

**IMPACT OF HIV/AIDS ON HOUSEHOLD CONSUMPTION  
REALLOCATION AND ECONOMIC GROWTH IN THAILAND**



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**A Thesis Submitted in Partial Fulfillment of the Requirements  
for the Degree of Master of Science in Health Economics**

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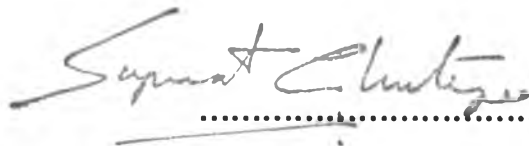
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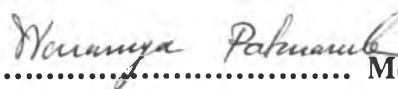
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This study was aimed at examining the impact of AIDS on household consumption reallocation and its effect on economic growth in Thailand. The study was based on secondary data collected from earlier studies and from government publications. Cross-sectional data in 1997 was analyzed. The methodology involved in the study consists of five steps. In the first step, characteristics of people by the 1988 household socio economic survey were selected. In order to know per earner household income, the study constructed earning function models by linear regression. Second, AIDS patients were divided into groups by age (15 to 60 years old), by geographic region, and by one of ten income classes (five each for rural or urban areas, with the first being the poorest and the fifth being the wealthiest). Third, the expected cost of AIDS was calculated across all ten-income classes. Fourth, the annual aggregate consumption expenditure for 1997 was calculated for ten commodities assuming a situation without AIDS. Finally, the effect of AIDS on economic growth was calculated based on the consumption reallocation for the ten commodities comparing situation with and without AIDS. The study also attempts to measure the change in national income compared to a situation without AIDS by using parameter estimates from an earlier study.

This study uses data on AIDS patients to infer a situation without AIDS, and to thereby estimate the economic cost of AIDS. There are six models based on three geographic regions separated into rural and urban areas which estimate per earner household income. Results indicate that most AIDS patients in urban areas are in the third and fourth income classes. Followed by the fifth income class, and the least number of patients in the first and second income classes. In rural areas most AIDS patients are in the fourth and fifth income classes, followed by the third income class, and the first and second income classes with the least AIDS patients. AIDS results are a reallocation of consumption across the ten commodities, but no net change. Finally, the results show that this situation implies a small impact on economic growth.

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## Contents

	<b>Page</b>
Abstract.....	iii
Acknowledgments .....	iv
Contents .....	v
List of Tables .....	ix
List of Figures .....	xii
Abbreviations.....	xiii
Chapter 1: Introduction .....	1
1.1 Background .....	1
1.2 The Current HIV Situation in Thailand .....	5
1.3 Research Questions .....	8
1.4 General Objective. ....	9
1.5 Specific Objectives.....	9
1.6 Expected Benefit and Applications .....	9
Chapter 2: Economic and Public Health Performance of Thailand .....	11
2.1 Economic Performance .....	11
2.1.1 Economic Development during 1995 and 1996....	13
2.1.2 Domestic Expenditure and Saving .....	14
2.1.3 Production.....	16
2.1.4 Price Level, Employment, and Wages.....	17
2.1.5 Fiscal Conditions.....	20
2.2 Public Health Performance .....	21

Chapter 3 Literature Review .....	24
3.1 Economic Costs of HIV/AIDS.....	24
3.2 Effect of HIV/AIDS on Households.....	30
3.3 Impact of HIV/AIDS on Economy .....	31
Chapter 4 Research Methodology .....	35
4.1 Conceptual Framework .....	35
4.2 Concepts Used in the Study.....	37
4.3 Data Collection.....	41
4.4 Steps Followed in the Analysis.....	42
Chapter 5 Discussion of the Results.....	60
5.1 Estimate of Per Capita Household Income .....	60
5.2 Estimate of Per Capita Income of AIDS Patients .....	67
5.3 Expected Cost of AIDS in Different Income Classes.....	78
5.4 Household Consumption Reallocation in a Situation- without AIDS.....	79
5.5 Change in Aggregate Consumption .....	86
5.6 Effect on Economic Growth .....	90
Chapter 6 Conclusion.....	92
6.1 Policy Implications.....	94
6.2 Limitations of the Study .....	95
6.3 Suggestions for Improvement of the Study.....	95
6.4 Recommendations for Future Research .....	96
References .....	98
Appendices.....	101
Appendix 1 Source of Data on AIDS.....	101
1.1 AIDS Cases According to Region in Thailand: December 1997 ...	101

1.2 AIDS Cases According to Region, and Area in Thailand.....	101
1.3 Number of AIDS Cases According to Occupation, Region, and Area: December 1997.....	102
1.4 Number of AIDS Cases According to Age and Region Separated by Urban and Rural Areas.....	103
<b>Appendix 2 Source of Data on Socio-Economic Survey,1988</b>	<b>105</b>
2.1 Number of Sampled People in 1988 SES According to Age Group and Occupation in BMA-Urban and Rural Areas.....	105
2.2 Number of Sampled People in 1988 SES According to Age Group and Occupation in Northern Region-Urban and Rural Areas.....	107
2.3 Number of Sample People in 1988 SES According to Age Group and Occupation in Other Region-Urban and Rural Areas.....	109
<b>Appendix 3 Data for Regression Model.....</b>	<b>111</b>
3.1 Data for Earning Function Model of Bangkok Metropolitan Urban Areas.....	111
3.2 Data for Earning Function Model of Bangkok Metropolitan Rural Areas.....	113
3.3 Data for Earning Function Model of Northern Region Urban Areas.....	115
3.4 Data for Earning Function Model of Northern Region-Rural Areas.....	117
3.5 Data for Earning Function Model of Other Region-Urban Areas.....	119
3.6 Data for Earning Function Model of Other Region-Rural Areas.....	121

Appendix 4 Per Capita Household Expenditure in 1988.....	123
4.1 Urban and Rural Household Characteristics: 1988 .....	123
Appendix 5 Per Capita Household Expenditure in 1997.....	124
5.1 Urban and Rural Household Characteristics: 1997 .....	124
Appendix 6 Data Used to Calculate Per Earner Household Income.....	125
6.1 Household Size Based on Population Survey: 1988.....	125
Appendix 7 Data Used to Estimate Per Capita Household Income in 1988.....	126
7.1 Average Monthly Per Capita Expenditure ( $P_1Q_1$ or $E_1$ ) by Commodity and Household: 1988.....	126
Appendix 8 Data Used to Estimate Per Capita Household Income in 1997.....	127
8.1 Average Monthly Per Capita Expenditure ( $P_1Q_1$ or $E_1$ ) by Commodity and Household: 1997.....	127
Appendix 9 Data Used to Calculate Resource Reallocation.....	128
9.1 Income Elasticity of Demand for Each Consumer Goods and Services in Urban and Rural Areas.....	128
9.2 Cost Shares of Domestic and Imported Input by Consumer Goods .....	129
CURRICULUM VITAE .....	130



## List of Tables

<b>Table</b>	<b>Page</b>
1.1 Situation of HIV/AIDS in South East Asian Countries 1997.....	4
1.2 HIV/AIDS Cases in Thailand between 1984-1997.....	5
1.3 AIDS Cases by Age group, 1984-1997.....	6
2.1 Socio-Economic Indicators of Thailand, 1983-1996.....	12
2.2 Thailand's Main Trading Partners.....	14
2.3 Domestic Expenditure during 1995 and 1996.....	15
2.4 Growth Rate of Different Industrial Sectors in Thailand: 1995-1996 .....	17
2.5 Consumer Price Index for Food and Non-Food Items.....	18
2.6 Minimum Wage in Different Provinces of Thailand .....	19
2.7 Balance of Payments Position of Thailand in 1995 and 1996.....	20
2.8 Percentage Change of Fiscal Position during 1995 and 1996.....	21
2.9 Health Economic Performance of Thailand .....	22
4.1 Dummy Table of Estimated Per Capita Household Income of AIDS According to Region, and Area Based on SES:1988.....	48
4.2 Dummy Table of AIDS cases in Each Income Class In Urban and Rural Areas: 1977 .....	49
4.3 Dummy Table; Calculation of Expected Cost of AIDS in Each Income classes: 1997.....	51
4.4 Dummy Table of Expenditure and Expected Reallocation in a Situation with and without AIDS in Each Income Class in 1997.....	53
4.5 Dummy Table on Net Change in Aggregate Consumption Expenditure in a Situation Without AIDS by Income Class per Month: 1977.....	56

4.6 Dummy Table on Aggregate Consumption in the Whole Kingdom 1997....	57
4.7 Dummy Table on Aggregate Change in Total Domestic and Imported – Consumer Goods.....	58
5.1A Regression Result of Bangkok Metropolitan-Urban Areas.....	62
5.1B Regression Result of Bangkok Metropolitan-Rural Areas.....	62
5.2A Regression Result of Northern Region–Urban Areas.....	64
5.2B Regression Result of Northern Region–Rural Areas.....	64
5.3A Regression Result of Other Region-Urban Areas.....	66
5.3B Regression Result of Other Region-Rural Areas.....	66
5.4A Estimated Per Capita Income of AIDS Patients in Bangkok Metropolitan- Urban Areas Based on SES 1988.....	69
5.4B Estimated Per Capita Income of AIDS Patients in Bangkok Metropolitan- Rural Areas Based on SES 1988.....	70
5.5A Estimated Per Capita Income of AIDS Patients in Northern-Urban Areas- Based on SES 1988.....	72
5.5B Estimated Per Capita Income of AIDS Patients in Northern-Rural Areas- Based on SES 1988.....	73
5.6A Estimated Per Capita Income of AIDS Patients in Other Region-Urban Areas Based on SES 1998.....	75
5.6B Estimated Per Capita Income of AIDS Patients in Other Region-Rural Areas Based on SES 1988.....	76
5.7 Number of AIDS Cases in Each Income Class in Urban and Rural Areas: 1997.....	77
5.8 The Expected Cost of AIDS in 1977 by Income Classes .....	79
5.9 Household Consumption Reallocation in a Situation Without AIDS on Household Income Class $U_1/R_1$ as 1988 Converted to 1997 .....	81

5.10 Household Consumption Reallocation in a Situation Without AIDS on Household Income Class $U_2/R_2$ as 1988 Converted to 1997 .....	82
5.11 Household Consumption Reallocation in a Situation Without AIDS on Household Income Class $U_3/R_3$ as 1988 Converted to 1997 .....	83
5.12 Household Consumption Reallocation in a Situation Without AIDS on Household Income Class $U_4/R_4$ as 1988 Converted to 1997 .....	84
5.13 Household Consumption Reallocation in a Situation Without AIDS on Household Income Class $U_5/R_5$ as 1988 Converted to 1997 .....	85
5.14 Net Change in Aggregate Consumption Expenditure per Month in a Situation Without AIDS $U_1-U_5$ and $R_1-R_5$ in 1997 .....	87
5.15 Aggregate Change in Consumption in the Whole Kingdom, 1997.....	89
5.16 Aggregate Change in Total Domestic and Imported Consumer Goods.....	89

## List of Figures

<b>Figure</b>	<b>Page</b>
1.1 Estimated Number of Persons Living with HIV/AIDS: July 1996.....	3
4.1 Conceptual Framework.....	36

## ABBREVIATIONS

<b>AIDS</b>	<b>: Acquired Immuno-Defficiency Syndrome</b>
<b>CMV</b>	<b>: Cyto Megalo Virus</b>
<b>ECU</b>	<b>: European Currency Unit</b>
<b>EMU</b>	<b>: Economic and Monetary Union</b>
<b>GDP</b>	<b>: Gross Domestic Product</b>
<b>GNP</b>	<b>: Gross National Product</b>
<b>HIV</b>	<b>: Human Immuno deficiency Virus</b>
<b>MAC</b>	<b>: Mycobacterium Avium Complex</b>
<b>MOPH</b>	<b>: Ministry of Public Health</b>
<b>NSO</b>	<b>: National Statistical Office</b>
<b>PCP</b>	<b>: Pneumocystic Carinii Pneumonia</b>
<b>PPP</b>	<b>: Purchasing Power Parity</b>
<b>SA</b>	<b>: South Asia</b>
<b>SEA</b>	<b>: South-East Asia</b>
<b>SES</b>	<b>: Socio-Economic Survey</b>
<b>SEARO</b>	<b>: South-East Asia Regional Office</b>
<b>STD/AIDS unit:</b>	<b>Sexually Transmitted Disease/ Acquired Immuno Defficient Syndrom Unit</b>
<b>UNAIDS</b>	<b>: Joint United Nations Programme on HIV/ AIDS</b>
<b>UNDP</b>	<b>: United Nations Development Programme</b>
<b>WHO</b>	<b>: World Health Organization</b>