



## Chapter 1

### Introduction

Since the first acquired immune deficiency syndrome (AIDS)\* case was found in the United States at the end of 1970s, human immunodeficiency virus (HIV), the virus that causes AIDS has spread all over the world. As of June 30, 1995, more than 1.1 million AIDS cases were reported to the World Health Organization (WHO) from 192 countries and regions. Within less than 20 years, HIV has spread widely throughout the world and with less than 4 years until the end of the 20th century, it is estimated that there will be about 18.5 million people infected with HIV.

Since the first AIDS cases were found among

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\* AIDS is the disease caused by the destruction of the human immune system by the virus, HIV. HIV can be transmitted through sexual contact, blood exchange, and from mother to child. After a person has been infected with HIV, the human immune system will gradually be destroyed over a period of some years. During this first stage, there are few recognizable symptoms and the carrier will not be aware of his infection without a blood test, but can spread the virus. Afterwards, AIDS-Related Complex (ARC), such as swelling of the lymph gland, fever that continues more than one month, continuous diarrhea, fatigue all over, decrease of weight, and nocturnal sweat, will begin to develop as a result of decreasing resistance of the body. This is the second stage. Then, in the final stage, opportunistic diseases, such as pneumocystic carinee pneumonia, candida albicans, and Kaposi's sarcoma, will finally cause death.

homosexuals in the United States, people both in the U.S. and in other countries have generally misconceived that AIDS was a disease related to abnormal sexual relations which were reportedly undertaken by homosexual males. In addition, as the mortality rate of these AIDS patients was extremely high, nearly 100%, at first, it was enough to make people believe that AIDS was a disease of divine retribution for immoral people. Due to the high mortality rate and the stigmatized image of the disease, AIDS affected societies in many ways because of people's fear of AIDS and discrimination against people with AIDS. Thailand, an Asian country, was no exception.

In terms of dealing with the AIDS issue, Thailand is at present one of the most aggressive countries in the world. The Prime Minister is the Chairman of the National AIDS Committee (NAC), and every province in the country has its own AIDS prevention programme which is adapted to the different social and cultural environment in each region. Non-governmental organizations (NGOs) are widely involved in government activities for the prevention and control of AIDS. However, it has not always been like this. The attitude of the Thai government was once very negative and at first it would not readily admit to the spread of HIV in the country. So, why and how has the Thai government's attitude towards AIDS changed? What effects has the AIDS epidemic had on Thai people? What has actually happened in Thai society during the past decade?

This thesis is a small attempt to answer these questions.

Though many research projects related to AIDS have been conducted in Thailand, most of them are related to the knowledge, attitude, and practice of either specific groups or the general public. There are also significant researches on AIDS in the sense of finding out the present situation and searching for the most appropriate measures for the prevention and control of AIDS in each particular social group. However, it is not easy to grasp the whole pattern of development and changes in Thai society affected by the AIDS epidemic from these researches because each one focuses on a specific population, such as commercial sex workers (CSWs), intravenous drug users (IDUs), truck drivers, or hill tribe people. It is also difficult to understand the connection between all major incidents related to AIDS from the researches conducted from social perspectives, because these are mostly focused on specific topics, such as sexual culture, laws, and NGO activities. In this thesis, an attempt is made to describe the general picture and influence of the AIDS epidemic on the Thai society.

This thesis covers the period from 1983, the year when the first AIDS prevention measures were conducted even before the first AIDS case in Thailand was found in 1984, until 1993, the year when the government, led by Mr. Chuan Leekpai, drafted the Operation Plan for the Prevention and Control of AIDS, 1995-1996, which is being



implemented at present.

As the epidemic spread, increasingly higher levels of government became involved. The period from 1983 to 1993 has been divided into three periods based on the level of the government agency mainly responsible for the implementation of the AIDS prevention and control measures, and also based on the persons who assumed performed the chairmanship of the National AIDS Committee (NAC).

The first period, from 1983 to October 1988, was the period when the Department of Communicable Disease Control (CDC) held almost all the responsibility for dealing with the AIDS epidemic, and the director-general of the Department of CDC was the chairman of the NAC. In the second period, from November 1988 to May 1991, the organization in charge of the AIDS issue was moved to a higher level from the Department of CDC to the Ministry of Public Health (MoPH), and the permanent secretary of the MoPH became the chairman of the NAC, but he was later replaced by the Minister. Finally in the third period, from June 1991 to 1993, the Office of the Prime Minister became the organization which managed the government's plan for the prevention and control of AIDS, and the Prime Minister himself was the chairman of the NAC. The public responses to the AIDS epidemic, therefore, have been divided based on the above division of the government responses.

In the second chapter, the epidemiological spread of HIV through the Thai population will be described. In Thailand, the spread of HIV was first found among male CSWs. It then spread very rapidly, even explosively, to IDUs, female CSWs, male clients of those female CSWs, and the wives and children of those males. In this chapter, the features of Thai society and the social and cultural foundations that allowed the easy spread of HIV will be explained.

In the third chapter, the responses of the Thai government and the public to AIDS from 1983 to October 1988 will be described. During this period, major activities dealing with the spread of AIDS were implemented by the Department of CDC as the agency responsible for the control of communicable disease. Other Thai government agencies and high level politicians generally had a negative and inactive attitude towards AIDS. They tried to ignore or distance themselves from the issue from the start. As the AIDS situation was often denied, and as public information was scarce, rumors began to spread in Thai society which led to misinformation and the wrong beliefs such as that mosquitoes could spread AIDS. Later, a man who was infected with HIV through a blood transfusion during an operation spoke out in public. As a result of being identified as HIV positive, he lost his job and place to live. Also in this period, a fashion model who was suspected to be infected with HIV was

psychologically damaged by the mass media and the general public's curiosity. Response from NGOs was fast, especially from NGOs working for male and female CSWs. However, their target groups and coverage were extremely limited, and the very significant information about AIDS provided by these NGOs did not reach the general public.

In the fourth chapter, the government and public responses between November 1988 and May 1991 will be described. In this second period, the agency responsible for the AIDS epidemic was raised to the ministry level, that of the Ministry of Public Health. Flustered by the explosive spread of HIV among IDUs and female CSWs, the then Minister of Public Health called for the end of secrecy about AIDS and demanded openness for information about AIDS in October 1988. The Public Health Minister Chuan Leekpai then began to talk about AIDS often in front of the public for the purpose of creating public awareness of AIDS. However, his active approach was not welcomed, especially not by a local tourism association which worried about damage to their business, and he was strongly criticized. To prevent the fast spread of HIV, the MoPH strongly pushed for the legislation of the AIDS Bill which aimed to strictly control people with HIV/AIDS and included punishments. However, this proposal faced strong opposition from the NGOs who said the bill could violate human rights. Furthermore, the MoPH was not able to gain satisfactory cooperation from other central or



local government agencies. Since the MoPH felt the urgent necessity to create awareness of AIDS among the public, frightening images of the disease were included in the campaign messages disseminated during this second period. Stimulated by the MoPH's attitude towards AIDS, a national university tried to force foreign staff to undergo AIDS tests. In addition, news of a child whose parents had died of AIDS and who was refused entry to a school was reported. Following the increasing needs of people with HIV/AIDS as a result of the wide spread of HIV and the ever more serious situation of AIDS in Thailand, the number of NGOs working on AIDS increased and their responses became more active. They opposed the MoPH's activities which potentially violated human rights and fought for the rights of people with HIV/AIDS and their families. A coalition of NGOs was established in this second period as well.

In the fifth chapter, the government and public responses during June 1991 to 1993 will be described. In this third period, the Prime Minister became Chairman of the National AIDS Committee. The AIDS issue was included for the first time in the government's general policy and it was given high priority in order to solve the problem. Following the appointment of Mr. Mechai Viravaidya, one of the most powerful AIDS activists, as Minister of the Office of the Prime Minister, strong leadership was brought from the top-level of the government to the AIDS

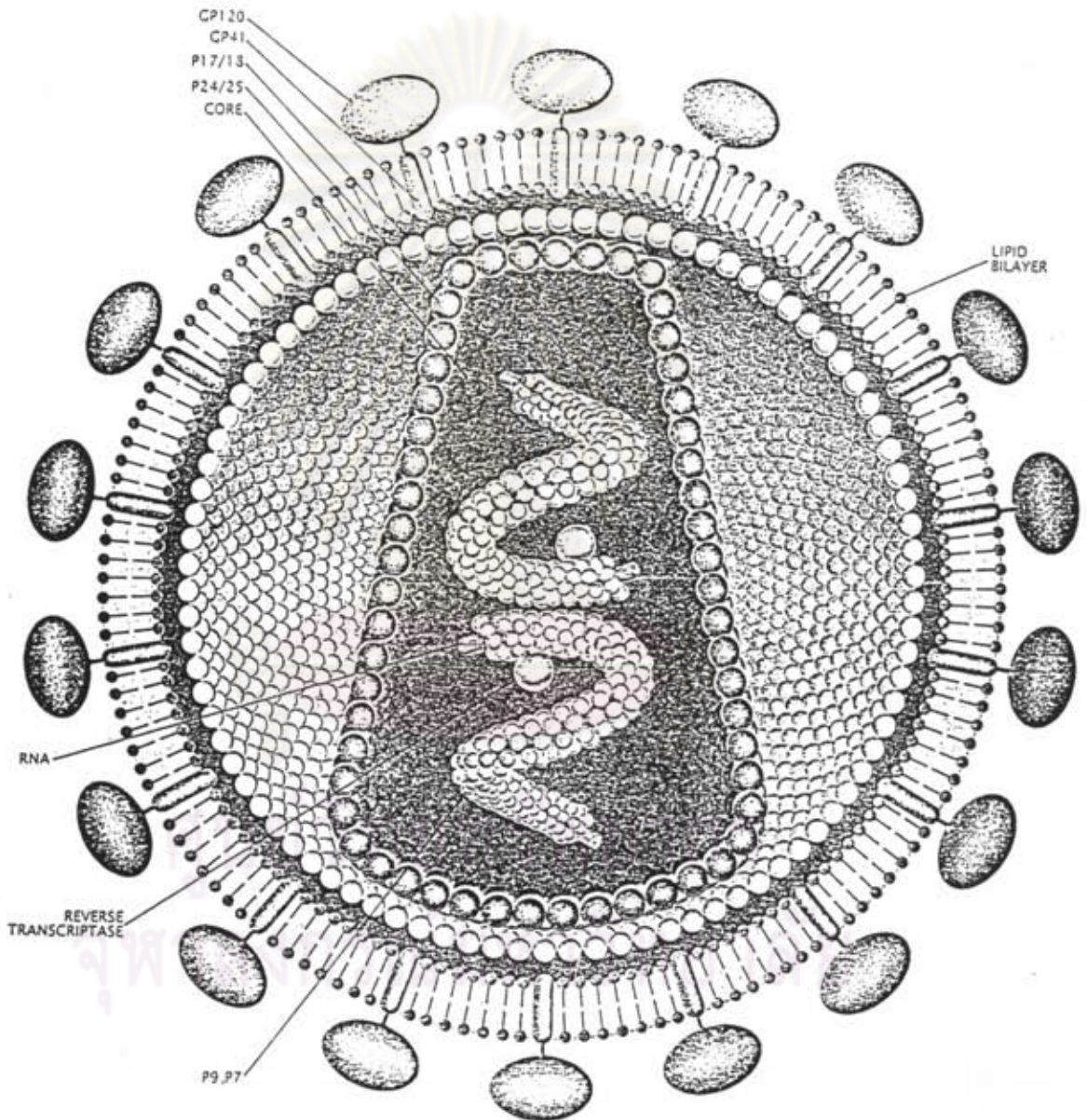
campaign. The national budget for AIDS was allocated to all ministries and to the NGOs. A broad AIDS campaign, whose messages were changed to emphasize and create compassion for people with HIV/AIDS and to support a "living together" policy, were conducted through the mass media. The AIDS Bill was abolished and other ministerial announcements were revised as well. In Thai society, however, the strong discrimination against people with HIV/AIDS still continued. A hospice for AIDS patients in their last stages managed by Buddhist monks at a temple in a province became the place to go for AIDS patients deserted by their families. Such incident reflected the situation in which people with HIV/AIDS were widely ostracized by society and in which the public state of mind was filled with fear of and discomfort about AIDS and people with HIV/AIDS. Under such circumstances, rumors began to spread again. There was a shocking story of revenge by a boy who was suspected to be infected with HIV attacking passers-by with a syringe that was believed to be contaminated with HIV in a shopping mall. As for the NGOs, their activities in this period were diversified into various areas through government financial support and the increasing need for such activities in society. Although cooperation between the government and NGOs and also cooperation within NGOs was strongly needed, those concerned did not always get along well. Moreover, there was a new movement in business to deal with AIDS.



In order to grasp the general picture of the government and public responses during more than a decade, newspaper articles were first used. Since the most recent incidents have not yet been written in the form of books, newspaper articles were the major resource materials utilized which were able to provide rich and continuous information of the recent past. Articles from magazines and journals were also used. The information received from these articles was reconfirmed as much as possible by comparing with the government data and records, literature, reports of researches and studies, and articles written in other books, magazines, journals, pamphlets, and interviews. Data used in this thesis was mostly collected between June 1993 and 1995.

This thesis is an attempt to describe the pattern of development of government and public responses to the AIDS epidemic over more than ten years by focusing on the significance of and the connection between each response and incidence, so that an overall picture of the AIDS epidemic in Thai society can be seen. Each area described here might be further studied and analyzed, and I sincerely hope that this thesis may be used as a guideline for further and more in-depth study of these areas.

Figure 1. Structure of Human Immunodeficiency Virus



Source: Scientific American, October 1988, p.27.