HIV+ prevalence in this zone is

apparently affected more by prostitution than other sources of infection. Three phenomena contribute to the infection's prevalence in these provinces. First, in traditional Thai society, women play an important role in maintaining parental old age security [Santasombat 1990]. Consequently, prostitution is seen as one source of high income to provide for family welfare. Second, this area is noted as a gateway through which young women from neighbouring countries are recruited and trained as prostitutes. Lastly, this zone attracts a high number of tourists, which along with local demand, increases the incidence of virus transmission from prostitute to clients and vice versa. As a result, the infection is transmitted to other indirect target groups such as wives of male clients and then the general population.

Zone 2 is comprised of Nakornpathom, Pathumthani, Saraburi, and Nakornnayok provinces. These areas on the outskirts of Bangkok, are characterized by high industrialization and urbanization, especially resulting from the expanding service and manufacturing sectors. Consequently, these provinces are absorbing a tremendously high number of migrant labourers from other Thai regions, such as the North and Northeast. Zone 2 also contains the highest proportion of HIV+ prostitutes. Prior research has noted that brothels are often located near areas containing construction sites[9]

[9] Demand for construction workers in Bangkok has been increasing since 1987. The National Economic and Social Development Board (NESDB) estimated a growth in investment in building construction of 18.7% per annum during 1989-1991 -- an increase six times that for the period 1972-1976. The number of construction labours increased at an average of 11.2% per annum during 1987-1990. The National Statistical Office revealed that the number of construction workers in Bangkok was 1.53 millions in 1988, a 10% increase from 1986. There is no doubt that these workers are temporary and permanent migrants from rural area especially from the Northeast [NESDB 1991].

and factories.

Zone 3 encompasses the provinces of Rayong and Chonburi which are along the border between Bangkok and the industrializing Eastern Seaboard and Cambodia -- including Pattaya, a well known place for tourists. The zone is characterized by tourism, an increase in industrialization-urbanization -- notably a rise in the service sector -- and thus a high influx and mobility of male and female labour force members. Changing economic and demographic patterns associated with both zones 2 and 3, have major implications for the current AIDS/HIV situation. Zone 4 is comprised of the provinces of Yala and Phuket in Southern Thailand. Surprisingly, tourism as well as industrialization (especially for Phuket) have not had the same impact as in Zones 2 and 3. Instead, intravenous drug use is the main source of HIV+ infection.

These four zones and their provinces are the main areas of high HIV+ prevalence. Though epidemiological data do not show high AIDS or STDs prevalence rates in the Northeast and South, they are major areas of disease contraction. Hypothetically, this establishes a disease cycle that is influenced heavily by migration.

POLITICAL CONTEXT

Prior to 1984, STDs continued to be a major problem. The Director of the STD Department at Bang Rak Hospital claimed that STDs were spreading at an alarming rate in the mid-1980s. He estimated there were 3 million cases in a population of 50 million [Merchand 1987]. This number is close to Thitsa's estimate that 70% of Bangkok's prostitutes were infected with STDs [Thitsa 1980]. Muangman reported a

study of 1,000 prostitutes conducted in 1980, which showed 41% had some form of STDs [Muangman 1980]. In addition, a study by the Institute of Population Studies at Chulalongkorn University indicated that 40% of teenagers had experienced an STD at least once by the time they were 17 years old. Similar result were found for the same age group in Khon Kaen [Sakondhavat 1986]. It was AIDS, however, that was the focus of attention and became a notifiable disease in 1984.

Three years after the first case of AIDS had been reported in the US in 1981, the first recorded case in Thailand was diagnosed in Bangkok in a homosexual man who had returned from the US. Several years later, a fairly well defined profile emerged of the slowly increasing group of sufferers. By 1987, only eight cases of AIDS and ARC (AIDS Related Complex) disease had been diagnosed and an additional 112 HIV+ cases identified. The major distinguishing characteristics of this group were that they were largely male, homosexual, and almost half were foreigners.

While much of the publicity around Thailand's sex industry has focused on the rich foreigner, there is clear evidence that the garish and highly visible red-light tourist districts of Patpong and Pattaya are but the tip of the iceberg. There is also an enormous and widespread, if less publicized, use of female prostitutes by Thai men from all classes, ages and regions. From May 1985 through May 1989, all reported sero-surveys of female prostitutes in Thailand detected HIV infection rates of less than 1% [MOPH 1989]. In June 1989, one year after the explosive spread of HIV among intravenous drug users, the first national sentinel sero-survey detected HIV infection as high as 44% among low class prostitutes in Chiangmai [Ungchusak 1990].

As early as 1985, the Sexually-Transmitted Diseases Division of the Communicable Diseases Control Department was providing educational material to prostitutes. In response to the official announcement that over 40% of prostitutes in the Chiangmai area had tested positive for HIV, however, high-level MOPH officials immediately called for the infected prostitutes to be arrested. An editorial in The Nation complained that:

> Such a 'strong-man' approach to the spreading pandemic is politically attractive because it gives officials the appearance of taking action. It also satisfies the sensitive moralities of those who still cling to the illusion that AIDS affects only 'bad' or 'sexually promiscuous' people, who would be 'punished' for their depraved lifestyles [The Nation 1989].

The Nation argued that such measures were reactionary and doomed to failure, and could only delay effective strategies including a vigorous education campaign. Within the Ministry, there was a strong move to develop alternative policies, in particular educational policies, for those advocated by the leadership of the Ministry.

It must be emphasized, however, that owing to its relatively long latent period, the very rapid, hidden spread of the disease was a difficult concept to grasp. Even now, the MOPH reports that as of December 1993, only **4,742** full-blown cases of AIDS have been reported and of these **3,149** are still alive [MOPH 1994]. While the MOPH has been criticized for its slow response to the epidemic, some health officers felt despondent at the lack of interest in and support for the AIDS initiative from politicians (except for the establishment of the AIDS Centre within the Department of Communicable Diseases in 1989). The Health Education Division continued to struggle, working within a limited budget. There was considerable contention concerning the STD

control policies adopted by the MOPH, especially with respect to HIV/AIDS. Ignorance and denial only partially explain the lack of support from the health bureaucracy. It is clear that powerful and established interests in the tourism and related sex industries were and still are terrified by the economic implications of the epidemic for their businesses. From time to time, these groups have gone public and criticized the "hysteria" of the campaign against AIDS, claiming it was having a serious effect on the inflow of foreign tourists and thus the Thai economy. A combination of factors, including Thailand's rapid economic growth, worked together to hinder an effective response by Government to the threat of AIDS. Eventually, however, the Government had to respond because of the considerable pressure employed by the World Health Organization (WHO) and foreign governments.

By 1990, the Thai government had a budget of US$4 million for AIDS education [MOPH 1990]. The MOPH was moving towards cooperation with brothel owners, mounting a 100% condom campaign. Even so, the MOPH was still pushing for control legislation, and promoted this at an international AIDS congress in Bangkok hosted by the Princess Chulaporn Research Institute. The congress was, in fact, boycotted by many international delegates and WHO representatives because of Thailand's existing discriminatory legislation. This caused considerable embarrassment as the congress had been organised by the King's youngest daughter. The former Prime Minister and Privy Council member, Professor Thanin Kraivichian, in a speech to the congress, supported strict control of "irresponsible" people such as prostitutes, homosexuals, intravenous drug users and prisoners. He was supported by high-level

MOPH officials. Led by Viravaidya and other non-government organisation leaders such as Ungphakorn, considerable opposition was mounted to its authoritarian measures of arrest. This along with the chaotic events of the military take-over, eventually led to the legislation being shelved. Interestingly, soon after the extent of the epidemic had become apparent, Thailand's gay community moved quickly into education, focusing efforts in gay bars. This appears to have been quite successful. In Bangkok, the HIV infection rate amongst homosexual men was only 0.4% in 1990 [MOPH 1991]. It was perhaps the success of these programs and the high-profile criticism which were eventually to turn the government's policies around.

By 1991, more realistic AIDS policies were being implemented. The impetus for this came largely from strong international pressure, staffing changes within the MOPH, and increased domestic pressure, especially from non-government organisations. There were signs that the phases of denial and then paralysis had begun to be replaced by positive, highly innovative community-based initiatives. Not surprisingly, this coincided with the tenure of Viravaidya as a Minister in the interim Anand Panyarachun government from February 1991 to March 1992. Unexpectedly, prostitution was decriminalised.

ECONOMIC CONTEXT

Thailand is in the midst of a major social restructuring as people migrate from rural to urban areas in response to the pressures of industrialization and urbanization. In the Northeast, there is no local employment during the dry season.

Because of soil degradation and the reliance on rain for agriculture, subsistence living has become almost non-existent and households must leave to find work in other regions. Young unmarried villagers prefer to go to Bangkok to work, to experience all that is 'modern', but this often depends on parental permission. In characteristic fashion, villagers tend to follow the direction of informal networks of work contacts and it is common to find that seasonal labour locales vary from village to village. In one village of Khon Kaen, 76% of the men and women have worked cutting sugar cane in other provinces, 20% have worked in Bangkok, and 6% have worked abroad. Ninety-nine percent of the villagers between the ages of 18 and 50 have left the village to work elsewhere at least once. Families are regularly separated, sometimes for long periods of time [Lyt 1993].

Generally, people in the Northeast move to work as domestic servants or factory workers, or in the entertainment business or fishery, mining, or sugar industries. Outside their own community, they enjoy more social freedoms, greater mobility, and increased independence because they earn their own money. Away from the village, it is no longer possible for the family to be a strong mechanism of social control.

As is typical in many areas in the Northeast, the villagers work elsewhere during the dry season when rice harvesting is finished (January through May). From Khon Kaen, many go to sugar cane plantations in Kanchanaburi, Uthaithani or Kamphaengphet. Most people prefer sugar cane cutting despite the physical rigor of the work because they can borrow money, interest free, from the companies owning the sugar plantations. They then work to repay this debt. Often it is men who leave the

village, but sometimes women leave and husbands stay behind. Occasionally entire families move. A 1987 study conducted on a sugar plantation showed a higher rate of sexual relations outside of marriage among migrants of both sexes than when they were at home in their villages [Kanato 1987]. Although sexual affairs occurred, there was less sense of social responsibility between sexual partners. Sex was seen as a pleasure without the traditional attachments to family building and community growth.

Migration is an issue that impacts strongly on public health. Because of its divisive effect on families and the opportunity, it provides for multi-partner sexual activity, it influences the reception of AIDS information on the personal level and contributes to the epidemic's formation at the macro-level. Another example are the fishermen in Rayong, one third of whom are from the Northeast [Kanato 1993]. They stay in Rayong for at least a year in order to claim their share of profits. During this time, they visit low class brothels -- with Isan[10] girls -- every time they dock. The dangers of the sea make them feel insecure about the future, thus they tend to live for the pleasure of the moment. AIDS is not an immediate concern and thus condom use is not a priority.

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[10] Due to the classifications used in all censuses, it is difficult to estimate the exact ethnic composition of the Northeast. The most common designation used by all the people in Thailand for the Northeast region is *Isan*. This same word is also used to identify the people, and specifically the dominant populace, of the Northeast region. The people of the Northeast sometimes refer to themselves as *khon phunmuang* (natives), or as *Lao*. However, the term *Isan*, already used by other people to identify the people from the Northeast, has been taken up by a growing segment of this Northeast population to indicate their own ethnic identity. Northeasterners speak of themselves as being *khon Isan* (Isan people) and used *phasa Isan* (Isan language). The increasing usage of *Isan* by Northeasterners speaks to their own growing sense of regional and ethnic identity.

Growth of the sex industry parallels that of economic growth. Both have boomed so strongly since 1985 that economists expect Thailand to be "the next Newly Industrialized Country" (NIC). Foreign investment has increased dramatically since 1987, with the bulk of foreign exchange resources being dedicated to the urban infrastructure. This growth has been accompanied by a burgeoning of middle class urban consumers, and rural to urban migration of young adults in search of jobs. Meanwhile, the share of agriculture in the economy has fallen from 32.2% in 1970 to 24.9% in 1980, to 22.3% in 1986. In consequence, income differentials between Bangkok and the rest of the country are increasing: in Bangkok the average annual per capita income in 1988 was estimated at U.S.$2,300.00, in contrast to U.S.$300.00 for other parts of Thailand, with some areas as low as U.S$100.00 [Phongpaichit 1989]. The increasing poverty of rural areas relative to urban places contributes to the urban migration of young women to work in the service sector.

Prostitution is not a new phenomenon in the Northeast. The Vietnam War and the recreation businesses that grew out of it extended the commercial aspects of prostitution, increasing number of massage parlours, nightclubs, and bars. The rented wife was much in demand by American GIs and increased the visibility of prostitutes and their customers. Differences between Thai and Western interpretations of prostitution are evident from the difficulties in clearly defining who is and who is not a prostitute. It is important to stress that although the industry has catered (during the Vietnam War), and continues to cater (via international tourism) to foreign demand, the majority of prostitutes' clients in Thailand are local Thais. Phongpaichit has traced the historical

origins of prostitution to a culture of male dominance in which polygamy and concubinage played a significant role [Phongpaichit 1982]. She elaborates that prostitution was first established on a large scale in response to the predominance of young males in the migration streams attendant to Thailand's urban growth in the late nineteenth century. It is also possible that prostitution is a by-product of the double standards for males and females pertaining to pre-/extra-marital sex inherent in traditional Asian culture. A line is clearly drawn between "respectable" females who are expected to preserve pre-marital virginity, and prostitutes to whom recourse is taken by males for both pre-and extra-marital sex. According to western "romantic" ideal the conjugal partner is expected to exclusively fulfil the roles of lover, co-parent, and personal companion [Sersby 1983]. In cultures where polygamy and concubinage are practised, these roles are separated.

TABLE 4: Current estimated number of prostitutes

Author	Year	Number
Rutnin	1984	700,000
Thongpao	1986	700,000-1,000,000
MOPH	1989	84,885
MOPH	1994	65,000

While prostitution is clearly defined in the West, in Thai society a grey area exists conceptually and institutionally between full-fledged prostitution and purely emotional relationships between the sexes. Commercial sex in Thailand has developed into a variety of forms. This variety is reflected in the terminology of prostitution in Thai. The word Sopenii, for example, refers to a woman who sells sex for money, lives in a brothel, and is under the control of a pimp. While Sopenii is officially prohibited, escort girls are not. In a previous

manuscript three types of commercial sex workers were differentiated according to Thai law and AIDS risk realities: Professional, Optional, and Opportunistic [Kanato 1990].[11]

In the rural areas, the night before the weekly cattle market, mobile sex services are organized which cater specifically to waiting traders. Eating, drinking, and sex service attract women to these establishments who supplement their income or worked solely to entertain the cattle traders. As expected, the cattle traders acquire multiple wives as well as girlfriends. Inflation has created such an ambience of prosperity that many are considered rich by poor women with no other access to money than through sex work.

Many bars in the big cities of the Northeast -- and in Thailand in general -- have live sex shows in which unsafe sex is performed for the entertainment of customers. Quite often, safe sex seems to be practised only if the customer insists; if he/she does not, the sex worker is not likely to insist either. Sex workers are often ignorant of the seriousness of the AIDS crisis, and are kept uninformed by bar owners; these bar owners usually claim to educate their employees about the risks of unsafe sex and promote safe sex practices. They also claim that their employees are tested weekly and withdrawn from services if found to have any form of STD. This claim, however, is not supported.

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[11] It is important to note that Kanato's typology of commercial sex workers is defined differently than that of the Thai government (as mentioned in footnote 1 on page 3). The government does not account 'opportunistic' sex workers -- part-time prostitutes, the truly free-lance sex workers who are not formally associated with a commercial sex enterprise but seek customers in known pick-up places such as particular hotel lobbies, coffee shops or restaurants, or simply on the street. However, it is undoubtedly the best source of such information available. Much higher numbers are typically cited by the mass media but are undoubtedly grossly inflated, being based on careless assumptions with virtually no empirical grounding.

As one customer stated, " ... you cannot rely on a prostitute to insist on safe sex, either with you or with any customer before or after you ...!"

SOCIOCULTURAL CONTEXT IN THE NORTHEAST

In the early days of the AIDS epidemic, investigators began to look beyond the clinical aspects of HIV infection to the social behaviours that contributed to its spread. In the Northeast of Thailand, intravenous drug users are not a major path of HIV spread. Rather, sexual intercourse is the primary mode of transmission. Thus, sexual transmission was chosen as the focus of prevention programs. In the search to understand sexual behaviour in the Northeast, social science, and in particular anthropological methods were felt to be of importance. Most anthropologists, however, have given little focused attention to the study of sexual behaviours or to the expression and meaning of sexuality in the Northeast. At the onset of the HIV epidemic in this region, there was little research that could contribute to a general concept of sexual development and gender identity for the Northeastern population.

Homosexuality is not mentioned in the laws of Thailand. Western men come to Thailand looking for exotic sexual encounters. Western gays have become almost predatory in their search for sexual experiences. These men are not only involved in homosexual behavior, but also engage in sex with female partners. Multiple sexual partners and frequent unprotected sexual exposure are known to be associated with the transmission of AIDS. A popular and attractive male sex worker can have sex with as many as eight customers in a day. Such men may have a certain knowledge about AIDS

prevention, yet given the contingencies of their everyday life, may not practice safe sex. Although the number of male sex workers in the Northeast is lower than in other regions, the first case of an HIV+ homosexual found in Khon Kaen is not insignificant. Isan men move to work in the other regions and many bring the disease back home.

THAI SEXUAL SOCIALIZATION AND GENDER

Notions of gender are rooted in fundamental assumptions about the underlying meaning of reality. In Buddhist Thailand, gender notions are expressed in Buddhist methodology and art. Within these notions of gender, the role of a woman may be viewed as that of a mother[12] [Keyes 1984] and the role of a man as that of a monk

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[12] Maddi is the paragon of the ideal woman. She sacrifices all, including her children to advance the religious goal of her husband. Her counterpart in the story is Amittatapana, the wife of the old Brahman Jujaka who carries off Maddi's two children.

Amittatapana is given as young maiden to the old Brahman Jujaka in repayment for a debt incurred by her parents. Amittatapana, although she has no reason to be pleased by marriage to a man who covets his beautiful young wife's sexual favours, nonetheless begins her married life as the perfect wife. Indeed, she is so perfect that other Brahmans begin to upbraid their wives for not being like her. These wives, in turn, take to venting their anger on Amittatapana, whom they meet each day at the well. They emphasize how unfortunate she is, as a beautiful young woman, to be stuck with a worn out old man for a husband and lover. They pointed out how she has been made a pawn in her family's relationship with this man. Amittatapana is very hurt by the accusations and tells Jujaka that she will not return to the well again. Jujaka, who worships his wife, offers to do the work for her. But she says this would never do; rather, he must obtain a slave for her. The slave, or rather slaves, she has in mind are the children of Vessantara, who she knows will have to give them to whoever asks. If Jujaka does not return with the children as slaves, she threatens to leave him. Amittatapana's speech to Jujaka is often presented in sermons by Thai monks who recount the story in a shrill voice, conveying the image of the demanding woman. Jujaka, who is so smitten by his wife's charms, readily agrees to carry out her request.

Amittatapana's behaviour is not portrayed as a consequence of her inherent nature as a woman; rather, the story shows it to be a product of a particular type of relationship she has with a man. Although the depiction of Amittatapana is unfavourable,

[Kirsch 1985]. During the period of Khao phaansa ("the monk hibernation"), adult females of the Northeast behave similarly to nuns, while adult males stop drinking alcohol for three months. Many men refrain from having sexual intercourse. This is a time when lay people of the Northeast devote themselves to religion; sons will be ordained, mothers behave similarly to nuns, and fathers refrain from drinking alcohol and sex.

The heterosexual behaviour of the Isan people is manifested in the rituals of courtship and marriage. It is common for men to have multiple sex partners before and during marriage. By the age of 18, 82% of male students reported that they experienced sexual intercourse with a woman at least once. For females, however, this is generally not the case. Around 30% of female students in vocational schools engaged in premarital sexual intercourse by the age of 20 [Sakondhavat 1986, Kanato 1992]. From these data, it is clear that although premarital sexual relationships are not unusual, they are not the norm.

Boys were, and still are, socialized from a young age to value experience and knowledge gained from pai len sao ("the visiting and courting of girls"). While adolescent girls are given much social responsibility, the boys are allowed a great deal of freedom. With this freedom, a boy can spend time with his friends, and indirectly learn about sex. A study in 1986 concluded that almost half of students (male and

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it still is one to which village women point when discussing a women who finds herself constrained to barter sexual favours for some material gain from a man she does not love. Such a relationship was probably rare in most traditional villages, but it has become more common for contemporary women who leave their rural homes to find their livelihood in cities.

female) felt that a male could be sexually promiscuous without stigma [Sakondhavat 1986]. My own qualitative study in 1992 showed explicitly that the boys of Isan learn about sex from their peers in groups and "gangs" [Kanato 1992]. Most young virgin men first experience sexual intercourse by visiting brothels. A few try sex with their girlfriends and with kai ("pick-up") who are sexually experienced. Their male peers and elder friends help teach them how to initiate a sexual encounter. Traditionally, men are supposed to be sexually experienced before marriage. The same study showed that by age 18, only 18% had no experience in sexual intercourse. After becoming experienced, boys may practice their sexual skills with their girlfriends, both virgin and non-virgin. This gender-based double-standard is reinforced by social values that accept a man who has sexual relationships with several women as normal, but labels a woman who is known to do the same thing as deviant. This view may be changing in the younger generation. In Sakondhavat's 1986 study, about 45% of students of both sexes perceived premarital sexual intercourse as acceptable behaviour in the contemporary Northeast and felt that such behaviour should be forgiven [Sakondhavat 1986]. Moreover, 48% of male students felt that being a non-virgin is not a stigma for a woman, and 40.2% said they would be willing to marry a woman who was not a virgin.

In the rural Northeast, parents have little control over their children's choice of a spouse. Some women see marriage as an avenue for social mobility, or as a means of escaping obligations to her family. Heed sib song klong sib sii is an elaborate system of behavior that serves as a form of social training and control for females of the Northeast. Hurtful gossip is another form of social control used against a promiscuous

married woman or widow. My 1993 study showed that there were around 70 married women engaged as part-time sex workers in down town Khon Kaen. Most of them hid their work as prostitutes from their community to avoid censure [Kanato 1993]. By contrast, if a man had sexual relations with many women or committed adultery, he was not considered as bad as a woman who acted in the same manner, though he may have been gossiped about and perhaps no longer respected.

After marriage, it is generally accepted that men will engage in extra-marital sexual relationships. Most of these relationships occur with prostitutes and a Mianoi ("minor wife"). My 1988 study of masseuses in massage parlours indicated that the parlour clients are married, range in age from 25 to 45 years old and are from middle to high socioeconomic status groups [Kanato 1989]. Married men may have sex with prostitutes because they perceive no moral implications to sexual activity outside the marriage and see involvement with a prostitute as carrying no possibilities of emotional obligation or responsibility. Although it is not uncommon in urban settings, very few village men have either the opportunity or sufficient funds to support a relationship with a second or minor wife.

As might be expected, local sexual behaviour is complex and those men who visit prostitutes cannot readily be categorised by single variables such as age, income, or marital status. Distaste for commercial sex prevents some men from visiting prostitutes. This is demonstrated by single men who cannot bring themselves to accompany their friends to the brothels, men who find themselves unable to perform in such a situation, and married men who indicate they never have nor would visit a

prostitute. Villagers hold no overt contempt for the men who visit prostitutes, and in some cases, visits are at least outwardly accepted by their wives. While most village women who knew their husbands had visited prostitutes expressed pain at this knowledge, Thai women, generally speaking, feel powerless to change men's behaviour. Social lore teaches the wife to be accepting and uncomplaining and that this is the best strategy to effect the return of an errant spouse. Some women, both urban and rural, say they prefer casual liaisons to the threat of their husband finding a second wife.

Visiting brothels commonly occurs when young men visit brothels in either the provincial capital or a large town. It is also common amongst married men who are separated from their families by seasonal work. Some men visit restaurants in nearby large villages where the waitresses will have sex with customers.

There is, however, a view that extreme philandering does not speak well for the man's character. A man who is "no good" is one who drinks, smokes, gambles, and often visits prostitutes. Parents do their best to dissuade their daughters from marrying such a man. In one instance, while discussing the dissolution of a marriage between a village man and a prostitute he had brought home to be his wife, local women blamed the male's irresponsible character because after all: "What could one expect from a man who visits prostitutes?"

The women in the Northeast have undergone a gradual process of sexual and social liberation. This process has occurred in urban settings which have been changed by the growth of the tourist industry. As Thailand chooses to promote tourism -- one of its leading sources of revenue -- it has also chosen to sell all possible commodities,

including its women. Most entertainment establishments are centred around the use of women to bring in cash. Different forms of commercial sex are available to accommodate the different demands of male customers. Data from one study showed commercial enterprises are not limited to the cities and are appearing in rural areas -- i.e., cattle markets, remote farmers markets, and small military units [Kanato 1993].

In urban areas, women are away from their families, their kin, and their communities. They can meet casually with men and are free to go any place without being observed by an acquaintance. Having been uprooted from their village communities, the control mechanisms discussed earlier no longer affect them in the city. Sexual behaviour becomes an individual choice. Although women are free to act as they choose, many of them still feel some of the community constraints.

The pattern of AIDS transmission in the Northeast begins when Isan women migrate to such areas as Rayong to work as prostitutes. They practice their profession until they are diagnosed as being HIV+ or suffering from STDs. At this time, their "employers" send then back to their communities. This phenomenon is indirectly confirmed by the results of several studies that show the rate of turnover or migration among prostitutes to be quite high [Kanato 1992]. After returning home, most HIV+ women are still asymptomatic; no one in the recipient population realizes they have the disease. These women then either get married or continue as prostitutes. When the infected prostitutes have been home, new ones are recruited from Northeast provinces. Thereafter, the cycle begins again. Overall, the South and East represent the "sending" agent, while the Northeast is the recipient populations. The same situation can also occur

in other areas, which have a similar "receiver-sender" pattern. More research into this hypothesis is needed as it points to an urgent need for even more intensive efforts to prevent young rural women from entering prostitution to provide for their families' welfare.

The urban centres in the Northeast play an important role in economic development. Services in these centres cater to the tourist population, and marketing activities have attracted increased concentrations of people at periodic intervals. Khon Kaen is an example of such an urban centre with lodges, restaurants, a bank, petrol stations, etc. Ruralites and urbanites regularly exchange visits as personal and family demands dictate. Normally, men and women migrate to towns primarily to escape rural poverty and secondly for social and personal reasons. Returners were the first known AIDS cases in most villages. Returning migrants infected their girlfriends and wives. In Khon Kaen, national AIDS campaigns have increased knowledge levels and effected some behaviour change. Some men say that these days they would always use condoms with a prostitute.

This chapter outlined some basic epidemiological principles concerning the transmission of HIV in the Northeast and explored the wider social cultural context of sexuality and lifestyles in the region. This short review has not sought to provide an exhaustive and detailed description of Thailand's social response to the emerging HIV threat, but has attempted to draw out some of the key social dimensions which underlie the specific nature or pattern of HIV infection in Thailand. It has sought to emphasize that although HIV is a global pandemic the form it takes at a local and national level is

related to particular historical and social factors. The Thai case illustrates the way in which HIV can be rapidly transmitted among prostitutes and the potential for transmission via the commercial sex industry to large sections of the population.

It is important to recognize that the transmission of HIV in any given society is related to a host of complex and far-reaching social and political factors. There is need for HIV prevention interventions to address the social, cultural and economic factors which sustain and foster the commercial sex industry. In particular, initiatives need to address the factors which influence recruitment/procurement for the commercial sex industry. Thus, the next chapter explores the context of sex business in Khon Kaen.

PART 2: ETHNOGRAPHY

CHAPTER 4

SEX BUSINESS

Khon Kaen, a study site in the Northeast appears to be typical of provincial Thailand. Khon Kaen is currently experiencing the rapid economic development and rise in land speculation that has gripped much of Northeast Thailand over the past five years. According to preliminary results of the 1990 census, Khon Kaen has a population of almost 1.8 million. Approximately 5% of these 1.8 million people live in the officially designated municipal areas (the biggest being the provincial capital, Khon Kaen downtown) and are considered to be urban dwellers by the more conventional definition. Registration data for 1989 indicate another 15% reside within sanitary districts. This group is considered to be semi-urban. The remaining 80% of the population lives in rural areas. (Rice farming, tapioca plantations, and sugar cane cultivation support the rural economy. Roads and communication links among all districts and Khon Kaen downtown are good. Roads to neighbouring provinces and on to Bangkok or other regions and even to Vientaine, the capital city of Laos, are similarly well-developed.

Although, commercial sex has been available in Khon Kaen for generations according to a 72-year-old respondent, it was limited historically to a few brothels until the early 1960s. At that time, Khon Kaen as well as many other areas in the Northeast

were considered as sensitive areas (the Communist Party of Thailand was fighting with the Military). Few travellers came to Khon Kaen with life uncertainty. Women from Khon Kaen temporarily migrated to Udornthani, 120 kilometres to the north where the U.S Army base was located, to become Miachao ("rented wives"). With the government decentralization in the mid 1960s Khon Kaen was chosen to be the capital city of the Northeast 30 years ago. Branches of the central government were established, including Khon Kaen University. Since then, the commercial sex business has boomed, phosphorus this city. For more than 30 years, the number and variety of commercial sex establishments nationally as well as in Khon Kaen has expanded with the economy, population growth, and the growing gap between the well-off and the poor.

Other research shows that alternative commercial sex enterprises did not increase between the 60s and 80s, while the number of discretionary sex workers rose in the 1980s but declined slightly toward the end of the decade. The number of brothels and brothel workers doubled between the decade of the 1970s and that of the 1980s. This increase is accounted for, in part, by the emergence of restaurant-fronted brothels in which the waitresses are sex workers and typically have bedrooms in the establishment. The pattern for Khon Kaen is contrary to the national trend of an increasing number of brothels and brothel workers.

PRIOR TO 1984

In opening a Song ("brothel"), a Maelaow ("madam"[13]) must make a number of decisions concerning the location of the business, size and composition of the staff, and means for acquiring a building. She must also worry about the possibility of a prison term and other negative repercussions stemming from the illegality of her enterprise. Thus, whereas the owner of a conventional small business succeeds if her enterprise yields financial profit, the Maelaow must also avoid both legal prosecution and ostracism from persons involving sex business if she is to be a successful entrepreneur.

La owns and runs a small Song in Khon Kaen. Before 1965, there were 6-7 Songs operating downtown. Even after the Thai government outlawed prostitution, Khon Kaen retained its long-established reputation as a city where prostitution was available. It draws clients from smaller, neighbouring towns, as well as from its own commercialized area, to several small Songs.

La is typical of women who open their own Songs. In 1961, she was working for Chan, the Maelaow for whom she had first gone to work as a Dek[14] ("prostitute") in 1950. Throughout most of that year La was the top money-maker in Chan's Song. Early in 1967, she thought of opening her own business somewhere. La describes her desire to leave Chan and try her hand at running her own Song as follows:

I had reached the age when I had quit from Chan so many times

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[13] The madam of a brothel is the owner and manager of a small service business, albeit an illegal one.

[14] Both Maelaow and Maengdaa prefer the term Dek. The popular name among male customer, however, remains Etua.

> that I was ready. I wanted my own place. It would be mine, as manager. That's the incentive. You are working for yourself, not for someone else.

La did leave Chan and opened a Song, taking her large clientele with her and using her contacts with Maengdaas[15] ("pimps") to obtain her staff. The choice of area and specific location for a service enterprise is a crucial one, affecting the survival of a small business. La had to find a suitable area into which to move. She notes:

> One of the Maengdaa found it. The first time I saw it, I thought it looked terrible. But it was in an ideal location, close to a commercial zone, where I'd have only one or two neighbours.

Although La did not initially choose the site, she recognized the location as potential with respect to clientele. She contracted to lease the place. Having invested 75,000 baht ($3,000) of her own money to paint, build a small building, pay the first months' rent, and start the utilities, she was ready to open for business. From its location amidst small retail businesses, customers promptly nicknamed it Sidum ("black

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[15] Traditionally, the pimp is called a Maengdaa in Thai, meaning a man who gets money from a Sopenii and forces her to behave appropriately. In many cases, the term is used to describe any man who lives with a woman, doing nothing himself but forces her to earn money. The word Maengdaa is also use to describe the water bug, a popular insect among Thai farmers, because the female bug often has difficulty dislodging the male from her back. Thus, the idiom Maengdaa Koh Lung refers to a man who lives by money earning from a woman. Thai men, including pimps, refuse this word, because of its reference to the water bug and the inference that men to whom it is applied do nothing. They argue that they have something to do, matching Kaek ("client") with prostitute, and not forcing prostitutes to work. They prefer to called Chiakaek, meaning matchmaker. The word Chiakaek now accepted for men working in Song. The function of Chiakaek in low class brothel,however, is twofold; he functions as a matchmaker -- matching prostitutes with clients, and as a procurer -- recruiting women as prostitutes. The former function is known to the public, the latter, however, is hidden, particularly this day of Thailand. To avoid confusion, the traditional name for a pimp, Maengdaa, will be used here.

colour").

Sidum was an ordinary Song. It included a living room, eight bedrooms, a kitchen, and what La describes as "a room out in front that I fixed for myself so I could get away some place." The living room contained a colour television set, which was watched alternately by Dek. The entrance to the Song was in a narrow entrance way; one would never venture there without prior knowledge of the enterprise. The Song opened in the late afternoon and remained open until the early morning hours. La employed Yai as a brothel keeper, who helped supervise when La was away and cooked the evening meals for La and her staff.

La solved the entrepreneur's problem of acquiring a regular clientele by opening her business in a community where she had worked as a Dek and had attracted a large clientele (Kaek). Some of these men had been regular clients (Khaprajum[16]) for several years. In opening Sidum, La relied exclusively on Kaek to pass the word of her new location. She does not advertise nor does she keep a list of clients. She knows few names and has no client addresses.

La decided to let in only 2-3 Kaeks she knew personally. Any new Kaeks would have to be accompanied by a general Dek. La states:

> I get new Kaeks from old Kaeks. Now remember that 2-3 Kaeks are ex-Kaeks of mine when I was working, and I have known them for several years. When an old Kaek like that brings a friend, then I'll let that stranger in with a Dek"

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[16] The mercenary and emotional dimensions of "open-end" prostitution often overlap, love and money are not seen mutually exclusive. Some prostitutes hope to find longer-term support from the clients' regular visits.

Because La keeps no records of her Kaeks, she can give only an approximate description of their backgrounds. A high proportion of her clients are married. Most clients are from the lower-middle class. When asked to list their occupations, she mentions farmers, truck drivers, labourers, and workers in Khon Kaen. She has few Kaeks in upper-middle class. She notes that there is a lower proportion of students, including Khon Kaen university students, at Sidum. A number of clients come in regularly from the downtown and outskirts. With regard to sexual acts requested, La estimates that about 30% of her Kaeks are what she calls "Smoke" who request either a full "Smoke" (fellatio) or a half and half (fellatio followed by coitus).

La pay off police in Khon Kaen in order to avoid a raid. In fact, she could be arrested at any time, even if she did pay off to the police. She cites two main reasons for not being arrested: (1) heavy arrests can lead political decisions either in the community or within the police department to "get tough" on prostitution, and (2) her multiple arrests effect the clients' perspective to the Song.

To be sure, La is known to the police in Khon Kaen. Due to numerous previous arrests, she, in turn, knows members of the force, particularly members of the corruption team. She notes that:

> When the police come and take you to jail time after time, you can't help but develop a mutual respect; they are doing their job and doing it consistently well. But they see that you are doing your job and doing it well. They can see I run a place, no drugs, no thefts, no trouble in here with either Dek or Kaek; weekly medical check-ups are always done. The only way I know of to pay off in this town is through respect.

Concerning the staffing of Sidum, La decided her Dek would all be Dekmai

("novice prostitute"), young women who had never worked as Dek before. This decision developed out of her previous work experiences. Chan's Song, however, had been staffed wholly by professionals, and she remembered the distance that had existed between Maelaow, and the Deks. La's decision to staff Sidum with Dekmai was similar to the businessman's decision regarding "choice of line." La opted for a closer relationship with her staff and more control over the services being provided. Her decision had a number of important repercussions on the operation of the business:

1] Dekmai are always young (seventeen to twenty-four years of age, and many cases are younger), which meets with the clients' approval.

2] La seldom has more than ten Dek working for her at any one time, which limits client choice.

3] The prices at La's Song are low. One hundred baht (US$4) was the set price at Sidum; this rose to US$5-6 at subsequent locations. The reason that she has not raised her prices is that she is afraid of losing her old clientele, upon which she depends.

4] La has a high turnover rate among those working for her. Deks have freedom to leave Sidum any time they feel they are ready to go -- after one week or several months. This situation poses staffing problems. Since 1980, she has enforced a rule permitting her to keep the money earned by Deks until they pay back the money they owe or the debt owed by their parents. This rule keeps Deks around for several months. The longest anyone has stayed is four years. The average stay is four to six months. Similar

findings are reported by Sakondhavat [1991]. La feels that generally her Kaek like the high turnover rate; novelty is highly valued by clients.

5] The high turnover rate makes her more dependent on a small group of Maengdaas and their acquaintances for acquiring new staff for the Song.

Among Maelaows there's strong disagreement on the value of Maengdaas for their business. In striking entrepreneurial language, La notes:

> I made an equitable business arrangement with the girls which gave them their fair share, a 50% share. I provided the capital, set up the business, and ran the greatest risk so far as the law was concerned. The girl invests her body. If she was with a Maengdaa only, no Maelaow, there would be no return on her investment.

Although the percentage of earnings that Deks are allowed to keep differs from one place to another, it is estimated that about half of the prostitute's actual earnings goes to the Maelaow who pays her other staff including the Maengdaa. Low class Songs like La's are dependent on Maengdaas to obtain their staff. If her Maengdaa does not function well, Maelaow must rely on other women who have worked for them in the past to find Deks. This would be a very difficult situation, as there is, according to La, very little solidarity in the prostitution life-world in Khon Kaen. At present, the few Maelaows are in competition with one another and would rather find some way to put each other out of business than to help each other. In order to staff her business, then, La must work with Maengdaas. La accepts Dekmais for Sidum from Maengdaas. When a Maengdaa has a woman who wants to start in the business, he takes her to a Song. When they arrive, they discuss the rules and financial arrangements. La prefers that they not arrive during working hours so she can begin to teach them.

She frequently checks with her Maengdaas before dealing with Dekmai:

> I won't accept a girl my partner doesn't want to deal with, however, in many cases, it has happened. And I won't deal with anyone tied to a big organization.

La indicates that prostitution communities in Khon Kaen are not connected with any major crime organization. Khon Kaen is characterized rather by "small-time" illegal operations, with a low level of cohesion among the entrepreneurs. As La points out:

> It is easy to get busted in this community [because] the people in prostitute communities here don't stick together.

The fact that there is little prostitution in neighbouring towns, however, attests to some cooperation among Maengdaas in Khon Kaen. It appears that Khon Kaen Maengdaas have effectively cornered the market on prostitution in their area by concentrating it in one location.

La took on a full partner in her business in 1980. They share profits and expenses equally. For a number of years, however, La ran the business with no man in the background. When asked how she survived in the "male dominated schemes," she claims that it was at least partly due to her independent behavior:

> The Maengdaa really just don't know what to make of me. There aren't many women in the sex business as independent as I am. They know I'm really handy with a gun, and, actually, the Maengdaa think I'm crazy. So I just let them think that, and they leave me alone.

La's partner, Lue, is a white Maengdaa (in Khon Kaen most Maengdaas are a little dark). Since 1980 they have developed a strong respect for each other as business persons. As La attests:

> He's one of the best in the business. He really makes them toe the line. It's easy with his help to turn them into professional sex workers. That is one reason why I respect him; he is a great businessman. We have a complete mutual trust about money, and that's important.

After four years of bringing Deks to La's Song, he safeguarded the business cash and guaranteed that La would always have Deks working. Ten months later, he became a full partner with a 50% share in the business. La notes that as a partner:

> He handles Deks, does some scolding when that's necessary, and when it comes time to pay, he counts the money and gives it to the Maengdaa. But I keep all the books.

La has become increasingly committed to her partner. Their somewhat complex personal relationship -- inhibited by the traditions of their life-world -- is discussed briefly later. Table 5 presents the approximate monthly totals for income and expenditures at the Sidum operation, based on information supplied by La in late 1992. It should be noted that her income declined following the bust in the winter of 1992 (when a young prostitute was killed in Songkhla, the southern region of Thailand). After splitting the

TABLE 5: The budget for Sidum 1992 (monthly figures)

Income:	
Gross income from clients; (approximate) an average of 68 Kaeks per night (at 100B), thirty nights per month	204,000
To the "girls" (50% of earnings from clients)	102,000
Net income from clients per month (approximate)	102,000
Expenses:	
Utilities	3,000
Housekeeper	2,000
Food and living costs	20,000
Regular pay off	9,000
Occasionally pay off	8,000
Total regular expenses per month	42,000
Net profit per month (approximate), to be divided between La and Lue (her partner)	60,000

earnings with her partner, La get 30,000 baht (US$1,200) per month net profit. Other living costs include laundry and basic drugs. Regular pay-offs are made to police and local authorities. La also makes occasional pay-offs on request, for example, when a "big" authority arrives from Bangkok and the local police want to entertain him. The Deks pay for their own medical examinations -- however, physical check-ups at the VD centre can be obtained for free. Since La does not own a car and does not drive, her partner provides the necessary transportation. Her expenses are modest now, "nothing compared to my days as a Dek." La sells no liquor in the Song, only soft drinks.

The above figures indicate a narrow profit margin for La's Song. It may be that she has quoted income figures conservatively. On the other hand, there is some evidence that the profits from a Song are not as high as widely believed. In any case, Maelaow indicate that their businesses yield low profits.

If the madam and the girls don't make the money, who does? A partial answer seems to be that "every outsider who has business dealings with a house of prostitution makes a profit" [Adler 1953]. The landlord is one such outsider, and his "cut" shows up in La's case. She pays approximately 5,000 baht (US$200) monthly in rent for Sidum -- a dilapidated building in an undesirable part of town. La's contract with her landlord assured him a monthly salary. Her lease protected the landlord through its provisions. Her income reflects seasonal variations in client expenditures. For example, it is low in May to June when the schools open, and in August to October because males refrain from drinking and sex during their Monk hibernation. Her long-term profits can be rapidly diminished by illness or legal prosecution. Thus, owning and

operating a Song is a high-risk enterprise.

The major developments and basic structure of La's enterprise have been described above. What follows is a discussion of the dynamics of the business -- the tasks and problems she faces in operating the Song. The day-to-day running of the business demands La's energy and attention from one o'clock in the late afternoon until three or four in the morning, every day for the whole year. She describes a typical day as follows:

> It will be best to start [outlining the day's routine] at two o'clock [in the morning] because that's when I close the Song. Between three and four is really the only time that I have absolutely, utterly to myself. That may seem like a long time, but it's not long when you consider that I've had no privacy at all for the whole day. At three, I check the money and make sure it's right. Then I lock it up and hide it [the money]. Then I just relax with a soft drink. I go to bed around four. Now if I don't have an appointment the next day, I set the alarm for 11.30 a.m. And if I'm lucky, I might get to sleep until about 3.00 p.m. before somebody knocks on the door. It can start at six o'clock. I turn on the TV and watch it while I try to get myself awake with cups of coffee and start to eat. At 3.00 p.m. everybody knows that's my shower time. A few Kaeks seem to arrive too early. I may have a few Deks working but most of them are not awake yet, so I'll have Kaeks waiting in the living room. If the waiting Kaeks want the one who's busy, then I have the Kaeks waiting in the living room, maybe watching TV. Then, of course there is quiet when there are no Kaeks at all. During those times I concentrate on managing Deks. Yai [the Song keeper] brings lunch about 1.00 p.m. and the hot meal about 6.00 p.m. Dek and I will usually try to eat our evening meal then. But if a Kaek arrives at that time, the meal gets interrupted. Usually, that's the meal I eat, but Deks will have gone out somewhere nearby for breakfast in the late morning. They have lunch, and snack the rest of the time.
>
> During the night, Maengdaas get the door open. When we're busy -- with Kaeks all night -- it is physically tiring. There's no chance to think my own thoughts. I have to be the smiling,

> happy, peaceful landlady that may convince Kaeks with more comfortably and buy our service. But of course I have to watch all the time to see what is happening and that everything is going smoothly. I keep my ears open for when a Dek finishes with a Kaek and place myself near the door. When business is slow, I'm involved in shaping them, which is wearing mentally. For the girls I have to be patient but firm and above all, have all the answers. And I have to figure out where each Dek is -- whether she's happy or down, or getting discontented or upset -- so I have to listen to Deks and, even more importantly, watch their actions. So whether the Song is busy or slow on any particular night, the work is tiring -- but my time always comes again at three.

In order to run her business La must keep her Kaeks. To keep her Kaeks, she needs Deks; to maintain a staff of Deks, she needs Maengdaas, especially her partner, Lue, who has been her main supplier of Deks. This set of relationships -- Kaek, Dek, and Maengdaa -- has been described in many discussions of prostitution. One of the best analyses is by Milner and Milner [1973:211-16], who outline a triangular exchange of money and ego-gratification. The money flows from Kaek to Dek to Maengdaa and then back to the Kaek via the Maengdaa's purchases of cars, clothes, televisions, and so on. Ego-gratification flows in both directions, in one form or another, for all involved. The Maelaow, it is suggested here, should be thought of as operating at the center of the triangle. She is dependent on all three groups for her business success (and receives ego-gratification from all three). She is to some extent pimping off all three: she receives money from the clients, service from the Deks, and supplies from the pimps. Everyone is both a client and a pimp, but the client is made to feel like a pimp most of the time, at least within the value system. The successful Maelaow keeps the triangle in balance, if she keeps enough of the people happy of the

time, she will make a profit.

Keeping her Kaek happy seems to be the simplest part of the business for La. As a manager of a service business, she must meet a fixed set of Kaek needs: to have in stock what he wants, to keep regular and convenient hours, to be in a convenient location, to keep prices down, and to give him attention when he wants it. Thus, she must have attractive, friendly, healthy Deks, and she must have time to converse with the Kaek who comes in with no intention of sex. La does not herself serve Kaek sexually; one aspect of being a Maelaow is maintaining that distinction from Dek nai tu ("prostitute in the fishbowl").

La prefers her Khaprajum to new Kaeks who do not know either the informal or the more explicit rules of the Song. Of course, La has been dealing successfully with Kaeks for many years, so this part of the business poses relatively few problems for her. But she is dependent on her Kaeks for her source of income; thus, she must keep them in mind when she plans any changes in the business.

The Maengdaa and Deks are La's suppliers in the business, and the mutual demands and expectations are much more complicated with them than with the Kaek. La's Kaek pool is a remarkably stable group, whereas her staff of Deks changes every few months. As noted, this high turnover rate forces La to be heavily dependent on the Maengdaas to supply her with new staff, which, no doubt, reduces her profits. When asked why she does not run a Song staffed with experienced prostitutes rather than Dekmais -- so that she could be more independent, and cut down on her constant staffing problems -- La replies:

> Two reasons, first Kaek seems to like Dekmai, they are young and good-looking. Second, it's because I am needed. The Dekmai needs someone to shape her, to help her.

She obviously welcomes the opportunity to play the teacher role to each new set of Dekmais.

La feels strongly that her teaching is the critical factor affecting her success as a Maelaow: her ability to meet the demands of the Kaeks, Deks, and Maengdaa.

> If I'm good at my teaching, the girl will be a success with the Lukkhachob [the clients are happy]. When that's the case, she'll be making money, and that makes her happy. How the girl gives service determines completely how much money she makes; and I'm here to teach her to give professional service.

La was proud of her "standards of professionalism." Cleanliness, social skills, honesty, and fair hustling techniques are emphasized along with some of the customs of prostitution, such as, no kissing of clients, taking the money "up front" (before the action), and thorough "checking" of the client for STD. La states that the Dekmais are frequently appreciative towards her:

> They find that I am teaching them how to make money; to dress tastefully; to converse and be confident with men; to be knowledgeable about good hygiene; to have good working habits, such as punctuality, which will help them whether they stay in the Song or not; and to have self-respect.

Benjamin and Masters note that "madams who refer to themselves as operating 'finishing schools' are not altogether guilty of misrepresentation" [Benjamin 1964:241-2]. To be sure, La gains from any positive attitudes Deks may have toward her during the training, for she needs their cooperation to run her business. As far as the Maengdaa is concerned, La's responsibility is to turn the straight girl into a

professional Dek; but, just as important, La must teach her how to behave toward him. It is very clear in the prostitution life-world what the Maengdaa-Dek behavioral relationship should be: the men are dominant [Milner 1973:47-50].

Since the Maengdaa's status among his peers depends partly on how well he controls his Dek, he will put the woman's behavior back in line with demands that they cooperate with Maelaow. Keeping good relations with the Maengdaa depends as much on La's ability to train Deks to make money as on assuring the men that she's teaching the rules.

When confronted with the discrepancy between perpetuating (through her teaching) male dominance in prostitute communities and her own position of relative independence, La replies that it poses no problem for her:

> The girl needs him [the Maengdaa] now. When she matures, it'll be different. But since she does need him now, she should be helped to know how to keep him.

La notes that not all Deks she shapes are in love with their Maengdaas, although she adds:

> Personally, I can't imagine people giving the money they've earned to someone they don't love.

For some Dek there is a business arrangement with the Maengdaa. La summarized their feelings: "He takes care of me; I give him the money, sex, and love." Benjamin points out that "it is a rare prostitute who cannot, if she wants to do so, walk out on her pimps whenever she chooses" [Benjamin 1964:238]. Some women La shapes at Sidum have chosen to be with a Maengdaa before coming to her and La notes that "when the girl is ready to leave him, she will."

Thus La's view of her work with Dekmai is that as long as the woman is going to enter the prostitution life-world, she might as well learn the rules of the game so that she can play it well and make some money while she is in it. That La returns to this idea -- the importance of knowing how to make money -- is an important point. If under La's guidance the woman learns that, then everyone is happy, including of course La herself, who makes 50% of whatever the woman earns while working for her.

La's recent decision to take a partner into her business reflects the persistent pressure of attitudes -- both in and out of the prostitute communities -- that a woman needs a man and that he should be dominant in the relationship. She explains:

> Why did I take on a Maengdaa as a partner after thirteen years of being alone? Actually, I entered into the partnership for one main reason: to get some of the responsibility for the business off my shoulders.

She claims she had wanted him to share the business with her for a long time, but she had to wait for him to make the proposition. After a long time of working together, he apparently recognized his importance in the business and decided to formalize it by sharing expenses with La and splitting the profits. Finding competent help with a business is the mark of a good entrepreneur, according to Cohn and Lindberg's study [1972:29] of managers of small businesses:

> Significantly, one trait all these successful entrepreneurs share is a belief in the importance of supplementing their own talents with those of others. They know their limitations.

La knows that within the prostitution world a woman who is alone indeed has limitations; she feels she has with the partnership decision succeeded in marshalling support for her enterprise.

La insists that her relationship with her partner is primarily a business one, although it is somewhat complicated by her personal commitment and growing emotional involvement with him. While he has supported La's business venture for several years, he has made no personal commitment to her. She feels that one explanation for that is her well-established position in prostitute communities. Because he is younger and much newer to the sex business in Khon Kaen than La, should they be linked romantically, he would become known in prostitute communities as La's faen ("boyfriend") rather than her being known as his faen ("girlfriend"). Lue is apparently being certain that such an objectionable situation does not develop.

La rationalizes the present state of their relationship another way:

> I can't really ever be his faen because I doubt that I could be. We argue, and I order him around all the time. I am the boss, and that's the Number One Rule! You can't order your faen. So we have to have a special relationship because of my independence and my knowledge of the sex business. I know so much more about it than he does. But we do have that special relationship.

La sees their relationship as an unusual one in the prostitute communities because it is characterized by an approximate balance of power. In answer to the question on what ways her partner is more powerful than her, La replies: "He's bigger than I am." He is a man in a world that says the man is necessary and important. To balance that power -- to be on an equal footing with the Maengdaa -- the Maelaow must have her business enterprise.

Because her business is a source of power, La is in a stronger position with respect to her partner than are any of his faen. Consequently, she can, and does, assume

a "main lady" role in her partner's "family," even though she has no personal commitment from him and is not a part of his personal life. She lives in her house where the Song is, while he may stay or go out with his ladies elsewhere.

La insists that she is not treated as a main lady, which sometimes has a favoured status associated with it, but she definitely functions as one. The main lady helps shape new Deks, and generally supports him in any way she can, in hopes that "he will stick by her when Deks have gone." La clearly describes her attitude in the following statement:

> My main responsibility is to my partner. I run the Song for his benefit and mine. Everything I do is geared to help him -- either with the Song or with shaping Deks and keeping them happy. And that helps me.

In their study of small service businesses, Mayer and Goldstein found that partnerships had much more difficulty surviving than did sole proprietorships or corporations [Mayer 1961:110-2]. The authors question whether small business can generate enough profit to support two owners. La's own personal profits have declined since accepting a partner, but she may have gained in certain other respects which could assure the survival of her sex business. She has strengthened a tie with someone who will supply her with Dek and who may stand by her in the future. Also, she is free from harassment from others who either resent her functioning as an independent woman in the prostitution world or who would like a part of her sex business.

In the meantime, however, she must face the reality that she has a business partner whom she must consult on policy matters and who increasingly insists that his decisions in those matters be followed. La summarizes their relationship as follows:

> My partner has really good ideas sometimes. An excellent one was his idea to hold money and balance the account at the end of the month. But there are some weak points to the Hoonsuan [partnership] too. There is a problem when his ideas aren't good; and I know when they're wrong, because I've been in the business a long time. I know my Kaek and what changes will be okay with them. He makes mistakes there. Also, I argue with him on things like privacy. I can't ask questions about his life, either business or personal. But he can ask about mine, and he does, all the time. He even goes through my papers and reads my mail. Since he has a key to this place, he can and does, show up any time. We're sparring all the time, to see who wins the arguments, to see who is the more powerful, to see who really is running this Song.

La claims that she is attracted to Lue precisely because she cannot control him: "I've been controlling men all my life, so this is new and challenging." Yet, she is aware that since she cannot control him, it is always possible that he will use his power to take over her sex business, both financially and managerially. She knows that with any partnership, and especially with this one, she is increasing the risks of an already high-risk endeavour:

> If I let my emotions rule me, if I lose all objectivity, I'm in trouble. But I don't think I will, because there's always business. Those are my Kaeks.

It comes back, then, to the problem of all entrepreneurs -- keeping the business in operation. She must continue to balance the demands and expectations of all the major players; she must please her clientele, retain suppliers of the product, keep herself out of legal difficulties, pay the bills, and hold her own against an ambitious partner. In addition, to succeed in a small business means to succeed over time. The entrepreneur must adapt to the inevitable changes that take place in the world. La keeps up the battle for the survival of her enterprise for the same reasons most people fight to

keep their jobs. As she described it later:

> It was my profession. And it was all I knew how to do well. It was a necessity -- my livelihood.

1984 TO 1993

In the section that follows, the impact of the important recent changes in sex business on La's ability to maintain her position and authority as Maelaow is examined. La's experience as entrepreneur discussed within the context of an enterprise in decline, a decline precipitated by both internal and external forces. An explicit theoretical framework -- that of the problematic situation[17] -- is adopted to help elucidate her experiences from 1984 to the present.

La's work world consists of a set of social relationships embedded in a social structure. Problematic situations occur in all work settings, including highly structured ones such as bureaucracies. Occupations characterized by loosely structured social relationships, however, provide the actors with fewer guidelines on expected behavior in certain situations -- and therefore provide fertile ground for frequent problematic occurrences -- while allowing, conversely, greater flexibility of response to those disturbing social events. The responses to problematic situations are viewed here as negotiations among the participants to establish a mutual definition of the event and of their relationship. Strauss notes that even in the highly structured setting of the hospital, social order is the result of negotiation, and that change in that setting will call for

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[17] Problematic situations are here defined as those situations which are ambiguous or unanticipated, requiring interpretation and role-taking [Strauss 1963:165].

renegotiation and reappraisal, with consequent changes in the organizational order [Strauss 1963:165].

In 1984, there was a fire in Phuket downtown, in the Southern region. This fire halted the city's economic boom. The specific location of the fire was just behind the police station. Fire investigators found the remains of several human beings who had been locked by ball and chain in a cage. After further investigation, the remains were proven to belong to young teenage girls who had been forced to sell sex.[18] The girls had been locked up on the second floor to prevent them from escaping; all had been from rural families of poverty.

The incident brought an attack on the Police Department since the local police had announced that there was no prostitution in Phuket, particularly forced prostitution. The public found it difficult to believe that the local police did not know about this place because it was located just behind the police station. Newspaper accounts of the incident have been used to decry the victimization of children of rural poverty by the prostitution world. Women's organizations have published the story in an easy-to-read style and distributed it to schools throughout the country, particularly in the Northern region where many of the girls turn to prostitution. This activity was seen as an effort to enlighten girls about the risks of entering prostitution. By targeting child prostitution only, the

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[18] The mother of a 15-years-old prostitute who was burnt to death in the Phuket fire, after receiving 6,000 Baht [US$240] as compensation for the loss of her daughter from the brothel owner, did not wish to make a legal case for further claims, even when a lawyer willingly offered his service free of charge, for fear of the Mafia's influence and the disapproval of the village headmen.

story has provided a vehicle for activism against prostitution. The image of the young women burnt to death in the cage with ball and chain on their legs was scared into the public's mind. The media played up the image by interviewing neighbours who had heard the women pleading for help that did not arrive. Since 1984, some women's organizations have taken public stands against prostitution in their social welfare activities and have made statements in both the Thai and English language presses. Members of these organizations generally are well-educated and well-placed in society. This incident scared people throughout Thailand; they began to distrust strangers, particularly those men they suspected to be pimps. This affected the country's sex business and pimps.

Over the past several years, the Maelaow's relationship to the Deks has undergone changes which have caused myriad problematic situations for La. She would like the relationships with her Deks to continue to resemble those of the classical Thai Song which are familiar to her from her early days in the sex business and first years running a Song. In the classical Song, the Maelaow is viewed as an authority figure, perhaps not liked, but tolerated, sometimes even respected, for the advantages she provides her Deks (such as a steady clientele, and safety from police and violent clients). La finds, however, that today many Deks no longer accept the classical norms governing their occupation and refuse to stay and work when La attempts to enforce the rules. In her enterprise, such rules include: no drugs, strict obedience to Song rules, and recognition that the Kaek's needs and expectations take priority over the Dek's immediate needs or sense of personal identity. La's goal, then, is to maintain her business and occupation as Maelaow by negotiating with the new cohort of Deks in the hopes of

establishing a stable work force, which would in turn minimize the need for negotiations.

The livelihood of the modern Maelaow, probably no less so than that of her counterpart in the early days, depends on her success at negotiating the demands of several key groups whose cooperation she needs in order to run her business. These groups (as discussed) consist of Kaeks of the Song, the Deks in the Song, the Maengdaas who send or refer Deks to the Kaeks, and other individuals connected with the physical operation of the enterprise, such as the landlord, keeper, and her business partner (if any). In addition, the police must be kept at bay. Yet, none of her relationships with these groups is well-defined. La is often forced to give attention to the needs of Maengdaas and Deks and the demands of Kaeks and the police, whenever they choose to appear at her door. Often in such encounters she may never have met the individual confronting her at that moment. The Deks and Maengdaas she deals with change frequently. La finds she must repeatedly establish who she is and what her powers and rights are in relation to these others -- a special problem in an occupation characterized by loosely structured relationships. Should the relationship (insignificant as it might be) break off altogether with any one of these basic groups, her business would come to an abrupt standstill. The problems of survival La faces in her dependency on the group, the Deks she employs, is highlighted below. An analysis which centres on the types of problematic situations involving the Maelaow and her staff including examples of her problematic encounters with Maengdaas, Kaeks, and law enforcement officers is also presented.

Certain recent changes in the social context within which La's Song operates

emphasize her need to renegotiate continually her relationships with Deks. The first major change is the trend among women entering prostitution at the Song level to do so independently. In the early days, when La ran a Song most of the women she employed were with Maengdaas. La estimates that over 70% of the Dekmais were committed to Maengdaas. The percentage of those who were not was low because La refused to recruit them in deference to the Maengdaas who were her main suppliers of staff. In late 1984, however, she found herself increasingly without women to work in the Song. The Maengdaas who usually brought their "brand-new Deks" to La disappeared. They had either found some other way of breaking the girls into the sex business, or were succeeding less frequently in "pulling" or finding new girls to work. To "pull" a new girl who had never worked as a Dek required convincing her to be his faen -- to work as a Dek and turn her earnings over to him in return for linking up with him socially. La diagnosed her staffing problems to be the result of the Maengdaa's increasing difficulty in convincing girls to join him on traditional Maengdaa-Dek terms.

After the Phuket fire in 1984, Maengdaas were failing to supply her with Dek, so La began reconsidering young women who wanted to learn to work as Deks, but who had no personal commitments to Maengdaas. Usually these women had been given a name and address by Deks they had met or who were friends or relatives. Although La lacked confidence, she was increasingly forced to do so or else close the Song. From 1967 to 1984, La was heavily dependent on Maengdaas to supply her with Deks and had to be careful to meet their expectations in training Dekmais. In recent years she and the Deks themselves have gained in power.

La's problems of acquiring staff have been intensified by other changes in the world of prostitution. One major change, is the gradual increase in the minimum cost to the Kaek for a sexual encounter. As is often true of Song operations, the Maelaow is dependent on a stable clientele (Khaprajum[19]). La is even more dependent on her small group of Kaeks because of her uncertain relationships with the police. To minimize the possibility of a "bust" by police, she allows in the front door only those men she has known as trusted Kaeks for a number of years. These men are, according to La, "lower middle class" with wages that do not keep up with inflation. She is convinced that raising her prices would mean certain loss of some the ever-decreasing number of local, steady, long-time Kaeks. La explains that Mohnuad ("masseuse") charge higher rates because they cater primarily to non-local men who came to Khon Kaen for a night out and are willing to include that sum in their spree.

Given the low prices charged to Kaeks at her Song as compared to the legal businesses, La is able to keep her steady clientele. However, this competitive edge has actually made it difficult to find Dek to work in the Song. She summarizes the situation as follows:

> Deks pose a problem to me because I never know when I will have anybody to work. They won't come in; they don't want to work in a Song. They want to work in a massage parlour. They've got their own hours. They're going for no less than 400 baht (US$16) for sex and no split. They are my problem. Without them, I don't have a Song, because I can't turn Kaeks any more, even if I wanted to.

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[19] Khaprajum refers to a group of Kaeks who know the Maelaow, Song's location, and the rules and customs of the particular enterprise, and who therefore feel at ease and return on a regular basis.

Many Deks refuse to work for 100 baht (US$4), half of which they must split with the Maelaow. This refusal is based in part on the fact that the number of Kaeks in La's Song that Deks can turn per night is highly unpredictable -- ranging between 0-29 encounters per Dek during the period of my observation in this study. Bad luck nights, with little demand, are common. On the other hand, women working at massage parlours do not wish to "lower themselves" to work with La for such a low rate. The women's self-image derives partially from the amount of money the Kaek must pay for a sexual encounter. Thus, for both financial and social-psychological reasons, women are reluctant to turn Kaeks for less money. La's difficulties in finding Deks have increased dramatically in the past few years.

In early November of 1992, the new government[20] had called all the Provincial Governors throughout the country to attend a new policy announcement in Bangkok. In his address, the Prime Minister stated clearly that, "We [the national government] will not permit child prostitution any more." One day after, a young prostitute was killed in the building of the Songkhla Provincial Governor in the South. This led to a crisis in the prostitution business. The public was quickly told that she was

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[20] It is important to note that after the coup in February 1991, Thailand returned to an elected government. At the time of the coup, one of its leaders betrayed the Thai people, making himself "The Prime Minister Forever" under the new constitution. This led to riots in May 1992. The protesters wanted the Prime Minister to step down so as to adjust the constitution so that a non-elected politician could not become Prime Minister. The authorities claimed that the protesters were traitors to the kingdom and should be destroyed. In several days of fighting, thousands of people were killed. Finally, the King intervened, wanting his kingdom to be peaceful. The authorities stopped killing people, and the leaders of the protesters promised to find another way to achieve what they desired. The Prime Minister stepped down, the country become peaceful, and prepared for a new election in September 1992.

18 years old, from the North, and was killed by the pimps with the cooperation of local authorities. This embarrassed the new government and put the Provincial Governor and his local authorities in trouble. A decision was made to clean up Songs in Songkhla. A few weeks after, hundreds of prostitutes were charged and imprisoned. Because such a large number of prostitutes were arrested, the police had to put them into rooms that were overcrowded. The prostitutes ran away. As a result of this double embarrassment, the policy on child prostitution was put into effect.

Since January 1993, local authorities throughout Thailand have been responsible for monitoring child prostitution. A new problem, however, has emerged when the new director of the Police Department wanted to close the Songs permanently. Attempts have been made to get rid of Song. Despite this, the sex business has recovered slightly. Periodically, La opens the door to find a police officer in uniform informing her "I want to talk with you." As La describes her crisis:

> When he first comes in, of course, I go blank. I have no idea what he wants, what he's going to talk about, or what he's got on me. I always have to let him in.

La refers to the fact that soliciting for prostitution or owning and operating Song are not perceived by lay people in Thailand to be state offenses. Given the nature of La's business, she sometimes finds herself in a position of having violated -- perhaps unwillingly -- a state offense. For example, if a woman she employs is under eighteen, La is vulnerable to state prosecution on charges of child prostitution. In such encounters with the police, La is able to function in an "open awareness context," that is, "when each individual is aware of the other's true identity and his own in the eyes of the other"

[Glaser 1964:670]. In most problematic encounters, however, she finds herself in a "suspicion awareness context" in which at least one person suspects the true identity of the other.

La's encounters with the local police are characterized by such identity problems. For La, finding a policeman at her door poses the difficult question: Is he a friend? She is aware that her identity in his eyes can likewise be confusing:

> Mainly with the police, it's a friendly adversarial relationship, unlike with any other group. I have to be careful of them. I think some of them like me personally and have no objections to prostitution. There are others who like me personally, but who have either legal or moral objections to my business. So we have a three-way thing there. I have to be careful to know which ones I'm talking to. Consequently, I don't usually talk business at all. And that way I won't get in any trouble -- or I try not to.

When La encounters police on the street, the conversation is restricted to small talk. The genuine problematic situation occurs when officers come to her place of business. There are numerous reasons for the visits. Often someone has called the local police station with a story or complaint that involves La. A Kaek may later call the police, or someone who knows that La's latest Dekmai is a runaway, may report her to the police. La describes one of the occasions when police officers showed up at her door:

> One night, with eight Deks working and three Kaeks waiting, here come officers AA and BB. AA tells me right away: "This isn't a charge, but we must talk to one of your Deks." I believe him and let him in, but what am I going to do with the waiting Kaeks, Deks, and the Kaeks in the bedroom? I had turned the panic lights on. AA insists: "I need to talk to Paan." There was nothing I could do. Deks came to the door, and I just didn't let Deks know who they were. BB started to stand up. He smiled. And I just knew one of Deks was about to proposition him. That

> would have meant a charge! I immediately said: "Let me introduce you to the Sergeant Major!" That Dek went back into the bedroom! I found out then that Paan's parents had reported her missing to the police. And she left that night.

On some occasions, La encounters police because she has called them usually to help her deal with actual or potential robbers. All of the parties know that it is awkward for La to call the police for protection. In fact, when she does call them, it is often the Sergeant Major who appears in order to take advantage of the opportunity to come into the Song. Consequently, La will sometimes avoid calling and attempt to handle the situation herself -- with the help of her Maengdaa and occasionally her gun. But taking the latter approach -- especially the gun -- can lead to difficulties, as La notes:

> A guy came to the door, a stranger, and insisted on coming in. I said: "No, I can't help you," etc. And he gave me a hard time. That time my Maengdaa was out. So I just took the gun and escorted him out to his car. At least I thought that's what I was doing -- until I got to the back of the Song and two spot lights hit me. There was a police car parked back there. And I've got a gun in the back of an undercover man who was trying to get in to attack me! That was a bad one. When they catch me doing something illegal... Well, there's nothing more upsetting than to be descended upon by the police while you're doing something illegal. Because that's when you really need to think on your feet. I copped a plea saying that I didn't know who he was, that he was hassling me at the door and I couldn't get rid of him, so I felt I had two choices -- to call the law or use the sight of the pistol. Fortunately, the gun was property registered to me and everything.

Clearly, an ongoing process of negotiation characterizes the Maelaow's world. In La's particular case, however, can be seen two dimensions of the problematic nature of the prostitution world. First, prostitution is an illegal service enterprise, thus introducing a current of uncertainty that surfaces in the Maelaow's encounters with the

police and with Kaeks. Beyond this, however, the individual enterprise is set in a questionable entrepreneurial context with respect to the supply of services. This uncertainty pervades the Maelaow's relations with both Maengdaas and Deks. If no distinction is made between the two, it is possible to attribute the problematic dimension of a particular encounter to the wrong feature of the interaction.

This distinction is similar to Thompson's dichotomous types of uncertainty confronting task-oriented organizations: external and internal uncertainty. External uncertainty derives from an incomplete understanding of cause and effect in the culture surrounding the organization as well as in the organization's inability to control the desired outcome of its activities. Internal uncertainty derives from the "interdependence of components" [Thompson 1967:159]. The Maelaow cannot understand all the factors that affect Kaeks' decisions to visit the Song nor the multiple causes behind local police strategies and actions. She cannot ensure success in her entrepreneurial activities because it is dependent on an uncontrollable and uncooperative environment. Thompson notes that:

> Under such conditions, organizations try to achieve predictability and self-control through regulations of transactions at their boundaries -- through negotiation, by buffering, or by varying their own activities to match fluctuations in the environment [Thompson 1967:160].

Thus, it is to minimize some of the external uncertainty that La deals with Kaeks and police at the "boundaries" of her enterprise by screening men at the door to keep undercover police out and let trustworthy Kaeks in. She will also refuse admittance to a Kaek who appears at the door intoxicated by alcohol. Screening out Kaeks she

perceives will be difficult to please is one way of ensuring a "positive outcome" of her business efforts.

As if external conditions of uncertainty were not trouble enough, La faces internal uncertainty as well. She finds that she becomes more dependent on both the individual Deks who will consent to work for her and the Maengdaas who will support her role as the Maelaow. As her dependency on these persons increases, their power over her also increases. Thus, the basis of the problematic situations La now faces is the ability to exert power over the key actors in her occupational world.

In La's case, of course, these two main types of uncertainty (and therefore of problematic encounters) tend to reinforce one another. Increasingly, La loses in the process of bargaining with the Deks. Because she cannot run a Song without Deks, and because the supply of women who will choose to work for her is diminishing, La finds that the women have a trump card they can always play in negotiations: they can simply leave. Then she must again wait for a Dek. In the bargaining process La is caught in a double bind. On the one hand, she is the Maelaow, has been acting out that role for more than 25 years, and is consequently less able than the Deks to adapt her behavior in response to their actions and expectations. Yet, the very power position that has established her set responses as "boss," carries with it very little structural power. Thus, not only has her own claim to authority lost credibility, but in addition, the outside supports for her role as Maelaow have been lost. Her contacts with Maengdaas have eroded, and with this the Maengdaas' validation of her position. Her business is generally less successful than it was between 1967 and 1984. The frequent disruption

of operations due to lack of Deks and evictions has meant a loss of clientele and a further decline in business. La knows that with each problematic encounter she is negotiating the very survival of her occupation as Maelaow. As the financial condition of her business weakens, she loses the primary power-base from which she has always negotiated her relationships with Deks, Maengdaas, and Kaeks. She sums up her problems in just such terms:

> With the business going down, I lose my bargaining position. The only power I really have is a good business. And I haven't had that for some time now.

As her "front" as Maelaow becomes less credible, the outcome of each new problematic situation makes her own work world and identify in that world more and more uncertain.

THE LAW

In effect, government officials turn one blind eye to prostitution, while watching it grow and fill their coffers with the other. "Corruption among police officers who protect the interest of brothel owners and brokers for monetary reasons is a known fact and an endless embarrassment to the Police Department" [Rutnin 1984]. Police raids on prostitution that are

TABLE 6: The top ten government agencies people suspect to be corrupt

Police Department	33.7%
Military	27.0%
Ministry of Interior	26.0%
Ministry of Transportation	22.5%
Land Department	10.1%
Ministry of Commerce	7.8%
Ministry of Agriculture	7.0%
Department of Forestry	5.1%
Department of Customs	4.6%
Ministry of Industry	3.8%

reported in newspapers almost invariably target prostitutes in lower rather than upper class brothels, individual small-scale "agent" or procurers (not the clients) business owners, and officials who receive pay-offs for ignoring this situation. Table 6 demonstrates the government agencies that Thai people suspect to be corrupt. However, the extent to which police are held hostage -- to large-scale gangsters such as the Triads or Mafia -- is not clear.

The laws relating to prostitution marginalize both prostitutes and clients. In practice, "corrupt police[21] are supplementing their incomes," said some prostitutes who maintained that police raids took place more often toward the end of each month. When actions against prostitution begin, the police always hit at the wrong place and the wrong time. Actually, they know it. The truth was that the Song's pay off money stayed the same.

Like other measures to curb prostitution, reformatories focus foremost on the prostitute. A convicted prostitute, after paying fines or serving a jail term, enters the reform institution to be cured of the "disease" and given other training. The process generally takes a year and three principal types of assistance are provided:

1. Treatment of the disease,

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[21] A high-ranking police officer attested to the corruption among police; it remains one of the most valid documents on the subject of curbing prostitution. "Some of them even become Maengdaas themselves " said the Police Major Colonel. Police Major General Narong Mahanond also admitted that the problem of prostitution was very sensitive and connected with certain influential groups. "Often the police can't do anything because they know that the men behind the operation of some brothels are those whose pictures are frequently seen in the newspapers, attending big parties with top-ranking policemen or government officials," he said [Nakornjarupong 1981].

2. Training in proper morals and mannerisms as well as vocational and professional training,

3. Follow-up after discharge to ensure resumption of a moral and decent way of life [Ministry of Interior 1963].

Seven days prior to their discharge, the woman undergoes a final training period. The courses given during this week are as follows:

1. Training in regard to the proper arrangement of sleeping quarters and methods of child care by officials specializing in health and sanitation.

2. Training in regard to proper home care and cooking by officials specializing in home economics.

3. Training in regard to proper codes of conduct in relation to morals and mannerisms by qualified personnel [Ministry of Interior 1963].

Limited budgets, together with poor co-operation between the police and the Department of Public Welfare, has in many cases, spared most prostitutes from the institutional reform process. Only the least well-connected prostitutes are unlucky enough to find themselves in such a welfare situation.

The woman is required to wear a bluish dress on weekdays and other "polite" clothes on weekends. At first glance, she could be mistaken for a school boarder if she was not already in her thirties or pregnant. Nail polish is strictly forbidden. Cigarette smoking earns ten beatings. Not folding clothes or making the bed properly rates three. These beatings are inflicted by the Maehaw ("mother of the dormitory") who is elected by the women themselves.

Although the place is called either a reform institution or a vocational school for adults, contact with outsiders and freedom of movement for the inmates is comparable to prison conditions. The women are strictly forbidden to leave the reformatory grounds. Only those whose one-year term is coming to an end and who seem to be reliable are allowed to walk about and help their teachers in the visiting quarters. Woman must kneel and approach on their knees in deference to their teachers and visitors. Visitors are permitted only two afternoons per week. Names, identification cards, and the relationship between the visitor and the woman must be declared. The officials have authority to refuse any visit on the grounds of preventing further contacts with Maelaows or Maengdaas. Speaking to the women privately is almost impossible except for specially-authorized university lecturers who are granted letters of permission from the Department of Public Welfare. Even then the presence of either a teacher or a warden is necessary most of the time.

The so-called occupational training generally includes weaving foot-rugs, sewing and weaving clothes, laundry work, book-binding, beautician skills, and cooking. The choice of occupational training is not made by the woman herself but by an officer, and if she is lucky, may be based on the IQ test she has to take. While some courses are available in some reformatories and not in others, the training is called Mae baan karn ruen ("housewife and housework"). In the curriculum textbook specially drafted for these centres, training and information ranges from how to clean toilet bowls and wear shoes and jewellery, and to how to set a European table. It is obvious that these reform institutions equip most women for nothing better than employment as domestic

servants. For women engaged as domestic servants, the salary has always been determined by the employer, and in 1993 averaged between 700 and 1,200 baht (US$28-48) monthly. Thai labour laws do not consider domestic servants as employees and do not give even minimal protection, perhaps because this work is regarded as having no economic value [Huntrakul 1988]. If a Dek is unfortunate enough to be arrested on a charge of prostitution, the Maelaow will advance the sum of the fine which will later be deducted from the woman's earnings. In the worst case, she will be put into a reformatory. Government policy related to AIDS prevention tends to focus on penalizing prostitutes, to the neglect of other risk factors for HIV transmission.

The life history presented in this chapter focuses on a Maelaow called La. Through her story a complete picture of sex business in Khon Kaen emerges. It is my belief that managing sex business has both a direct and indirect impact on individual behaviour with respect to condom use. Thus, this chapter focuses precisely on the fact that selling sex is a business. It describes the key players in sex industry in Khon Kaen -- the madam, pimps, workers -- and how it works. It also demonstrates how the sex industry influences prostitutes' behaviour regarding HIV/AIDS. The next chapter focuses on individual sexual behaviour among sex workers.

CHAPTER 5

SEX WORKERS

Acts of prostitution may be defined as the exchange of sexual services for money or goods between two or more people. The one who 'sells' and the one who 'buys' sex, together with any associated middlemen who mediate the exchange as agents or managers, are therefore equally engaged in acts of prostitution. Much attention has been given to those who sell sex, particularly women, in research on the transmission of HIV. This review, therefore, focuses upon the anthropology of sex workers. Thailand is by no means unique in the scale of its commercial sex industry. The high level of interregional mobility and migration in Thailand has ensured that HIV has been transmitted by both prostitutes and their clients to all regions of the country. In particular, the circulatory pattern of rural-urban migration, wherein migrants keep close links to their home villages, has probably accelerated the spread of HIV. Although such socio-cultural factors facilitate female prostitution in Thailand, the fundamental motivating factors are, of course, financial.

THE DEK

Although the major part of Khon Kaen's commercial sex industry caters to

the local clientele, some reference must be made to that portion which caters to travellers. An office of the Tourist Authority of Thailand was established in Khon Kaen in 1991 as well as a tourist police force. Both aim to promote the tourist industry.[22] Despite Khon Kaen's remarkable rate of economic growth from the 1970s onwards, the region still remains predominantly rural. Its rapid economic development was accompanied by (both permanent and temporary) migration flows from the poorer provinces. The majority of Khon Kaen prostitutes come from the poorest areas of the North and Northeast regions.[23] Despite broad socio-economic improvements at the macro

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[22] Both in social and regional terms, Thailand is characterized by substantial inequalities in wealth [Hutaserani 1988]. Furthermore, these inequalities have been increasing over the past three decades. Analysis of indicators of social development (health, education, nutrition) suggests that the basic standards have improved over this period. Nevertheless Thailand is still characterized by a high proportion of workers employed in the agricultural sector and low levels of secondary school enrolment relative to other South-East Asian Newly Industrializing Countries (NICs), such as Malaysia [Knodel 1989]. Thus, the rural poor, with incomes vulnerable to fluctuations in crop prices and who often face deepening indebtedness, may be easily tempted to take advantage of the additional income that can be derived from links with the commercial sex industry.

[23] In 1988, Thailand received over four and a quarter million international tourists. This was an increase of 21% from the previous year. The meteoric growth of the tourist industry in Thailand which earned US$3,121,000,000 in 1988 has made it a vital source of revenue for Thailand's continuing economic development. The government is obviously concerned that adverse publicity concerning AIDS in Thailand may have a negative impact upon the tourist industry [Cohen 1988]. It is difficult to assess the precise significance of the commercial sex industry to tourism in Thailand today. The number of male over female foreign tourists may provide a rough indication of the extent of the tourist flow which is particularly orientated towards the sex industry. For several years the Tourism Authority of Thailand has been striving to downplay the sex industry, potential for future growth. The incredible increase in the numbers of visitors to Thailand may in fact, reflect the appeal of the variety of other tourist attractions. Indeed, the percentage of male visitors has declined from 71.7% in 1985 to 65.8% in 1988 [TAT 1989].

level, it is necessary to examine the social perception of needs and opportunities at the micro level in order to assess the link between prostitution and poverty.

The cash economic system that has governed Khon Kaen's economy for over a century has now reached the remotest countryside. Television and transportation have brought urban conveniences into rural areas, and banks and instalment buying have brought these conveniences. Signs of wealth that were traditionally the privilege of the elite, have suddenly become obtainable by the poor. The lure of consumer goods tempts the more privileged as well as the poor.

Chai, a Maengdaa in Khon Kaen who had previously worked in the North, gives money to the parents of teenage girls who became prostitutes. This means of procuring is common in the rural areas of the North and plays effectively on the young women's socialized sense of filial duty. He commented that:

> The method of procurement was rare in the Northeast. Many villages in the North boast attractive houses built from remittances sent home by young women working as prostitutes, but in Khon Kaen, locals attribute an expensive looking new house to a family member working as a labourer overseas.

Some procurers in a village are female members of the community who have experience in prostitution themselves. Indeed, involvement in procurement and management of the commercial sex industry is viewed as a career advancement. The Maengdaa upcountry advances cash (usually about 5,000-8,000 baht, corresponding to US$200-320) to poor parents in need of money and who have daughters. When the

parents fail to repay the debt, they are asked to allow their daughter to be taken to work.[24] The girls are soon forced to receive clients. Some Maengdaa ask for the girl as soon as the money was advanced rather than on default of payment. In this case, the sale is then "completed." The practice is a legal offence according to the penal code and not alien to Thai society.

Although in absolute terms, poverty has been reduced over the past three decades, the increasing commodification /monetization of Thai society has served to increase the financial pressures on poor people and possibly also to make them more conscious of their poverty. Conspicuous opulence, advertising, and lavish department stores may also help to foster increasing consumer desires. It is within this perceptual and aspirational context that it is necessary to evaluate the economic attractions of work in the commercial sex industry for young rural girls and also their families. When one considers that a university graduate civil servant receives 5,000 baht (US$200) per month and a Ph.D. graduate starting as a university lecturer will earn a monthly salary of 8,000 baht (US$320), the income of the prostitute is lucrative indeed. A girl with six years of compulsory schooling would earn between 700 and 1,200 baht (US$28-48) per month in employment as a domestic servant or labourer compared to Dek who may earn as much as 25,000 baht (US$1,000), 25 times more than a labourer.

Although a wide variety of precipitating factors contribute to women entering into prostitution, the primary reason among prostitutes in Khon Kaen was the relatively

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[24] This is not unacceptable since the Thai perceive this to be part of the culture of the poor and expect the daughter to play on "Amittatapana role" in Buddhist society [described in Chapter 3 footnote 12 page 45-6].

education and experience are not available in regional city centres such as Khon Kaen. Becoming Dek, therefore, is viewed as a means of earning money quickly and achieving a preferred goal.

In Khon Kaen, most prostitutes live in Song but a few rent apartments. Housing condition are poor; illegal lotteries, shares, and leasing are commonplace. For those Deks who rent apartments, housing conditions are on average, the same as those of people from lower and middle socio-economic classes. Most Deks simply work in Songs where small private rooms are provided. Dek might stay in the Song, or be accommodated in a special dormitory nearby, or come and go in the evening and morning. Massage parlours, nightclubs, and other similar places are located in the heart of major business and residential districts and have large neon signs advertising the services of the women. Songs are mostly contained within an enclave, amid a cluster of back streets. In Khon Kaen, as well as in provincial areas, a street might be well-known for prostitution among locals, but may remain unnoticed by visitors. These traditional Songs play a more vital role in the continuation of prostitution in Khon Kaen and in the country, not only because they are more ancient but also because they have maintained the popularity of prostitution by continuing to provide access to Thai males of the middle and lower classes. Due to their illegal existence, they are not subject to general census.

While many sex workers come from Northeast villages, it has been well documented that historically an even larger number of sex workers have come from the North. As shown in Table 7, in this study, 55% were from the Northeast and 45% from the North. The average age of Dek was 21 years. The length of time of working ranged

from 1 month to 4 years -- the average being 4.5 months. The average number of sexual encounters per person-month was 68, with a maximum of 500 encounters per month.

TABLE 7: Characteristics of prostitutes in Khon Kaen

Northeast origin	55%
Farmer and Worker family background	75%
Completed elementary school	83%
Incomplete elementary schooling, Illiterate	8%
Married	10%
Separated	20%
Voluntary	80%
Sell their Virginity	30%

Among Dek with an education higher than grade 6 (9%), the primary concern was to make high wages over a relatively short period of time. Prostitution was viewed as a quick means of gaining money in order to pursue a long-term goal of a better education or a socially acceptable career. Most of them intended to opt out of prostitution after they had raised the desired amount of money. Given their long-term goals, they tended to focus on strategies for increasing their service charges or getting a larger tip.

Since the late 1980s, young, non-Thai girls have been heavily recruited from the rural hills on the periphery of Thailand, including poverty-stricken neighbour Myanmar [Bunsong 1985]. The entry into prostitution of these girls is attributed to the poverty of their families. Quite a few Deks in Khon Kaen cannot speak Thai; they are members of hill tribes and Myanmean recruited from the North. These non-Thai girls are at a tremendous disadvantage because they are preliterate and usually do not speak the Central Thai language. Thus, they are not in a position to negotiate.

Chatree, a Pawlaow in Khon Kaen, who employs both Northeast and

Northern women, described their differing attitudes towards their work:

> The Northern women are much more focused and patient; they accrue money steadily that they then take back to their village. The Khon Isan seem far more casual in their approach and not as concerned with saving money for the future. They spend the money as they get it.

It is important to recall that a decision to work in the commercial sex industry is not made solely on the basis of individual considerations, but is closely related to family and community issues. An oft-repeated reason for engaging in employment in the commercial sex establishments is to send money back to parents and siblings. As Phongpaichit has argued, the Thai female is conscious of the need not only to support herself financially, but also to make a contribution to the family's well-being. This strong sense of responsibility to familial support is viewed as a major factor in shaping the personal and financial decision to work in the commercial sex industry [Phongpaichit 1982]. It should also be noted, however, that not all sex workers come from poor families. Some (admittedly very few) who come from middle class families, secretly work in the sex industry intermittently to meet specific financial needs. Most have worked some 5-10 years -- including other places before moving to Khon Kaen. They send home the money they earn as a way of giving the family status and Mii naa mii taa ("respect") among lay people. Their parents Pluuk baan mai ("build new house"). It is not just for themselves that the girls work.

In this study, the sex workers sent money to their families -- not only to their parents but in many cases their own children. Most sent between none and 80% of their earnings with some sending additional lump sums on request to cover special outlays

such as medical fees and school fees for their siblings. The proportion of sex workers who sent the money home is much higher among the Northern Deks than the local sex workers.

For some sex workers, the occupational attractions also encompass opportunities to become more independent and to escape the long hours and poor conditions of alternative occupations.

The importance of the social and community dimension of involvement in the commercial sex industry is further evidenced in the fact that girls often (at least initially) take employment in establishments where siblings, relatives, or friends already work. Aee is a typical Dek who walked in because of her companion. Pa is a divorced woman who worked as a housemaid in Song along with her two daughters -- 20-year-old daughter as Dek and the other a 17-year-old Dekmai. Some prostitutes conserve family ties by recruiting sisters and cousins to work with them. This is a major reason why some villages have many of their daughters while others have none. It also reflects the young women's need for social support in the face of the alienation and abuse of their trade (beatings by violent customers, unintended pregnancies and aseptic illegal abortions, HIV and STDs). Money and sister-cousins as co-workers make it more bearable to be a prostitute.

This cultural analysis shows that the ideologies of the family and village religion, and women's centrality in supporting both institutions have not been changed by the growth of the sex trade in Thailand. In fact, the ideologies ensure the perpetuation of prostitution because they channel wages into direct consumption of

consumer goods by parents and siblings rather than into the capital development that could reduce poverty and unemployment, and even prostitution. Prostitution thus serves as a levelling mechanism that counters the increasing material and ethical differences between the urban and rural populations.

Once branded as a prostitute, a woman cannot easily move out of prostitution into alternative work. As she moves from place to place, she becomes acquainted with new sexual services and the skills required. Deks who have worked longer and migrate more, accept their profession more than the recently recruited Dekmais. Indeed, some Deks may see greater dignity in prostitution than in earning a pittance, for example, as a housemaid. Furthermore, once a young woman has become accustomed to the relatively high income and standard of living which accrues from work in the commercial sex industry, she often finds it very difficult to return to a lower standard of living. Jobs with lower salaries become less attractive even though they are more socially acceptable. Those women who opt out of prostitution to start their own business, go to school, or assume another career, often re-enter a life of prostitution because of the readily available money eg. of "opportunistic" commercial sex workers [Kanato 1993].

Ooi, a Maelaow for the past nine years, insists that every Dekmai is different, but her own group of Dekmais is remarkably homogeneous in some ways. Ooi has managed approximately thirty Dekmais a year over the past nine years. They ranged in age from 18 to 27 years. Since 1984, more women have become independent, although some come to Ooi through Maengdaas. By 1993, 80% of the Dekmais came to Ooi without a long-term commitment to a Maengdaa. Ooi estimated that 10% of prostitutes

are deceived and forced into the profession.

Some women voluntarily enter the sex trade. None of the Deks in Ooi's Song thought about running away because they had come for the money, every one of them was there by necessity. About 70% are not virgins at the time they arrive. Not surprisingly, previously married/non-virgin women are less shy in providing sex services to Kaeks. For them, sex is no longer taboo. The next step of viewing sexual services as a saleable commodity is more easily made by these women than those who are virgins.

Professional prostitutes tend to create a distance between their working and private lives. This process is associated with a gradual professionalization, and has been documented by Thai social scientists [Narumon 1987; Kanato 1989]. The ways in which these two domains of life are distanced from one another may have implications for the transmission of HIV. Most research on sex workers has focused largely upon their working lives: women have been assumed to be at risk primarily through sex with clients. Data, however, suggest that prostitutes' private sexual relationships may also be important to the epidemiology of HIV infection, particularly where boyfriends and husbands are at risk of infection.

The training process of the Dekmai begins soon after her arrival at the Song. The woman first chooses her nickname, usually one she has had before. Dekmai is asked whether she has lost her virginity or if she has brought a man to orgasm, particularly during the act of fellatio. Few of them have. Approximately 80% of customers in Khon Kaen are what Ooi calls Khon jon ("the poor") and visit Song to receive sexual services. Among these, 30% request fellatio.

Virgins bring a purchase price many times higher than sexually experienced girls, the reason being that virginity is associated with being clean or pure. This is attractive to Muslim men, Chinese men, and also Buddhist men who believe in the concept of purity. Virgin applicants can negotiate a higher price. Usually, Dekmai can ask as much as 6,000-8,000 baht (US$240-320) for their first sexual encounter. After that, the price for their sexual services decreases dramatically.

Applicants who are willing to sell their bodies, but who have had no previous experience, still need to go through basic training. Professional prostitutes, alternatively, do not require this. By admitting lack of competence in a specialized area, the Dekmai has permitted Ooi to assume the role of teacher. Ooi then launches into instruction on positions that help the Dekmai avoid getting hurt during sexual intercourse, applying chemical gel, and finally fellatio. Such instruction is important in the sex business.

Ooi also teaches strategies for coitus and giving a "half and half" -- fellatio followed by coitus. The sexual strategies taught are a mixture of ways for stimulating the client and techniques of self-protection. For example, during coitus, the woman is advised to move her hips "like a go-go dancer's" while keeping her feet on the bed and tightening her inner thigh muscles to protect herself from the customer's thrust and full penetration. The woman is taught to keep one of her arms across her chest as a measure of self-defense.

After Ooi has described the rudimentary techniques for performing the basic sexual acts, coitus, and "half and half" -- she begins to explain the rules of the Song. The first set of rules concerns which acts the Kaek may receive for a set price. Time

limits are imposed on Kaeks; 100 baht is charged for a 45-minute encounter. Ooi accompanies Dekmai and Maengdaa to the bedroom and begins teaching Dekmai how to check the man for any cuts or open sores on the genitals and for any signs of old or active venereal disease. For the first few days she spends a good deal of time helping the woman develop the verbal skills needed for negotiating what to charge the customer for additional sexual activities (tip).

Bryan categorizes the content of call girls' training into two broad dimensions, one philosophical and one interpersonal [Bryan 1965:293]. The first emphasizes a subcultural value system and sets down guidelines for how the novice should treat her clients and her colleagues in the business. The second dimension follows from the first, but emphasizes teaching actual behavioral techniques and skills. The content analysis of data gathered from Deks can be categorized under Bryan's dimension of interpersonal skills. It stressed physical skills and strategies. Included in this category were instruction on how to perform certain sexual acts, discussion of particular Kaeks, and instruction in techniques for dealing with certain categories of Kaeks. The topic of physical skills also included discussion of positions designed to provide the woman maximum comfort and protection from Kaeks during different sexual acts. Defense tactics, such as ways to get out of sexual positions and out of the bedroom quickly, were practised also by Dekmais. Much time was devoted to analyzing past encounters with particular Kaeks. Discussions were often initiated by a Dekmai's complaint or question about a certain Kaek and his requests or behaviour in the bedroom. The Dekmai always received tips and advice from Ooi and the other Deks present on how to handle that type

of bedroom encounter. This sharing of tactics allows Dekmai to learn what Gagnon calls "patterns of client management" [Gagnon 1973:231].

Ooi typically used these discussions of bedroom difficulties to train specific sexual skills she had begun to teach during the Dekmai's first few days at work. Bryan finds that in call girls' training (except for fellatio):

> There seems to be little instruction concerning sexual techniques as such, even though the previous sexual experience of the trainee may have been quite limited [Bryan 1965:293].

Gray notes that the streetwalker novices in her study were rarely taught specific work strategies:

> They learned these things by trial and error on the job. Nor were they schooled in specific sexual techniques: usually they were taught by customers who made the specific requests [Gray 1973:413].

Deks change their practices according to individual circumstances and the wider environment. Oral and other types of sex may be increasingly demanded. Experienced Deks learn to respond to the demands of Kaeks and are skilled in a variety of techniques. The Kaeks themselves could be considered trainers as well since they are very explicit about the type of service desired and the way in which they want to be treated. As such, they too are influential in modifying and upgrading skills among Dekmai who are less experienced. The dissatisfied customer of a Song may mean loss of business and therefore loss of income to the Maelaow and Dek who work there.

The second most frequently discussed topic can be labelled Kaek management. This takes place in the bedroom while the Kaek is deciding what acts he wishes to have performed that would bring the charge above the minimum rate of 100

baht per encounter.

During a session of participant observation, a Maelaow used her own experience to instruct two Dekmais (both with Maengdaas).

> Ooi: Of course, I can remember a time when I didn't know what I was supposed to do with Kaek. So that's why I understand that it's difficult to learn. When I first Khaitua [sell my body] it was 30 baht [$1.2] per encounter. They came in. They gave me their 30 baht. They got Tornmai [hardwood]. That's it. Then one Friday night I turned 29 Pratoos [sexual encounters] and put money under the pillow. Maengdaa came in at six o'clock and he just knew I had made all kinds of money. Would you believe that? I had turned 29 Pratoos. From four generous Kaeks I had got a special tip. Maengdaa took my money away. So that is learning the hard way. I'm trying to help you learn it the easy way, if there is an easy way to do it.

In the same session Ooi asked one of the Dekmais (Thongbai, aged 18) to practice her skill.

> Ooi: I'm going to be a Kaek. You've checked me. I want you to take it from there. [Ooi begins role-playing: she plays the Kaek; Thongbai, Dek.]
>
> Thongbai: [Mechanically] Where is the coin?
>
> Ooi: Here.
>
> Thongbai: Would you like to take a shower first? I'll do it for you.
>
> Ooi: No.
>
> Thongbai: Pii ja oaw tha nai dii? ("What kind of party would you like to have?")
>
> Ooi: I really wouldn't want any party with you because you evidently don't want to give me one.
>
> Thongbai: What kind of party would you like to have?

Ooi: I want you to start with half and half "Smoke."

Thongbai: Uh, the money?

Ooi: What money?

Thongbai: [Loudly] The money you're supposed to pay for "Smoke"! You can't get it for free!

Ooi: [Upset] Thongbai, if you ever, ever say that...Try another way, just a little more friendly, not quite so hard. [Returns to role-playing:].

Thongbai: Roi baht? ("100 baht").

Ooi: No?

Thongbai: How much?

Ooi: Make it a very definite, positive statement, Phii ja hai dai tao rai, roi baht na phii? ("How much are you going to spend? Is 100 baht okay?")

Ooi considers teaching this Oonkaek ("tip-asking") skill her most difficult and important task. Her lengthy discussion of the rules and techniques for dealing with the customer sexually may take only a few minutes to learn. A substantially longer period is required, however, to learn Oonkaek. The woman must be mentally alert and sensitive to what the Kaek are saying and doing and be able to act on her perceptions of his reactions. The Dek must maintain a steady pattern of verbal coaxing, during which her tone of voice may be as important as her actual words. Both Ooi and her Deks stated that, "the prostitute's art is much more mental and verbal than sexual." Within a Dek's framework, then, Oonkaek is a form of verbal sexual aggression. Referring to the problems in teaching Dekmais to Oonkaek, Ooi notes that, "taking the aggressive part is something women are not used to doing; particularly young Thai women."

Undoubtedly, Oonkaek is difficult to teach, partly because the woman must learn to discuss sexual acts. In her previous experience, sexual behavior and preferences had been negotiated non-verbally [cf. Gagnon 1973].

Ooi feels that to be effective, each woman must cultivate her own style -- one that comes naturally and will strike the Kaeks as sincere. All of that takes practice. Ooi is aware that the difficulty in learning to Oonkaek stems more from the fact that it involves inappropriate sex-role behaviour. Bryan concludes that it is precisely this aspect of soliciting men on the telephone that causes the greatest distress to the novice call girl [Bryan 1965:291]. The call girl's income is affected by how well she can learn to be socially aggressive on the telephone. The income of Dek, in turn, depends partly on her Oonkaek skills in the bedroom. Ooi's task, then, is to train the Dekmai, who has recently come from a culture where young women are not expected to be verbally aggressive, to assume an aggressive role with persuasive naturalness.

In her training, however, Ooi cautions the Dekmais that they must not exploit the customers. Stealing or cheating Kaeks is grounds for dismissal from the Song. Ooi cannot afford for her Kaeks to feel that they risk being robbed when they visit the Song. Moreover, being honest with Kaeks is extolled as a virtue. Thus, Ooi urges the Dekmais to tell the Kaek if she is nervous or unsure, to let him know she is new to the sex business. Ooi asserts that honesty in this case usually means that the Kaek will be more tolerant of mistakes in sexual technique, be less likely to interpret hesitancy as coldness, and be generally more helpful and sympathetic. Putting her "basic principle" in the form of a simple directive, Ooi declares, "please Kaek, but at the same time get as much

money for pleasing him as you possibly can." Ooi does not consider Oonkaek to be Kaek exploitation. It is simply the attempt to sell the customer the product with the highest profit margin. That is, she would defend Oonkaek in terms familiar to the businessman or sales manager.

Another ex-prostitute and long-time friend of Ooi, is Sompong, who married a former Kaek and still lives in town. She comes over to the Song to help instruct several Dekmais in the sex business. In one such training session, Ooi and Sompong begin with an assertion that it takes five years to become a good Etua.

> Ooi: [To the Dekmais:] Don't get uptight that you hesitate or you make a mistake within the first week or even the first five years. Because, it takes that long to become a good Etua. I mean you can be a Karee [whore] in one night. There's nothing to that. The first time you take money you're a Karee.
>
> Sompong: This girl informed me -- I had been working there awhile -- that I was a Karee and she was a Sopenii. And I said: "Now what the hell does that mean?" Well the difference was that a Sopenii could pick her customer and a Karee had to take anybody. I said: "Well honey, I want to tell you something. I'm neither one." She said: "Well, you work." I said: "I know, but I'm a Dek. I make money for what I do."
>
> Ooi: And this is what I do -- or try to do. Not Sopenii. Not Karee. But Etua.

Teaching fairness to other prostitutes is particularly important for the Maelaow who daily faces the problem of maintaining peace among women who work competitively under one roof. If two call girls find they cannot get along, they need not work near one another. But if a Dek leaves a Song because of personal conflicts, the Maelaow loses a source of income. To minimize potential negative feelings among Deks, Ooi stresses mutual support, prohibits "criticizing another girl," and denigrates

the prostitute who flaunts her financial success before the other women.

In still another strategy to encourage fair treatment of one's colleagues in the enterprise, Ooi emphasizes a set of prohibitive rules. The norms governing acceptable behavior vary from Song to Song and zone to zone, and Ooi warns the Deks to ask about such rules when they start in a new enterprise. A Dek who breaks the work norms in a Song, either knowingly or unknowingly, will draw the anger of the other Dek and can be punished by a Maengdaa eager to restore peace and order in the Song.

Specific suggestions on how to handle personal criticism, questions, and insults from Kaeks were given. In addition, the discussion provides the Dekmais with numerous general strategies for becoming "professionals" at their work. For example, Ooi emphasizes the importance of personal style, enthusiasm ("the customer is always right"), and a sense of humour. She provided clues as to how the Dek learns to manage a stable and limited clientele and cope psychologically with the repetition of the Kaeks and the sheer tedium of the physical work [cf. Hughes 1971].

Observing how Ooi trains Dekmai is a study in strategies of facilitating identity change [cf. Davis 1971; Gagnon 1973]. Ooi uses a variety of persuasive strategies to help give the Dekmais a new occupational identity as a "professional." One strategy is to rely heavily on the new values taught to the Dekmai in order to isolate her from her previous lifestyle and relationships. Whereas alienation from society may be an indirect effect of values taught, in Ooi's training of Dekmai, the expectation that the Dekmai will immerse herself in the prostitution world is made dramatically explicit.

In a discussion among Ooi, Boonmee (an experienced Dek, aged twenty-five)

and Koon (a Dekmai, aged eighteen), Koon reveals that she has recently linked up with a Maengdaa and is having difficulty adjusting to the rule of minimal contact -- a rule her Maengdaa is enforcing by not allowing her to meet and talk with her old friends. Ooi (O) and Boonmee (B) have listened to Koon's (K) complaints and make suggestions. (The notation "B-K" indicates that Boonmee is addressing Koon.)

> B-K: What you got do is sit down and talk to him and weed out your friends and find the ones he thinks are suitable companions for you -- in your new type of life.
>
> K-B: None of them.
>
> O-K: What about his friends?
>
> K-O: I haven't met very many of his friends. I don't like any of them so far.
>
> B-K: What?
>
> K-O: I'm not trying to train him, I'm just....
>
> O-K: All right, you're trying to force him to accept your friends.
>
> K-O: I don't care whether he accepts them or not. I just can't go around not talking to anybody.
>
> O-K: "Anybody" is your faen! He is your world. And the people he says you can talk to are the people that are your world. But what you're trying to do is force your conventional world on a prostitution world. It's like oil and water. There's just no way both can get along together. That's why when you turn to prostitution you've got to change your mind completely. And you're still trying to hang with it. You can't do it.

Strauss's [1969:111-12] concept of "coaching" illuminates a more subtle technique which Ooi employs as she helps the Dekmai, step-by-step, to leave behind the lifestyle and values of the conventional world. She observes carefully how the Dekmai

progresses, elicits responses from her about what she is experiencing, and then interprets those responses for her.

When a woman first comes to work at the Song, Ooi hopes to establish immediately her authority as "boss":

> I am more a boss than I was, which I don't think is too bad because I think it might create a little more respect because you can't be a boss and be friends too. Now they start work with this understanding, and it's a lot easier, but it does create distance... I quit even thinking about being liked. My whole point now is being respected as a boss... The reason why girls don't stay as long as they used to -- it may be that I don't know them as well as I might. I will not allow them to argue with me. And so it creates distance. I'm becoming much more impersonal. I'm afraid what I'm doing is becoming very cynical.

In spite of her depiction of herself as the strict impersonal boss, the prostitutes interviewed noted that Ooi was much more talkative and more interested in the clothes, attitudes, and behaviour of her Deks than other Maelaow they had known. One prostitute, Toon, stated that:

> She's different from any of the Maelaow I worked with. All the Maelaows I've worked with usually don't even associate with the girls. We are their pets!

Ooi's presentation of herself as boss is most forceful early in the Dekmai's stay at the Song. Jew, a senior Dek, noted that Ooi could use her authority to ask Dekmais to do favours for her:

> Manop: Like what kind of favours?
>
> Jew: Get me a cup of coffee, things like that; go to the store, a lot. Especially when it's close to the time to start working, and we didn't get much sleep. I am not here to do that.
>
> Manop: You say she has a tendency to do that with everybody?

> Jew: She did with that Dekmais. She tried to do it to me, you know, at the beginning.
>
> Manop: You don't think she does it as much to you now?
>
> Jew: No, because I'm on my own now. Like when there is a Dekmai here, she doesn't turn around to me any more."

The Dekmai is most vulnerable to Ooi's demands during her first days at the Song. As the novelty wears off and Ooi's demands continue, the prostitutes begin to challenge her authority over them [cf. Bryan 1966].

One situation which can emerge when Dek test the limits of her control over their behaviour, is described by Ooi:

> They know if they've got just enough make-up on, are making just enough conversation, and are treating Kaeks just barely well enough, that I won't raise hell.

One confrontation, Ooi had with a Dekmai over her treatment of the clientele is presented below:

> She was Prasart [Neurotic]. I talked to her first -- because I've always had a policy of taking a Dek aside when she does something wrong, rather than embarrass her in front of the other Deks. And I got the attitude from the Dek that "if they [the Kaeks] don't like it, they don't have to come back!" Those were the exact words I got, and so I told her if her attitude didn't change and if I didn't see an immediate change, and if I didn't hear some good words from that room and some laughter, and a happy Kaek coming out by the end of the night, she would be punished. Well, she tried that one night, and she did nicely.
>
> The next night her first Kaek complained when he came out; and it happened to be a Kaek that doesn't complaint much. And that is something that I do look for, because some Kaeks are chronic complainers. So, I took her aside again. I have to read a girl's reason, because she might be under emotional stress.
>
> And that's what this girl was doing. I could see it the next night;

> she didn't want to stay. I had already given her an ultimatum, so she was testing me. I turned it around on her. "Now if I get one more complaint from the Kaek, I will call Maengdaa. I called and told him exactly. I told him I didn't think that it would be a good idea if he pulled her, but that perhaps he should have a talk with her. He did, and she worked the next two weeks and I didn't have one problem with her. In situations like that I have to make a decision, and I have to be right -- because I'm being held responsible by both Dek and Maengdaa.

If the above example was a complicated version of a slow-down tactic, another type of problematic encounter between Maelaow and Dek is more like a sit-down strike -- a refusal to work. The most common of such situations arises when the Dekmai announces she is too ill to work. It happens so frequently that Ooi calls it Rok sum ooy ("fake disease"):

> Dek, when they get tired they develop all kinds of symptoms, their teeth hurt, fever, etc. And now this always poses a problem for me; I have to use judgment. Is it for real or is it just Rok sum ooy?
>
> I had a Dek with an asthma attack. I had to call Sam-lo [tricycle] real fast and get her to the hospital. It was psychosomatic, brought on by emotional pressure. She went into the attack, and I had to get her to the hospital.
>
> One Dek had an I.U.D., and she kept complaining of soreness, swelling, and that she couldn't possibly turn another Kaek. Well, I'm part doctor too, because I'll ask the girl to lie down. I examined her like a doctor would; and she was -- she was swelled up inside. I sent her to the hospital, and she had an infection from the I.U.D.
>
> And then when a Dek comes out and says she's got the flu, I always touch her head, this is one thing I know of for breaking Dek's story down of how sick she is.

Another complicated situation arises when the prostitute decides to quit. If Ooi has any warning of the woman's plans, she will try to talk her out of it. Wanpen

was an experienced Dek who had worked for Ooi previously and who had been at the Song several weeks under Ooi's "no drug" rule, including amphetamines. The incident began with Wanpen's refusal to get out of bed when Ooi called her. (One of the Song rules is that the women must be ready to work -- showered, dressed, hair done, and make-up on -- by the time the Song opens for business at 6 p.m.):

> I have always had trouble getting Wanpen up in the afternoon. I may lose my cool and yell at her, then incidentally she finally decides to get up, which usually means she is an hour late getting in the fishbowl, which also means she is controlling me instead of the Maelaow controlling Dek. One day, things finally came to a head. When I couldn't get anywhere with her, I would simply call Maengdaa, he would call her, and she would get up.
>
> I started calling her at 4.00 p.m., which is standard operating procedure. By 5.30 p.m. I blew my cool. I turned the light on and pulled the covers off her. Now remember, she had been sleeping since 4.00 a.m. The ensuing conversation went something like this:
>
> Ooi: When I call you I mean for you to get up then, not whenever it pleases you!! It is a rule of Song, and you must abide by the rules. Now I mean get up and get up now. I do not intend spending my entire afternoon getting one lazy Etua out of bed. Now get your Sungkarn [body] out of that bed!
>
> Wanpen: I don't have to do anything that another Karee, Maengdaa, or Maelaow orders me to do. I'll get up when I'm ready, and not before. I don't care what you think. I'm quitting tonight anyway. I can't work without pills [amphetamines]. (Now realize, she is the only girl here and the only one I can get on short notice. It's Friday night and end of the month, one of my busiest days, and if she quits, not only will I not make any money, but I may lose Kaeks. So, I swallow both my anger and pride and start conning something along this line):
>
> Ooi: (In a conciliatory tone) Now this is a stupid thing to quit. If you are having trouble getting off the pills, why don't you visit the doctor at the hospital. I'm sure the doctor could give you something to help you get off them without all the side-effects.

> I don't know what it's like coming off a pill addiction, but I know what kind of Etua I would be.

As the situation developed, Wanpen did get dressed, turned two Kaeks, but then announced that she really could not go on working -- that she was quitting. She went back to bed at 8.00 p.m.

The types of problematic situations the Maelaow faces with the working prostitutes in her employ can be viewed as challenges to her authority. Described above are: 1] a prostitute's unenthusiastic response to work demand, 2] a woman's attempt to determine when she will work, and 3] a prostitute's decision to negate Ooi's authority completely by leaving the establishment.

The analysis thus far of Ooi's experiences with such situations reveals that her work setting consists of loosely embedded social relationships. A characteristic of "loose embeddedness" is that the relative power and authority of the participants to require certain behaviour from one another is poorly defined. By contrast, the bureaucracy -- with its highly embedded social relationships -- strives to make the authority rankings clear to all participants and thereby minimize debates as to who is the boss. Loosely embedded relationships, on the other hand, will generate problematic situations in which the actors test one another's ability to control their behaviour.

Facing an affront to her authority as "boss," Ooi's goal is to reestablish her power to define the situation. The Dek's action indicates that she will attempt to determine the boundaries of her role as subordinate. In effect, she announces to Ooi: "Unlike previous situations, in this instance you are not the boss." As in all problematic situations, "the social order is no longer taken for granted -- the definition of the

situation as a whole is called into question" [Hewitt 1976:156]. The bargaining for redefinition begins.

Ooi's task is two-fold: to interpret accurately what the prostitute is doing to the situation and then to be able to use either power (her social position as Maelaow) or influence (her interpersonal skills) to redefine the situation to her advantage. The first problem is one of assessing the woman's motives for her actions. Ooi will listen to the prostitute's accounts of her untoward behaviour ("I am ill"; "I can't work without pills") and will evaluate those explanations. She must decide if she is really ill or dissembling. Ooi must be careful how many layers of interpretation she places on the events. She can face more disquieting situations should she wrongly conclude, for example, that a woman is faking an illness. In analyzing the situation presented by the unenthusiastic Dekmai, Ooi reached the correct level of interpretation of the woman's actions. At the first level of explanation, the Kaek concludes, for example, that the woman is "cold" and unfriendly. Ooi goes one level further; the woman has basically the wrong personality to be a good sex worker, yet her lack of enthusiasm is not a fabrication. She concludes that the Dekmai is trying to get sent home.

In her attempt to understand the situation, Ooi will gather as much information as she can from the other participants as well as utilize her knowledge of the fact "that various types of people behave in typical ways under particular circumstances" [Hewitt 1976:120].

The situation with the unenthusiastic Dekmai was complicated but typical. That is, it fits well within the patterns of Maengdaa-Dek behaviour with which Ooi is so

familiar. A few prostitutes do not fit the categories, however, and thus pose more difficult problems of interpretation for Ooi.

Once Ooi believes that she knows what is really going on she will attempt to reestablish her control. She may work to shore up her authority by enlisting outside support to authenticate her role as "boss." For example, with the unenthusiastic Dekmai, Ooi was able to call on the Maengdaa to reinforce her right as Maelaow to demand that the woman not only stay at the Song to work but that she be lively and vivacious while she does so. She may also use such tactics as with holding payment of the woman's earnings to gain leverage in the struggle. These are efforts to use the power of her structural position as Maelaow to bring the woman back into line.

When Ooi's claim to power as a "superior" fails, she may still exercise influence, which Thomas [1972:606] defines as "potential for control based on one's interpersonal skill, independent of social position." She may find ways to derail a prostitute's effort to con her. Ooi may try more subtle strategies of influence, such as sympathizing with Wanpen's addiction problem; or she may engage in some high-level fabrication of her own -- such as "scoring" placebos for a prostitute who insists she cannot work without pills. To use influence successfully, then, Ooi must be alert, discerning, and clever enough to regain the Dek's compliance.

Ooi asserts that her relationship to Kaeks of the Song has also changed in recent years, stating that: "I'm not as close to them as I was." She notes that in the early years of the business she took pride in developing and maintaining a steady clientele. In recent years, however, pressed by her struggle to maintain the basic operation of her

sex business, the attention she gives to Kaeks has become more routine, less personal. One of the prostitutes interviewed stated that:

> Ooi has more control over her Kaeks than most Maelaows. Her Kaeks are afraid of her. And that's a form of protection for me. They know what Ooi's rules are and that she enforces them. So if they start doing something wrong, I can always say: "You know the rules!" And I can blame it on her. In particular, the rules placing a time limit on the Kaek's sexual encounter are very useful to us.

Ooi, too, uses the rules to help structure some problematic encounters with Kaeks and to legitimize her interpretation of the situation:

> With the customer, I try to see that he is always right. And if he isn't, I try to make him think he is. Unfortunately, I've got these darn rules that have to be followed, and I'm sorry.

As Johnson [1973:212] affirms in her study on a madam: "The rules are the verbal framework with which the madam controls her world."

The Song rules help Ooi in several specific ways, but they cannot cover all problematic situations. If a Kaek arrives at the Song and he is intoxicated, he knows he is not welcome. But when a regular Kaek wants Ooi to listen to his complaints, the rules provide her with no guidance on the appropriate response. Likewise, the rules setting time limits for the sexual encounter help her deal with a Kaek who is overstaying his time, but they do not help with the complaints from a Kaek who has had an orgasm before coitus. Of course, some Kaeks will rebel against any rules that restrict their activities. These Kaeks will threaten "to burn the place down," or call the police (anonymously), or let it be known along the Kaek grapevine that "there's VD down at Ooi's place."

To forestall such outbreaks of trouble with Kaeks, Ooi has developed techniques to soothe them. These strategies are similar to Goffman's [1952] description of ways for "cooling out the mark." Ooi constantly plays the diplomat with Kaeks. As she describes her approach: "It's all sweetness and lies." This points to a consistent pattern of interaction with Kaeks that differs from her approach to problematic situations with her other audiences. She summarizes this difference as follows:

> With Deks I can be honest. With the Maengdaas I can be honest. And with the Kaeks I fool them completely. If I were ever honest with any of them, I wouldn't have any left. That is the biggest difference, because nothing I say to them is true. It's all phoney.

Although there are women who choose to undertake and remain in prostitution, there appear to be few who deny having suffered as a result of their occupation. The suffering of a prostitute may take a variety of forms, including loneliness, physical abuse and pain, verbal abuse, deception, illness, exhaustion, rejection, lack of caring, unsafe abortions, STDs, and the stigma and lethality of HIV infection.

During the "AIDS Scare" in Thailand in 1987, there was some discussion among Deks about the chance of AIDS infection. It increased the awareness of AIDS. Some of them began thinking about no longer continuing in prostitution. There was more effort directed toward using condoms with Kaek that Dek perceive as being high risk. Little concern was given to using condoms with Khaprajum who were viewed as a low risk group. Suggestions that a condom be worn were not taken seriously nor accepted by the Kaeks. Thus, Deks reverted to their previous pattern of not suggesting

their use, even though they themselves had become a bit more concerned about STDs and AIDS.

Overall, the result of the "AIDS Scare" was that business declined and Deks began to seriously consider other forms of employment. One year later, prostitution in Khon Kaen had returned to normal. For many women, the need to earn money was more important than their concerns about STDs/AIDS and efforts to convince Kaeks to wear condoms was reduced. As one Dek put it: "I don't think I am at risk of AIDS because, before I have sex with Kaek, I ask him if he has AIDS or not." This type of reasoning is also important in partially explaining why a Dek would take the risk of contracting STD/AIDS and would not insist on the use of a condom during sexual relations. This is confirmed by the evidence that most of the prostitutes in Khon Kaen who are known to be HIV positive are under the age of 25.

Of the 104 women followed in this study, 64% reported using condoms for vaginal sex all the time with Kaeks at the end of 1992, as shown in Table 8. If condoms do, in fact, provide an effective barrier to HIV, this pattern of use suggests that most women are at decreasing risk despite their high rate of partner change. Several prostitutes, however, reported that condom use is less when they have sex with their Khaprajum or in their private life. The condom provides as much a symbolic barrier

TABLE 8: STD experiences among prostitutes

Never had a STD	4%
1-3 times	87%
4-10 times	5%
11-20 times	3%
20 times and more	1%
Condom use	64%
Taking contraceptive pills	55%
Injecting contraception	30%

between a woman's private self and her work as it does a physical barrier to infection. For private life, condoms and other protective devices are considered inappropriate because they are "unnatural." These unnatural qualities may be seen in positive terms by prostitutes at work because they make it easier to separate a "natural" sex life at home from work. This distinction has implications for health education initiatives promoting the universal use of condoms among prostitutes, both at work and at home.

Interestingly, during the same period the public VD centre in Khon Kaen reported over 95% condom use among prostitutes. The difference between government data and this study reflects the validity and accessibility of the data. Access to prostitutes by health educators is difficult in many areas because those who sell sex are criminalized and stigmatized.

SUCCESSFUL SEX WORKERS

Social stigmatization and community social sanctions may be expected to discourage young women from involvement in the commercial sex industry. There is evidence, however, that the very numbers of women involved and importance of remittances made have combined to greatly reduce such sanctions in some communities. Some "temporary" involvement in the commercial sex industry is perceived as a legitimate means of addressing the rural family's deepening indebtedness and, where saving can actually occur, offers opportunities for economic advancement. It has been suggested that links with the commercial sex industry have become so common in some villages in the Northeast, money earned through prostitution is often used to build new

houses for the families. Rather than being stigmatized, a woman who has acquired some wealth from working as a sex worker may become an attractive marriage prospect in her home area. It should be noted, however, that community attitudes toward women involved in the commercial sex industry vary in others regions of Thailand. In the South, for example, negative sanctions are fairly strong. Many Deks in Khon Kaen from the Northeast region strive to keep their occupation a secret from their families and home communities. The significance of these social and community factors should not be underestimated and may well account, in part, for the regional clustering of many sex workers.

Although acknowledged as ever present, in the Northeast sex work is considered immoral by many [Rattanawannathip 1990] and women entering this trade lose, in varying degrees, the respect of the villagers. Village sanctions against acknowledging that local women are prostitutes appear to be stronger in the Northeast than in the North where acceptance of this occupation is widespread. Isan villagers do not seem as ready to condone the material benefits to be gained by prostitution. There are a few exceptions. One woman, whose (now ex-) husband was an alcoholic, went to Japan and made a lot of money. She supported the family, built a house in the village and another in Bangkok where her children now live. Although villagers have not forgotten how she came by her wealth, they regard this woman as successful and cosmopolitan, the more so since she married a Japanese man after learning her husband had taken a minor wife. The idea is growing that a lot of money excuses the means by which it was obtained. A successful sex worker is thus worthy of some respect for

having done something most villagers are unable to do -- achieve material well-being. An unsuccessful prostitute is, considered to be a double failure for having poisoned her self-respect without gaining extensive material rewards.

The economics of prostitution indicate potential routes for HIV transmission between the wealthier and poorer parts of the country, between urban and rural areas, and between those who buy or sell sex and those who do not. Wealth differentials between countries are also important in contexts not generally glossed as "prostitution." The immigration of Asian women involves "wives" and "servants" as well as prostitutes. In Khon Kaen, there are six Deks who, during this study, left for Japan for the same purpose. While there is an obvious pragmatic understanding of the need to earn money one way or another, the women are often demeaned behind their backs, with phrases such as "she sold herself."

Although the majority of Dek have at one time been married and are currently engaged in selling sexual services, they still desire a stable and monogamous relationship with a husband and children. In essence, they continue to desire the security of a home conforming to Thai social norms. A common fantasy for these women is to return home, start a small business, and become married. In Thai society, common-law relationships are generally accepted even if a woman prefers to become married or take the role of Mianoi.

This chapter has attempted to provide more information about the sexual behaviour of prostitutes, particularly those in Khon Kaen. It has shown that sexual behaviour among prostitutes is quite complex and varies on a number of dimensions. Of

particular importance is the fact that sexual behaviour, especially condom use, depends on who the sex partner is: client, Khaprajum, or permanent partner. Thus, behavioral change needs to be viewed in the context of the type of sexual relationship. Sex workers do not perceive the same risk for STD for all sex partners and this is an important determinant of condom use. In general, sex workers underestimate the risk of not using condoms in commercial sex relations with Khaprajum, 'clean' clients and in private life. The findings indicate that this is probably a result of incorrect and incomplete understanding of how HIV is transmitted and how the disease manifests itself. All the workers knew about AIDS, most knew it is a disease with no cure, and many claimed to have increased condom use. Yet, what actually determines the number of episodes of commercial sex, how a particular partner is selected, and whether a condom is used, is a complex function of cultural forces, beliefs, and ignorance or rejection of the facts of AIDS. To answer these questions, it is useful to study client's behaviour.

CHAPTER 6

CLIENTS

Most AIDS studies and intervention activities have been conducted among high-risk groups such as prostitutes, intravenous drug users, and homosexuals. Thailand, however, is looking ahead and has included in this category male youth who are in their final year of secondary school or attending a vocational school or university. Young men generally become sexually active at an early age and their first experiences are often with prostitutes and influenced by peer pressures. Several other vulnerable groups, however, have received relatively little attention in comparison, even though their lifestyles also place them at risk of infection. These include fishermen, and factory and construction workers. A number of studies have shown that these groups are at high risk of contracting AIDS and STDs due to their frequent visits to prostitutes and low condom use [cf. Sawangdee 1990, Kanato 1993].

With respect to age, clients range from teenagers to men over 50. The majority of the clients in this study were in their 20's and 30's. The various occupations of the

TABLE 9: Occupation of the clients

Workers & Labours	69%
Farmers	10%
Salesmen	8%
Students	7%
Government Service Employees	2%
Others	4%

clients in this study are shown in Table 9.

Socio-cultural forces play a large role in determining sexual behaviour and thus place people at risk of contracting STDs and AIDS. Several studies have shown that changes in sexual norms may be due to a number of inter-related factors including a general loosening of family control over young people's behaviour, increased inter-sex interaction of young people in school and work places, and increased access to sexually stimulating materials [Soonthorndhada 1992; Kanato 1992]. A steady increase in premarital sexual activity after age 16 is pronounced. School-based surveys have noted that 36-45% of males have their first sexual experience with a prostitute [Devaditep 1992, PDA 1991].

In Khon Kaen, males commonly experience their first sexual intercourse at an early age. The age at which boys experience their first sexual experience ranges from 15 to 18 years. Even in cases where sexual initiation was with a non-commercial partner, patronage of commercial sex begins early. The usual age for a Thai male to first visit a brothel is 16. In a few cases, where a young man first experiences sexual intercourse with someone other than a prostitute, the age at which virginity is lost would be slightly lower than the age at which a brothel is first visited, perhaps as young as 13.

Initial contact with as well as continued patronage of prostitutes is largely done within the context of socializing with friends. Less than 5% of clients visit a brothel alone.

TABLE 10: Reasons to visit prostitutes [top priority of each individual]

Socialize with peer, then visit after	50%
Release sexual need	29%
Feel lonely	11%
Belief in the Khong Khaprajum	7%
	3%

Among these, 3% visit their Khaprajum as shown in Table 10. Thai clients do not generally sneak off on their own to patronize a prostitute. Even a desire for discretion does not preclude going for such activities with like-minded friends. As a result, Thai men are almost always accompanied by others -- usually peers -- particularly, when they go for their first commercial sex encounter.

Another common feature of commercial sex patronage in Khon Kaen is that it is frequently accompanied by drinking alcohol, often to the point of intoxication [Kanato 1992]. More than half of the clients interviewed said they were drunk at the time of their visits. Only 19% usually visit brothels with no alcohol, as shown in Table 11. There was little difference in occupation or marital status between those who drink at the time of their visits and those who drink occasionally or never at all.

TABLE 11: Alcohol use when visiting brothel

	Age 25-	Age 25+	Total
No Alcohol	23%	12%	19%
Taking sometimes	14%	13%	14%
Take every time visit	63%	75%	67%

Alcohol use often begins at the bar or outside the brothel. Many men begin with hard liquor, often drinking in the company of peers. Alcohol overdosing frequently occurs. When asked why they drink, the two most common reasons given by the clients were to "feel good" and because it is a part of the social scene in Thai society. As shown in Table 12, the third most common answer

TABLE 12: Reasons for drinking

	Age 25-	Age 25+	Total
Socialize	66%	70%	68%
Relax	5%	3%	4%
Fashion	27%	25%	26%
Happiness-Sadness	2%	2%	2%

was "to help me relax". Peer pressure is a strong force indeed. It is felt by all age groups. In testing new behaviours and seeking to establish his identity, a Thai man has a particularly strong desire to relate to and be accepted by people his own age. Drinking is considered acceptable by friends. The desire to be popular is very strong, and if the popular crowd drinks, the individual who is looking for acceptance will be strongly tempted. Pleasurable experimentation leads to so-called "recreational use" in which social life is built around "partying."

Most clients observed in this study were drunk at the time they visited a brothel. Supplementary data gathered from male STD patients at a Khon Kaen VD Centre confirm that the patients did not use a condom the last time they had commercial sex. Two reasons for not using the condom are: 1] they get drunk and exceed their personal limit, and 2] after taking alcohol they are not afraid of anything, and ready for sex. As several clients stated:

> After I drink, the Khong is activated, I need to go Kha Khong [Interview 227].

> When I get drunk, I am not afraid of anything. Alcohol make me brave. I can fight with anything including the disease [Interview 370].

> The doctor always tells me that alcohol could kill the germ. When I take alcohol, my body will be ready to fight with any germs for its defense. It is not hard to understand, it's just like having an effective soldier who defends your country from the enemy. Therefore, a condom is unnecessary [Interview 18].

These quotes indicate the association of condom use and alcohol with respect to local beliefs, as show in Table 13.

The number of sex partners a man has is partially determined by his

perception. Almost all the clients felt that having sex with both prostitutes and female partners is socially acceptable behaviour. Having sex is seen as a basic minimum need. Single men especially need to have an outlet for their sexual desires and visiting brothels is the most convenient way of accomplishing this release. In addition, sex with prostitutes for single men is seen as a means of avoiding the adverse consequences of pre-marital sex. As several men stated:

TABLE 13: After drinking then visit brothel

Needs sex, doesn't care what happens prefer no condom	29%
Intoxicated, come with friends condom use depend on Dek	26%
Self conscious, negotiate for condom use	38%
Self conscious, need condom -- some put on more than 1 condom for one encounter	7%

> I have been looking for a regular partner to have sex with, I would love to. But this experience might damage her, this is Thailand. So it's better for me to have sex with Etua [Interview 77].
>
> The good thing about having sex with Etua is that there is no risk of quarrel. You pay and you get, and that's it. With a non-prostitute, there is a long story [Interview 334].
>
> Whoring is normal for men. Even if some of us have girlfriends we can't always have sex with them. So when we feel the urge we have to visit a Song [Interview 102].
>
> Visiting Song is normal for men because men have to go whoring. If you don't, you should be ordained to the monkhood. Single men have sex with Etuas more than married men because the single men don't have any family obligations. I think it's a good thing -- no problems [Interview 429].

In general, Thai men feel that it is normal for a man to visit Songs as long as it is not too frequent and he does not infect his wife with a STD. His wife, however, should not know that he goes for commercial sex, otherwise this will lead to violent

arguments. In addition, the husband who is involved with prostitutes must avoid spending too much money on this activity in view of his financial responsibility to the family:

> It's okay but don't let Mia [wife] know about it. If you do it, your Mia doesn't know, you don't give her a STD, and you don't spend a lot of money with Etuas, then everything is cool [Interview 100].
>
> It's a group activity. You go out with friends and have a good time together. Married men need a change for something new instead of the same old thing. It tastes better this way [Interview 307].
>
> It is common for married men to visit Songs. Once in a while you need a change. Me too, when I get a chance I'll go [Interview 422].
>
> For a married man, commercial sex is like having a new seasoning, a new flavour added to his meal [Interview 277].
>
> Visiting Etuas is not unusual, it's normal. Men get tired of having sex with just their wife. Once in a while it's okay to go out and have fun and Nong [prostitute] really knows how to make you feel good [Interview 13].
>
> It's normal for married men to have commercial sex outside marriage. They get bored with their wife and want to try out a "new flavour" [Interview 78].

The results from Sittitrai's partner relations survey [1992] indicate that 29% of urban and 19% of rural Thai men admitted to patronizing a prostitute during the last 12 months. Interestingly, the same survey indicates that currently married men were only about three times as likely as single men (36% versus 12%) to say they patronized a commercial sex worker during the past year. In another survey of urban men conducted by DEEMAR in 1990, 22% of all men admitted having sex with a prostitute

during the previous year. These results probably should be treated as minimum estimates. In this study, there was little variation in marital status of clients who patronized a prostitute. Single clients including students, however, were more likely to have patronized a commercial sex established than the married men.

There is considerable individual variation among clients with respect to the frequency in which they visit brothels (see Table 14). About 57% patronized commercial sex establishments once a month, 24% visited 2-4 times during the previous month while another 19% visited five or more times. Overall, the activity level was substantial, averaging 26 episodes a year, or more than two visits per month. There were some differences in frequency of visits by marital status and by occupation. Single clients patronized commercial sex considerably more frequently than married clients. The students visited less frequently than adult men who participated in commercial sex activity.

TABLE 14: Frequency of visits to brothels

Once a month	57%
Twice a month	12%
3-4 times	12%
5-10 times	12%
10 times and over	7%

In this study, condom use in commercial sex relations was measured by asking both the prostitute and the client if a condom was used during their encounter. In some cases, prostitutes were asked to show the waste condom in the garbage box and/or some remains (i.e., wrapper). A few studies have claimed that condom use with prostitutes is common, with as many as half the men reporting that they "usually use" condoms [Havanon 1992; Sittitrai 1992]. The figures in this study are slightly lower;

about 40% of all the clients usually used condoms when visiting a brothel. Moreover, 20% never use them. Condom use is slightly higher among adult, well-educated, middle class men than the other groups, but this difference is not pronounced. Students are the only groups that seem to have a distinctly higher level of condom use, as 44% reported that they usually use condoms with prostitutes [Kanato 1992]. It may be concluded that both single men and married men are characterized by similar levels of condom use. Thus, having a wife does not appear to change a man's behaviour toward safer sex. For men at risk, AIDS prevention -- condom use -- means the development of new sexual habits. This is a difficult issue because sexual expression is seen by many men as a fundamental part of being a man.

Social and health problems related to sexual behaviour, such as AIDS and STDs, have received increasing attention from both government and institutional agents. This is because pre-marital sex is becoming more common among young people, particularly in urban communities where modernization heavily influences heterosexual contact. Approximately 15% of vocational and university students have contracted VD once or twice a year. STD prevalence among Thai male students is 17%, while military recruits exhibit a 5% rate. By October 1991, the percentage of male adolescents who were HIV positive was 31% of which 2% were high school students aged 16-18 years. Among male vocational students afflicted with STDs, 0.4% were HIV positive [Weniger 1991:73].

The dominant pattern of HIV spread in Khon Kaen over the past several years has been from infected client to prostitute and, in turn, to uninfected clients. Of course,

there is an inverse relationship between frequency of brothel visits and regular condom use -- clients who visit brothels more frequently tend to use condoms less regularly than clients who visit less often. Condom use drops abruptly for men who are very actively involved with prostitutes. This finding supports the notion of a core transmitter group as reported in the STD literature and by AIDS researchers elsewhere [cf. Plummer 1991]. Further analysis suggests that the act of using condoms in commercial sex may be a complex function of a combination of factors. Most clients report using a condom at their last encounter more than they actually do -- perhaps they cannot or do not want to recall condom use.

There are several possible reasons for differences in condom use among clients. First, health authorities' campaign for "100% condom use" has been directed mostly towards brothels. It was only during the period of the field work for this study, however, that a 100% condom use policy was officially introduced nation wide. As a result of this policy, condoms are now available at work places free of charge. Second, clients perceive prostitutes as less risky. Presumably, perceived risk should be related to the number of visits to brothels in a period of time. As one client stated, however:

> I have sex with Khaprajum frequently and I never get any harm or diseases from her even without a condom. So why uses condom now [Interview 171].

A third possibility is that condom use is less frequent when clients have sex with prostitutes with whom they develop a more personal relationship, than with those in which there is little opportunity to socialize with before the sex act. It is likely that the least socializing between client and prostitute goes on in brothels where the workers

are usually physically separated from clients until selected and taken directly to a room for sex. Usually the landlord allows 45 minutes for each round, however, for the client who has developed a good relationship with a prostitute time can be negotiated.

The manner in which the two types of exchange are related can thus be used as the basis for a typology of relationships. Applied to the relationships between prostitutes and clients, four types emerge:

Type 1. This type of relationship is purely "economic exchange," based on a clear understanding, on both sides, that sexual services are exchanged for money. The prostitute expressly states her price and both sides understand the neutral nature of the relationship. Explicitly relationships are generally of short duration.

Type 2. This type of relationship is essentially a form of "economic exchange," but there is a pretence of "social exchange" or even love. The prostitute pretends to be emotional attached and intentionally leads her partner on to get him involved. In this effort she may be helped by her partner's excitement, the fragmentary and superficial nature of their acquaintance, and his ignorance of the context of prostitution in Thailand. While she may carefully avoid asking for money for specific sexual favours, she will lead her partner on so he is willing to invest ever more into the relationship, thus creating an apparently stable liaison. Unlike the case of ordinary reciprocal relationships based on "social exchange," however, the prostitute is not interested in cementing the relationship but in extracting the maximum financial gain. Hence, she will at a certain point, frequently close to her partner's departure, try to "capitalize" the relationship by asking for a large sum of money for favours rendered

even at the risk of causing a break. Depending on her skill in manipulating the client, who by now may by deeply involved, this may lead either to his disappointment and separation, or to his agreement to pay, with the understanding that the relationship will continue even after his departure. The prostitute will frequently attempt to extricate money from him through detailed renderings of often non-existent problems.

Type 3. This type of relationship combines "social exchange" and even "love" with "economic exchange." While it is characteristic of many liaisons, it is also unstable, since it is based on conflicting motivations: economic interest and emotional involvement. While the former generates in the prostitute a calculating attitude towards the partner, the latter induces her to develop and preserve the relationship as valuable in itself even at the expense of her economic interests. Her conduct thus tends to fluctuate between extreme demands and extreme attachment, between the polar roles of prostitute and lover. Such fluctuations, often triggered-off, intensified, or tempered by her partner's behaviour, are at the basis of the tensions and instability inherent in this relationship.

Type 4. This relationship is based on "love" (i.e., intrinsic gratification) and "social exchange." It is dominated by the emotional involvement of the partners, with economic interests on the prostitute's part playing only a minor role. The prostitute's life enables her to fulfil her family obligations. While it involves less conflict, the stability of this type of relationship depends primarily on the strength and duration of the mutual emotional involvement of the partners.

These are, of course, analytical types deduced from observations. Actual

relationships approximate one or another type and frequently fluctuate between them. Most protracted liaisons between prostitutes and clients are complex in nature; they belong to either type 2 or type 3. The crucial variable for an understanding of the dynamics of the relationship is the extent of the prostitute's emotional involvement and her readiness to sacrifice her economic interests to it. At least at the outset, both sides are generally aware of the predominance of such interests. After all, the prostitute operates in a sphere which is publicly defined as "prostitution," whatever her self-definition and however marginal she may be to the hard core of that sphere. The first encounter, then, is usually "economic-oriented" in nature. Subsequently, however, both sides may develop an interest in a protraction of the relationship and its redefinition. The client's primary interest is to develop a "real" or authentic relationship from what was initially an economically-oriented one. The client will attempt to involve the prostitute emotionally so that she will be willing to stay for free of for the bare minimum she needs to fulfil her obligations, and he can save money while having sex with the prostitute. Indeed, some experienced clients go so far as to imitate emotional involvement with the prostitute with the aim of creating a situation of "reversed staged authenticity," the staging in this case being done by the client rather than prostitute.

A prostitute's interest in protracting the relationship is primarily one of security. This, however, is often accompanied by a growing dependence, which, in addition to economic overtones, frequently has emotional ones as well. Many prostitutes would not stay with a man if they do not at least like him, though they may not be in love with him. However, a prostitute may hide their emotional involvement as a means

to keep her man, thus creating a "staged" relationship. Even when she likes or loves him, she often faces a dilemma: her attachment may spoil her chances of earning more money in the short-term, through purely mercenary encounters. While this may by an external source of tension in the relationship, there are others, inherent in the relationship itself.

A protracted relationship is normatively "wide open." Not only are there many aspects of the relationship open to differential interpretation on the part of the partners, but also important obstacles to the process of negotiation; each side generally interprets the cues of the other according to their own cultural premises. Such relationships are hence intrinsically unstable, suffering from frequent tensions and breakdowns. These problems can be most clearly illustrated with respect to two focal points of tension: money and jealousy.

Clients suffer constantly from "staging suspicion," the fear that they are deceived -- that the prostitute only feigns attachment in order to extricate money from them -- even when this, in fact, is not the case. In the clients' view, an emotional relationship between the sexes is defined. The prostitute, however, tends to interpret the money received from the client not as payment for her favours, but as a "gift," or as support for herself and her family. The amount provided serves as an indicator of the depth of her boyfriend's obligation towards her and of his esteem and attachment to her. The common tendency of prostitutes to accuse their boyfriends of Kiniao ("stinginess") is thus an expression of dissatisfaction with what the prostitute has actually received in view of the widespread image of clients as immensely rich but a moral condemnation of

lack of generosity -- which is a highly esteemed quality of character in Thai culture. It is also an expression of doubt in the client's feelings for the prostitute. The client, however, is apt to perceive such accusations as expressions of greediness or unthankfulness or as a lack of real feelings on the part of the prostitute. Thus, to the native image of the immensely rich man is thus juxtaposed the image of the endlessly demanding prostitute.

Clearly, the message that engaging in commercial sex carries a high risk for HIV infection has been conveyed to the sexually active men. Most mentioned that they were afraid of the disease. Among these men, 35% cited HIV/AIDS as the reason for using condoms in their last commercial sex encounter. About 20%, however, used a condom because the prostitute insisted. This finding suggests that a man's motivation to protect himself is presently the key factor in determining condom use, although it may also be a function of the commercial sex worker convincing the customer that a risk is involved.

The greatest barrier to condom use in commercial sex encounters is the perception that condoms are not "natural." Forty percent of clients who do not use a condom cite this as the primary reason. About 20% complained of the side effects of the chemical solution. Another 20% perceived the prostitute to be "clean." That is, they screen prostitutes -- rejecting those who they perceive to be an STD risk -- or have sex with prostitutes who they have developed a relationship with. Less significant barriers to condom use include no fear of negative consequences, being drunk, and when a particular condom is not available (some prefer a specific type and trade name and refuse

to use the free condoms).

Excerpts from the in-depth interviews provide a more complete understanding as to why men who have sex with prostitutes do not use condoms. Many say that condoms reduce the pleasure or sensation of sexual intercourse. Some men even say that condoms make them feel dirty. Others say that they agreed to wear a condom at first but removed it before climax. These comments suggest some degree of male motivation for safe sex which is frustrated by deficiencies of condom technology or the idea that the condom is an obstruction:

> When Etua insists on Saitoong [condom use], I put mine on. I prepare it at home, using a needle to make a hole in the condom. With this, semen will not stay in the condom and I am not dirty [Interview 34].
>
> I choose to put the condom on myself. With my tactic, I tear the condom when taking it out [Interview 220].
>
> Ejaculating means you release something out of your body. The condom is a big barrier that obstructs this because the bag space is too small for the volume of semen of a powerful man like me. The pressure will push the semen back into the body. Thus, if I put condom on, I must masturbate after to release the rest of the semen [Interview 441].
>
> The process of Kha Khong will not be complete if you cannot release the whole semen out [Interview 488].
>
> If I do not put the condom on, I would be blamed. But if the condom is broken, it is not my fault [Interview 339].
>
> I don't use condoms because it is like having something blocking you. It doesn't matter how thin they are or how natural feeling they are [Interview 235].
>
> I have never used condoms with Etuas because it interferes with the pleasure. It's like eating a meal and not feeling full, still hungry even after ejaculation [Interview 471].

> I have had sex with Etuas several times. When not using a condom, I finished off properly. When using it, I couldn't ejaculate even after spending an hour trying. Finally, I took off the condom after asking Etua if it was safe to do so. No matter what Etua said, I did take it off anyway [Interview 11].
>
> I don't use condoms because I am uncomfortable with them. When I wear them I don't feel good about it. It is as if I can't throw a full punch [Interview 6].
>
> I never use condoms because I don't like them. They're slippery, not fun at all [Interview 8].
>
> I don't use condoms because I don't get that natural feeling. Wearing a condom is like masturbating or scratching an itch through your clothes [Interview 358].

The interesting question that these excerpts raise is whether the men who do not use a condom for commercial sex realize the risk they are creating for both partners. A careful review of the content of the interview with these men sheds light on the psychological mechanism by which they rationalize their actions despite their generally high awareness of the threat of HIV/AIDS. One explanation they offer is that they have the ability to screen out dangerous sex partners. This is accomplished by assessing the outward appearance of the girl (i.e. how clean she looks or smells). Another rationalization is that a prostitute is Khaprajum (and presumably is less promiscuous or less likely to deceive him about the risk of STD). Clients may rely on the weekly STD checks that most prostitutes in Thailand are requested to do. They also observe the cleanliness of the brothels to assess risk of disease. Finally, many men think they can assess the risk of STD or HIV/AIDS by estimating how many customers a prostitute has. Some believe that the less attractive women have fewer partners and, thus, are less risky [cf. Kanato 1993]:

> I don't use condoms because I have a close relationship with Dek. She assures me that there is no risk of disease, that she has been examined. Usually I will ask her first because she is Khaprajum of mine. But sometimes, when I want to try out a more attractive girl, I will wear a condom because she has many partners and I might get something from the guy before me [Interview 55].
>
> Sometimes I don't use a condom because I can look over the girl's appearance to feel how "clean" she is and sometimes she'll tell me there is nothing to worry about [Interview 42].

It is particularly noteworthy that clients report that some prostitutes do not encourage their customers to use condoms and, in fact, may not want them to use one. A number of the excerpts below suggest that the prostitute may see the man as clean and not require him to use a condom:

> She accepts me as a "clean." There is no disease [Interview 19].
>
> Since I dress well, she assumes that I have good personal hygiene. Thus, I should not give her a "gift" [Interview 72].
>
> Using a condom means you are not giving a reputation to your partner [Interview 98].

Thus, it may be misleading to assume that resistance to using condoms comes entirely from the client customer. In addition to selecting sex partners whom they believe to be at low risk, some of the men in this sample also report methods of having sex, personal hygiene or taking medicine to protect themselves as a way of preventing STD, including HIV/AIDS. One method men use is withdrawing before climax and ejaculating outside the vagina [cf. Kanato 1993]. They believe that germs can only enter their body while ejaculating. Others take antibiotics before having sex. Some men report cleaning their penis before and after sex using a chemical solution, toothpaste, or

soda water to protect against disease:

> Before sex, I will take Yakaplumkong [diuretic pill] and after sex I will wash the penis with soda water [Interview 336].
>
> I wash my penis immediately after having sex with Etua. This way, I can prevent disease [Interview 381].
>
> I practice withdrawal and ejaculate on the woman's stomach. I don't like to ejaculate inside the woman because I am afraid of disease [Interview 366].
>
> After sex, I take alcohol, or seafood, or Sake [bread fruit], any of them. The disease will show up in 1-2 days but still like a baby. It is easy for me to manage, you can kill it by a simple drug. Therefore, I am not afraid of the disease because I really know how to kill it at the early stage [Interview 390].

Among the clients who used a condom, there was agreement that condoms reduce the natural feeling of sex particularly at the beginning, but after they get used to it.

> At my last episode of commercial sex I used a condom. I didn't really want to because it is not like skin touching skin. But I think it will be okay after I use it regularly. I think I will get used to it very soon [Interview 418].
>
> I use condoms because I am afraid of getting a disease. I started using condoms during all commercial sex since the AIDS epidemic [Interview 402].
>
> In the past I didn't use condoms much. But since the rumours about AIDS I've started to use them all the time. Besides, Etuas force you to use them anyway [Interview 437].

In general, both the users and non-users of condoms cite the same advantages and disadvantages of using one. It would seem that much of the difference in condom use behaviour is due more to attitude toward health risk and cultural norms than the knowledge of AIDS and how it is transmitted. Nevertheless, some of the above excerpts

reveal surprising misinformation about methods of disease prevention that need to be addressed by health education campaigns. In the final analysis, however, the choice of whether or not to use a condom depends on how the man balances the risks and benefits in his own mind on a given occasion (and on the extent to which the prostitute or brothel manager encourages or forces condom use). The other factors that come into play include the perceived ability to screen out infected prostitutes and the belief in the efficacy of preventive methods, including popular methods as well as condoms.

The clients who participated in this study used condoms most often for commercial sex, less often in non-commercial relationships and least often with wives. In fact, almost all of the clients had never used a condom with their wives or sex partners who are not prostitutes. The low use of condoms in marriage is consistent with the very low rate of use for contraception as reported in national contraceptive prevalence surveys. In the most recent national survey, only 1.2% of married women reported that they used condoms with their husband for contraception compared with 67% who used some other method.

In the context of Thailand, the man is like "the two front legs of an elephant" who is seen as making major decisions while the woman is like "the two legs behind." The woman's role is to act as caregiver in the house and be receptive particularly about sex. She should not express her needs, but keep them inside. Even though a certain amount of equity exists between men and women in some areas, when it comes to sex, woman are voiceless. They have no bargaining power at all because it raises issues of trust and promiscuity:

> Woman has no right to say or ask to put the condom on, I believe. If she does ask, it means she doesn't trust her husband [Interview 471].
>
> If she asks me to wear a condom, it means something happened to her. She must have done something wrong, otherwise, she wouldn't say such a thing [Interview 48].
>
> Woman has no right to say that. If my wife says so, I would respond to her immediately, "What is the matter with you" [Interview 399].

Clients can also be categorized by their potential to facilitate the spread of STD and HIV. Taking into account the number of sexual encounters and frequency of condom use, clients can be put into three risk categories: high risk, moderate, and low risk. The high risk group includes, men who visit brothels 10 times a year or more and do not use condoms. About 25% of the clients fall into this category. If infected, these men could easily become core transmitters of HIV to both prostitutes, girlfriends, and wives. Indeed, some of these men may currently be infected and it is probable that they are not aware of their sero-status, as only a small percentage of the estimated infected Thai population has been tested for HIV. The moderate risk group are men who visit brothels 5-10 times a year without using condoms or men who visit brothels more than 10 times a year but usually use a condom. About 30% of the clients fall into this category compared to 45% in the low risk group -- men who visit brothels less than 4 times a year without using condoms or more than 5 times and always use a condom.

About half of the clients feel that they are at risk of contracting HIV. In particular, 60% of the men classified as high risk perceive themselves to be at risk. The implication is that perhaps these men are unwilling to modify their behavior. About half

of the moderate group perceived themselves to be at risk. These findings suggest that an information-based strategy that appeals to cognitive health behaviour decisions may not reach a majority of the men at high risk for spreading and contracting HIV. The data further suggest that men who have a tendency toward high risk behaviour will pursue that behaviour regardless of their position in society.

One important issue for designing appropriate interventions is why some men who feel that they are prone to HIV/AIDS have nevertheless not reduced their risk behaviour. The explanation may be that they enjoy the feeling of challenging the risk. This may be particularly true of adolescent and lay men. This may be seen as an explicitly cultural difference from scientific rationality:

> Why should we be afraid of dying. We're gonna die anyway, just when [Interview 290].
>
> Life is life. The important thing is that when you are alive you should make yourself reach for the peak of happiness. One way or another it is to beat the challenges [Interview 310].
>
> I am not afraid of dying. I am afraid of pain instead [Interview 488].

Another contributing factor is maybe that the clients are not accurately assessing their risk. It is evident from the in-depth interviews that many men who said they thought they were at risk of HIV did not feel they would get it because they believe HIV is not easily transmitted. Another typical response was that they had never seen anyone with AIDS so why should they be concerned. Mostly, however, these men see risk behaviour as a test of their fate or a measure of their degree of good fortune:

> It depends on the amount of blood you get, doesn't it? [Interview 68].

> I am always lucky, I will never have it [Interview 400].
>
> It is a rumour, isn't it? It is another tactic of the government and doctors who want to destroy entertainment places. I will never believe that [Interview 251].
>
> Sometimes I use a condom, sometimes I don't. Sometimes I'm scared of disease but I won't always use a condom because I want pleasure. Sure I'm scared but I'll take the risk [Interview 67].
>
> I think I may have some risk or I may not. I don't sleep with Etua that much. But when I do, I ask first if the girl has a disease or not [Interview 33].
>
> I probably take some risks but I don't think I'll hit the jackpot even when I take the condom off during my sexual battle [Interview 163].
>
> I am at risk of AIDS because I think my luck is running out. You know, yesterday I had an accident and the day before my girlfriend broke up with me and flew away with another guy [Interview 348].
>
> I don't use condoms. My luck isn't so bad that I'll get AIDS [Interview 504].

There is also a group of men who do not feel they are at risk of HIV yet practice behaviours that are risky. In most cases, it appears that these men have an incorrect understanding of the properties of HIV and thus underestimate their risk. Some believe that all infected persons will have observable symptoms of disease. Others think of risk primarily in terms of acute bacterial STDs such as gonorrhoea. Thus, both client and prostitute said that a man should delay sex with his wife or girlfriend for about one week after having unprotected sex with a prostitute to see if any symptoms appear. Virtually none of the clients suggested having a blood test to assess one's infectiousness and the majority believe that the regular weekly physical examinations of prostitutes is

screening out those infected with HIV:

> My Deks do have physical check ups. I'm not worried. They are clean [Interview 1].
>
> After I have sex with Etua I will wait a while until I am sure I haven't picked up a disease before I sleep with my wife [Interview 99].
>
> After climax, I immediately wash my penis with soda water, urinating immediately. Then I watch how I urinate over the next two to three days. If there is any problem urinating, becomes red or hurts, then I immediately buy medicine to take [Interview 81].
>
> You have to look at the woman carefully, touch her skin to sense the temperature of her body. Or maybe you can ask, if she says she has no disease then its okay to have sex without a condom [Interview 363].

The apparent belief that HIV will express itself immediately may be leading many men and women to conclude that they and their sex partners are not infected. At the same time, these beliefs may be merely a rationalization for risk behaviours which the person cannot entirely control. Finally, their familiarity with the symptoms of gonorrhoea clearly dominates their view of how STDs manifest themselves, including HIV. STD is viewed as a disease attached to prostitutes, avoidable, but once contracted can be cured easily [Kanato 1991]. Table 15 shows the clients' experiences of getting STDs in their entire life.

TABLE 15: Clients' experiences of STDs

Never get STDs	5.0%
1-3 times	90.5%
4 times and more	4.5%
maximum 10 times	

One especially noteworthy misconception was discovered during the

interviews with the men. This is the belief that HIV/AIDS erupts periodically but is not present all the time. This belief may be linked to the use of the term "epidemic" in relation to AIDS and familiarity with seasonal epidemics such as haemorrhagic fever and cholera. Thus, when these men hear extensive publicity about the AIDS epidemic they curtail their commercial sex activity and use condoms. However, when the information campaign is over they resume their risk behavior:

> I have reduced my visits to Etuas because there is an outbreak of AIDS in the mean time. I will go back soon after the AIDS epidemic slows down [Interview 114].
>
> When I hear news about AIDS I use condoms with Etuas because I don't want to get AIDS [Interview 88].
>
> When I hear about AIDS it makes me more careful with whom I have sex with. Especially when there is an AIDS information campaign I stop sleeping around [Interview 39].

Another indication of how men are underestimating their risk is provided by the answers to the question: "What kind of persons are at risk for AIDS?" The most common response is that prostitutes are at high risk followed by intravenous drug users and homosexual men. Men who visit brothels for several prostitutes and do not use condoms are considered to be high risk as well. A man who visits Khaprajum as well as has multiple non-commercial sex partners without using condoms, however, is perceived to be at medium risk:

> The persons at risk for AIDS are kai [pick-up girl] because of promiscuous behaviour. Prostitutes are also high risk [Interview 306].
>
> The sexually-distorted, the non-hygienic and those that don't clean their genitals carefully are at risk of AIDS [Interview 385].

The dominant pattern for men is to have relations with both commercial and non-commercial sex partners. There is no difference in the pattern between single and married men. The main difference between these two groups is the frequency of visits to brothels and the ability to buy sex. For single men, most of the transmission potential is for those who have both commercial sex and non-commercial sex partners. Condoms are used less than half the time with prostitutes. Interestingly, the men who only have commercial sex use condoms more often but still have considerable risk of exposure. Married men who have commercial sex in addition to marital sex mostly use condoms and are limiting the opportunity for STD and HIV to enter the household. However, with non-commercial sex partners, they are least likely to use condoms in non-marital sex. To the extent that non-commercial sex partners are shared over time by married and single men, there is a potentially dangerous "junction." Transmission of STD and HIV from commercial sex clients to wives would be relatively unimpeded here because of the low levels of condom use between married partners.

This chapter has attempted to provide more information about the sexual behaviour of Thai clients of prostitutes particularly those in Khon Kaen. The experience of this population certainly exceeds the promiscuity of the general population. This group can play a significant role in the development of an epidemic. How widespread the behaviour described here is in this society is not known, but may not be important as long as each community has some men who conform to the above behavioral patterns. As Anderson point out, if sexually active men have a high rate of contact with prostitutes but also have sexual contact with non-prostitute partners such as wives and girlfriends,

there is a real risk of a more disseminated and much larger epidemic occurring [Anderson 1992]. The findings suggest exactly such mixing is a common pattern among promiscuous Thai men.

This chapter has shown that sexual behaviour among Thai men is quite complex and varies on a number of dimensions. Of particular importance is the fact that male sexual behaviour, especially condom use, depends on who the sex partner is: wife, pick-up, prostitute, or a woman who is perceived to have many other sex partners. Thus, behaviour change needs to be viewed in the context of the type of sexual relationship. Men do not perceive the same risk for STD for all sex partners and this may be an important determinant of condom use. Despite the fact that commercial sex is well-known to be high risk for STD including HIV/AIDS, many men either do not use condoms at all or use them irregularly. The men see both costs and benefits of condom use -- the perceived loss of sensation and pleasure with condoms is weighed against the need to be protected from disease. In general, men underestimate the risk of not using condoms in commercial sex relations. The findings indicate that this is probably a result of incorrect and incomplete understanding of how HIV is transmitted and how the disease manifests itself. Thus, an important focus of health education campaigns should be to improve the ability of prostitutes and clients to accurately assess risk when not using condoms.

The content of the in-depth interviews suggests five areas of misunderstanding which may contribute to a false sense of low risk:

1] Many of the clients had incorrect ideas of safe sex practices including the

following:

-Withdrawal before climax

-Antibiotic use, e.g., swallowing diuretics before sex

-Washing the penis before and after sex, e.g. with soda water or a chemical solution

-Taking alcohol and particular foods will speed up the incubation period of the disease, thus making it easy to get rid of it at the very early stage

2] Many of the clients believe they can recognize someone who might have HIV/AIDS. This belief leads some to the incorrect conclusion that their partner is not infected because of a lack of visible symptoms.

3] The belief still persists that AIDS is limited to a few select partners. The perceived characteristics of these women are;

-New prostitute -- low risk

-Recently finished having sex with other men -- high risk

-Attractive -- high risk

-Has many sex partners -- high risk

4] A widespread belief is that the weekly examinations of sex workers by the MOPH ensures that brothel workers will be HIV-free presumably because infected women would be recognized and removed from brothels or because the infection would be medically treated. This belief is cited as an excuse for not using condoms. It also reflects the persistent confusion of the purpose the mass screening and treatment of vaginal infection as protection

against HIV.

5] Clients see the HIV/AIDS epidemic as confined to a short time period, thus, safe sex needs only to be practised until the danger passes. The clients seem to associate these "outbreaks" with AIDS media events such as the publication of the name and face of an infected person or during a widely publicized AIDS prevention campaign.

Some individuals may embrace these beliefs as a defense mechanism to reduce their anxiety about fear of STD and AIDS in the face of behaviours which they find difficult to change. Others, however, may sincerely believe them. Communication efforts typically focus on providing correct information without specifically addressing misconceptions. Debunking the prevalent myths is probably an essential prerequisite for the correct information to have full impact. Thus, these false beliefs should be directly addressed in future campaigns. If information campaigns attempt to dispel these myths, however, positive adaptations will need to be suggested as a substitute in order to replace false hopes with constructive action.

Despite the many misunderstandings about HIV/AIDS, the clients in this study clearly do not take AIDS lightly. All the clients knew about AIDS, most knew it is a disease with no cure, and many claimed to have reduced their commercial sex activity as a result. Yet, what actually determines the number of episodes of commercial sex, how a particular partner is selected, and whether a condom is used is a complex function of cultural forces, beliefs, and ignorance or rejection of the facts of AIDS.

In the preceding chapters, I have attempted to provide the information

necessary to take into account in designing and initiating a culturally appropriate intervention for prostitutes. The next chapter demonstrates how an appropriate intervention was constructed.

PART 3: INTERVENTION AND EVALUATION

CHAPTER 7

CONSTRUCTING APPROPRIATE INTERVENTIONS

The nature of health care institutions and the presuppositions of health care policy cannot be adequately understood without a prior exploration of the fundamental issues in epistemology and value theory that form the underpinnings of the concept of health. In 1946, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" [WHO 1946].

The primary concepts of the biomedical model of health care, however, include the use of expert knowledge and technology to diagnose and cure, an emphasis on the scientific method, rationality and logic, and the importance of judging actions from a utilitarian point of view. The biomedical model can be seen as addressing the needs of capitalism, and in maintaining a healthy workforce. According to the biomedical model, health was initially defined as the absence of disease. In the biomedical model, people were viewed as passive recipients of care. Physicians and other personnel were considered to be technical experts who prescribed treatment. Health policies were based on the expert advice of these same health professionals who sincerely believed that they could define the needs of "ignorant" people.

The biomedical model, although entirely appropriate in some instances,

cannot be the sole vehicle to eliminating obstacles to daily living. Even though there have been important changes in social policy and challenges to the biomedical model, these alterations have not fundamentally transformed existing conditions. The health care system remains the primary area of intervention and the biomedical model continues to exert a strong influence on health care. The context in which health occurs and the experiences and values of the individuals involved were not being considered. In the biomedical model, the power to determine needs and care remained with health care providers and the government, not with the consumer. Participation in health care was not encouraged because it was perceived to waste time and decrease efficiency. In addition, the biomedical approach emphasized technical analysis as the means to solve problems. This emphasis led to society's increased classification of individuals according to cultural norms.

Culture plays a huge role in medical research and intervention efforts. Of course, the biomedical world has its own cultural values and understandings which influence its actions. Nonetheless "culture" -- narrowly defined -- is often used by health professionals more directly. Narrow definitions of culture equate socio-cultural factors with folk beliefs, values, attitudes, and so on. Culture is often blamed for generating attitudes and beliefs which are seen by health planners as obstacles to operational plans. In studies of causation, the use of culture as a risk behaviour builds from epidemiological usage where culture is a residual category, an obstacle to science and intervention [Herrell 1991]. This approach can easily result in blaming the victims for behaviours, particularly if that behaviour is seen as irrational from the perspective of the health

professional. Juxtaposed to risk behaviour, culture is thought of as something to be manipulated to ensure compliance to medical regimens in the study of therapeutic process. Culture was conceptualized as something which must be understood, respected, preserved, or as an obstacle or barrier that health professionals must overcome to help a patient. In addition, with relevance to risk behaviour and compliance, culture is often used to refer to a target population such as a high risk group. Often one can locate health professionals using this term to refer to others in different ways. Van Esterik listed a number of ways in which health practitioners view culture in relation to health problems. These include subculture, risk, keys to compliance, communication skills, and exotica [Van Esterik 1992]. Medical anthropologists favour broad definitions of culture when they stress the interconnections between different domains of life such as religion, subsistence activities, or gender, and how these impact on the health system [Van Esterik 1992]. McElroy stresses culture as ecological adaptation -- people adapt to their environment [McElroy 1989]. Helman emphasizes ideas, beliefs, and models for interpreting and assigning meaning to behaviour [Helman 1990]. In this view, culture consists of what one has to know in order to operate in an acceptable manner in that society. This approach to culture draws attention to the conceptual structures and logical systems underlying concepts such as health and illness. Individuals, social classes, and cultural groups differ widely in how they understand and define health. This can affect the point at which they define themselves as being ill, and/or at risk.

Culture is recognized as part of both policy and politics. It is important to consider possible solutions to overcome constraints in the implementation of health

interventions. There has been an important recognition that curative care delivered primarily in hospitals is inadequate in meeting the health needs of a population. This recognition has led to disease control programs being delivered at the community level with increased emphasis on prevention. Intervention, in the broad sense, is not rigidly curative but expands to the preventive, the promotive, and the rehabilitative.

PROJECT CONSTRUCTION AND OPERATION

1. PREPARATION PHASE

1.1 OVERALL APPROACH

Culturally appropriate intervention is conceptualized in this study as a recognition of the importance of ethnocultural issues sensitivity, mobilizing limited resources appropriately, pursuing local innovation, and establishing congruence between program work and community efforts in the struggle for self-determination and self-development. Culturally appropriate intervention is viewed as being concomitant with the group's weak power base in the social, political, and economic arenas, the lack of representation which renders a group socially vulnerable, politically exploitable, and economically feeble. The ultimate goal in considering culture is to make things work. Cultural considerations allow individuals to take full advantage of health opportunities while empowering communities to become self-determined and self-developed.

Three project design elements are outlined to provide an understanding of the background of the project. First, unlike other projects, the project director (me) was situated at the local level, not Bangkok. It was our intention and belief that this

decentralization was appropriate and would clearly work to the benefit of the project. A second key element was the role and function of prostitutes. From past experience, it was determined that a main cause had been the fact that they needed more support than could be provided by occasional visits from health providers. Third, the project developed new roles for Maelaow and Maengdaas and supported informal frequent visits from health care providers who were to serve as a local technical support team.

1.2 IMPLEMENTATION

Another main objective of this project was to search for an appropriate model of AIDS prevention and control, suitable for utilizing with prostitutes in Khon Kaen, the Northeast, and more generally Thailand. The suggested model was the combination of past experiences, an action research approach, and social learning theory. Project implementation was organized into three stages:

Stage I: The improvement of the research team to be increasingly able to motivate the prostitutes to participate in the project.

Stage II: The development of an effective and appropriate model for AIDS prevention and control specifically in a brothel context.

Stage III: Model implementation to target brothels such that prostitutes would reduce risk behaviour, and by extension, increase their quality of life.

Social Learning Theory and Action Research conceptually informed project planning and the research process. Two action research approaches were utilized. The first was employed by the research team to evaluate how to provide basic services to the prostitutes. The second was utilized with prostitutes to find out how they themselves

would improve their behaviour and their community. In order to answer the question, "How can prostitutes acquire better behaviour?", three processes were used: 1] Brainstorming among the prostitutes to determine the framework of activities, 2] Research team assisting to implement the strategies provided for the prostitute and their community, and 3] Project procedure in the field especially in the target brothels.

2 OPERATION PHASE

2.1 FRAMEWORK FOR IMPROVEMENT OF PROSTITUTES' BEHAVIOUR

Initially, brainstorming sessions were conducted with the prostitutes. The research team acted as facilitators while the Maelaow and Maengdaa acted as observers. Direction, content, and strategy were coordinated by the research team. Current models were reviewed in order to study past experiences in the improvement of AIDS activities in different places of Thailand (described later). It was critical that the prostitutes should both initiate the intervention and follow through with implementation **on their own.**

TABLE 16: Key questions framed project implementation

QUESTIONS	ANSWERS
1. How can prostitutes acquire better behavior?	Prostitutes can solve their own problems.
2. How can prostitutes solve their problems?	Prostitutes earnestly want to do solve them (not ignore).
3. How can prostitutes start to solve them?	Prostitutes learn strategies to solve problems by practising them.
4. How can prostitutes know the problem solving strategies?	Prostitutes are motivated, guided and taught by research team, supported by Maelaow and Maengdaas.
5. How can the research team motivate and guide prostitutes?	Research team have to be trained and practice themselves.

Five questions and their hypothesized answers (see Table 16) framed project implementation in the following ways:

1] a normative-re-educative process must be introduced to the research team so that they understood how to motivate the prostitutes to solve their own problems;

2] motivation would stem from the cooperation of research team, local institutions, Maelaow and Maengdaas;

3] prostitutes would learn problem-solving skills by jointly participating in action research with research team;

4] prostitutes would start to solve their own problems by using knowledge and skills learned in the project; and

5] problems would continue to be solved by the prostitutes and their community.

It was expected that Participatory Action Research (PAR) would be established (both in and among the brothels) so that prostitutes could solve their own problems. PAR was considered to be a social learning process of the prostitutes which could be used in the Northeast and elsewhere throughout Thailand. The implementation process is summarized in Table 17.

STEP 1 Personnel Development. This was the first step in the project implementation process. The research team was trained to understand the research models to be used. Four areas were addressed. These were: 1] participatory action research and evaluation, 2] micro planning, 3] the development of AIDS materials, and 4] training of prostitutes. Knowledge and skills in these four areas were expected to be

helpful to the research team.

STEP 2 Application of Strategies. The second step of the project involved applying the strategies to the target brothels, helping the prostitutes to solve their problems, and developing problem-solving skills that they would use throughout their lives. An important part of this step was the search for a strategies appropriate to a particular brothel. A key question, we sought to answer was, "What kind of social learning process is applicable in what situation and culture of the prostitutes."

TABLE 17: Summarized implementation process

IMPLEMENTATION PROCESS	HYPOTHESIZED OUTPUTS
STEP 1	
Staff trained in PAR, culturally appropriate intervention, and necessary strategies	Staff capable of working with prostitutes to engender participation
STEP 2	
Motivate prostitutes to learn skills to solve problems by using SLP	Prostitutes learned skills in SLP to solve their own problems
Prostitutes use SLP to solve existing problem	**Existing problems are solved through SLP**
STEP 3	
SLP established in prostitute and utilized	AIDS risk was continually being reduced amongst prostitutes involved

STEP 3 Continuing Process. In this step, it was expected that prostitutes could solve their own problems on an on-going basis without help from the facilitators. Prostitutes could apply knowledge and skills in groups to minimize risk-taking behaviour and promote healthy behaviour and good personal hygiene, etc. Two key concepts integral to this process are **Quality of Life**, and **Social Learning Process**. These form the conceptual core of culturally appropriate AIDS prevention intervention in the project and are discussed below.

Quality of Life and Social Learning Process.

First, three types of strategies for changing human behaviour will be briefly discussed. The first of these, and probably the most frequently employed knowledge in America and Western Europe, are those we call **empirical-rational strategies** [Bennis 1976]. The fundamental assumption underlying these strategies is that persons are rational. Moreover, persons will follow their rational self-interest once it is revealed to them. A change is proposed by some person or group which knows of a situation that is desirable, effective, and in line with the self-interest of the person, group, organization, or [prostitute] community which will be affected by the change. Because the person (or group, etc.) is assumed to be rational and moved by self-interest, it is assumed that she (or they) will adopt the proposed change if it can be rationally justified and if it can be shown by the proposer(s) that she (or they) will gain by the changes.

The second group of strategies we call **normative-re-educative** strategies. The rationality and intelligence of persons are not denied. Change in a pattern of practice or action will occur only as the persons involved are brought to change their normative orientations to old pattern and develop commitments to new ones.[25] Changes in normative orientations involve changes in attitudes, values, skills, and significant relationships, not just changes in knowledge, information, or intellectual rationales for action and practice.

The third group of strategies is based on the application of power in some form, political or otherwise. The influential process involved is basically one of gaining

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[25] According to this view, patterns of action and practice of individuals are supported by sociocultural norms and their commitments to those norms.

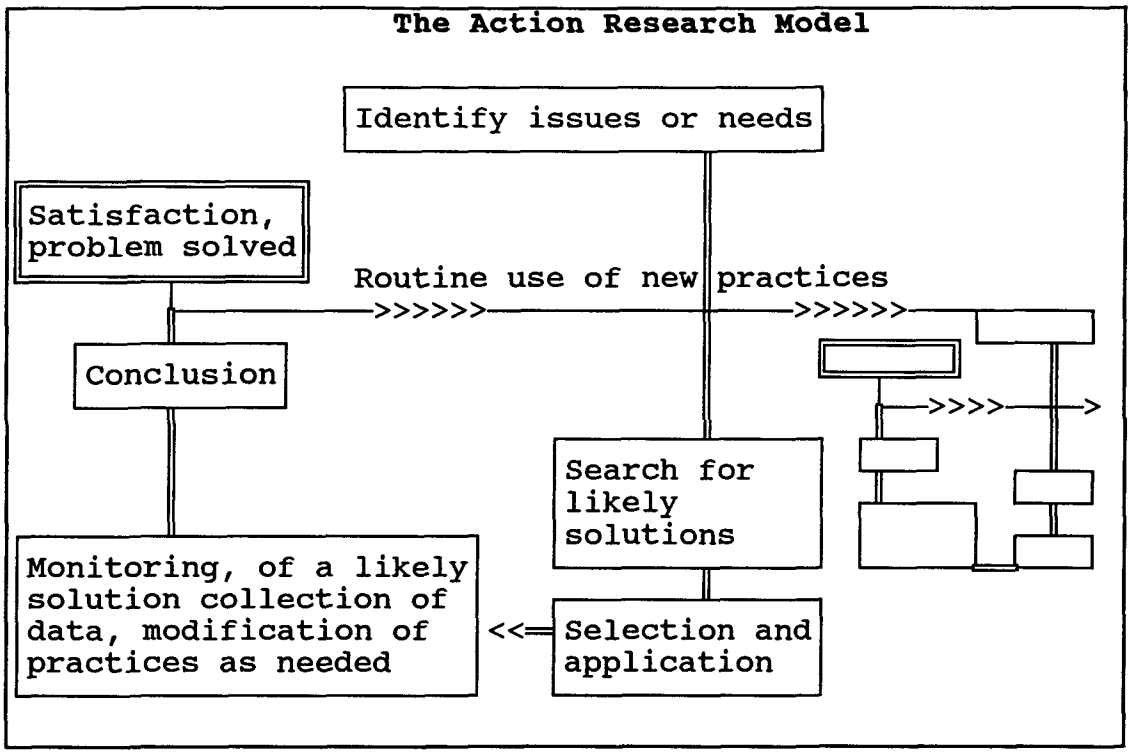
the compliance of those with less power to the plans, directions, and leadership of those with greater power. Often the power to be applied is legitimate power or authority. At first, this implementation seems to use a combination of the first and second types of strategies. Later on, however, the emphasis is on the second group of strategies, normative-re-educative. Action research has been used as a strategy of change. Kurt Levin contributed the idea that a person must participate in her/his re-education if she/he is to be re-educated at all. Re-education is a normative change as well as a cognitive and perceptual change. Participation in group discussion is seen as a moderate re-education.

Prostitutes' Quality of Life. In Thailand, the term "Quality of Life" as it applies to risk behaviour of a particular group of people and community have not been widely used. Thus, themes and items were developed by prostitutes as indicators for measuring the changes. These norms or indicators will help improve prostitute's AIDS risk reduction through **action research** as a social learning process.

Social Learning Process. "Social Learning Process" is, in fact, developed from a theoretical base -- most commonly called social learning theory but also known as behaviour modification, behaviour therapy and cybernetics. This theoretical base guides the design of the models in the behavioral change. It posits that human beings are constantly reflexive, evaluate success, and failure, and subsequently correct their behaviour accordingly. The behaviour change process is seen to have six distinct stages: pre-contemplation (lack of awareness of a problem like AIDS and its associated risk behaviours), contemplation (realization and understanding of the problem, its causes and prevention), formulation of an action plan, action, maintenance of action, and then

termination of improper behaviour. Viewing these stages in this way, it is evident that they can occur at both individual and community levels and offer a point of reference to integrate these two levels in a single intervention. The intent is to identify where in this behaviour change process each community is located based on information found using qualitative and quantitative methodologies. This information can also be used to define specific intervention activities at the community level that are needed to move the prostitutes (individually and on a community basis) to the next step in the behaviour change process, for example from contemplating the problem to developing an action plan to formally addressing it.

The Social Learning Process emphasized in this project is blended to the **action research model** being used in the normative-re-educative strategy of culturally appropriate AIDS prevention intervention. Central to action research is the idea that the prostitutes involved in making changes should be the ones to undertake relevant investigations and then to act on their findings. Investigation involves a cycle of planning, putting plans into practice, observing the effects of the practice, reflecting on the experience, then modifying further plans accordingly. The cycles of investigation come together to form a spiral of continuing improvement.



2.2 FRAMEWORK FOR PERSONNEL DEVELOPMENT

The Health Social Science Research Program (HSSRP) in the Department of Community Medicine, Khon Kaen University was designed as a training and research and development (R&D) unit. It helped to serve the training and program development needs in this project. As activities in the project, however, are broader in scope and variety compared to more conventional projects, the center had a hard time providing timely support to all of the project partners. As a consequence, HSSRP is seeking to develop technical teams to respond to the technical needs.

Training

Trainees were composed of 7 Research Assistants (RAs) and the co-investigator. The training objective was to strengthen the capacity of the RAs and co-investigator (health practitioner) in the provision of culturally appropriate AIDS

prevention interventions. It should be noted that the content and method of training varied. Training can be categorized as either: 1] Pre-service training or 2] In-service training. Both place emphasis on the practicum and methodologies associated with participatory training and assume that the participants attending the training workshop have knowledge and experience to share with others. Thus, participation is crucial to every step of training, planning, implementing, evaluating, etc.

2.3 FRAMEWORK FOR LEARNING MATERIAL DEVELOPMENT

An immediate objective of material development was to improve the quality and diversity of materials for AIDS education among prostitutes. At least three were considered in developing the materials:

A] **Variety and diversity.** Educational materials were considered to be the most important learning aids to the prostitutes. Innovative materials were required.

B] **Relevance of materials and SLP.** Learning materials should be relevant to the social learning process. They should motivate the prostitutes to get more information to solve their problems.

C] **Locally-based system for producing materials.** Because prostitute needs in different brothels vary, brothels should separately control the production of learning materials. The "local wisdom" resource person can be utilized. Prostitutes can participate in material development by sharing their experiences with other prostitutes.

Role of materials in SLP

Learning materials function significantly in action research. Their roles are: 1] to accept and identify problems existing in the prostitute community, 2] to provide

information for likely solutions, 3] to learn how to practice solving problems, and 4] to summarize the results of solutions. This can be seen clearly through: 1] Participatory observing and collecting information in the brothel, and 2] Production of the materials by the prostitutes, facilitated by the team. To ensure participation, prostitutes can make decisions for material development, including content.

2.4 FRAMEWORK OF PROSTITUTE PARTICIPATION

It should be reiterated that the principle of this project was the emphasis on prostitutes' participation. Change in a pattern of practice or action will occur only as the persons involved are brought to change their normative orientations to old patterns and develop commitment to new ones. Participation as a research ideal translates into the democratization of process and methodology. Researchers and participants work together to define problems, explore alternative solutions, and facilitate change. Participatory research is action-oriented, seeking always to empower the participants to make changes to improve their future. It is inherently political -- often opposing the status quo -- seeking to change the unequal distribution of power and economics, societally. The foundations of participatory research are knowledge, power, and action. Knowledge has become the single most important basis for power and control in today's world [Tandon 1988]. The focal point of knowledge -- self-directed learning -- is adult education. The assumption is that adult motivation to learn is problem-oriented as that learning occurs by conceptualizing one's own experience. People gain more knowledge of their own world. The creation of knowledge by the people translates into power. As they become more powerful, they negotiate for self-determination democratically with outsider

researchers, the by-product being proposed action. Change occurs because both the insider and outsider co-produce action. The purpose of Participatory Research is not merely to describe or interpret social reality, but to radically change it. The intent is to transform reality with, rather than for oppressed people.

Prostitutes' participation was designed as follows: 1] activities organized in the prostitute community would be created by the prostitutes themselves, from their real felt needs; 2] group processes with full participation would be emphasized for the prostitutes to solve their own problems; and 3] the social learning process should be earnestly supported by organizations and agencies, to include the prostitutes such that SLP would become a sustainable part of prostitute community development. For more visibility, prostitutes' participation was characterized in three levels of action: 1] utilization of services provided; 2] coordination with both government and non-government organizations; and 3] decision-making and participation in every step of developing and implementing culturally appropriate AIDS prevention interventions in the prostitute community.

2.5 OPERATIONAL PLAN

This project aimed to achieve a higher standard of service with respect to AIDS education. It aimed at improving prostitutes' quality of life, through self-development and utilization of services from government and non-government organizations. The main purpose was to search for a model of AIDS knowledge acquisition and provision for the prostitutes. Three main processes of this particular project were: 1] personnel development, 2] raising services to prostitutes, and 3]

improving of prostitutes' quality of life. According to the operational plan, there are four concerns:

1. Brothel-based development with the following strategies: a] prostitute participation, b] self-reliance, c] local wisdom, and d] learning network.

2. Utilization of a Social Learning Process as a way of improving prostitutes's quality of life.

3. Action research is the process to be used by the research team.

4. Khid-pen [how to think] philosophy is expected to strengthen prostitutes' ability to solve their own problems in the long run.

Implementation Process

This implementation process consisted of eight steps:

1. Planning done by project team.

2. Reviewing strategies. The team met to review strategies of culturally appropriate AIDS prevention intervention. The results helped to formulate a model to be used in this project.

3. Personnel development. Participatory training, study tours, and in-service were provided.

4. Developing a model for implementation. A model for culturally appropriate AIDS prevention intervention was drafted. A working team decided what strategy would be utilized. Experience combined with knowledge gained from the training workshop were used to improve the model that would be implemented in the selected brothels.

5. Planning the operation plan for target brothels was one of the most important steps in the project. Research team members were appointed to review the implementation process. At the same time, an operation plan was developed. Coordination in planning was also considered.

6. Project implementation in target brothels. This was a lengthy period in which the research team, Maelaows, Maengdaas, and prostitutes were to work in the brothels. Social learning process was introduced. Action Research was utilized.

7. Monitoring and evaluation. HSSRP of Khon Kaen University acted as evaluator of the project. Both formative and summative evaluation by HSSRP helped to make conclusions about the results of the project. Recommendations were also provided.

8. Conclusion and dissemination was the last step of the project. The project was summarized. The results were distributed to the prostitutes concerned, as well as disseminated to health authorities. (Khon Kaen VD centre plans to follow this project in 1995.)

STEP I PLANNING

Planning was the crucial first step in the implementation plan.

1. Organization and personnel. The project targeted six brothels in Khon Kaen. HSSRP was responsible and accountable in launching the project, and had to work collaboratively at in every level. At the provincial level, the research team would work closely with health officers. RAs who worked in the field were responsible for all activities at the brothel level. They would work closely with the Maelaows, Maengdaas, and prostitutes.

2. Project consultants. As this was a development project concerning culturally appropriate AIDS prevention intervention, innovation or new methodology was seen to be very important. Consultancy was therefore needed. Dr. Dennis G. Willms who has experience in the international program for AIDS education in Africa and Canada worked collaboratively and enthusiastically on the project.

3. The operation plan and main activities. The operation plan and main activities were outlined and put into operation diagram. The following 18 activities were defined:

1. Planning the main scheme of the project
2. Appointing the research team
3. Meeting with the research team to explain the project
4. Seminar on experiences of AIDS intervention
5. Training the research team
6. Determining social learning model and action research
7. Select target brothels
8. Meeting with landlords, Maelaows and Maengdaas and explaining the project
9. Public relations
10. Micro planning emphasizing community participation
11. Survey needs assessment in the target brothels
12. Develop experimental programs in the selected brothels
13. Develop evaluation plan

14. Develop a plan for supervising, controlling, and monitoring prostitutes' activities and the progression of the project

15. Action and practice in the target brothels

16. Supervision and monitoring of the implementation process

17. Project evaluation

18. Dissemination of the project findings.

4. Brothel-based meeting

Six brothels were selected based on the following criteria:

1. The target brothel should not be too far from the provincial center. That is, it should be located in downtown Khon Kaen or in its outskirts so that follow-up and support actions could be made without difficulty.

2. The target brothels should be a low-class brothel and agree to participate.

STEP II REVIEWING STRATEGIES

This step was concerned with reviewing past strategies utilized in AIDS prevention programs in Thailand and elsewhere. A meeting was organized where experiences and strategies for AIDS education were discussed. The participants were resource persons from MOPH, NGOs, and other organizations involved in AIDS prevention.

Within the biomedical framework, many interventions have been conducted in Thailand with regard to sexual behaviour and AIDS/HIV, most of which have entailed promoting condom use and safe sex as well as knowledge campaigns to change high risk behaviours. These can be categorized into 3 groups:

"Classic" Strategies

These are strategies which are formulated by implementing agencies based on their own conceptions about what needs to be done. These strategies are of two different types: ones in which the entire intervention process is carried out by one organization, and those where the process involves intersectoral linkages between a research team and other organizations. In either case, while the interventions are usually pre-tested before actual implementation, baseline data is only collected to assess an intervention's effectiveness before and after implementation, not for program development purposes. Some of the more recent approaches include outreach programs, health education and services, group and peer counselling, the use of discotheque AIDS education, hotline services, and magazines. These are discussed below in greater detail.

Two outreach programs have been tested by the Program for Appropriate Technology in Health, in collaboration with the Bangkok Metropolitan Administration, and both targeted intravenous drug users. The first is the "Chicago" program in which ex-intravenous drug users were recruited and trained as outreach workers. In the second program, indigenous slum community health workers were recruited and trained to work in their own neighbourhoods. Carefully targeted media materials were developed, versions of which were made into a television spot, a poster illustrating the dangers of needle sharing, and a comic book [Howells 1992].

A model project on health education and health services regarding human reproduction and contraception among adolescents was carried out in 1987-1988. The project was designed as a longitudinal prospective study where baseline KAP data were

collected using a structured questionnaire. Next, appropriate health education packages and health services were given to the target population. The same questionnaire was then used to collect data after the interventions were completed [Sakondhavat 1991].

Chandeying and others [1991] have conducted a project to assess the effect of group education and peer counselling for improving knowledge, attitudes, and practices for HIV risk re-education among vocational students. In August 1990, the study enroled 1,764 vocational students of Hat Yai district, Songkhla to collect baseline information on their knowledge, attitudes, and practices regarding AIDS. A self-administered questionnaire was used. After the baseline survey was completed, two subgroups were interviewed. The program intervention consisted of two components: a group meeting and peer counselling. Group meetings were held with the school students. Each group, which met for approximately one to one and a half hours, contained 40-50 students and comprised the experimental population selected to receive the program intervention. Meetings were conducted by the research team and the students were shown video and slide presentations and cartoon graphic booklets designed to educate them on AIDS prevention and control. Each presentation was followed by a group discussion to clarify any items of misunderstanding. Later, 3-5 participants were selected by the group and the research staff for additional training as peer counsellors. Their responsibilities included: 1] serving as referral links between their friends and the AIDS counselling clinic located at Songkhlanagarind which provides AIDS testing and individual counselling, 2] educating their friends on AIDS prevention through individual and group discussions and IEC (information, education, and communication) materials,

and, 3] promoting and distributing condoms among their friends.

One of the more innovative projects was conducted in Lumpang and examined whether a mobile discotheque which included AIDS education and condom distribution would significantly increase correct understanding of AIDS/HIV among sexually active rural youth (males and females). It also tested the feasibility of introducing a peer-based condom resupply network for rural youth [Yingseri 1992].

Hotline Mentor Service offered to teachers who are trained for helping students and other youth, utilizes telephone, letter, and radio networks. A pilot project is being carried out in Petchaburi province to explore the feasibility of this approach as well as its content and presentation [Tausakul 1992].

Under the auspices of the Ministry of Education, "Friends to Friends Magazine" targets grade 6 students nationwide, approximately 50% of which will enter the full time work force after graduating at this level. The magazine's approach focuses on peer guidance and education [Tansakul 1992].

"Neo-Classic" Strategies

These types of interventions use a more "bottom-up" approach based on collecting information about target groups and their perspectives. This data is then used in developing programs which fit more closely with existing conditions.

One of these neo-classic interventions is the Health Education and Non-formal Counselling for Adolescent Factory Workers Project. Its major objective is to develop appropriate media for factory youth [Sakondhavat 1992]. The research team is comprises three physicians, two master's level nurses and four bachelor's level social scientists who

have been trained in counselling and research methods. These persons are on staff at the Family Planning Unit, Khon Kaen University. The project contained several steps, the first of which entailed a factory survey. Two large factories with over 2,000 workers were chosen. Permission to conduct the research was obtained through personal contact which helped to secure managers' cooperation. The second step was to develop a questionnaire for a survey as well as interview guides for focus group sessions and in-depth interviews. The third step entailed pre-testing these data collection tools in one large factory in Khon Kaen. Three hundred workers were selected to fill out the questionnaire to assess knowledge, attitudes, and practices concerning AIDS as well as ideas about educational materials. Twenty of the three hundred workers were selected for in-depth interviews and focus group sessions. The intent was to gain specific information on content, messages, approaches and presentation of AIDS education materials for factory workers. Preliminary results of the pre-test were used to develop appropriate media. Four types of materials have been developed thus far and tested before distribution. These include: 1] a calendar using factory workers as presenters instead of movie stars; 2] a one-baht comic book which contains two episodes: one on AIDS knowledge and modes of transmission, and another on the disease's impact on the family and how to live with the acceptance of community members; 3] leaflets containing information on AIDS with pictures of famous movie stars/singers; and 4] a video tape depicting life in the factory. After the educational materials were developed and tested, another factory was contacted for the intervention trial. In this factory, the media were gradually provided to factory workers, starting with the calendar which was distributed

at the New Year. This was followed by the comic book and leaflets. In March 1992, the video presentation began. After viewing the video, workers were asked to fill in a questionnaire as part of a post-test.

A project using flip-charts with AIDS prevention messages to prostitutes was undertaken in Chiangmai in 1989. Outreach work was conducted by health professionals who were given education on AIDS and condom use. These outreach workers then met with prostitutes and used educational messages developed specifically for the prostitutes. One of the most effective materials was a flip-chart entitled, "Just Want You To Know." It contained messages to correct misunderstandings about AIDS and explanations about why prostitutes are at high-risk. The flip-chart also stressed the importance of engaging in safe sex and featured information about how to persuade customers to use condoms. As part of the evaluation, a technique called "secret shopping" was used in which outreach workers posed as customers to gauge how determined prostitutes were in insisting that their customers use condoms [Howells 1992].

The Phitsanuloke Model [Nopkesorn 1992] represents projects possessing the following characteristics: 1] they have a goal to achieve 100% condom use in downtown, 2] they are indigenous efforts with different levels of external funding, and 3] they involve intersectoral linkages between health/research teams and other agencies. Key points for success, as judged by tracking gonorrhoea incidence among brothel workers, are the use of core team approaches (medical, public health, community development expertise), continuity, positive and negative reinforcement, and multi-sectoral coordination.

"Culturally Appropriate" Strategies

A culturally appropriate intervention must also address three main issues: health priorities, type of intervention, and community participation. The PARAS project (Participatory Action Research on AIDS among vocational Students) started in 1991 and lasted until 1993 in Khon Kaen [Kanato 1994]. The development objective of the this project was to increase participation among vocational students that the individual students and their respective communities would be able to improve the effectiveness of AIDS prevention through their own actions and by the utilization of government and/or private sector services. Many models were reviewed at the outset of the project. Action research and social learning theory were suggested as appropriate models for implementation toward improving the effectiveness of AIDS prevention programs. Student participation was emphasized. Within two years of active implementation at the four schools, participatory action research was revealed to be a sustainable development process. Findings with respect to the management of the program have been reported elsewhere. Included are some interesting strategies and processes that can be applied by the Ministry of Public Health and other agencies.

Critical review

The conceptual framework used to determine appropriate interventions is one that incorporates a holistic representation of the people and health care system. The goal of culturally appropriate intervention for health is to find a feasible intervention that would be the most effective for a particular problem within the particular health care system. Interventions that are efficacious and cost-effective in controlled settings are

more problematic when implemented in field situations. The provision of seemingly simple intervention technology is in reality complex, and its potential impact is diminished by cultural factors. As part of the growing commitment to equity in health, there has been increasing attention directed to concerns and health problems at the population or community level. This has lead to the issue of community participation.

Community-based interventions on AIDS in Thailand recognize the importance of peer strategies, and that conventional projects have been effective in increasing knowledge. The HIV+ rate, however, indicates that behavioral changes are not consistent with knowledge acquisition. These conventional approaches, upon review, have serious weaknesses at the level of implementation. The first is low participation. Major problems exist in coordinating with other organizations to arrange AIDS activities in the particular place (brothel), and finally in utilizing the existing organizations. Secondly, these programs lack appropriate media. The quality of these materials are suspect, for example in that much of the content is irrelevant to the "life-world" of individuals for whom they were developed. Emphasis is on the use of print media. Thirdly, utmost concern is on the insufficient capacity of health care providers in implementing participatory intervention. It is necessary that project personnel should be trained in: 1] indirect education strategies which can be integrated to everyday life activities of the target population, and 2] the development of micro planning which emphasizes community participation.

A major problem in fighting AIDS in the general Thai population, and especially among prostitutes, is the perception that AIDS, and health issues in general,

are not a priority. This combined with the idea that "I will never be infected by AIDS," diminishes perceptions of risk. Because of these attitudes, prostitutes tend to ignore the seriousness of the problem. The coordination of brothel-based resources can play a vital role in helping prostitutes to protect themselves against AIDS. One of the most effective ways of attaining and sustaining the adoption of safer sex behaviour is by promoting an environment in which risky behavior is no longer considered acceptable within groups and the community. AIDS prevention strategies, however, have traditionally relied largely on trying to stimulate this behaviour change among individuals through **"standard health education"** strategies. Thus, little emphasis has been placed on drawing from the strengths of the community to design and participate in AIDS prevention programs which reach across all strata to put education messages in the context of everyday life. Such brothel-based strategies can utilize local resources such as Maelaows and Maengdaas to both personalize the problem of AIDS and create a sense of ownership which empowers the prostitutes to act, rather than react, to the AIDS epidemic.

STEP III PERSONNEL DEVELOPMENT

The course of a participatory project is relatively unpredictable and requires implementing structures that can adapt to the changing demands of autonomous groups. Prostitutes may fail to understand why AIDS should be selected to be addressed rather than tackling poverty, hunger or other conditions. Thus, freedom from AIDS will probably have low priority on the local agenda. Intersectoral coordination is important, not only because many factors lying outside the health sector influence AIDS prevention and control programs for low-class prostitutes, but also because it increases the

acceptability of the programs to local eyes. In this project, intersectoral coordination was arranged.

The MOPH has legal requirements which curtail flexibility; its necessary reorganization to support the AIDS program will only result from sustained external pressure and a strong and committed internal leadership. In policy statements, both the Thailand government and the MOPH are committed to AIDS. Resource allocation to AIDS -- defined as resources not directly allocated to hospitals -- has been active. The MOPH's strategies in AIDS prevention and control programs were detailed in order to achieve countrywide homogeneity of procedures. Little space was left for local adaptations and communities were not involved in planning. AIDS prevention activities were integrated in the health services sector at provincial and regional levels, while the program maintained a limited vertical element at the central level for supervision, coordination, and supplies. Only central and regional structures were involved in the design of the program. The AIDS project was organized as a vertical program with a national steering committee on which several ministries were represented.

Recently, the MOPH has been successful in drawing back the money for AIDS programs across the whole country into its line authority. The MOPH decentralized this money to Chief Officers at the provincial level. A few provinces spend a small portion on "standard health education" while the rest is used to buy chemical solutions for AIDS screening tests. With regard to AIDS materials, it is assumed that there is no reason why people do not understand or read the Thai language. In addition, there is a failure to understand people do not watch TV or listen to the radio

about AIDS. From a medical perspective, they do not know why they need to spend money for "irrelevant activities." Screening tests are important to them because they will know the epidemiological status of HIV. This way of thinking, reflects the incapability of health providers to prevent and control the spread of AIDS effectively.

The dominant model of AIDS prevention and control for low-class prostitutes consists of specific objectives, targets to be reached, outputs to be produced, a predetermined time-frame, the resources required, and an implementation schedule. This type of project approach is well suited to the construction of an infrastructure where the task is defined, the outcomes are termed and the costs are predictable, but it makes community involvement remarkably difficult. In the participatory approach, a project has to be modified and adapted as knowledge and involvement progress; goals, targets and time-frames emerge as a result of the interplay between prostitutes and service providers. This demands flexible objectives and an elastic budget. If health personnel feel that all knowledge resides in professionals, they will have a paternalistic attitude and the community will resent officials and refuse to cooperate. Such an attitude can result from inappropriate recruitment, inadequate training, or reward systems. Participatory methods require personnel stability so as to gain an understanding of community needs and to recognize the longer-term benefits of such programs. In Thailand, the number of medical workers is insufficient and with the exception of paramedical officers, they are unevenly distributed. Health professionals view AIDS prevention and control as a vertical program in which they were not involved and where the mechanisms for coordination and regulation were not clearly defined.

This project aimed to tackle the problem of ineffective AIDS prevention and control among prostitutes in Khon Kaen. The development objective of the project was to promote safer sex among prostitutes, such that individuals and their communities would be able to improve AIDS prevention through their own actions and by the effective utilization of government and private sector services. It was expected that this would occur through a social learning process.

It should be noted that a similar project had also been implemented in the country. Personal development, however, was identified as a problem with this other project. It should be re-emphasized that our project team was trained to facilitate and coordinate with Maelaows, Maengdaas, and prostitutes. That training focused on the concepts of **self**, **role**, and **interpersonal** or **group process.**

To strengthen capabilities of the research team in planning and operational strategy-building, training, and evaluation in AIDS prevention and control, previous program experiences and training methods were reviewed. Nine project staff members (Kanato, 7 RAs, and a co-investigator) participated in a two-week training and study tour of Bangkok and Chiangmai (MOPH and EMPOWER). The focus was on the current program and experiences of the government and non-government organizations. A draft training plan had been developed with input from experts. This plan was continuously reviewed and revised to ensure that the training would be both responsive and relevant. In many cases, the training was carried out in short sessions held at periodic intervals throughout the life of the project. Such a design, consistent with the project's focus on action research and social learning theory, enabled the training to be tied directly to

project actions. A total of eight staff member (7 RAs, and co-investigator) were trained in each of the areas listed below:

1. Project Planning and Strategy-building. Training was provided by local experts and myself. This was followed by sessions which focused on approaches supportive of community-based development and further sessions throughout the project period which dealt with problems or issues raised by RAs and myself.

2. Action Research and Evaluation.

3. Material Design and Production.

The 14-day training sessions consisted of a 6-day core course and focus groups, a 7-day study tour, and a final day of review and summary. The core course covered basic AIDS facilitating skills, project concepts, and team and commitment building activities. Focus groups were organized for micro planning.

STEP IV. DEVELOPING A MODEL FOR THE IMPLEMENTATION

This participatory strategy for AIDS prevention was based on three crucial premises. First, individual AIDS risk and prevention behaviours as well as the environments in which they are embedded are unified, with each mutually defining and supporting the other. This realization is crucial in developing brothel-based AIDS prevention programs since one cannot attribute causality or even action solely to the prostitute community when we know that individual person and environment are critical factors. Second, the behaviour change process is not a 'one shot' deal, but requires an iterative strategy where information feeds back into the intervention to support the

prostitutes and program activities. Behaviour change, moreover, cannot come about through piece-meal health education strategies, but requires an integrated participatory communication process -- integrated, that is, along the lines of a combined top-down/bottom-up approach. Media and interpersonal communication programs should also be integrated. Repeatedly, interventions depend highly upon media to achieve rapid short-term impact such as increased public awareness. But media programs depend highly upon program resources rather than those of the prostitute community. Experience has shown that "information dumping" tools do not lead to behaviour change. For long-term sustainability and especially for behaviour change, prostitutes must be mobilized in terms of concrete action programs which depend on the resources of the prostitute community. Media activities, in this sense, must be used only as an initial awareness raising tool, and they must support (not supplant) the interpersonal programs. The best interventions, therefore, are those which effectively integrate media and concrete action programs so that each supports the other. In addition, behaviour change is not a rapid process. To be successful, it must focus on a systematic step-by-step procedure which incorporates activities to keep the problem in the "spotlight" (rooted within the prostitute community) for a longer period of time and progressively moves the prostitutes from one stage in the behavior change process to the next. After the research team had been trained, a model of project implementation was developed. Third, knowledge and experiences of individuals could be disseminated through "participatory training." Input was elicited from the participants who were met, studied, analyzed, exchanged ideas, and finally determined the model to be used in the target brothels. It

should be noted that the implementation model used in the different brothels were very similar.

STEP V. DETERMINING THE OPERATION PLAN FOR TARGET BROTHELS

Within the context of participatory action in health care programs, effective participation has become more important as technical knowledge increases the rate of societal change. It requires an early and ongoing involvement both by the community and the program planner; a high degree of researcher responsiveness; decreased hierarchy in decision-making; and increased accessibility and availability to knowledge and information. With these assumptions in mind, participatory tenets should be applied to all three steps of program management: planning, operation, and evaluation.

In participatory research, the role of the planner changes. The planner must give up power, accept the political nature of his or her role and work together with people to resolve planning problems. Skills in negotiation, communication and conflict resolution are required to facilitate solutions which incorporate people's values and the appropriate use of technology. Planners committed to participatory research as part of their planning practice may have difficulties working in the mainstream planning system. Using participatory research, the process of planning becomes fundamentally different. Planning in a participatory research project begins at the "grassroots" level. Coalition groups, including people and planners, are formed to discuss these issues, receive ideas from the community, and suggest potential solutions. This type of planning process emphasizes undistorted communication and action, with people and planners working

together to co-produce solutions [Heiskanen 1974]. In complex situations, when the goals and means of planning are unclear, participatory research has the potential to be an effective method for planning.

Participation is defined as action through which ordinary members of a political system influence or attempt to influence outcomes. The aim of participation should be coproduction, where research members work together voluntarily, respectfully, and cooperatively so all parties gain from the solution to the problem. Although participation in planning has been widely advocated and discussed, there is little clarification about how this can be done effectively. Participation can range from a single, mandated meeting to a fully participatory process where people help make planning decisions. The main differentiating characteristic is the degree of power shared between people and planners. For example, the "powerful" may manipulate passive participators -- planners use public meetings to educate or indoctrinate people so that they will accept a planning proposal already formulated. Ideally, both the planners and community members are in charge of a project -- planning with the assistance of planners. The basic political nature of community planning and the importance of participation to influence change should be recognized. Such a movement for change should unite people's personal experiences with political action. In participatory research, the political nature of planning combined with both peoples' experiences and "active" participation culminate into political action. Thus, requiring significant changes in power distribution. In addition, participatory action is not solely concerned with the ultimate "truth" or the perfect planning solution. Rather, it places importance on the

critical analysis of policies and discourse related to the planning problem and solution. Participatory Research in the development process can be used to elicit and act on people's vision and values. Therefore, the approach is value explicit and normative.

Health care providers can contribute concepts, theory, analysis, processed knowledge and new perspectives while people can contribute contextual knowledge, realistic alternatives, norms, priorities and feasibility judgements. Participatory Research is inherently more political and takes a proactive stance for fundamental social change. Flexibility is essential in participative planning. Thus, theories supporting social change and emancipation, cooperation and communal living, and decentralization, provide support for people's participation. Critical theorists have focused on communication and how it can be distorted. Using Habermas' theory of communicative action, an analysis of distortions could aid in determining factors supporting effective participation. A working team was formed from those who were responsible for planning brothel-based activities. They worked together with prostitutes in order to develop the operation plan in detail. There were, therefore, two types of operation plans for this project, project-based and brothel-based plans. In practice, the project-based operation plan was developed first and then each brothel-based plan was merged with the agreed project-based operation plan.

STEP VI. PROJECT IMPLEMENTATION IN TARGET BROTHELS

To carry out the whole range of project operations, a long period of time was needed. The implementation stage was divided into 3 steps: 1] Preparation. This step was designed to prepare prostitutes for action, i.e. orientation in the background and

objectives, acquainting the prostitutes with the learning environment, etc. 2] Practice. This step was to designed to help the prostitutes acquire the Social Learning Process through their own action and practice. 3] Support. This step was designed to give additional assistance to the prostitutes so that they could accomplish their project goals. In practice, this support was given to the prostitutes throughout step 2.

1. Preparation

1.1 **Project Orientation.** At the brothel level, Maelaow, Maengdaas and prostitutes were the prime targets for project orientation. Meeting with them was considered necessary. A meeting was organized and they were informed about the project's direction.

1.2 **Creating Acceptance by the Prostitute Community.** With the approval and acceptance of the prostitute community , the project could be expected to accomplish the designed goals. Well aware of this need for the prostitute community's acceptance, the project adopted Dr. Y.C. James Yen's seven guidelines (see Table 18).

TABLE 18: Yen's seven guidelines

1. GO TO THE PEOPLE
2. LIVE WITH THEM
3. LEARN FROM THEM
4. LOVE THEM
5. PLAN WITH THEM
6. START FROM WHERE THEY ARE
7. BUILD FROM WHAT THEY HAVE

Building up an atmosphere of acceptance was done slowly over a long period. One method that proved successful was to bring a pilot project into the brothel to provide an opportunity for the research team to acquaint themselves with the prostitutes.

A common feature of interventions involving prostitution is the need to gain

the cooperation of Maengdaas and Maelaows through friendly persuasion [some provinces enforce cooperation through threats by police]. This permits health providers to distribute free condoms and provide services to prostitutes. Group meetings should be done in brothels where management is supportive. A key requirement for providing AIDS services to prostitutes is the consent of brothel owners and their personal assurance that such activities will not hurt their businesses. They were asked to cooperate in this project and were given an AIDS orientation session.

1.3 **Needs assessment.** Several needs assessment surveys were conducted to study the problems and needs of the prostitutes. The first was provided a broad picture of the prostitute community. The succeeding survey was well integrated with all the project activities. It was important to involve the prostitutes in all steps of the survey -- from the first to the last. Based on the survey findings, Maelaows, Maengdaas, and prostitutes could develop relevant activities focusing on the Social Learning Process. Such efforts were supported by health care providers through materials, training, and so on.

A prostitutes' income depends on her ability to satisfy the sexual desires of male clients. Satisfied clients return to the same prostitute and constitute a major source of income. Clients influence the kind of skills acquired by prostitutes. Clients in Khon Kaen were very explicit about the kind of service they desire and how they should be treated. The Maelaow's job is to make money, satisfy the needs of the clients and supervise the prostitutes. Maelaow support the attitude that prostitution is a necessary, valuable, and acceptable profession. They use money as the primary incentive and tell

prostitutes that they can do anything once they have enough money. Maelaow establish rules which govern 1] the salaries of prostitutes, 2] working hours, 3] conduct with clients, and 4] behaviour in the "fish bowl" where clients observe and select prostitutes. Each brothel has several Maengdaas who meet clients and facilitate their selection of prostitutes. Maengdaas determine the sexual desires of clients and aid in the selection of an appropriate prostitute. Maengdaas also help train Dekmais. The training may involve the use of role-playing. Training also includes checking for STDs.

The economic pressure to maximize income militates against condom use. Individual feelings, and a sense of hopelessness are important barriers to overcome in promoting condom use to prevent the transmission of AIDS. From the prostitutes' perspective, "*WE FEAR HUNGER MORE THAN AIDS*". Prostitutes generally feel that AIDS is not their biggest health problem, and they do not give much thought to it. They realize that their occupation is filled with all types of social and health consequences, and AIDS is just one of many. They also believe that the ones who need to reduce their risk behaviours are their male clients, and not them. In this respect, however, they are often powerless since they do not have any bargaining power. Their concern is mainly earning the money to buy themselves out from their debt-bondage. More importantly, some Maelaow and Maengdaa convince them that taking certain medicines, helps to flush out any STD when they urinate [Kanato 1993].

Prostitution is a means of independent economic support for women when they experience personal problems with their husbands and/or his relations. Although many prostitutes have been married and are separated, they still aspire to a happily

married life. Regardless of the length of time they have been working in the sex industry, prostitutes still desire a stable monogamous marital relationship and children. The prostitute's dream, which conforms to Thai social norms, is to return home, establish or buy a small business, and get married. Although they would prefer to be a major wife, the role of a minor wife, Mianoi is also acceptable. Many prepare to quit the profession. They need some skill to take up another occupation. Some feel that they are not able to do anything except selling sex because they are illiterate. Some who wanted to go to Japan and continue in the profession demanded to learn Japanese. By the end of 1993, six of them were successful in doing so. It became clear that the prostitutes, Maengdaas, Maelaows concentrate their efforts on maximizing income rather than preventing STD/AIDS. All the prostitutes said they never used condoms during oral sex and rarely during intercourse because clients did not like them. Some prostitutes expressed concern about using gel to make condoms more slippery.

The prostitutes involved in this project were fully aware that they could contact AIDS through heterosexual relations with HIV/AIDS-infected clients. Their perception, however, was that the risk in Khon Kaen was not high. Prostitutes in the study viewed STDs as a necessary risk associated with prostitution. Although most of them knew that AIDS could not be cured, the common perception was that the risk of contacting AIDS in Khon Kaen was very small.

Based upon the first round of interviews and discussions, the research team concluded that 1] prostitutes perceived little risk of AIDS because none of their co-workers had been diagnosed as HIV-positive, 2] the economic pressure to maximize

income discouraged use of condoms, and 3] the prostitutes lacked the assertiveness to protest if a client did not use a condom.

The turnover rate among prostitutes is very high (about 85% over the eighteen-month period of our field study). It can be accelerated, however, by macro level events. For example, during the AIDS scare the turnover rate was high. During annual slow periods (April to June and August to October) the turnover rate also increased. Even though some of the prostitutes move to another place temporarily, there is no guarantee that they will return to the same brothel. AIDS education must, therefore, be delivered over a short period of time. From their perspective, past AIDS lectures and counselling were effective in increasing knowledge (and perhaps, in also changing attitudes). The counselling was a little bit more effective than the lectures. Many prostitutes mentioned that AIDS lectures were too long, boring, and usually held in an inappropriate place. Less than 30 minutes is an appropriate length of time for the prostitutes group meeting. The meetings should be conducted in the brothels during non-working hours. In addition, interventions should include brochures, posters, videos and counselling, and should be designed specifically for prostitutes and their clients. Video tapes might star a popular actor. Short video presentations which are interesting and designed to appeal to prostitutes by depicting their everyday work context may be used. Condoms should be readily available in brothel rooms. Brothels should be required to have condoms (preferably several types) in all rooms.

2. Practice

This was regarded as the principal part of the project. To carry out the

action, the prostitutes needed encouragement and stimulation. Besides the prostitutes' cooperation, the active involvement of the Maelaows and Maengdaas was indispensable. Each brothel might use a different approach to examine the prostitute community's problems. Common problems were identified from needs assessment. Five major actions were planned.

2.1 **Awareness Raising**. The most important element in the development of the prostitutes' Quality of Life is the ability to learn and solve problems. The so-called Social Learning Process was used here in this project to describe the process of learning that occurs in the prostitute community, more often informally. This is the kind of process the prostitute community members employ to acquire information for the solution of their own problems. A key issue, however, is **awareness raising**. To raise the prostitutes' awareness, the project used the following alternative techniques:

A. Scenario. The prostitutes were urged to think about what would happen in the future by expressing a wish such as "I wish ... to be a healthy person". They then compared the would-be condition to the present, existing condition to see the difference or gap.

B. Comparing Pictures. Either hand drawn pictures or photographs were used to depict two different conditions. For example, a thin sick person was compared to a robust healthy person. Still pictures such as drawings, photographs, and slides can be used for this purpose, [alternatively, movies and video can be equally effective]. Such materials should be selected with respect to their appropriateness to local conditions; and the particular target

group they are designed to serve.

C. Role Play and Drama. Problematic behaviours or incidents were portrayed through role playing. Prostitutes themselves chose the title, plotted the play, and took part as actors.

D. Prompt-Probe Questions and Counselling. A more convenient and simpler awareness-raising technique was prompt-probe questioning and counselling. This was conducted individually and in a group by the prostitutes. The prostitutes were encouraged to express themselves freely until answers could be arrived at. Care was taken that all opinions and conclusions were generated by the prostitutes themselves.

E. Games and Indirect AIDS Educational Media. Several games and medias were utilized. These games were built on experiences of prostitutes to blend with AIDS awareness, and included, for example, "Blind Target," "The Four Clients," "AIDS Monopoly," "AIDS Lotto," "AIDS Racing," "The Wheel of Fortune," etc.

F. Diary problems. This technique was designed to elicit priority problems in every day life and then blend AIDS awareness and condom use into the problem. For example, the problem with illiteracy was solved by teaching the prostitutes Thai language, starting with their name, and things related to drug prescription, condoms, and AIDS.

2.2 **Participatory Intervention.** The project included the following interventions:

1] Project materials.

- Brochures with cartoons and life stories.

- Posters containing information about prevention, diagnosis, and treatment of STDs and AIDS.

2] Group discussion and counselling as re-education of STD and AIDS messages.

3] Knowledge transfer from "Local Wisdom"

- How to know when the condom breaks and what to do to protect themselves (such as pushing the client out and putting a new condom on while talking to the client politely).

- Lying to the clients who tend not to use condoms. Tell them that the condom broke while having sex with the previous client. Since they are not sure about their disease status, and do not want the client to get infected, it is better to use a condom for this coming encounter.

- How to put the condom on rather than allow the client to put it on himself because some clients may make a hole in condom before hand (as mentioned in an earlier chapter).

- In the event that the client wants oral sex, provide a favoured condom, although not free of charge.

- Convince the client that a condom is not like a "thick" bag that will reduce sensitivity, rather it is like a "woman's sock" which is thin, see-through, and very sensitive.

- Use gel to decrease pain from friction.

- If a client is intoxicated, the Maengdaas will help to get rid of him.

- No anal intercourse.

- Strict 45-minute limit on round; Maelaow support this.

- No need to reduce a number of clients if they do not wish to.

4] Services provided

- Condoms.

- Contraceptive pills.

- Reading and writing skills.

- Supplementary occupational training, such as knitting, etc.

It is important to note that the project was unable to provide videos due to the limited funds. At the same time, however, the government implemented an AIDS campaign on TV throughout the country.

2.3 **Grouping of prostitutes.** The intention was that the prostitutes should play a leading role in organizing activities. From our field experience, grouping was more likely to succeed if prostitutes were allowed to participate: to discuss, to exchange their views, and to summarize the main points. Such participatory activities broadened their perspective and created the atmosphere of consensus needed in group action. Grouping was regarded as a preparatory step from which the main part of the project could be started. Care was taken to ensure that everyone shared in the activities.

2.4 **Use of Local Experts.** If the prostitutes are informed by persons who they accept as knowledgeable, they tend to believe them. In most brothels, there are a

number of local experts who are always available to contribute upon request -- Maelaow, older and experienced prostitutes, and ex-workers.

2.5 **Research.** Some problems are beyond the ability of the prostitutes to solve. They may be too complicated and researchers are needed to do the research to find out what the solutions are.

This chapter presents an overview of my findings concerning the construction of culturally appropriate AIDS intervention and makes some interesting strategies and processes that can be applied by Ministry of Public Health and other agencies dealing with AIDS prevention and control. The development objective of the project is to increase participation of sex workers in AIDS prevention and control programs, such that individuals and their communities will improve the effectiveness of AIDS prevention through their own actions and the effective utilization of government and/or private sector services.

Various outputs were produced as follows:

1. Social learning process and participatory action research were formulated as project strategies for:

1.1 personnel development

1.2 support and service during in the fieldwork; and

1.3 the process of fieldwork

2. Health officers were trained.

3. The eight steps of implementation were done, step-by-step, in accordance with the project strategies of social learning process and participatory action research.

4. Six brothels in Khon Kaen were selected as the launching sites. Strategies for improving the effectiveness of AIDS prevention programs were dependent on prostitutes decision making. Many models were reviewed at the beginning of the project. Action research and social learning theory were adopted as a model. Prostitutes participation was emphasized. Materials were produced and provided.

The results of intervention implementation will be demonstrated in the next chapter.

CHAPTER 8

PARTICIPATORY EVALUATION AND ANALYSIS

"Participation" became a fashionable term in the health literature of the eighties, but little has been published on the assessment of participation in health programs. Rifkin [1988] developed a methodology to assess changes over time in participation in a specific health program while Muller [1979] and Agudelo [Agudelo 1983] attempted to put forward a framework to compare participation between programs, but their failure to consider the process by which participation takes place and their lack of flexibility have limited their success.

This chapter focuses on analysis of participatory research in a particular AIDS prevention and control program for low-class prostitutes in Khon Kaen Thailand. It tries to identify the variables that affect participatory approaches to AIDS prevention and control, and develop them into a framework that can be used to guide the participatory process in planning and management. In this chapter I will move myself to be an outsider. My intention is to demonstrate the achievement of the intervention in more concrete term. In this project, local experts and myself felt that the staff development goal had been fully realized. It was also determined that more had been accomplished regarding staff development than any other planned output and that

there had been more improvement in project performance related to this goal than to any other. Finally, it was felt that accomplishments and lessons learned here would be the most useful for the AIDS project. There were several qualifiers raised to cloud this otherwise extremely positive picture. First, there was a strongly expressed view that the accomplishments had been more on an individual staff basis and that success in team building was less significant. A second concern was that while health care providers had clearly improved their skills and abilities it was still difficult for them to put these skills into practice.

Following the review of past intervention experiences, a number of subsequent meetings were organized. The aim was to design appropriate strategies for each individual site. There was some confusion and inefficiencies associated with the effort. This is, however, to be expected when there is a concern with process and this concern is relatively new. The key issue is the commitment to such an approach. There was a clear commitment among staff to improve strategies and approaches to promote pro-active prostitute participation in AIDS activities. There was a similar commitment among the staff to improve opportunities for pro-active participation at all levels in program planning, implementation, and evaluation. If such a commitment is strong enough to remain a predominant influence on all project actions, the potential for project success will be high. If there is backsliding and staff become more directive and top-down in their activities, it is unlikely health care providers would develop community-based approaches or encourage participation in project decision-making.

With training, for example, it was felt by the co-investigator that RAs at one

site do not yet have enough colleagues committed to participatory principles to influence work along such lines. When, however, they get together, they work with others who are committed to similar principles. Under such conditions, their creativity and morale grows.

Many existing learning materials are standardized and produced in Bangkok. While this project has not as yet brought about any change in public health intervention, it is establishing some new approaches to producing materials. Innovative ideas for learning materials have been greater than the enthusiasm and capabilities for making them happen. It was important that none of the prostitutes were seen as "idea persons" or initiators. Without being asked leading questions, most prostitutes stressed that their important contribution was to play the follower role. This view is consistent with Thai norms. With their sense of needing little encouragement, however, they produced a wide variety of valuable information. An important concern has been that they will not continue to get this encouragement, and all the important ideas that have been generated and the progress made in implementing them will fade away. The key conceptual innovation pursued in this project concerned the notion of learners producing their own materials. The idea of "learner generated" materials is based on the assumption that marginally literate prostitutes can produce materials that possess more relevant information in a more comprehensible manner. It is also clear to practitioners that there are important psychological ramifications operating here, which have a positive impact on confidence and motivation.

The process of identifying strategies has been put into operation. There is

strong commitment at all levels to see that it continues. Consequently, the periodic meetings with the leadership of these groups are increasingly focusing on matters of strategy.

Usually, AIDS interventions increased prostitutes' awareness and concern about AIDS but did not alter their practices. Of the prostitutes in the study, prior to the intervention, none of them regularly asked clients to use a condom. Increasing prostitutes' knowledge about AIDS cannot by itself overcome the primary obstacles to "safe sex." Other than TV dramas and popular romance magazines, prostitutes have little exposure to the media. They usually switch off the TV news programs during working hours. The AIDS-related messages on the TV are primarily focused on disease transmission. The overall impact of the media on prostitutes' knowledge about STDs and AIDS has, therefore, remained small. Although many newspapers have printed stories about AIDS victims, these have not had a long-term effect on prostitute practices.

After the interventions, prostitutes became more concerned about STDs and AIDs and tried to convince some clients to use condoms more frequently. Many started to suggest regularly that the client should use a condom. Many prostitutes, however, still do not ask clients to use a condom if they believe the men are "clean" or if they are Khaprajums. The decision to use a condom, in the case of Khaprajum increased by a small amount suggesting it is still left up to the client (see Table 19). Some prostitutes dislike condoms as they feel their use: delays ejaculation therefore reducing the number of clients they can serve, causes them pain after several consecutive sexual episodes, and can cause an allergic reaction due to the lubricants.

Although prostitutes tend to reduce their risk behaviours by encouraging clients to use condoms, they do not reduce the number of clients they serve each day. The majority still render services to at least six clients per day. It is important to note that prostitutes required contraception at the same time. There are three reasons. First, a prior research project -- in which contraceptive pills and injections were used as a co-intervention -- provided them. Even though the project is finished the prostitutes have become accustomed to their use. Second, they feel more secure about pregnancy in case of condom breakage. Thirdly, they want to menstruate once every three months or more, not every month.

TABLE 19: Quantitative measure on program evaluation

Condom use (total encounters)	increase from 64% to 82%
Put on the second condom (in case of breakage)	increase from 10% to 70%
Use a condom (with regular client)	increase from 10% to 30%
Stick to time limit (45-minute round)	increase from 80% to 95%
Get rid of drunk clients	increase from 20% to 50%
STD infection rate (average 12% of prostitutes)	decrease from 13% to 9%
AIDS prevalence among brothel prostitutes in Khon Kaen	from 7% in 1991 to 25% in 1992 and 25% in 1993

Most prostitutes have heard or learned about AIDS through health providers and local networks as well as television, newspapers, and radio. About 90% have an accurate knowledge of mode of transmission and the use of condoms to prevent infection. Vaginal intercourse is the most common, anal intercourse is rare, and oral intercourse varies. In this study, group meetings led to changes in awareness and concern about AIDS, though there was little change in certain risk behaviours associated with anal sex.

Prostitutes though, attempt to screen high risk clients. They refuse clients who are drunk, foreigners, or those who prefer anal intercourse. They also try to check whether or not clients have had STDs at any time in the past, and if so, they will refuse them. Their rate of success in doing this, however, is not clear. They also have their own methods of self-protection against AIDS. These include taking drugs (antibiotics, diuretics), inserting medicine into the vagina, and cleaning the vagina before and/or after intercourse [cf. Kanato 1993].

During discussions, it became apparent that prostitutes risked losing their jobs if they tried to insist that clients use condoms during sexual intercourse. Even though a prostitute might be aware of the dangers of STD/HIV, her job is to satisfy her clients, most of whom refuse to use condoms.

It was found that a prostitute's education, marital history, work experience, and medical history affected her attitude towards STD/HIV and condom use. Prostitutes with higher levels of education -- secondary school and above -- were primarily concerned with making high wages over a relatively short period of time. After they earned the desired amount of money, prostitutes said they planned to switch to another profession. Prostitution was viewed as a short-term means of earning money to pursue long-term goals such as a socially acceptable career. Thus, the prostitutes focused on the use of strategies to increase their service charge or tip, not to reduce their risk of contracting STD/AIDS. The better educated prostitutes were more concerned about STDs and remaining healthy than were prostitutes with less education. Nevertheless, although the former group were more eager to use condoms with clients, they still

reported almost the same levels of condom use.

If a prostitute believes that a client has a STD, she cannot tell the client. Instead, she uses a strategy to reduce her risk of contracting a STD. Prostitutes stated that once they were aware of either 1] having a STD themselves, or 2] having sex with a STD-infected client, they would refrain from having sex without a condom. The strategies used by prostitutes to avoid having sex with "no-condom clients" perceived as high-risk included:

1] Suggesting the use of a condom; or

2] Informing the client that she was either menstruating or recovering from a STD; or

3] Suggesting that another prostitute serve the client.

The longer a prostitute had been employed in the sex industry, and the more locations she had worked at, the more she knew about satisfying clients. The common pattern for prostitutes in Khon Kaen is to migrate to various provincial centres and work in brothels. Those who had worked longer and migrated to other towns knew a greater variety of sexual services. Prostitutes with the advanced skills found it easier to secure employment, attract regular customers, and increase their income. Moreover, the longer a woman had been working as a prostitute, the more she knew about brothel operations, the rates for sexual services, and the expected benefits.

Prostitutes with a past STD history were more cautious in their sexual behaviour with clients than prostitutes who had never contracted a STD. Repeated infection by STDs increased prostitutes' knowledge regarding the symptoms and

treatment of STDs and they attempted to avoid having sexual intercourse with clients they perceived as being "dirty." For example, to reduce the risk of STDs, a prostitute might refuse to have sexual intercourse with a particular client or ask one of her co-workers to take her place. Although refusal of clients was rare, it was more typical among prostitutes who had contracted infections. The common attitude among prostitutes was that STDs should be avoided, but once infected, STDs could be cured. Prostitutes reported having gonorrhoea one or more times. Most had contracted a STD several times. Older prostitutes who had more indirect or direct contact with STD expressed greater concern than Dekmais.

Information received from other co-workers in the brothel constitutes an invaluable source of knowledge. This information permits a prostitute to perform her job more effectively, to receive adequate financial compensation for the services performed, and to remain working as a prostitute. The areas of knowledge transmitted among fellow prostitutes include: 1] prostitute employment opportunities; 2] techniques for performing sex with clients; 3] how to obtain extra compensation in the form of tips from clients (Oonkaek); and 4] how to prevent, diagnose and treat STDs. Older prostitutes teach Dekmais how to examine a client's penis and how to deal with the client's reaction to the examination. Co-workers provide information about where to go for medical check-ups and treatment. Co-workers foster the attitude that STDs should be avoided, but can be treated and readily cured. Prostitutes in Khon Kaen said the only negative effect of a STD was that they could not work while it was being treated. Both older prostitutes and Dekmais accepted STDs as a necessary risk of prostitution.

Prostitutes discussed AIDS with each other. They expressed concern about the disease, but the threat of AIDS was apparently not serious enough for them to stop working as prostitutes.

PARTICIPATORY CONTEXT

The concept of "participation" is probably not familiar to the majority of people in Thailand. Even the word klum ("organized group"), used in some development jargon, is often regarded by the Thais as an outsider's term. The Thais have very concrete and very abstract concepts of mutual aid, cooperation, sharing, and involvement in community structures, not to mention ideas of a future, alternative society. These ideas arose in earlier times and under different social and economic conditions, although they are still held by many. In reality, the people have a very concrete experience of lack of control of both resources and regulative institutions. They may not be altogether aware of the reasons for this lack of control or of possible remedies, or even of their own potential to change things. At the same time, the language, perceptions, and prejudices of "outsiders" may prevent the people from being aware of or appreciating the potential of the people themselves.

Recently, the concept of "participation" has been debated in Thai development circles. Whether the concept signifies some ultimate value or goal of development or whether it is merely an organizational tool in the process of achieving certain goals, is not clear in all situations. Since the Fifth National Plan in 1982 the concept of "participation" has been given some priority. Currently, the dominant definition of

participation, used by development planners such as the National Economic and Social Development Board (NESDB), refers to primarily greater involvement in a capitalist market economy. This market, together with the lack of control of it, emerges as part of the problem.

In many respects "participation" resembles a game that everyone wants to play, but no one can agree on the rules. The values are, at the same time, the stakes, rules, and procedures. One definition of participation involves the idea of merely creating a sense of participation. Another suggests the need to bridge what is perceived to be a communication gap between the people and the state, despite the fact that the extent of state political and economic penetration into the people's lives denies the existence of such a gap. Another definition gives priority to creating input into a more or less unchanged local political and economic structure, or allowing for some satisfaction of basic or felt needs. Such a formulation ignores the fact that needs are historically and culturally determined and that awareness of them develops when people come to perceive, often through conflict, that the social processes and structures constraining them are not inevitable. Another misleading emphasis is on the decentralization of power, which often results in increasing the participation of existing local power (Itipon tong tin).

These limited and partial definitions of participation, each with its own rationale, may eventually lead to some beneficial outcome. By almost any criterion of judgement, however, previous efforts at increasing "participation" in Thailand can be said to have had little overall effect, if any at all. At the same time, some Thais are

aware of the double-edged sword of practising self-help and self-reliance.

In Thailand, participation means different things to different people. Community participation in AIDS prevention and control for low-class prostitutes in Khon Kaen is a process that is affected by numerous factors. Participation has a greater chance to happen where economic, ethnic, religious or other divisions are less marked. The local institutions, the community leadership structure, and the availability of necessary resources -- knowledge, time, cash and kind -- determine who participates and how. The introduction of alien forms of community organization, such as health committees, may lead to the breakdown of the traditional social system and have a negative effect on the development of participation. Like many other local initiatives set up by "unregistered" associations, this project met with disapproval and even hostility from some official quarters. Eventually, official support increased and suspicion and antagonisms lessened; this was brought about, in part, by visits from outside experts, doctors, and others.

It is important to note that no single form of organization is inherently participatory; their names do not reveal what, in practice, may be greatly varied in terms of content, style, intent, achievement, and potential.

A notable feature of the more successful groups is diversification of economic activities. Some schemes were abandoned; others were de-emphasized or combined concurrently. These multiple strategies created a kind of beneficial "redundancy" which could accommodate the partial, and even total, failure of a single project. They also encouraged extended involvement with other local groups.

A common situation and common interest allows for a more focused effort and may reduce the occurrence of internal conflict. The conflict is particularly acute in the brothel community where there are usually no major traditional divisions along lines of ethnicity. For example, a brothel that contains both prostitutes from the North and Northeast.

It is often assumed that prostitutes are unwilling to participate in new initiatives proposed from outside, or are to blame for their failure. Several examples from this study, however, point to the contrary. Initial responses tended to be enthusiastic followed by disillusionment and awareness of exploitation. One member of the group said that prostitutes wanted to participate. They also wanted to know the advantages and disadvantages of each new strategy in advance, and what sort of progress to expect. Too often the prostitutes have been carried along on a wave of new promises and hopes, only to be cast aside or find themselves in an unexpected, disadvantageous position.

Hidden negotiation and decision-making, and their implications for prostitutes, is impenetrable for the majority of the prostitutes. Indeed, the degree of openness that may be established and the ability to penetrate or uncover new and complex social processes is one aspect of nature of a group. At the local level, the overlapping between personnel and agencies, and the combining of economic, administrative, political and cultural functions with different forms of authority and control, make participation a particularly complex issue. External pressure can give rise to internal conflicts and disharmony among groups and between prostitutes. When such pressures are

internalized, they can constitute very tangible obstacles to participation.

The efforts of prostitutes to organize themselves collectively in defense of their material interests may appear to be, and indeed are often experienced as, desperate strategies for short-term survival. They may be seen, at least, as ways to avoid even more desperate and socially harmful or undignified options. To the extent that material interest is perceived in this light by the prostitutes, they already suggest a narrow concern with economic survival. In fact, prostitutes suggest a wider social and moral perspective. It is to this fuller sense of human and social development that the concept of participation refers. It is sometimes difficult to imagine how the efforts of the prostitutes are thought to threaten vested economic interests, especially in a wider social and political sense. The hope and aspirations of the prostitutes present, however, a continual challenge. The question is whether this challenge is felt to be a menace in, or to be morally, and thus ultimately politically, legitimate; and whether such a challenge will permit the prostitutes to organize and participate in associations for their own benefit.

There were a variety of responses by prostitutes to changing the conditions of their work. In some cases, no successful direct challenge could be made to new forms of control of work; in others, limited strategies offered more hopeful means to influence certain conditions. Nevertheless, these attempts rarely went beyond a means of short-term survival -- a minimal improvement to earlier conditions. In reviewing these responses, it is important to emphasize the recentness of many of the policy changes and of the attempts, specifically on the part of prostitutes, to discover new and more autonomous way of maintaining or recovering some control over the work process.

Since the 1960 law was passed, the low class brothel has been pushed underground. However, under the new "Entertainment Business Act" aimed at promoting tourism in the country, 'Optional' sex businesses such as massage parlours can be registered publicly. Unlike the massage parlours, the brothel is illegal. Because of the difference status among legal and illegal sex workers, the low class prostitutes express external conflict in relation to the health care system. And yet, health care providers treat prostitutes the same as masseuses. Several prostitutes did not feel that way:

> We arrive at the VD centre before them, we wait for two hours and they do nothing to us. But when Mohnuads [masseuses] come in, the officers are very active, it takes only half an hour then they can go back. And we still have to wait. I will not visit the VD centre again.
>
> For Mohnuads [masseuses] the officer inspects them very neatly, and talks to them politely. But for us they hurt me every time. They look down (up) on us, so why we do have to cooperate.

The health system attempts to cooperate with the police in trying to control STD/AIDS. To pursue the goal of "100% condom use" they will report the name of a prostitute who gets STD/HIV and her brothel location to the police. As a result, the police interpret this report to mean that the brothel owner and the particular prostitute refuse to cooperate. The police then imprison the prostitute who was the STD/HIV or send her home so that she cannot continue working. In addition, they close the particular brothel. The adverse affect is that prostitutes do not come for regular check-ups, but they go to the drugstore for self treatment [cf. Kanato 1993]. Many times the brothel reports "100% condom use" or that it is a "Condom Only" brothel. As one girl

cautioned us, however, "Don't tell them about these condoms! Otherwise they will blame me, and not allow me to work."

With the move, at the end of 1992 to stamp out child prostitution, several brothels have sent Dekmais who are under 18 years of age back home. Many places are unable to run businesses any more because the police now demand double or triple the usual amount of corrupt money. The number of prostitutes has decreased, and brothels are struggling to survive. Some brothels open the side door when a client wants to go inside and close it again immediately. The client cannot come out. They offer the client anything including sex with no condom just because they want the clients' money. Some motivate and force the clients too. The brothels will not allow any one but clients to go inside, including health officers. Many brothels have become restaurants and bars in order to change their legal status to that of an entertainment place. As a result, they refuse to cooperate with health officers since they are legal businesses and in addition, they do not have to pay corrupt money to the police.

POLITICAL ECONOMY

A prostitutes' friends, family, and neighbours influence both her continuation as a prostitute and her treatment of STD. Despite the large size of the sex industry in Thailand, prostitution is not an acceptable occupation; it is still socially stigmatized. Therefore, prostitutes especially Dekmais, try to hide the fact that they are working in brothels from their families and neighbours. Prostitutes adopt several strategies to prevent families and neighbours from discovering their profession. They wear normal

street clothes outside the brothel. They often seek employment where they will not come in contact with neighbours or family. Several prostitutes in the study sat in a particular place in "the fish bowl" so they could view incoming clients and avoid being recognized by those they knew. Social and economic pressures leave prostitutes with few alternatives to prostitution. Prostitutes, most of whom have little education, come from poor socioeconomic backgrounds, and earn more than they would in other professions open to them. Many also have children, relatives, or parents who need support. Thus, the financial benefits of prostitution outweigh the criticisms of society, family, and friends, as well as the risk of STD/AIDS.

For the prostitutes, the overwhelming problem is earning money for herself and her family at home. They perceive and experience the problem as one of survival. They speak of the day-by-day struggle for work (tam pai wan wan). Prostitutes in Khon Kaen said the primary reason they became prostitutes was to earn more money as they are from "poor" families. Few jobs exist in urban centres, such as Khon Kaen, which offer similar salaries for the same level of education and skills. Prostitutes view prostitution as a way to earn money rapidly in order to achieve other goals, such as opening a business. The reality, however, has been that prostitutes find it difficult to forego the income provided by prostitution.

The official demographic category of "poor" is based on a monthly per capita income of less than 165 baht (US$6.5) in a given household. By this criterion it can be said that over 50% of the population of the Northeast is poor. If "almost poor" -- monthly per capita income of 166-200 baht (US$6.5-8) -- then the figure for the

Northeast is over 70%. The proportion of households in the category "well-to-do" is only 7.34%. The term "poor" (or equivalent) is frequently used not only by outsiders but as a term of self-identification by lay people. Its political, social, cultural, and economic content refers to more than those people with per capita income of less than 165 baht. It includes the landless, poor peasants, and marginalized persons. The term's meaning is more complex. While imprecise and of limited analytical value, the term "poor" avoids some frequent pitfalls of overly precise conceptual classifications.

For the poor, land may be lost when state organizations (e.g., the military) suddenly reclaim it. It can also be lost through forestry schemes and construction of dams, roads, and other "public" works, sometimes without compensation. Indebtedness appears to be a major factor precipitating many women's entry into prostitution. Health costs, in both cash and time lost, are a major contributing factor to the indebtedness of the prostitute's farming family. Chronic or debilitating sickness is frequently a vector in high health costs.[26] Often, sickness is the result of the intensification of work, a decline in levels of consumption, working in recently cleared forest-fringe areas (which present new health hazards, e.g. fevers), and the injurious effects of toxic chemicals, etc. Other, more routine expenditures, such as the purchase of rice (even for rice producing households), education costs, fees, fines and other compulsory contributions (both legal and illegal), together with health costs, may pose a critical economic problem for the

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[26] In Isan, of the patient's family is responsible for paying the guests' costs when guests visit the patient whether at home or in hospital. These costs include food and transportation if requested. It should be noted that this differs in other parts of Thailand.

Sex market structures including prices of services are removed from the control of prostitutes to Maelaows, Maengdaas and clients. Loss of control results in uncertainty about whether decisions will have the intended results. Sex commercialization leads to uncertainty of income.

To some extent, prostitutes perceive economic phenomena as political phenomena. On the other hand, some of the more sociocultural factors are perceived as such by prostitutes from the outset. The primary focus here will be the interrelation between these factors.

Decentralisation of power and resources to the local level is a requisite for community participation. A national program which defines policies and broad strategies is essential for districts to develop AIDS prevention and control initiatives for low-class prostitutes in a coordinated way. Such a program must be sufficiently flexible to adapt to local circumstances. Power and resources were decentralised to a group of prostitutes -- made up of elected and appointed representatives. Initially the MOPH was a vertical organization in which the peripheral level only implemented what the central level planned. There was a gradual shift from national to provincial decision-making but decentralisation never reached the degree achieved in Thailand.

Prostitutes speak frequently and concretely about those who "gain advantage" (dai phriap). By "advantage" they mean not merely economic benefits but also a much wider range of human and social discrepancies. The prostitute tends to identify the economically advantaged with the privileged and the "influential." This raises wider questions of social power. Certainly prostitutes are aware that while owners are able to

access to a local authority (whereas legal enterprise owners are able to access to national authorities) and to organize in order to gain bargaining power with respect to their interests, prostitutes are fragmented and in a very weak position in relation to them. In the short term, there is a need to consider to what extent the more successful of the instances documented here are replicable, durable in terms of legal organizations.

It is nevertheless possible to demonstrate that a certain degree of autonomy in decision making and self-reliance existed among prostitutes. Prostitutes now often speak of "society" (sangkhom) from which they are excluded; the prostitutes, in fact, say that the owners, "don't allow us to participate in society" (mai hai ruam sangkhom).

Increasingly, the local leaders are referred to by the prostitute as "influence groups" (klum itipon). Their exclusive social circles reinforce their cohesion and the "invisibility" or secrecy of their decision-making. Depending on the local situation -- that is, control of political conditions -- divergence of interest and points of tension may be felt to be more internal to the brothel or more external. In the latter case, the interests of the owners may coincide and the owners may be capable of articulating those interests. This is less likely to happen, however, when the owners hold a number of other positions. Regardless of this, prostitutes may agree to join in the owner's schemes. They may invite the owner to be a formal "adviser" to their own distinct projects; they may also invite the owner to their meetings. This can result not only from sheer necessity, but also from the perceived desirability of participating in various groups in order to achieve the greatest possible degree of coalition, and to avoid unnecessary, misplaced antagonism.

In Thailand politics, there is a continuing close and strong association between monarchy, state, and sangha (monks). This fact contributes to the close identification of administration with state and nation, and of nation with monarchy and religion (which is most often understood to be the Buddhist religion). One consequence of this close identification (with its associated ideas, values, laws, and institutions) is the relatively small scope for the legitimate expression of any form of criticism, demand, or autonomously developed alternative. This is especially the case when the legitimacy of excluding certain sectors from the benefits of the nation's wealth and from control over regulative institutions is challenged by the general populace and even more so when such challenges begin to assume more structured and broadly articulated forms of organization. It is in this context that such claims are rapidly labelled "disloyal" and "antagonistic," and thus criticism of the government is regarded as a threat. Furthermore, organizing is often perceived to be socially divisive and destructive of national unity; ironically, it is termed "anti-democratic" (for democracy, it is claimed, already exists). One form of evidence which is the "anti-communist" theme in Thai political discourse and practice over the past 50 years, and especially in the past 20 years of socio-economic development. It is true that the Communist Party of Thailand has for many years constituted one of the most politically and ideologically comprehensive form of opposition to different governments. Therefore, by extension, it is judged equally antagonistic to the whole nexus of institutions referred to above. Communist policy and government responses to it have contributed to a situation in which any presentation of alternatives, criticism, or opposition have been identified as "communism," something

considered external to Thai culture.

Social control occurs by means of a related set of processes of surveillance -- including accusations -- and intimidation. The language used in such "accusations" is revealing. Individual(s) are "divisive", they "incite hatred" and "cause strife"; they "mobilize the people" (against the government), or "criticize the government"; and finally, they are "communist." Some of the actions to which this language is applied are referred to as "communist" activities in official training manuals. These include: demanding rights from the government, urging others to demand rights and to resist oppressive or corrupt behaviour on the part of officials or local notables, conducting unofficial surveys, "doing good deeds" for their own sake, accepting low-paid or low-status work when qualified to obtain higher pay, and not responding with anger when provoked. Certain forms of organization are also suspect: unregistered associations or groups which seek supra-local coordination, late night meetings, and non-hierarchical forms of organization (for example a committee with no chairperson). The use of some words, many of which are current in journalism or social science, and even in official discourse, is regarded as suspicious. Examples of such words are: "structures," "mechanisms," "concrete," "abstract," "analysis," "criticism," "mass," "consciousness," etc. Unofficially organized self-help projects may also incur such allegations.

Accusations are made in a variety of contexts and many range from relatively weak innuendos, insinuations, rumours and smearing, to stronger forms of vilification and defamation. Anonymous leaflets may be circulated. Private warnings may be given to or about a specific person or group, by people with authority (such as community

leaders) or who claim connections with such persons. Warnings or accusations may be made in public meetings. Indirect statements of intimidation may be made by officials in parallel with more direct accusations by less official sources. For example, many times when we were talking with prostitutes and the owner did not know what we were saying, she/he usually said: "Are you going to be communist? Why is it so secret?"

Since the beginning of the constitutional monarchy in 1932, forms of legislation proscribing communist activities have been almost continuously in force. The current Prevention of Communist Activities Act of 1979 allows for detention without trial for up to 480 days (normally 90 days). Other relevant legislation includes the 1975 Labour Relations Act which excludes sex workers from the labour laws and disallows them the right to form organizations. There are laws and decrees which give the military/police wide and special powers in certain times and places. There is a less-defined area of discourse which contributes to a climate of ideas and attitudes about dangers to society and to dominant institutions, summed up in the slogan "Nation, Religion and Monarchy" (Chaat Satsana Phramahakasat). Loyalty to the state, and the slogan includes: fighting communist insurgency, avoiding and preventing labour disputes, and gathering information about people "who intend harm to the country." In addition, the word udomkan ("ideology") is frequently used in a positive sense, as in the statement, "have the united ideology for the nation."

Since a refusal to join an official purpose may be interpreted as a sign of disloyalty to the state, some prostitutes will self-consciously distance themselves from the official purposes of the group. Informers may be invited to participate more fully in a

group's activities "to make sure they get the story right." When asked to give information, a prostitute may attempt to inform local authorities about "100% condom use and the harsh conditions of the prostitute." Another ploy is to humorously "capitulate" to the accusations by saying:

> Well, if using our own initiative, setting up our own group in pursuit of our livelihood, discussing amongst ourselves in a non-hierarchical way, criticizing corrupt officials, etc. is "communist," well then so be it.

One health worker commented that "knowing you're being watched keeps you working honestly and straightforwardly." More importantly, if individuals and groups can manage to continue working undeterred, then their personal or collective strength and reputation can provide a public refutation of the substance and legitimacy of such accusations. A number of groups found that the intensity of such accusatory discourse diminished over time and became less of a problem. The constraints and potential sanctions, however, remain, and freedom of action is still limited.

There have also been extreme cases where divergence of interest, together with a history of antagonism, resulted in Maengdaas abusing their power, even to the extent of threatening prostitutes with death. This can effect prostitute groups by restricting freedom to manoeuvre and causing a decline in membership and a decline or withdrawal of official support or tolerance. A reason commonly given for not raising their voices in protest against abuse of power by local authorities is: "We're afraid of being shot in the head." A large number of prostitutes regarded the potential of being shot in the head as a serious problem encountered in the management of their activities. Also noteworthy is the widespread legal and illegal possession of firearms in Thailand,

Also noteworthy is the widespread legal and illegal possession of firearms in Thailand, and the existence of a large number of people willing to act as Mue Puenn -- to carry out killings on behalf of others -- often for quite a small fee which will vary according to the rank or importance of the victim. Most of the killings are shootings at close range with military weapons. Typically, a prostitute is killed in order to keep the others in line, chued kai hai ling doo ("kill chicken show to the monkey"). In many of these cases[27] there is little concern to investigate the killings and there is a failure to produce, much less charge and convict, suspects.

This violence contributes to what some health care providers have termed a "climate of fear," in which violent attacks or death by assassination, rather than mere official rebuke or arrest, is a possible, ultimate sanction. There is a demonstrable link therefore between physical sanctions and the more widespread cultural, psychological, and legal ones. In this way innuendos and warnings may be experienced as intimidation.

Positive assessments of official organization by prostitutes focused on whatever material and economic benefits were obtainable. Negative assessments were more numerous and varied. Some important themes may be summarized as follows:

1] the misconstrued array of new projects, with their jargon as well as the frequent lack of coordination and cooperation between official agencies;

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[27] A number of cases are reported, officially and in the press, to be the result of private conflict between rival political and commercial interest groups. Very often it is the outspoken critic of vested interests and malpractice who is killed. Not infrequently the hired killer is identified as a member of one of the official or semi-official organizations discussed. Some of these deaths are therefore placed in the category of "extrajudicial" killings; that is, homicides which are initiated, permitted, or tolerated by the state [or deaths caused in the courses of military/police engagements].

2] the predetermined nature of bureaucratic purposes and priorities, norms and mentalities, in addition to ex officio control of committees;

3] the predominance, among brothel owners, of members of minority upper strata and interest groups;

4] the exclusion of the majority of prostitutes from membership in groups that are considered beneficial by authorities, and force prostitutes to follow the instruction of authorities about government programs;

5] the lack of continuous and substantial involvement of members in decision-making processes, discussions, and monitoring and evaluation of activities;

6] the limited range and scope of programs' activities directed to condoms, AIDS, and STD physical check-ups as well as the irrelevance of some of these activities, more specifically, those of a non-economic nature;

7] the repeated failure to achieve even limited objectives;

8] the costs to members in terms of time involvement on projects (especially those projects less directly or not at all concerned with prostitution improvement); and

9] the often negative ("prostitutes are ignorance"), sometimes hostile, attitudes and actions on the part of officials and leaders toward the more autonomous efforts of the prostitutes to articulate their ideas and to organize themselves.

The proliferation of new official "titles" is symptomatic of a bureaucratic need for standardization and can be seen as a form of control. Other forms of control

meetings is along official bureaucratic lines: usually they are held during official hours and on official working days, individuals speak very formally, and there is little two-way communication. It was apparent that such rules and procedures are not adjusted to suit local priorities, with their cultural and practical requirements, and that official purposes are served rather than the needs and interests of the prostitutes.

It is now clear that some of the crucial constraints on participation already exist among prostitutes. Faced by such constraints, members of these groups, even if they are discontented, are likely to remain. Their skepticism, and perhaps their reliance on personal but unequal relationships, increases. This permits the owners to pursue unchallenged their "legitimate," if unfair, advantages. It also removes from scrutiny, and from collective accountability and control, activities of a corrupt and illegal nature.

Prostitutes frequently meet with a range of antagonism. At one end, are the extreme forms of intimidation referred to earlier. Calculated lack of cooperation and material support are more common. Access to official channels of information, advice, or material aid may be blocked. Attempts may be made to set up organizations or to incorporate autonomous organizations into more official ones. This project initiative met with substantial resistance from local authorities, and was accused of being "political" and of not having been envisaged or permitted by official plans and regulations. This may be an example of a relatively "soft" form social of control.

Lack of education or literacy was frequently raised as a problem, especially a lack of fluency in the standard "Central" Thai language (for Northerners and Northeasterners) and knowledge of basic accounting skills. Appropriate technical and

social-political knowledge were also considered important and thus raised the problem of the relevance of formal education. Although prostitutes -- with the important exception of those from the many ethnic minority villages in mountain and forest areas -- have access to schools which offer the first six years of compulsory primary education. Most prostitutes complete Grade 6, though many have to repeat one or more years and remain illiterate. Prostitutes who are from various hill tribes and Myanmar, do not know how to write or speak the Thai language -- some cannot even answer simple questions such as, "Where are you from?" or "What is your name?"

While there is a steady trend towards greater educational provisions there is a continuing bias favouring certain classes and regions over others, towns over rural areas and Bangkok over the rest of the country. Thus, 74% of university students come from families of businessmen or government officials, 13% from families of other occupations, and only 6% from agricultural backgrounds (of all classes). Of the total of the university student Population only 8% are from the Northeast. Even with improved access to education, the problem of content remains -- a content which, as numerous critical educators attest, reflects an educational culture which encourages a bureaucratic outlook and, in the Thai phrase, the desire to be "masters over others" (pen jao khon nai khon). Comprehensive changes in the content and purpose of education are unlikely to occur without even greater social and economic changes in the larger society. One effect, if not purpose, of many dominant educational systems is to ignore, dismiss as irrelevant, or at least discredit, pre-existing traditional and popular forms of knowledge and skills.

Much official thinking and training starts with a baseline notion that prostitutes are ignorant. This value is often internalized by the prostitutes themselves. To some extent it was overcome as more prostitutes participated in discussions and assumed responsibilities. Efforts were made to assess, adapt and transform earlier values and forms of community relations and experience. Even on this seemingly innocuous ground, some groups met with resistance from local authorities. In one case, an evening self-education class had to be discontinued after suggestions were made of subversive activity -- "why should a prostitute need a blackboard?" There are of course other traditions and sources of knowledge to be drawn on including experience and knowledge derived from travelling and working away from home. These alternative traditional sources of knowledge are profoundly to the resources of the participatory group.

Today there is an intensification of work of a purely economic kind. There is a new division of labour and there are more varied and numerous activities, labour processes, and locations. This has had a socially fragmenting effect, reducing the time, energy, and willingness of prostitutes to meet together regularly to take on positions of leadership and to engage in unpaid labour. Prostitutes often find that certain issues, interpersonal differences, and conflicts are left unresolved due to a lack of time for joint discussion. This has led to an accumulation of misunderstandings (misplaced suspicions, resentment, envy, jealousy, blame, etc.) which affect collective activity. As mentioned, recognizing the problems and the fact that they are not necessarily inherent to particular localities or classes of people, is held to be a positive step in the process of overcoming them.

It should be noted that Thailand is characterized by a relatively high degree of religious, linguistic, and ethnic homogeneity; the absence of popular anti-colonial or successful revolutionary struggles; the historical continuity of ruling institutions; a geographical and political party system with enduring local forms of organization and participation; and the existence of laws and authoritarian practices which expressly forbid the formation of organizations, and suppress forms of political organization and dissent. The majority power has explicit political importance for governments, especially within the rhetoric of "national stability" and "anti-communism." Traditional loyalties can be called upon and the considerable coercive powers of state and allied agencies can be mobilized. In order for this to take place, local "powers," such as the bureaucratic, commercial, and developmental beneficiaries of the state and its policies, are crucially important.

Economic change in Thailand in the past 30 years has been an increasingly polarizing process in a number of important ways -- opposing industrial development to agricultural development, cities to the countryside, and the industrialization of greater Bangkok to the rest of the country. Yet, Thailand continues to have one of the largest sex industries in the developing world. The term Ying Archeep Piset is a category from which policy conclusions and ideological interpretations are drawn. It fails to reveal either the degree of differentiation among sex workers, or their hazardous livelihood. This exemplifies the situation in Thailand. Processes of differentiation and fragmentation may place a variety of prostitutes in a common situation. These processes may be better understood by looking at factors which contribute to the increasing marginalization of

prostitutes.

Until the turn of the twentieth century, economic control of Thailand was held largely by resident Chinese merchants whose businesses formed the basis of the accumulation of merchant capital and founded the banks in the 1920s and 1930s. Following the law of 1960, prostitution was pushed underground. The process of capital formation in Thailand illustrates the relationship between capital and sex industry. The pattern of capital accumulation in the sex industry is similar to that of commercial enterprises through: 1] its focus on handling goods, 2] its market orientation; 3] its favouring of quick returns, and 4] its lack of attention to innovative technology. All of these factors would seem to point to a relationship between state, capital, and industry, on the one hand, and sex, on the other, in which capital accumulation is restricted and surplus is maximized through increasing control on the side of the state and the sex industry. Some incremental benefits may have had a fairly wide, yet small, distribution, but the net social and economic consequences of policies have been to maintain or create massive regional disparities, especially in the Northeast where over one-third of the total population is found. These include an increase in inequalities of income, of access to employment, and virtually all social benefits, including health and education.

OUTLOOK

In the twentieth century there exists a remarkable continuity in rural and national institutions. There has been no formal colonialism, no change of dynasty, no mass popular movements, whether nationalist, anti-colonial, republican, or religious.

Since 1932, when the absolute monarchy was abrogated and what is termed the "democratic" or "constitutional" period was instituted, the military has remained the controlling factor in national politics. Political parties proliferate but they are weakly developed, personalistic, and unstable. Long-term projects of constitutional and parliamentary democracy have been repeatedly initiated only to be undone, and then reinitiated after periods of starker authoritarian rule. These factors, combined with a relatively high degree of linguistic, religious, and territorial homogeneity, have contributed to a close identification of nation, state, military, government, bureaucracy, monarchy, and religion. This gives the state and associated institutions a monopoly of power and legitimacy rarely found to such a degree. It also limits the development of the institutions of what might be called "civil society."

Under such conditions, legitimate or claimable "space" for alternatives, more democratic or participatory ideas and organizations have been severely restricted. In Thailand state bureaucratic powers have increased. They are more pervasive than ever before, and are increasingly linked at the grassroots level with newly differentiated, powerful social strata.

Prostitutes' programs have often been developed precisely as a critical response to what they perceive to be the inadequacies of prevailing ideas and institutions. As can be seen, an overwhelming number of official agrarian or development schemes in all localities have failed, in the past, to treat prostitutes as a differentiated category from their life-world, or to deal with the problems of their sex work relations (such as "100% condom use"). Thus, the focus on the prostitutes themselves, whose interests had

been excluded or, at the very least, inadequately understood by and represented in existing institutions. The criteria for "membership" of the beneficial group, and the grounds for including or linking with other prostitutes and social strata was determined in each locality by the prostitutes themselves. Secondly, an emphasis was placed on work-related problems. While this was seen to be an overriding priority, it was also recognized that in some ways this was a less political and therefore more legitimate approach. The process of group formation; the range, continuity and extension of activities; and the style and methods of organization and meetings needed to be reviewed.

This project developed an analytical approach that was part of the group formation process itself. The situations and experiences varied but there were certain common features, and there was consensus over the fact that the pooling and sharing of experiences would expand ideas. Unlike many official schemes which tend to be imposed from outside, those of more autonomous groups have often grown slowly, starting small and developing cautiously. Yet, they have often responded with great flexibility to changing circumstances and opportunities. A common feature of autonomous groups is the way they review or assess the strengths and weaknesses of earlier efforts and of traditional collective forms of association and cooperation within the community. They also assess and learn from the failures of individual resistance, of humble petitioning; and of official projects and programs which have come and gone without meeting pressing local needs. Even groups which rely most heavily on some form of external support sometimes go through a protracted and patient period.

Questions regarding the appropriate size and composition of groups and

constituent units were addressed. Some groups had a membership of a large number of prostitutes, others only a few. While some experienced a net increase in membership, all had fluctuations in membership. Decrease in membership, sometimes of more than half, was due to intimidation rather than the ineffectiveness of the groups. Most groups seemed to turn a decrease in membership into a strength by consolidating a core of more committed members, revising strategies and preparing to build up a new membership. An important way to involve more people sufficiently was to undertake a range of activities, depending on local resources.

Another positive feature was the readiness, even commitment, of groups to extend their contacts with prostitutes in other areas in order to help them organize, and to learn from and share their experiences. This was not pursued according to any formal plan, but as need and opportunity arose, often building on personal and local networks of kinship and friendship.

The need for regular informal meetings was crucial. Yet there were several constraints on holding such meetings, including a shortage of time due to intensified labour processes, and official disapproval of certain forms of meeting. Prostitutes often referred to their meetings as "informal gatherings for a chat" (so kan) in order to "help each other think things through" (chuai kan khid). Pre-existing patterns of brothel level association and social exchange may be used for convenience and to lend the additional familiarity and legitimacy of an old tradition.

The meetings, however, were not confrontational. Confrontation tended to be deliberately avoided not only to reduce unnecessary risks, but to promote widespread

alliances. There are also reasons why members of more autonomous groups may willingly, and knowingly, participate in groups and volunteer projects which they do not otherwise regard as beneficial. Caution may be turned to tactical advantage. Several groups made it their task to learn the background and personal history of members of the "local power structure." They did not, however, always use the knowledge directly to challenge or confront these members but rather let it be known that the group had this knowledge, and so was able, indirectly, to limit the actions of these figures. Learning to "play" bureaucratic "games" was often found to be a useful and "legitimate" tactic, provided it was done from a distance which prevented co-optation.

Two themes run through all the experiences. These emerged with great clarity and emphasis during the course of the project, in the field and in discussions, and might be summed up as increased knowledge and self-confidence. "Knowledge" refers to collective and individual learning -- to the appropriation of relevant information and its transformation, through shared reflection, into more practical knowledge and insight about the disadvantaged position of the majority of prostitutes. "Self-confidence" refers to a process in which a socially humble and disparaged status is rejected; dependence on superiors is lessened; concern and esteem are progressively overcome; and a fuller, more self-confident sense of personal and collective worth and dignity is realized. The two themes are clearly interrelated and interdependent. At the same time, they are both goals and pathways to achieving objectives. Needless to say, they are also problematic areas of experience and discourse and are not produced only in or as a result of the kinds of "formal" organization discussed.

The theme, "self-confidence" also has to do with dignity (saksii), a recurring topic in the collective discussions. As things stand, the powerful are those of good status; they "have face" (mii naa mii taa). The prostitute, on the other hand, cannot "raise their faces" (ok naa ok taa) and "has no voice" (mai mii siang). The former are - with the notable exception of some "well-intentioned" persons - thought to "look down on" prostitutes (duu thuuk). This common phrase can also be translated as "under-estimate," "slight," "disparage," "disdain," "insult." These individuals demand fearful respect. They use the prostitutes as "scapegoats" (ow Etua bang naa -- which literally translated means "using the prostitute to conceal their own faces"), and they regard them as "1,000%" incapable of organizing themselves. There was widespread agreement on the importance of resisting and overcoming this moral and social disparagement. Frequently, one of the subjective indices of the success of a group was said to be that "we had grown bolder" (rao khlaa maakkhoen).

Prostitutes are aware of the limitations in their working process. Some of the activities of the groups studied were a conscious attempt, in their patterns of sex work, to overcome the deskilling of labour -- such as refusing anal intercourse. Through more self-conscious and social activity there is a greater awareness of the contexts and constraints of action, of the interconnectedness of social processes and their historical nature, and of the unnecessary disfunction between the actual realities of their lives and previously accepted or imposed definitions of that reality. Such awareness tends to reject the view of social phenomena (existing forms of social identity, hierarchies, and legitimization of inequality) as natural (eternal, inherent, and invisibly controlled) or

personalized (through fate or karma), therefore, incapable of being transformed through the collective efforts of women.

In the course of these efforts new and more autonomous interactions in terms of language, association and socialization are created. They are exchanged through dialogue and shared experience with others in similar situations. Some are recognized, adopted and developed; some are continually revised. Thai dialogue, and struggle, is taken up with those in other situations, including those in more powerful positions. Successes and failures of wider social participation and assertion are reassessed. The realm of perceived possibilities is expanded in thought and practice. The research project itself aimed to contribute to such a moment of reflection and assessment -- to disseminate elements of what might be called the "suppressed discourse" of prostitutes in Thailand. It also tried to identify and assess the constraints within which such discourse struggles to be heard and claims legitimacy.

CHAPTER 9

CONCLUSION

This study illustrates the complexity of the participatory process and highlights the need to approach it in a systematic way. Community participation requires local power and independence, which brings tension into any large scale AIDS prevention and control program for low-class prostitutes. Health professionals are unlikely to be incorporated into such a process unless they have an instrument to guide them. The framework presented in this text identifies the variables that affect participatory approaches to AIDS prevention and control for low-class prostitutes. The study attempts to evaluate a few variables as well as focuses on the process of participation.

This analysis does not value community participation as "good" or "bad," "desirable" or "non-desirable." Its objective was to show the process and determinants of participation in an AIDS prevention and control program for prostitutes. Where participatory approaches are considered, the framework can be used to outline constraints and determine the interventions required to facilitate the participatory process. The framework can be used to monitor the participatory process over time and guide the changes that need to be implemented. In this project, participation was limited by the social environment, the use of a project approach, the absence of integration with existing

health services, and the lack of appropriate health education regarding the specialized knowledge involved.

If historians research prostitution, their methodology covers a number of events dating back decades or centuries, but rarely focuses on specific areas in that historical context. If sociologists study prostitution, they prefer quantitative surveys encompassing several areas at one point in time, devoting little attention to the historical and qualitative aspects of the current situation. On the other hand, anthropologists are most likely to focus intensively on one set of prostitutes, exploring their historical roots, making qualitative assessments, and linking contemporary local events to the wider social settings, yet ignoring the comparative and broader perspective.

This research project was conducted between 1991 and 1993, and focused on participation in AIDS prevention and control for low-class prostitutes in Khon Kaen, Thailand. It found that prostitutes begin their occupation as young as 15 years old, some even start at the age of 12 or 13. About half of the prostitutes in Khon Kaen are from the North and the rest are local, Isan. They have little or no education. Most of the women were encouraged to enter the profession by friends or relatives who were former prostitutes themselves. Prostitutes consider their occupation to be a temporary one in which they can earn a lot of money with relatively little work. When a prostitute earns enough money to pay off her debts, she prefers to leave the profession, get married, and begin a family. Prostitutes generally feel that AIDS is not their biggest health problem or concern. They realize that their occupation is filled with all types of social and health consequences, and AIDS is just one among many. Prostitutes have a tendency not to

request that a "clean" or Khaprajum client use a condom. Their main objective is to serve as many clients a day as possible, and in their overall opinion, condom use is a deterrent. If a prostitute requests that a Khaprajum client uses a condom, this often ruins their mutual relationship and trust.

The average age at which Thai male youth begin having sexual intercourse is 16 years, although it may be as young as 13 years. Most often, no AIDS/HIV or STD precautionary measures are taken. While male adolescents have sexual encounters with prostitutes they have sexual relations more often with non-prostitutes (girlfriends, Kai). Only a small proportion of sexually active youth use condoms, though there are indications that this rate has been rising recently. Condoms are used when visiting prostitutes, but not with non-prostitutes. When condoms are not used, other forms of perceived protection are sometimes used including cleaning the sexual organ and/or taking drugs (antibiotics, diuretics). The "100% condom-use" policy will not succeed if clients refuse to cooperate. Several factors exist that determine the use or non-use of condoms among clients, including the belief that prostitutes who test positive for HIV are not allowed to continue work in the brothels. Interestingly, clients are afraid of contracting STDs (not AIDS). Other common reasons for clients not to use condoms are that condoms reduce sexual pleasure, they have sex only with Khaprajum partners, and they do not think AIDS exists.

The project was committed to a "participatory action research" style and methodology. In addition, it was concerned with the ways in which this type of research approach could contribute to the participatory activities of the prostitute. Thus, the

project had both scientific and practical aims. As research progressed and the realities were assessed, its broad initial aims became more focused. This meant that greater attention was given to a qualitative analysis of a small number of case studies; but more importantly, considerable attention was given to the obstacles and limitations the prostitutes experienced in the course of their struggles. To an important extent, the tasks of the project lay not only in this thesis and recommendations, but also in encouraging dialogue between prostitutes, health providers, and the academic social scientists involved. An educational mechanism or strategy used in this project is the social networks among prostitutes. Health care providers worked in collaboration with the Maengdaas, Maelaows as well as the prostitutes. The prostitutes participated in various activities namely: identifying problems or felt needs; selecting likely solutions; prioritizing alternatives; planning, acting and observing; monitoring and evaluating; and finally reflecting for continual evaluation. The social learning process as participatory action research supports the participants in solving their own problems and those of the prostitute community. An important note which should be made here is that some prostitutes possessed what we called "local wisdom." These prostitutes were ones who are specialists in many fields of knowledge.

The implementation process was comprised of three parts: 1] staff development, 2] AIDS prevention services, and 3] work in the brothels. These three parts were continuously inter-related activities of AIDS education in the project:

1] Staff development process. In order to increase the capacity of health providers in Khon Kaen area in providing AIDS education services to the prostitutes in

the brothel, three important strategies were utilized: 1] a participatory training strategy which took into account the different backgrounds and capabilities of the participants; 2] pre-service training for increasing personnel capabilities and commitment to the project combined with in-service training; and 3] myself and experts played important roles in personnel development, in-service training, and technical assistance.

2] AIDS prevention services. An informal network of the prostitutes was necessary for community-directed interventions. Cooperation was encouraged. The success of the project was dependent on the harmony of the research team. Prostitute-based activities around their felt needs was another important point for AIDS prevention services. Four components of the prostitute brothel-based activities were participation, self reliance, local wisdom, and the learning network. **Action research** was introduced to fulfil the khid pen philosophy which has been used for quite a long time in Thailand. Central to action research is the idea that the prostitutes involved in making change should be the ones to undertake relevant investigations and then to act on their findings.

3] Working in the brothel. Providing AIDS prevention services to the prostitutes has been practice in various ways. It should be reiterated that this project aimed to find strategies appropriate to prostitutes in order that they could improve their own AIDS prevention and control program. In this project, a social learning process, similar to **Participatory Action Research**, was utilized. Prostitute participation was highly motivated. It was expected that participatory action would be institutionalized in the brothels. Prostitute participation in AIDS prevention services was required at all

levels of the participatory process. The learning media (both print and non-print materials), including local wisdom, had to be relevant to real life situations. It should be noted that all change agents especially the coordinators were aware of these strategies.

This was a pilot project utilizing action research to achieve its goals. Experiences of the research teams proved invaluable. There are two levels of performance: brothel level and provincial level. At the brothel level, the prostitutes and research team looked at experiences, innovation, and barriers in the particular brothels. This critical information was summarized at brothels. In addition, the prostitutes and research team discussed the problems, shared experience and learned from each other. At the provincial level, prostitutes and staff learned about the experiences of each individual brothel. These activities were beneficial as they provided them with a chance to view their own activities holistically. In less abstract terms, this experience could be used to determine appropriate interventions at each particular level and geographical area.

DISCUSSION

Thailand has no history of large-scale social movements of prostitutes. Also, there had been no major attempts by the state, at the time this project was conducted, to introduce social development policies which directly emphasized prostitute participation. Thailand seemed to be a case where an authoritarian state and society were organized on "anti-participatory" lines, as far as prostitutes were concerned. At the same time, the state appears to enjoy a degree of legitimacy, and the society a degree of social and cultural homogeneity.

This research collaboration and dialogue seemed all the more important in the case of Thailand because there had been little previous organized participation between social scientists and movements and organizations of the kind frequently encountered in Khon Kaen. The project, however, included a co-investigator who previously had been engaged in such collaboration on an individual basis and had made a significant contribution.

Participatory action research involves a wide range of political ideologies and research practices. Its supporters recommend the following:

1] disclaiming value-neutrality by identifying with the people, especially the prostitutes, who are perceived as oppressed;

2] entering into a dialogue with the community;

3] adopting a problem-centred orientation aimed at people's understanding, analyzing, and transforming their own conditions;

4] maintaining a commitment to mutual education and dialogue; and

5] respecting the people's own capability and potential to produce knowledge and analyze it.

It is in the context of both standard social science and participatory action research that this project makes important new contributions to our understanding of prostitutes in Thailand. Rejecting conventional research methodology in favour of the participatory approach, we have gone several steps further in bringing together academic social scientists, health care providers, and organized prostitutes into a dynamic and continuing dialogue that included seven different prostitute communities in Khon Kaen

over a period of almost two years, and investigated the historical evolution of the prostitutes' current situation in both quantitative and qualitative terms. In addition to frequent interaction within each site, groups also met one another in periodic meetings to evaluate the information they had gathered and its implications for their lives and future activities. Such connections enabled these prostitutes to develop new forms of language, association, and socialization leading to greater autonomy and wider perceptions of possibilities.

In this process, the prostitutes profited from the critical-theoretical perspectives of the academic social scientist, on the one hand, and the action-taking strategies raised by the health care providers, on the other. Yet, because it was the prostitutes who were the foundation of the study, this business-like interaction avoided the purely critical-theoretical academic thrust that is usually associated with academic social scientists and the relatively unreflective ideologically-oriented activism characteristic of health care providers. The results were a more general understanding among prostitutes of their situation and its causes, including a realization that their problems stemmed not only from their own inadequacies as originally believed, but from difficult-to-control external sources too. The results also involved actions taken by prostitutes that were appropriate to their thinking, knowledge, capacity, and assessment of risk at specific points in time -- all this devised through action-reflection and analysis. Participatory action research thus yields information and analytical results as well as guides to action by the disadvantaged people concerned. It is both product and process.

Since the action research took place during a time when the government

encouraged new forms of democracy, the project captured the wide variation of strategies adopted by different prostitute groups during the period. The myth of prostitute apathy was dispelled by the realization that "passivity" is, in fact, an active deliberate response, given the circumstances of prostitute lack of control over resources and regulative institutions. This insider account enhanced our understanding of prostitute perspectives and actions.

Many of the prostitutes observed that the major beneficiaries were the more literate and articulate. For Thai prostitutes, who generally detest confrontation, the charges of disloyalty or personal disrespect from high officials distress them; as such, frequently they withdraw from any activity connected with participatory programs. When this study made explicit the participatory objectives, prostitutes were quick to observe this and take the safe course by dropping out or not joining in the first place. Alternatively, if they saw no prospect of the programs' supporting their own key concerns, they withdrew or at best, cooperated only just enough so as not to be termed trouble makers or worse, destructive.

The prostitute groups involved have shared their newly acquired knowledge amongst networks of like-minded groups, aided by health care providers. Conventional social scientists have much to learn from this community-based approach of articulating reality and defining its meaning. No longer can academics remain divorced from their subjects and treat data as though it were value-free and meant solely for the enlightenment of national and international elites instead of the people whose lives generate the data. Participatory research will hasten the establishment of "The New

Social Science" defined in 1985 by an interdisciplinary group of Southeast Asian social scientists as follows:

1] people-centred (for, with, and by people);

2] rooted in people's evolving experience;

3] encouraging critical consciousness among the people of their own situation;

4] oriented to the empowerment of people and taking an anti-domination stance;

5] directed to changing the status quo;

6] validating (giving value to) local knowledge, people's technical capacities and understandings;

7] lodging the ownership of data and the research process with the people;

8] constantly having research findings reviewed and tested by the people;

9] creating a dialogue rather than a monologue;

10] fostering mutuality between community members (the people), other supportive action groups, and social scientists;

11] demonstrating the possibilities of alternative social forms;

12] emphasizing natural events rather than contrived laboratory situations;

13] exposing the macrostructure of domination linked to local social structures;

14] being more comparative and encouraging other communities to get involved in the process through horizontal networking arrangements; and

15] recognizing the potential costs of the research in which people are engaged (e.g., the consequences of threats posed by power figures, or the waste of time relative to other action priorities).

For government administrators and policy makers, the impact of genuine action research means that top-down, blueprint-style planning, which has never really addressed prostitutes' needs adequately becomes all the more unrealistic, ineffective, and obsolete. As prostitutes learn new ways of adapting to and changing their social environments in interaction with forces generated by the government, by the market, and by local social structures and other sociocultural settings. Government officials will require a much better comprehension of how to listen and respond in a participatory and democratic way to the initiatives of prostitutes. They will need to be more astute about recognizing and respecting the emergent forms of social practice that reflect a new consciousness on the part of prostitutes striving to achieve their fundamental aims -- a secure livelihood, social power, and the dignity that comes from a just and moral order.

The localized experiences and struggles reviewed here are only fragments of a larger picture; they are unevenly distributed, although not exceptional, and are quite recent and therefore tentative. This being the case, it would be inappropriate to further systematize or produce a yet more condensed list of problems and lessons. To put it in a more positive light, it can be said that some of the recommendations arising from this study are to reconsider what constitutes a useful and legitimate "police recommendation" and for whom, what constitutes "action research,"; and what constitutes an assessment and evaluation of a given project. There is a certain technocratic and economic

hegemony in many development circles, in which a strategical search for measurable indices, bench marks, mechanisms for improving "access" and "communication," or broad-spectrum prescriptions are commended while descriptions and qualitative assessment of particular local factors are not called for or are downgraded. In addition, there is a noticeable reluctance to favour forms of action which are external to or in conflict with official plans. Inconsistently, health plans are often said to fail precisely because of social and cultural factors -- usually those pertaining to prostitutes at the "receiving end" (those said to have the "problems") rather than the sponsors and planners (in other words, those who have the "solutions"). Yet these social and cultural factors are accorded an extremely restricted place in the devising, implementation, or evaluation of the plans. What this study has shown is that these social, cultural, and political factors are integral, sometimes dominant, aspects of every stage of the process. They are not some additional feature or unrelated realm to be considered separately or as a lower priority. The prostitutes seek to organize around urgent issues of livelihood and survival -- issues of practical and economic importance. In the course of organizing to assert their material interests, however, they immediately encounter problems and constraints, so that their eventual goal must be reached by other means. Individual interest is a concept of what, in practice is a permanent, though variable, dimension of the exercise of social power, whether in its more material or cultural aspects.

This approach to and dimension of social reality does not lend itself easily to precise prescriptions, or drawing up of plans. It may still be necessary to assert the value of attending more closely to the experiences, knowledge, and questions of

labouring people. It is in their struggles that priorities, images, and style and forms of action will come to be defined and redefined by the participants themselves.

It may well be argued that these considerations are altogether too qualitative and general (or that in practice they will be too particular to certain local situations) to be built into the project planning of development agencies, or, for that matter, into the strategies of political parties or other macro-organizations. It may be countered, however, that there is some fault in the nature of those plans and strategies, and the ways in which they are conceived. It may be that more effort and time should be spent, by all parties concerned, on describing, analyzing and diagnosing specific realities, whether social, political, cultural or economic, before devising and putting into practice the next round of plans and projects. Planners may abhor a plan-free situation, but such undertakings could themselves become the plan. They could be a continuing means of simultaneously investigating, identifying, and overcoming problems, calling for specific additional plans wherever necessary, and making plans accountable to a wider range of social groups.

The issue of social power, raised and substantiated by the prostitutes, leads directly to perceptions of the need for political solutions to the problems of economic and social development. Given the balance of social forces, it is of course unrealistic simply to make demands and expect them to be granted. It is evident that such demands require collective pressure. One task of the social sciences is to show that behind more or less accepted ideological definitions of the relative powers of social forces, lie partly hidden realities -- that the politically dominant are not all -- powerful and that subordinate groups are not mute, weak, or incapable of social creativity.

Sawangdee and Isarabhakdi [1991] indicate that low-income brothels were quite similar between regions and within certain categories which may support the transferability of in-brothel prevention programs. Thus, Thailand should prepare an organization which has STD/AIDS prevention experience, and is acceptable to the prostitutes, and disseminate this type of research. Actually, these findings have been disseminated to MOPH already and Khon Kaen VD centre will echo this research.

RECOMMENDATIONS

Although the project has achieved a certain degree of success, there are still some points to be considered for future improvement. The following recommendations have been made to concerned agencies for the betterment of present and failure projects of a similar nature:

1] The project activities should be continued with support of the MOPH through Provincial Health Office and/or the VD centre as such development activities normally require a long time to accomplish. This study, at best could accomplish only the initial part of the project -- preparing the prostitutes to be receptive to change by way of indirect AIDS education. After they have learned the Social Learning Process, they need more time for actual practice: to plan, to acquire additional information, to implement the plan, etc. This normally requires more time than is provided for the project. The extension of project activities should benefit the MOPH in many respects. First, it will help the project to achieve its goals, completing all the steps formulated in its original plan. Second, the project prostitutes will serve as an example from which

the others can learn how to develop their own AIDS prevention and control program.

2] The project concepts regarding decentralization of management to provincial levels have proved to be feasible. Working together as a team along with several partners, despite some difficulties, has proved to be possible and useful. It is recommended that such collaboration should be further strengthened.

3] Staff development should be considered. Participatory training should be used for staff development complemented by actual field work. The action research design should also be adopted for such staff development.

4] The project concepts regarding micro-planning should receive special emphasis and encouragement for actual practice. These concepts include prostitute-based development, participation, and decision-making. All these require the support of the Maelaows, Maengdaas, and health officers.

5] Prostitutes' participation has proved to be an important element in the project's success. Participation has been narrowly used by many agencies to mean all contributions except decision-making. This definition should be expanded in the conduct of AIDS prevention and control programs. Prostitutes' participation should cover all phases of the project, especially decisions on what activities are to be chosen.

6] Certain rules and regulations of the MOPH and Provincial Health Office should be updated and amended to suit the informal nature of AIDS prevention and control programs. These should be made more flexible to respond better to local needs and practices.

7] Materials for the learning process were inappropriate and not diverse

enough. This was due to inadequate collaboration between MOPH, Provincial Health Office, and brothels. Continued efforts in materials development are needed and closer collaboration between the groups responsible should be strengthened.

8] According to our observations, activities in smaller brothels worked more successfully than those in big brothels. This happened probably because inter-group communication was easier and more open in smaller brothels than in larger brothels which have a more hierarchical administrative structure. The big brothel is now facing the problem of internal uncoordinated efforts which has caused inefficient handling of this kind of integrated AIDS prevention and control program. It is recommended that special emphasis should be placed on this particular problem and the MOPH should find some way to lessen it.

9] Care should be taken to select the appropriate persons to receive training. Particular attention should be given to their background knowledge, skills, and experiences. They can then contribute more effectively to their work upon arrival.

This thesis has presented only the briefest characterization of the dominant forces of an authoritarian and hierarchical state, or society, organized on a non-participatory basis. It has described how the state has assumed new tasks, extending its functional and administrative roles to intervene at local levels. More specifically, it can be seen in the bureaucratization and near monopolization of the development process and in local manifestations of a narrowly-defined mistrust of prostitute initiatives and collective organization. Among many comparable societies and supra-national agencies, there seems to be a tacit agreement -- in itself a political fact -- not to consider the

participation of the people in terms of social class and power. It might be argued that power of the state has, in many ways, increased without a corresponding increase in its moral and cultural hegemony and legitimacy, and that its administrative scope and potential has been enhanced without a corresponding increase in effectiveness.

Some of the concepts, methods, and substantive findings of the project's approach to participation and participatory research have contributed to the teaching and training of prostitutes and health care providers. This "intervention" seeks to link (or avoid) purely critical theoretical academic work with health care programs. In this way it shares in what Alain Touraine has termed intervention:

> Intervention, like teaching or group work, and unlike activist propaganda, helps the actor to shake free of the constraints by which she/he is surrounded, to extend her/his field of analysis and become more capable of action.

In this respect, it may have gone some way towards achieving one of the aims of the AIDS research program which is "to stimulate and increase the autonomous capacity for analysis and self-analysis of researchers and actors in this situations."

GLOSSARY

Dek A prostitute

Dekmai A novice prostitute

Etua A popular name used to call prostitutes

Kai A pick-up girl

Kaek A client

Khaprajum A regular partner

Khid-pen Thinking skill, how to think

Khong The belief that there is something in the body. There are several Khong. Khong in the body must be in control and not move. The Khong will be active through ignition [eg. alcohol activate Khong].

Maelaow A female entrepreneur who embarks on a business enterprise and manages the operations of that business, assuming risk for sake of profit.

Maengdaa A pimp

Miachao Rented wife

Mianoi Minor wife

Mohnuad A masseuse

Oonkaek Tip-asking

Pawlaow A male entrepreneur who functions in the sex business in same way as Maelaow.

Song A brothel

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