

HIV Risk and Condom Promotion Campaigns Aimed at Young Single Factory Women in Northern Thailand

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北タイ女性工場労働者のHIV感染リスクと コンドーム推進キャンペーン

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要約

タイ北部の北部工業団地では、女性工場労働者に対するエイズ予防教育が1995年に始まり、現在まで活発に行われている。しかし、彼女らのHIV感染リスクの認識は低く、予防も徹底していない。そこで本稿では、工場で行われているエイズ予防教育の内容と効果を検討する。分析に用いた資料は、1998年10月から1999年12月まで断続的に行ったエイズ予防教育の参与観察のデータであり、教育で使用された教材やパンフレットも含まれる。分析の結果、女性工場労働者に対するエイズ予防教育は伝統的な性規範に基づいており、新しい性規範を模索する女性たちにネガティブな効果をもたらしていることが明らかになった。エイズ予防教育は「性的にふしだらな女性」に感染リスクがあることを強調し、そのような女性と見なされることを否定する工場の女性たちには効果的ではない。今後は、教育の受け手である女性たちの性意識・性行動と感染予防の困難を十分に理解し、伝統的な性規範にとらわれない予防対策を展開することが必要である。

キーワード

HIV/AIDS

エイズ教育 AIDS education

コンドーム推進 condom promotion

女性工場労働者 factory women

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I Introduction

1. Purpose

Over the past four decades Thailand underwent rapid socio-economic transformations, shaping the context within which the HIV/AIDS epidemic emerged as a serious social problem in contemporary Thailand. In the early phase of the epidemic, HIV infection was limited to particular social groups, namely injecting drug users and female commercial sex workers ; however, by the end of the 1990s it had spread to the wider population, including young women outside of the commercial sex industry (Amara, 1996 ; Beesey, 1996 ; Ford and Sirinan, 1996 ; Weniger, 1991).

This paper considers HIV risk among one group of young women whose vulnerability to HIV infection has increased gradually over the past several years, and examines impacts of current AIDS prevention campaigns on them. They are young migrants at the Northern Region Industrial Estate (NRIE) in Lamphun, Northern Thailand. Several epidemiological sources have suggested that HIV risk is real among factory workers,

raising general concern about how young factory women expose themselves to risk. For instance, an epidemiological study done by Lamphun Provincial Office of Public Health (LPH) and CDC 10 (Communicative Disease Control Region 10) Office in Chiang Mai, one of the few available sources of information, has found that the rate of HIV infection among factory workers in their sample was approximately 4 % (LPH, 2000). Since the estimated rate of HIV infection among general population in Northern Thailand is approximately 1.2%, the figure is comparatively high (CDC 10, 2000).

In Thailand, condom promotion campaigns among female commercial sex workers during the 1990s achieved remarkable success, leading to a decrease in new infections. Acting on the premise that young factory workers are at risk because of their sexual behavior and that their risk will decrease if they acquire greater knowledge of prevention and accessibility to condoms, both the government and non-governmental organizations (NGOs) have conducted a series of factory AIDS education and condom promotion campaigns at NRIE. In spite of continuous condom promotion efforts by the government and NGOs, however, condom use remains unpopular among factory workers (Cash et al., 1995; Michinobu, 2000). To make matters worse, many factory women who participated in previous studies and the present study deny the necessity of condom use in their sexual relations with their boyfriends.

This paper will critically examine the effectiveness of condom promotion campaigns at NRIE, by contrasting the messages of condom promotion with factory women's sexual ideas and

behaviors and attitudes towards condom use. My previous paper has revealed that factory women are potentially at high risk of HIV infection, not due to their ignorance of HIV/AIDS, but due to their unwillingness to ask their partners to use condoms in premarital sexual relationships based upon the idea of "exclusive attachment" (Michinobu, 2000). Ideally, exclusive sexual relationships prevent HIV infection, but in reality many women are increasingly at risk in such idealized sexual relationships. They are at risk since their sexual partners are not always sincere and honest. In this critical situation, we need to re-examine the effects of AIDS prevention campaigns on these workers. This paper does not try to downplay AIDS prevention effort by Thai government and NGOs, which made a remarkable success in reducing the rate of new infection among population, especially female commercial workers. Rather, it will argue that any prevention effort will fail unless it is designed to deal with the real needs and feelings of the targeted audience.

2. Method

The analysis of factory AIDS education is based on data obtained from participant-observation of nine AIDS education seminars in factories, which was carried out from October 1998 to December 1999. A Northern regional office of a Brussels-based international NGO (CMAids)¹⁾ implemented five of them, and the rest were by LPH. I joined the seminars conducted by CMAids as an assistant staff, basically distributing materials and questionnaires to workers, and attended those by LPH as an observer. All education seminars were also tape-recorded,

HIV Risk and Condom Promotion Campaigns Aimed at Young Single Factory Women in Northern Thailand transcribed, and translated into English. The English transcripts of the seminars were coded by hand in order to analyze both the general structure of AIDS education and detailed information on the content. I browsed through the data and searched for specific themes.

In what follows, I will first briefly summarize the history of the AIDS prevention campaigns in the Upper North, and then present a short description of the structure and themes of factory AIDS education, and finally proceed to an analysis of the messages.

II Data and Analysis

1. AIDS Prevention Campaigns in the Upper North

Most information on AIDS follows a set of assumptions and guidelines formulated by the Thai National AIDS Program started in 1987. The Ministry of Public Health (MOPH) initiated the National AIDS Program with technical and financial assistance from WHO (MOPH, 1994, p. 1). Since then, MOPH has served as the primary contact organization to receive up-to-date information and global guidelines on prevention actions from WHO and circulate it via nation-wide AIDS campaigns. Currently, the means to disseminate AIDS-related information is diversified, such as newspapers, televisions, radios, local clinics, health posts, and community AIDS campaigns; however, most of these institutions and programs conform to the official guidelines and recommendation set by MOPH.

The AIDS prevention campaigns in the Upper North can be understood in the following three phases : the initial responses to the epidemic (1986 to 1992), the decentralized period (1993 to 1996), and the networking period (1997 to the present). During the first phase, there was minimal development of the structure and activities of organizations working on AIDS prevention. The government served as policy maker and encouraged regional activities through funding and technical assistance. Since Thailand faced a rapid and uncontrolled spread of HIV/AIDS, government actions from the central level with highly centralized and overly bureaucratic procedures had limited success in effectively responding to the epidemic (UNDP, 1998, p.12). However, external financial and technical assistance from foreign countries started to flow to local NGOs and CBOs (Community Based Organizations), and an increasing number of preventive activities were implemented at the regional level.

In the second phase, AIDS preventive activities came to acquire greater local autonomy, along with a move towards decentralization in social and economic policies in the country. The establishment of NAPAC (Northern AIDS Prevention and Care Program) and the Upper Northern HIV/AIDS committee in 1994 facilitated the regional management of the preventive activities and collaboration and cooperation among local and national NGOs. (UNDP, 1998, pp.13–14).

The third phase started with the reorganization of NAPAC as AIDSNet Foundation (AIDSNet) in 1997, which acted as information center and technical assistant organization to local NGOs. Currently, AIDS prevention activities in the Upper North are

planned and implemented within this strong organizational network, and AIDSNet remains the focal point of information and technical assistance. Government agencies, such as LPH and CDC 10, also work together with AIDSNet in various preventive activities.

2. Factory AIDS Education at NRIE

1) Structure and Themes

In 1995 the first large AIDS seminar took place in a company at NRIE. It was given to all workers (approximately 3,000 workers), and lasted about one week. Officers from LPH and Lamphun Provincial Office of Labour and Social Welfare (LLSW) were invited to give lectures. Since then, they have carried out AIDS education seminars in factories at NRIE annually. In 1998 and 1999 CMAids also carried out a total of 32 AIDS seminars in 13 factories at NRIE. The seminars were project-based and financially supported by AIDSNet. Many factory AIDS seminars have been targeted to Japanese factories, since they are the majority at NRIE with more employees than other multinational or Thai factories. Direct involvement of Japanese management in AIDS seminars is rare, and most managers depend on Thai personnel to plan and implement AIDS seminars.

No significant difference was found in structure and content of the nine seminars I observed, except that two organizations employed different methods of instruction—CMAids took a participatory approach, and LPH, a lecturing style. Each seminar took about two hours, comprising a short lecture,

games, group discussion and work, and condom demonstration. The seminars were mostly conducted in a large meeting room. The number of instructors varied, but generally there were two with approximately 40 or 50 participants, both male and female.

Seminars consisted of two themes : general knowledge of HIV/AIDS and condom promotion. The former includes basic medical knowledge of AIDS, risk behaviors, and preventative methods, which are explained in a fairly simple way. One educator, for example, said, "HIV is a kind of virus and causes AIDS. 'H' means 'human'. If you get this virus, your immunity is damaged and you become sick". As for modes of transmission, the instructors stressed heterosexual transmission, revealing the fact that factory education was primarily aimed at reducing HIV risk among the young heterosexual population in the factories²¹. Their explanation of risk behaviors highlighted commercial or casual sex relationships, based upon an assumption that young factory men and women casually engage in such relationships. In lectures, condom use and avoidance of promiscuous sexual intercourse were strongly promoted by instructors as the most effective means of prevention. After disseminating the knowledge of AIDS and prevention, the second part of the lecture was usually devoted to demonstration of condom use, lasting approximately 30 to 45 minutes in a two-hour AIDS seminar. Condom demonstrations were generally done by instructors and two or three volunteers selected from among the participants. Participants formed pairs and helped each other put a condom on a plastic banana or plastic penis. The

instructors usually brought several boxes of condoms so as to distribute them among all participants, which was generally done at the end of the seminar.

2) Sexual Double Standards in Campaign Messages

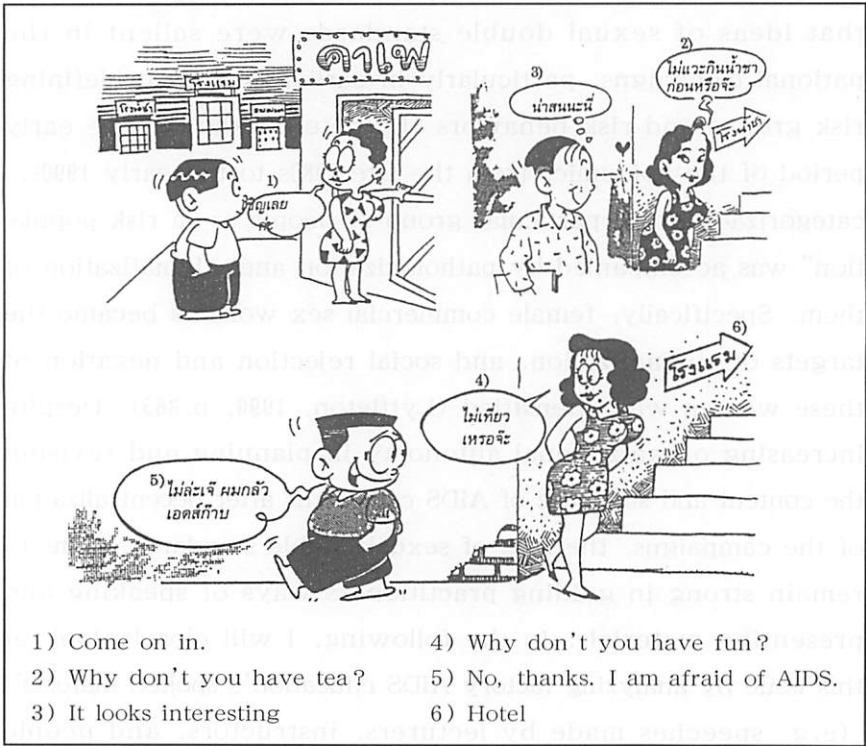
AIDS education provides factory workers with in-depth information on AIDS, HIV risk, and prevention. Factory workers deepen their understanding of AIDS and increase their awareness of HIV risk. At the same time, AIDS education carries highly ideological messages, particularly in its presentation of risk behaviors and risk groups. In his study of national HIV prevention campaigns in Thailand, Chris Lyttleton has demonstrated that ideas of sexual double standards were salient in the national campaigns, particularly in earlier periods in defining risk groups and risk behaviors (Lyttleton, 1996). In the early period of the epidemic, from the late 1980s to the early 1990s, categorization of a particular group of people as “a risk population” was accompanied by pathologization and stigmatization of them. Specifically, female commercial sex workers became the targets of stigmatization, and social rejection and negation of these women was intensified (Lyttleton, 1996, p.365). Despite increasing organizational autonomy in planning and revising the content and structure of AIDS campaigns after decentralization of the campaigns, the idea of sexual double standards seems to remain strong in guiding practitioners’ ways of speaking and presenting materials. In the following, I will closely look at this issue by analyzing factory AIDS education’s spoken materials (e.g. speeches made by lecturers, instructors, and people

living with HIV (PLWH) who were invited to make speeches at seminars) and visual materials (videos, pamphlets, cartoons, books that were distributed to participants).

(1) *Seductive Women and Promiscuous Men*

“Promiscuous” sexuality is a dominant theme in portraying HIV risk behaviors and categorizing risk groups in AIDS education. Visual materials in seminars almost uniformly depict a man visiting a commercial sex establishment and his consequential HIV infection (Figure 1). He is often portrayed as a young

Figure 1 Images from AIDS education materials



man who enjoys frequenting commercial sex establishments and carelessly engaging in unsafe sex (sex without condoms). He is sometimes depicted as a man who is under a peer pressure to go out and engage in unsafe sex with a female commercial sex worker.

The most typical and detailed representation of this theme was one educational book used in a factory AIDS education, which depicts a man who is infected via unprotected sex with a woman who serves him in a bar³⁹. This book portrays this woman as a vector of HIV, and the man as a receiver. This story includes the man's mother, a village woman, and a monk. The first scene showing the man drinking heavily in a bar and being served by a woman suggests to readers how he will get infected. In this scene, the man enters a bar and finds a woman. Excessive drink renders him almost unconscious, and this woman cares for him. They then go out together and enter a small inn, where they have sexual intercourse. Before going to bed, the woman asks him if he will use a condom. She is half-naked, and her well-rounded breasts are visible. He embraces her and says, "I don't like them. It is not fun". She does not press him further about the condom, and they have unprotected sex. In this scene, both the man and the woman are depicted as not thinking about HIV risk.

Later on, he finds out that he has HIV. He is in great agony, regretting his careless act. His mother, a village woman, and a monk try to ease his pain. The village woman is depicted as a contrast to the woman in the bar : she works in a local market, always wears modest clothes (a blouse and long trousers), and

supports him emotionally by visiting his house and writing letters after finding out about his infection. In his final stage of illness, both she and his mother take care of him until his death. This story depicts men's philandering with women in bars as risky behavior. It also highlights dichotomous images of women—women in the service sector as a source of affliction and village women as virtuous.

Speeches by PLWH, who are invited to share their personal experiences of infection with the audience, also have a strong impact on them. Usually those who are invited are young men infected with HIV as a result of a commercial sex encounter and middle-aged women who contracted the virus from their husbands. The following excerpt is from a speech by a 33-year-old man who was diagnosed as HIV positive six years ago. It epitomizes a story of HIV infection typical among young men :

I used to be a soldier at Maerim district from 1984 to 1985. In those days, I often went out to drink alcohol and visit prostitutes. In 1986, I married a woman in my village. In 1989, we had a daughter. In 1993, my wife got sick and was found to be HIV positive. The doctor advised me to have an HIV test, and I also found myself to be infected. My wife died in 1995, and I had trouble adjusting to the situation. I thought of committing suicide. But the doctor gave me moral support and advised me to join a self-help group for PLWHs. The group gave me information about herbal medicines.

In 1997, my daughter had a rash and was diagnosed as HIV positive. Currently I take care of her and myself with help from my friends. I want to warn you. Blood must be checked before marriage.

I also want to urge men to use condoms every time you have sex with prostitutes even when you drink heavily. You have a high risk of infection when you go out to have a drink and visit prostitutes. If you make a mistake, you could lose your precious life. (A speech by a person with HIV, in a seminar in 1999)

Personal testimonies play a valuable role in raising awareness since “real” stories evoke “real” concern. On the other hand, most of the stories intensify prevailing ideas about vectors and victims—commercial sex workers do the transmitting, and men and their families suffer the consequences.

(2) Young People and “Free Sex” Relationships

Realizing that premarital sex is increasingly common among young factory workers, some AIDS educators half-jokingly describe young workers’ engagement in premarital sex as “free sex” (*free sek*). In Thailand, the term, “free sex”, is often associated with the images of Western young adults broadcast in the popular mass media, which stands in direct opposition to the image of the “traditional modesty” of the Thai. Almost all AIDS educators in seminars I observed perceived the behavioral changes among Thai youth as increasingly “westernized”, and some of them labeled their sexual relationships “free sex”. The following three quotes show such a typical representation of young factory workers’ sexuality and risk of infection :

In Lamphun, most people who have AIDS are young adults, aged from 20 to 29 years old. At this age, they have freedom to manage their time. Many of them have a job, and go out to drink in karaoke

bars after work. At NRIE, for instance, most people work during the day, and some of them still go out with their friends after work and on weekends. Since many workers stay in the dormitories, they have freedom. They have money and time that they can spend on their own. So I often find young men and women working in factories going out with their friends to bars and discotheques. They go out and take risks. AIDS spreads in areas where people's way of life has been urbanized. Then, as you know, the cause of infection is sexual behavior. (A lecturer in an AIDS workshop in July 1999)

Drugs and sex are causes of HIV infection. These days, many teenagers are addicted to drugs. At the estate, we have heard that some girls sell their bodies to buy yabaa⁴¹. I am afraid that drugs and sex will become serious problems among girls at the estate. (A nurse in an AIDS seminar in a factory, in March 1999)

Recently young women have sexual relations before marriage. Many women working here live in dormitories and have a fairly good chance to meet young men. They have freedom in the dormitories. (A lecturer in an AIDS workshop in July 1999)

In these excerpts, we identified educators' anxiety about young factory women's sexual "freedom" before marriage. Whether or not their sexual encounters involve a monetary transaction, they are depicted as a primary risk factor of HIV infection. Although the target of AIDS education is both young factory men and women, the instructors show a greater anxiety for women than for men because the population of female

workers is much greater at NRIE and because their sexual behaviors have drawn attention. Local villagers living nearby often spread negative gossip about young factory women's everyday behavior—"young teen-age girls working in the factory exchange sex for drugs", "young women in the dormitories stay with young men", "young women in the dormitories often change boyfriends", and so on. It is remarkable that some AIDS educators made similar remarks about factory women's sexual life styles. This suggests that young factory women's sexuality and HIV risk receive strong attention from the public.

(3) *"Good" Women, Morality, and HIV Risk*

The idea of sexual chastity remains norm of young women in Thai society, and the conventional idea is salient in visual and spoken materials used in AIDS education. For instance, visual materials in AIDS education often juxtapose images of "good women" who do not have sexual relations outside marriage with images of "bad women" who not only engage in multiple sexual relationships but also seduce men. In the educational book, which I discussed in the above section on "Seductive Women and Promiscuous Men", a woman in an entertainment spot almost always has a prominent bust and wears a tight dress that draws men's attention to her body. The material also emphasizes her erotic actions, such as moving her arms over the man's neck or pressing her breasts against him. On the contrary, a typical image of a "good woman" is a village woman who dutifully performs housework and helps her mother selling food in the market or working in the rice fields.

The “good woman” is portrayed as a responsible wife who keeps her house tidy and raises her children well.

“Goodness” has acquired renewed significance in the context of the AIDS epidemic, in which a Buddhist moral framework that defines “good” and “bad” or “appropriate” and “inappropriate” emerges in people’s imagery of HIV risk. In Thailand, Buddhist percepts hold that wholesome action leads to happiness, well-being, and good health. In the AIDS era, the Buddhist idea of virtuous behavior is emphasized once again as “proper” and “safe” behavior. In lectures and discussions, participants receive messages that define “safe” behavior within such a moral framework, as illustrated in the following two excerpts :

I know a housewife who nurses her sick husband. He is HIV positive. She is not infected and she determined to stay with him until the final day. You know, women will not desert their husbands even if they get infected and fall ill. This is the “nature” of women. As you know, women are good in nature. (A nurse in an AIDS workshop, in February 1999)

These days, sexual behavior has become an important measure to judge the “goodness” and “badness” of a person. Society regards you as “bad” if you have “bad” sexual behaviors. So how do we refrain from having sexual behaviors which people say are “bad”? And how do we protect ourselves from AIDS? (A talk by an instructor at the end of a seminar, in July 1999)

Facing a serious AIDS epidemic, many AIDS educators and

material producers emphasize the value of traditional norms of female respectability. It appears that they still define women's "appropriate" social and sexual behaviors as being chaste before marriage and loyal to their husbands after marriage, even though this goes against the changing norms among urban youth. Moreover, they conceptualize HIV infection within the framework of moral causality—a "bad" outcome (HIV infection) is the result of "bad" action (unfaithful sexual behavior).

III Discussion

Analysis of the messages of factory AIDS education revealed the incongruity between AIDS educators' ideas of "proper" sexuality and their expectations for young women and those among factory women. It has found that AIDS education messages, when deeply colored by gender stereotypes, are likely to reproduce the dominant ideology of sexual double standards in Thailand. Moreover, they actually discourage factory women from taking active prevention or modifying their risky behavior.

This study maintains that factory women's low perception of their personal risk of HIV infection is, partly, a byproduct of stereotypical representations of HIV risk groups in AIDS education campaigns. They disseminated education messages that contain dichotomized images of women—"good" women are "safe" and "bad" women are "dangerous"—in their representation of the vectors and victims of HIV infection. Factory women deny

their HIV risk simply because they do not see themselves as the “risky groups” represented in the education materials, or more precisely, do not want to be seen as such. Such feelings underlie their attitudes towards condom use as well.

Under these circumstances, merely promoting condoms is not necessarily an effective strategy to prevent HIV infection among factory women. Rather, it is likely that the current AIDS education programs actually reproduce sexual double standards in this country. Knowing the difficulties of using condoms in loving relations, factory women do not expect their boyfriends to use condoms with them; but they do expect their boyfriends to use condoms with commercial sex workers. AIDS educators’ recommendations to use condoms in a commercial sex context heightened such expectations. Reflecting the stereotypical notion that men philander, women ask their partners to use condoms in commercial sexual encounters. In so doing, women are condoning the infidelity of their male partners. A serious consequence is that women are still left powerless and passive in heterosexual partnerships and preventive practices.

This paper highlights the structural limits of factory AIDS education; that is, AIDS education alone is not enough to prevent the spread of HIV among young women since the educational effort itself is embedded in larger social structures which support unequal gender power relations. AIDS education cannot eliminate the practice of commercial sex. Nor is it alone effective in dealing with the unpopularity of condom use in stable sexual relationships since it is subsumed with larger

issues of sexual health. Comprehensive sexual health programs that go beyond an almost exclusive focus on condom promotion and that provide young men and women with basic knowledge about sexual health and gender equality should be developed in order to foster responsible sexual behavior by both sexes. Sexual health services, ranging from family planning counseling to STD prevention, should be equally available to young people before and after marriage, with greater understanding of their shifting sexual ideas and behavior. The current development of a health post designed by LPH for young people to receive sexual and reproductive sexual advice is one alternative to the exclusive focus on condom promotion in HIV prevention campaigns. Strengthening the capacity of nurses at the factory nurse station and providing basic information on sexual health at factories is another. Development of such integrated sexual health services will pave the way to overcome all difficulties in HIV prevention among young factory women.

Notes

- 1) Hereafter, the Northern regional office of a Brussels-based international NGO is indicated by a pseudonym, CMAids.
- 2) At NRIE, we also found female homosexual groups, but AIDS education in factories did not regard them as a primary target group.
- 3) "Daen", meaning red in Thai, is a title of this educational book.
- 4) "Yabaa" means amphetamine in Thai.

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