

## Chapter 6

### Summary and Conclusion

#### Summary

The Thai government responses to the AIDS epidemic as described in Chapter 3 through 5 developed noticeable trends throughout the three periods of this study. In the first period, though the public health agencies tried faithfully carry out their own duties, the general government gave priority to economic benefits rather than to public health. In the second period, disputes arose concerning the priority between economic benefits and public health. And finally in the third period, the public health gained higher priority.

Significant factors which affected the government policy change on AIDS were the level of correct understanding of the situation, the pressure from outside the government, and the decisions of the political leadership. In the first period, due to the fear that talking about AIDS would damage the country's image and economic income from tourism, and also because there was little appeal from the public or from international organizations, such as WHO, the then Prime Minister's attitude to the AIDS epidemic was to keep public health officials silent. In

the next period, since the AIDS situation had become more serious, and it convinced the then Minister of Public Health of the necessity to urgently create awareness of the public, he made critical political decisions and began to talk openly about AIDS. Though the government attitude toward people with HIV/AIDS was still oppressive, its attitude towards foreigners with HIV/AIDS changed as a result of pressure from the WHO. At the national level, government activities which tried to deal with people with HIV/AIDS by isolating them, such as the AIDS Bill, faced strong opposition from the NGOs. At this time, there was a conflict between economic profit or public health priorities. In the third period, as the method of monitoring the AIDS situation developed, and the government's understanding about AIDS and the long-term perspective deepened and became more progressive and aggressive, decision making was made by the strong political leadership at the top-level of the government.

It is quite interesting that the two most important policy changes occurred due to strong political leadership after each change in government. There were two people who came to power as a result of the government changes and brought significant policy changes on AIDS. Mr Chuan Leekpai, who served as the Minister of Public Health in 1988 and 1989, was the first politician to warn people of the danger of AIDS. Though the AIDS prevention measures taken by the government during his ministerial period

still remained within the framework of the MoPH, his remarks about AIDS created a great sensation in society, and so it can be said that he stirred up the movement within both the government and the public. While, the other person, Mr Mechai Viravaidya, was not an elected politician, he served as Minister of the Prime Minister's Office under the Anand government. Because of his very active movements concerning the AIDS issue as a top-level politician especially in the area of the public relations, he greatly succeeded in making people talk about AIDS in their everyday lives. He is internationally recognized for his focus on condom campaigns in the commercial sex setting and as is affectionately known as 'Mr Condom.'

### Conclusion

Although the government responses towards AIDS have visibly changed in the past decade, people's sexual attitudes, especially men's sexual attitudes towards their wives have not. The HIV-infection rate among pregnant women is currently increasing at a high rate, while that of other groups is still on the increase but at a low rate, either remaining at the same level or in some cases decreasing. (MoPH, 1995:4) Even if the government has integrated AIDS programmes and implemented them completely with enough financial and human resources, these efforts could have little impact on domestic sex lives at home,

where traditional culture still has an overwhelming influence surpassing any efforts for change by the government.

Since most Thai men in the past believed that the number of minor wives a man had indicated his wealth, virtue, and power, it is well known that male promiscuity is still widely accepted both by men and women in Thai society. Men believe active sexual behavior is a symbol of manliness. Not using condoms is also a symbol of male power, and any wife who asks her husband to use a condom will be accused of not trusting her husband. Therefore, to change this risk behavior in order to curb HIV infection in Thailand is equivalent to having to change these men's sexual behavior which is fundamentally ingrained in Thai sexual culture. Thus, the present Thai sexual culture in which sexual freedom for men is widely accepted is now facing a turning point. This seems to be one of the main factors which has made the effective implementation of the AIDS prevention and control measures very difficult, because the AIDS prevention measures are in direct contrast to the Thai sexual culture. AIDS has forced the need for change of Thai sexual culture. It is not surprising, therefore, that government attempts to stop the prevalence of HIV have faced cultural resistance from both government officials who only tried to change the behavior of CSWs but not their male clients, and from the public who mostly ignored the need to change their sexual

behavior.

As long as the foundation of this sexual culture is firmly rooted in Thai society, it will continue to work as a favorable base for the prevalence of HIV even if people use condoms or sterilize needles.

As long as there is a clear limitation of the effectiveness of the government's handling of present AIDS prevention measures, AIDS prevention activities need to be carried out in a new direction to change Thai culture which is greatly contributing to the spread of HIV among the Thai population.

### Implications

In reply to criticism that the government responses towards AIDS were belated, Dr. Wiwat Rojanapithayakorn, one of the planners of the 100 Percent Condom Program explained that implementation of such programme was impossible to implement before the real situation occurs. (Personal interview) Even if the government responses to AIDS had come in advance of the wide spread of HIV, Dr. Wiwat points out that such measures would not have been accepted. Sanitsuda Ekachai, a journalist of the Bangkok Post, also said "You don't notice there is a fire danger until your own house is on fire." (Moreau, 1992:13) Thus, if these remarks are true, it means that there can be no measure which can prevent the

prevalence of HIV until the AIDS issue is considered to be a problem of ourselves. In which case, it is quite certain that Thailand's bitter experience of AIDS will be repeated rather than learned from by countries in which the government responses to AIDS are still slow, such as, Bangladesh, Indonesia, Japan, the Republic of Korea, Malaysia, Pakistan, and the Philippines. (Harvard, 1994:15) Whether these countries can implement effective AIDS prevention measures depends on how much they can learn from and share the experience of Thailand, and recognize that the AIDS problem is everyone's problem. Therefore, I hope that this thesis will help share the Thai experience in which great sacrifices have already been paid.



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