HOPE INSPIRED BY FAITH: THE ROLE OF BUDDHISM IN THAILAND'S HIV/AIDS PREVENTION AND CARE

by

Michelle Sze Wing Mah
Bachelor of Arts, Simon Fraser University, 2005

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APPROVAL

Name: **Michelle Sze Wing Mah**

Degree: **Master of Arts in International Studies**

Title of   **Hope Inspired by Faith: The Role of Buddhism in**
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Supervisory Committee:

        Chair: **Dr. John Harriss**
                Professor of International Studies

_____

Dr. Michael Howard
Senior Supervisor
Professor of International Studies

_____

Dr. Paul Warwick
Supervisor
Professor of International Studies and Political Science

Date Approved: August 11th, 2008.

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ABSTRACT

Religion is a strong source of civil society that should not be ignored if culturally sensitive development is to occur. Typically, religious institutions have been trusted centres of education, health care and social support. Utilizing these deeply embedded forms of civil society to increase HIV/AIDS prevention and care efforts is only logical.

Buddhism has had an important role in combating HIV/AIDS in Thailand, due to its holistic methods of treating illness. With over 2,500 years of experience, Buddhism has utilized spiritual beliefs, support systems, meditation, herbal medication and massage techniques to encourage HIV/AIDS prevention and to bolster the quality of life for people suffering with HIV/AIDS. These complimentary forms of treatment, work in conjunction with modern medication to create a thoroughly Thai form of healthcare.

Keywords: HIV; AIDS; Buddhism; Civil Society; Thailand

Subject Terms: AIDS (Disease) – Buddhism; Civil Society – Religion; Buddhism – Thailand

DEDICATION

Compassion without judgement, providing 24-hour comfort care, and endless support: these are just some of the components that make up the Dr. Peter Centre. Witnessing the incredible kindness volunteers and staff have shown to those suffering from HIV/AIDS, has continually inspired me to take part in my community in whatever way I can.

People with HIV/AIDS are not just statistics: they are human beings. Mitigating the stigma associated with the disease requires education, and the will to view aid and development through alternative culturally sensitive means. It is my hope that this thesis will provide some insight into the positive role religion can have on HIV/AIDS prevention and care.

ACKNOWLEDGEMENTS

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Chapter 1: Buddhism's Role in HIV/AIDS Prevention and Care

33.2 million people worldwide: that's the harrowing statistic that shows the staggering estimated number of people infected with HIV/AIDS across the globe.[1] Dramatic numbers often lead to dramatic outcomes: a loss of adults who are of working age effects economies, a loss of parents affects children who end up orphaned, and for many suffering with HIV/AIDS, a diagnoses of HIV/AIDS results in a loss of dignity. Due to the devastating results of HIV/AIDS, countries cannot afford to be complacent about this problem.

We often hear that globalization has encroached on developing countries, and submerged traditional sources of knowledge. However, indigenous sources of knowledge cannot be undermined as legitimate sources of pro-community development if we are to combat the spread of HIV/AIDS. Existing sources of civil society like religion can provide a unique and positive contribution especially in the realm of healthcare.

Thailand's HIV/AIDS crisis has highlighted the role of traditional types of healing (meditation, herbs, and traditional Thai massage) and spiritual guidance found within the Buddhist religion. Encouraging the use of indigenous medical

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[1] UNAIDS, "2007 UNAIDS Annual Report: Knowing Your Epidemic", 8 (Geneva: UNAIDS, 2008).

systems, has allowed Thailand to cultivate a vital resource, which has been instrumental in improving the quality of life for people with HIV/AIDS. Buddhism's involvement in medical care provides a strong supplementary element to western-style biomedicine, as it is a cost effective way of bolstering the quality of life for HIV/AIDS patients and their families. With a history that is deeply embedded in the society and culture of Thailand, Buddhism offers a complimentary form of healthcare that is culturally sensitive and indigenous to Thailand itself.

For Thailand, incorporating pre-existing ancient forms of healthcare into modern day policy was a wise decision. By no means does this suggest that technological advances and techniques in medical care have been replaced by traditional knowledge. Instead, they have been used to compliment modern day medicine. By combining time honoured forms of healing, with modern biomedical techniques, the Thais have been able to create a holistic and thoroughly "Thai" version of healthcare. [2] Moreover, this support of community cultural knowledge has been perpetrated from all development sectors in the hopes of removing a dependence on often expensive and non-indigenous sources of medication and technology manufactured and supplied abroad. [3] "Consciously or unconsciously

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[2] Anna Patricia Davis, *Traditional Cultural Knowledge: A Self-Reliant Healthcare Strategy Among Newly Affluent (Upper Middle Income) Suburbanites of Chiang Mai, Northern Thailand*, (SFU: Simon Fraser UP, 1999), 3.
[3] Ibid., 16.

applied, it is a means for self-reliance – the ability to adapt to, cope with and/or resist external forces". [4]

Buddhism has been deeply entrenched in medical theory and practice. With over 2,500 years of medical engagement within local communities, its positive contribution in this area cannot be denied. [5] Over 94% of the population believes in Theravada Buddhism, and Buddhism's special perspectives on living have allowed those practicing to build support networks that emphasize compassion, and a holistic way of viewing illness which stresses both physical and mental health. This lies in direct contrast to Western biomedical views that only treats the physical symptoms of illness. By examining the human being as a whole, Buddhism has created a niche for itself working alongside the Western medical sector, by providing support through ancient methodologies of healthcare. Moreover, in the face of illnesses like HIV/AIDS where death is a certainty, Buddhism's beliefs have enabled people to face death, fate and suffering with understanding and peace of mind. The religious nature of Buddhism alleviates much suffering by giving people a spiritual component as to why they may have gotten the disease in the first place via past *kammic* activity. In addition, Buddhism also provides a spiritual and practical guideline to living life. By following the Five Precepts: "1) you must not kill, 2) you must not steal, 3) you must not tell a lie, 4) you must not commit adultery and 5) you must not

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[4] Ibid., 16.

[5] Pinit Ratankul, "Chapter 7: Buddhist Healthcare Ethics," in *A Cross Cultural Dialogue on Health Care Ethics*, ed. Harold Coward and Pinit Ratankul, 119 (Waterloo: Wilfred Laurier UP, 1999).

take strong drinks" it is hoped that one can avoid the pitfalls of HIV/AIDS transmission. [6]

The goal of this paper is to illuminate Buddhism's role in improving the quality of life for patients with HIV/AIDS. By fulfilling this vital niche in Thailand's healthcare system, religion proves itself a worthy component in pro-community development and a vital source of civil society.

Thesis Organization

This thesis will combine elements that will examine religion's role in development and civil society, HIV/AIDS, and Thailand's cultural and historical ties to Buddhism. How Buddhism ultimately effects the treatment of HIV/AIDS will be of special concern. We will first examine what role religion has in development and a brief look at modern day Thailand. Afterwards, an introduction to Theravada Buddhism is given and its influence as a force for change. This will be followed by an introduction to HIV/AIDS, a section on the medical history of Thailand, and the gender roles and cultural attitudes that affects behaviour that influences the spread of HIV/AIDS. Finally, the last portion will focus on the HIV/AIDS crisis in Thailand and Buddhism's role in reducing stigma and increasing care for people suffering from HIV/AIDS.

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[6] Richard A. Jenkins and Bryan Kim, "Cultural Norms and Risk: Lessons Learned from HIV in Thailand." *The Journal of Primary Prevention*, 25. no. 1 (September 2004): 23.

Chapter 2: Religion in Development

Civil society is a fragile substance capable of transforming countries. Utilized to counteract a strong state, develop democracy, and to act covertly in the name of the local population, civil society according to Putnum is "composed of horizontal solidaristic groups which cross cut vertical ties of kinship and patronage".[7] Congregating directly outside of the state, these associational groups are critical components, that when properly strengthened, compel governments to hold responsibility towards their citizens, lending to accountability where none may have previously existed. Moreover, civil society organizations are often deeply embedded in the culture. Therefore promoting already existing sources within each country can provide a stronger influence for change. Creating new sources of civil society that stem from outside means is assuming that the deep art of development can be interpreted within a one size fits all schematic. However, without examining the social, economic and historical complexities of each country case study, modern day development would be severely limited. In short, "social change comes about from within individuals rather than being imposed upon them through changes brought about from outside."[8] Local culture, history, and existing institutions must be consulted and probed in order to exploit alternative methods for development promotion.   As

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[7] David Lewis, "Civil Society in African Contexts: Reflections on the Usefulness of a Concept", *Development and Change*, 33, no. 4 (2002): 570.

[8] John Harriss, "Antinomies of Empowerment: Observations on Civil Society, Politics and Urban Governance in India", *Economic and Political Weekly*, 42, no.26 (2007): 2717.

Clarke explains, despite its noticeable absence within development studies, the power of religion cannot be ignored. [9] Religion has been a vital source for change when it comes to development. The ability to mobilize believers has been well documented from the political and social movements that have erupted around the world. Everything from the civil rights movement, to anti-apartheid campaigns, and literacy drives etc. have been motivated by the religious components that have made up civil society. It can act as a force for positive change whether through advocacy work, empowerment or providing healthcare services to the poor.

However, religion is not without its problems. Given a development scenario where predatory states have ruled with iron fists, opportunistic individuals may seek to prey on others. In this case, religion can also be a source of oppression as well as violence. Moreover, since the end of the Cold War, many nations have defined themselves through religion and ethnicity. Some of these are prime examples of the negative usages of religion, which have lead to bloodshed, and the birth of secessionism.

The question that arises from supporting faith-based organizations is whether the development policies that will be adopted are based on empowering or dominating the population. The latter may very well become a threat to worldwide security. Violent behaviour nurtured through faith based

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[9] Gerard Clarke, "Faith Matters: Faith-Based Organizations, Civil Society and International Development", *Journal of International Development*, 18, no. 0 (2006): 835.

organizations, are therefore subject to scrutiny.   As Thomas has suggested, more often than not western governments and development agencies have adopted the argument that religion hinders the ability to promote development, or help the poor. [10] Development has become in his eyes, drowned in secular missionaries that limits the main world religions into "abstract moral rules, norm, or values, which can only be appealed to by a "rationally" detached from religion, culture, and tradition". [11] Unfortunately, communities cannot be severed and detached from these firmly rooted social practices that make up civil society. In order for development to be successful the moral foundations of society must be compatible with the social and economic changes that are being suggested. [12] In recent years, The World Bank as well as other NGO's such as the World Faiths Development Dialogue (WFDD) have understood that the value of faith based organizations is in their innate ability to garner the trust of the community. As the general secretary of CIVICUS, Kumi Naidoo, has noted "faith-based organizations probably provide the best social and physical infrastructure in the poorest communities..(because) churches, temples, mosques, and other places of worship (are) focal points for the communities they serve". [13]

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[10] Scott M. Thomas "Building Communities of Character: Foreign Aid Policy and Faith-Based Organizations," *SAIS Review* 24, no. 2 (2004): 135.

[11] Ibid., 135.

[12] Ibid., 136.

[13] Ibid., 137.

More often than not, religious organizations have traditionally provided services in the form of education, and health care.[14] Distributing such services to the poor has served a niche in developing communities. Countries which do not have the institutional capacity or governmental organization or funds to do so, benefit from the volunteerism involved in religious organizations. According to Clarke, it is important to note that faith based organizations have respect that is deeply embedded in the local communities, something that secular organizations may take years to develop.[15] Understanding local faith based organizations on the ground may be imperative for the success of promoting positive change within the framework of development.

So what can religion contribute in the realm of healthcare? Organizations such as the RAND National Defence Research Institute have pointed out the crucial effect that religion can have in the prevention of the spread of HIV/AIDS. According to this report, two factors may be important: "moral beliefs and membership in a faith community". [16] While the main focus of many faith based organizations has been sexual abstinence, the report stresses that there is a role that religious institutions can play to prevent the spread of HIV. By utilizing existing religious beliefs, religion has been viewed as an "untapped resource in the whole struggle against HIV and AIDS and should be looked at more

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[14] Katherine Marshall and Marisa Van Saanen, *Development and Faith: Where Mind, Heart and Soul Work Together* (Washington: The World Bank, 2007), 2.
[15] Clarke, *Faith Matters*, 845.
[16] RAND National Defense Research Institute, "Rand Study Finds Religiosity can be an Important Tool in Preventing the Spread of HIV/AIDS", RAND, http://www.rand.org/news/press.07/04.03.html `

thoroughly". [17]   Moreover, other studies have found that there is a universal desire to protect others from harm that is intrinsic in most of the world's major religions.[18] This fundamental concern for the welfare of others can be a driving force towards supporting pro-social values that would be useful in the support of safer sex practices between those with HIV/AIDS and their partners. [19] The possibility of spreading safer sex practices through religious organizations has the potential of changing the way development views religion and faith.   Instead of solely promoting abstinence only programs, the inclusion of moral decision making that will prevent the spread of HIV/AIDS while complimenting already existing values and beliefs would be a benefit to HIV/AIDS prevention programs.

Modern Day Thailand's Relationship with Buddhism

Nestled between Cambodia, Laos, Burma, and Malaysia, Thailand has emerged as a strong economic power within the region. Thailand is a middle-income country, which in 2007, was able to increase its economy by 4.5%. [20] Within a geographical area, that according to the CIA Factbook, is "slightly more than twice the size of Wyoming", is an estimated 65,493,298 people, where over 94% of the population believes in Theravada Buddhism. [21] Day to day life is immersed in elements of this religion. "In the home, people keep for worship the Buddha, images of various sizes on small altar-tables.   While travelling, they

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[17] Ibid.

[18] Ibid.

[19] Frank H. Galvan, Rebecca L. Collinis, David E. Kanouse, Philip Pantoja, and Daniela Golinelli, "Religiosity, Denominational Affiliation, and Sexual Behaviours Among People With HIV in the United States," *Journal of Sex Research* 44, no. 1 (2007): 49.

[20] Ibid., 49.

[21] CIA The World Factbook, "CIA Factbook Thailand," CIA the World Factbook, https://www.cia.gov/library/publications/the-world-factbook/geos/th.html

wear small Buddha images around their necks as objects of veneration and recollection or as amulets for adornment and protection". [22] For the highly devoted, monks are given food offerings, while monasteries have money donated that is dedicated to their upkeep. Those who are more relaxed about their devotion may simply try to keep the basic principles of Buddhism in their daily routine.

Buddhist society can be compartmentalized into 4 groupings: monks, nuns, laymen and laywomen. In order to become a part of the *sangha* (Buddhist brotherhood), males must be willing to renounce most worldly possessions and become entirely dependent on the charity of laymen to provide such necessities as food and clothing to the monks. [23] The role of the monks is to provide spiritual guidance for the laymen, and to adhere to a strict regimen which should be utilized as a moral compass for the average Thai.

Today, the urbanization of Thailand has made the role of Buddhism a little less visually prominent in large cities. However, rural areas still view the monastery as the centre of "social life and activities of the village, for village social life follows the Buddhist holy days, temple fairs and merit-making ceremonies". [24] Within the village, relationships between monks and villagers are often also more personal. The community feels a sense of belonging to the

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[22] Phra Rajavaramuni, *Thai Buddhism in the Buddhist World* (Bangkok: Mahahchulalongkorn Buddhist University, 1984), 12.

[23] Ibid., 15.

[24] Ibid., 15.

monastery, because the close daily contact between monks and laymen draws both parties into a tight knit reciprocal relationship where monks act as counsellors to villagers who have problems in their lives. Attending to the effects of modernization, migration, economic woes, and health issues have all been a part of the monk's job to help solve problems within the community that are affecting the laymen. In turn, laymen are expected to take care of the monks material needs. Unlike newer religions, or belief systems, Thailand's relationship with Buddhism has been ongoing since the 6th Century BC and remains an integral part of Thai identity. The average Thai views the world through a Theravada Buddhist's lens and the Buddhist belief system has much to offer for those seeking deeply embedded forms of trust, legitimacy and community ties to invoke pro-development change. With traditional leadership skills and a history of educating the community, temples have the strong ability to change perspectives, stigma, and even behaviour that affects healthcare.

Nation Building and Thai Identity

In 1939, Thailand underwent a massive ideological change in response to the worldwide boom in concepts of nationhood. Prime Minister Phibun Songkhram was instrumental in changing the Thai view of nationhood because of his belief that that the Thai's strong ability to adapt to different external situations inhibited the creation of a nationalistic oriented character. [25] The goal was to stress the importance of Thai speaking citizens. This wide definition of what "Thai" was provided identity fluidity for those living within the country who may

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[25] Penny Van Esterik, *Materializing Thailand* (Oxford: Oxford UP, 2000), 97.

not have been Thai in ethnicity. Although Thailand has a firm policy of religious tolerance, "in the twentieth century, Buddhism acquired the status and function of a state religion". [26] By 1977, Buddhism was immortalized as a symbolic representation of unity when the country created the trinity of "Nation, Religion, and Monarchy" in order to legitimize the state with long standing symbols of morality. By doing so, Thailand homogenized the culture within its borders to reflect a uniform religious landscape that highlighted its Buddhist majority. [27] This was not without its problems. Friction between Islamic and Buddhist communities that dominate the southern region of Thailand has created separatist violence. Despite this fact, Buddhism continues to be an integral part of Thai national identity for the majority of those living within the country.

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[26] Pasuk Phongpaichit and Chris Baker, *Thailand: Economy and Politics*, 2nd ed. (Oxford: Oxford UP, 2002), 393.

[27] CIA The World Factbook, "CIA Factbook Thailand."

Chapter 3: What is Theravada Buddhism?

In order to understand the culture within Thailand, Theravada Buddhism must be defined. Buddhism can be classified into two different types. The first, labelled the Greater Vehicle (or Mahayana Buddhism), and the second, Smaller Vehicle (Theravada or Hinayana Buddhsim) are dramatically different. On the one hand, the former has been modified over time, and circumstances. Throughout history, its ideology has included the belief that religion must allow for modifications. These forms of Buddhism are more prevalent in countries like China, Korea, Japan and Vietnam.[28]

Theravada Buddhism on the other hand, has aimed to reflect the original form of Buddhism. Technically, Theravada Buddhism should reflect Buddhism "as it existed during the time of Buddha himself without change and bases itself on the teaching as found in the original Pali script". [29] However, despite these goals, it is important to remember that Theravada Buddhism is a living religion. It is subject to changes that reflect dynamic and sometimes volatile alterations in the social, economic, and political landscape it exists in. [30] This is exemplified by the combination of the historical mixture of religious traditions that existed within Thailand prior to the introduction of Buddhism with Buddhism itself. "Along the

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[28] Office of the National Culture Commission. *Understanding Thai Buddhism* (Thailand: Office of the National Culture Commission, 1996), 7
[29] Ibid., 7.
[30] Donald K. Swearer, *Buddhism and Society in South East Asia* (USA: Anima Books, 1981), 53.

way, this form of Buddhism interacted with pre-existing animist and folk traditions, absorbing some of the beliefs and ritual forms of these indigenous traditions". [31]

Basic Buddhist Beliefs

According to the Theravada Belief system, one monolithic or omnipotent God does not exist. Instead, several Gods are present in Buddhist cosmology as various mystical beings. While supernatural forces may be present, individuals must look to themselves to invoke positive change in their lives. [32] One must make the voyage toward awakening by themselves without help from celestial beings. In this way, individuals are responsible for the consequences of their own behaviours (*kamma*).

Buddhists also believe in the migration of the soul, reincarnation and rebirth. One's lot in life is dependent on the merit or demerit's accumulated in past lives. Therefore, present day circumstances cannot be inherently changed by today's merit making. So while, merit making is the best method of gaining salvation from the cycle of re-incarnation, Buddhism has also been blamed for supporting the status quo. After all, if one's life is dependent on the behaviour exhibited in past lives there is no way to escape one's present day situation. In modern day Thailand, there are those that were/are left unsatisfied with this idea

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[31] Geoff Barstow, "Research Report International Portrait: Thailand (2007)," The Pluralism Project, http://www.plualism.org/research/profiles/display.php?profile=74596

[32] BBC, "Southern Buddhism", BBC, http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml

of Buddhism as it excluded the possibility for concepts such as self-improvement in the present or an escalation in social status, class or income due to what had happened in previous lives.

The Buddha

The Buddha has been viewed as the founder of Buddhism, a man who reached enlightenment, and whose life should be reflected in one's own actions especially for the committed Buddhist. Prior to enlightenment, the Buddha, was originally a Prince named "Siddhartha Gautama" who became the Buddha based on his desire to live a life of virtue, one which ended suffering for other people, as well as ending the desire to "posses, to have, to taste, to acquire more and more etc". [33] By rejecting the life of a householder, his quest included becoming a "beggar, studying and meditating until he discovered the true nature of human existence which enabled him to overcome suffering (*dukkha*) in its most profound ontological dimension". [34] Through this journey, he was able to achieve enlightenment (*nibbana*).

Buddhist Guidelines for Living

The Buddha outlined a series of guidelines that consisted of the Four Noble Truths and the Noble Eightfold Path. When utilized by Theravada Buddhists, these series of techniques would help practitioners achieve an end to suffering and lead to self-awakening. "The first (The Four Noble Truths) covers the side of doctrine, and the primary response it elicits is understanding; the

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[33] Ibid., 9.
[34] Donald K. Swearer, *Buddhism and Society*, 7.

second (the Noble Eightfold Path) covers the side of discipline, in the broadest sense of that word, and the primary response it calls for is practice". [35] While Siddhartha Guatama may be the founder of Buddhism, it is his life story that lays out the groundwork for other Buddhists to follow. [36] Ideally, every layman would seek the same thing: an end to suffering. To adhere to a Buddhist way of life, laymen are required to follow Five Precepts which consist of the following: "1) you must not kill, 2) you must not steal, 3) you must not tell a lie, 4) you must not commit adultery and 5) you must not take strong drinks". [37] Lay society's duty according to the *sangha* was to gain status for a future rebirth by gaining merit. This could be achieved by patronizing the *wat* (temple), and adhering to the Five Precepts. These guidelines for living reflect the Thai sensibility for taking responsibility for one's own actions. As bad behaviour can lead to poor *kamma* in a future life, or even affect health in the present day, it is best to adhere to the Buddhist way of life closely.

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[35] Bhikku Bodhi, "The Noble Eightfold Path The Way to the End of Suffering," *Buddhist Publication Society*, 308 no. 311 (1984), http://www.accesstoinsight.org/lib/authors/bodhi/waytoend.html

[36] Ibid., 7.

[37] Office of the National, *Understanding Thai Buddhism*, 13.

Chapter 4: Change Through Buddhist Beliefs

Authors such as Hedman, have made remarks that suggest that change within Thai Buddhism was rendered impotent, due to the structure of the sangha. According to the sangha hierarchy, the Supreme Patriarch held the highest position within the sangha and was formally appointed by the King. In order to enforce state control, the entire religious body was subject to formal government regulation. [38] Due to this factor, she believed that "as a result, the peak institutions of Thai Buddhism have proven rather inhospitable for mobilizational efforts that might threaten political stability by challenging the incumbent regime". [39] Like many other religious institutions, Buddhism has been traditionally very conservative and slow to change. Despite this, there is evidence that suggests that oppositional voices were still able to react, disagree with, and criticize the government. Although she is correct in her view that the sangha has been inhospitable to alternative/un-conservative thoughts, many have risked persecution, repression, and bloodshed in order to stimulate change.

Modernization Usurps the Role of the Monk

The temple has traditionally been the centre of communal life: education, merit making ceremonies (becoming a monk), and working as a social safety net for the aged, handicapped or sick. These were the traditional roles of the

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[38] Eva-Lotta E. Hedman, "Contesting State and Civil Society: Southeast Asian Trajectories," *Modern Asian Studies* 35, no. 4 (2001): 929.

[39] Ibid., 929.

community temple. [40]   For some like Vichit-Vadakan, King Chulalongkorn's efforts to centralize the Thai state weakened the ability for temples to exert the same amount of power they once did. The changing role of monks in education is a prime example of this because rural communities were now within the reach of central government agencies. No longer on the peripheries, government agencies now had control over education in far away places, while also standardizing what was taught in each curriculum. In the 1920's the government "adopted the ideal of universal primary education...but only invested seriously in the expansion of primary schooling after the 1932 revolution". [41] However, an undertaking this large requires funding, which could only be achieved in the 1960's as the economy and increase in government revenues allowed for public education spending. [42] Due to these efforts by a centralized state, the temple was no longer necessary and could not compete with state run education. [43]

Change in the Face of Modernization

By examining a few influential monks during this period, it was obvious that Buddhism was going to need to alter itself in order to compliment the growing metropolitan society. Buddhism had to remain relevant. Change in this era, especially in the face of conservative traditionalists in the sangha, required monks who were groundbreaking in their beliefs. In 1906, Bhikku Buddhadasa was born. Infamous for his lectures on "spiritual politics", which have been

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[40] Juree Vichit-Vadakan, "Thai Civil Society: Exploring a Diverse and Complex Landscape, " in
    Civil Society in Asia, ed. David C. Schak and Wayne Hudson, 91 (Burlington: Ashgate, 2003).
[41] Pasuk Phongpaichit, Thailand: Economy, 386.
[42]Ibid., 387.
[43] Juree Vichit-Vadakan, "Thai Civil Society", 91.

defined as '"the proper balance of man to man, acting for the interests of the whole...a kind of socialism, or to use the Thai term, a 'fellowship of restraint' (*sangha-niyama*)". [44] He promoted political involvement, interpersonal and civic wellbeing, as well as saw "all forms of political, social and economic organization not as ends in themselves but as serving spiritual goals". [45] He avoided the political limelight and persecution by staying within the confines of his forest monastery. More political abbots like Phra Phimontham, exemplified how the democratic implications of beliefs led to his own persecution. In 1960, Phimontham was accused of homosexuality, and his title of abbot from Wat Mahathat was taken away. By avoiding more traditionalists within the sangha, Buddhadasa was able to avoid a similar fate. [46] Centralized control of the sangha was also open to protests, as several movements charged that the sangha hierarchy was indifferent to the needs of the people by upholding a rigid conservative outlook. [47] These individuals, coupled with movements to stimulate change in the system, were instrumental in invoking a more modern style of Buddhism that was keeping up with the changes in society.

There was also a role for lay Buddhists to invoke societal transformation. An individual like Sulak Sivaraksa, in the 1960s, was instrumental in criticizing authorities and advocating that "for Buddhists to be true to themselves they need

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[44] Donald K. Swearer, *Buddhism and Society*, 58.
[45] Ibid, 59.
[46] Pasuk Phongpaichit, *Thailand Economy,* 394.
[47] Ibid., 395.

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to confront the tremendous suffering in society with mindfulness". [48] His voice was an alternative to mainstream forms of development at the time, because it included the Buddhist idea of combining both social change and addressing individual mindfulness in order to seriously confront social issues plaguing the country. Throughout the course of his life, Sulak Sivaraksa became a driving force for inspiring, creating or supporting organizations that were critical in involving Buddhist communities to enact change. One such group is the Thai Inter-Religious Commission for Development (TICD). As noted previously, the modernization of Thailand gradually excluded the role of the monk as the centre of the Thai community. The centralized state now had professional teachers, doctors etc, that had usurped the traditional role that monks played in communities. However, monks never lost their ability to lead, educate and learn. The initial 20 monks that were involved in this process realized this; and have encouraged community empowerment, and community development work.   By 2006, there was an estimated 500 monks within this network. [49]   Another example to note was the work of Luang Pho Nan who became worried about his community as urbanization had thrown his fellow villagers into debt and land loss. What he campaigned for was the development of "rice banks, community co-operative shops and community savings groups all based on Buddhist Principles of 'vajji-aparihayadhamm' [participatory democracy] that include collective decision making, the honouring of agreed principles, respect for elders

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[48] Pracha Huanuwatr and Jane Rasbash, "Action for Justice and Freedom: Engaged Buddhism in Siam and South-East Asia," in *Visions of Development: Faith-based Initiatives*, ed. Wendy R. Tyndale, 124 (England: Ashgate, 2006).

[49] Ibid, 125.

and women and spiritual practice". [50] Through this organization, the work of Luang Pho Nan soon spread to other villages, and encouraged already existing Buddhist beliefs to be utilized in a positive and modern development context. Other organizations like the Spirit in Education Movement have advocated sustainable technology, micro-credit, and the cultivation of Buddhist perspectives on development. The International Network of Engaged Buddhists (INEB) was also instrumental in initiating a dialogue between Buddhists from different nations. Complex issues such as "consumerism, Buddhism and the environment, meditation and social action, diversity and unity among different Buddhist denominations" have all be discussed as problems that plague modern day Buddhists. [51] This network has acted as forum to disseminate information in an environment that was decentralized and that lacked a formal chain of command. [52] All of these individuals and organizations exemplify how change, initiated by grassroots means were able to enact community development with Buddhist values as a framework to work within. Change within Buddhism has therefore been able to survive, despite the formal hierarchy, control and conservatism that the sangha may have. In addition, as we shall see later on, despite conservative traditional views that hindered treatment for those with HIV/AIDS, Buddhism was still able to promote positive pro-development change.

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[50] Ibid., 125.
[51] Ibid., 125.
[52] Ibid., 126.

Chapter 5: Introduction of HIV/AIDS

Poverty, migration, low levels of empowerment, a lack of education and political will power: these factors are the perfect storm for the AIDS pandemic. For low-middle income level countries, gathering the necessary funding, leadership, governance and institutional capacity building requires dedication and time. Unfortunately for the estimated 5,700 people who die from AIDS each day, time is a luxury few can afford. [53] Crossing all boundaries of age, ethnicity, gender and class, this disease has managed to infiltrate every level of society, and nearly every country in the world. According to the *2007 UNAIDS Annual Report: Knowing Your Epidemic*, AIDS remains a principle factor in worldwide mortality statistics. [54] Although HIV/AIDS prevalence rates remains stable, the estimated number of infected is still an overwhelming 33.2 million people worldwide. [55] "Within a few years of it's identification in the 1980's, HIV/AIDS has spread to every continent and every country". [56] Without a concerted effort of communication and coordination by international bodies, this disease will continue to alter the socio-economic landscapes of the world.

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[53] UNAIDS, "2007 UNAIDS Annual Report: Knowing Your Epidemic", 8.
[54] Ibid., 8.
[55] Ibid., 8.
[56] James Thuo Njuguna, "Appendix 16A. The SARS Epidemic: The Control of Infectious Diseases and Biological Weapon Threats," in *SIPRI Yearbook 2004: Armaments, Disarmament and International Security*, 704 (NY: Oxford UP).

Why Should We Care?

But why should anyone be concerned about these numbers when nuclear proliferation, war, and terrorism dominate the headlines? Just how many people have died from this disease in comparison to other threats to humanity?

Watching the nightly news would also have you believe that the world is a far more dangerous and deadly place. Headlines are consumed with issues other than AIDS. The threat of war, war itself and natural disasters prove to be more fascinating to watch than the gruelling daily statistics of AIDS. However, the reality of this disease is far more devastating than the average person realizes.

Some food for thought: both World Wars in total averaged between 1-3 million and 3-4 million respectively deaths a year and "since the Korean war ended in 1953, the annual global battle toll has never again reached even half a million a year". [57] The figures for deaths related to AIDS are far more damning. "So far, 25 million people have died of AIDS, and about 3 million people a year continue to die from the disease". [58] On the topic of nuclear warfare: to date, deaths stemming from nuclear conflict fail to exceed the numbers of deaths related to AIDS. [59]

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[57] *Human Security Report 2005: War and Peace in the 21st Century* (NY: Oxford UP, 2005), 29.

[58] UNAIDS, "2007 UNAIDS Annual Report: Knowing Your Epidemic," 8.

[59] Lee-Nah Hsu, *HIV Subverts National Security* (Thailand: UNDP South East Asia HIV and Development Project, 2001), 4.

The Long-term Costs of HIV/AIDS

Unfortunately, the effect of HIV/AIDS ripples across generations. Its devastating effects continue to wreck socio-economic havoc on a global scale long after those directly suffering with HIVAIDS have passed away. By effectively eliminating young adults who are of working age, a country's ability to bounce back from an altered number of working adults can cripple economies. Despite having been discovered in the 80's, and the knowledge that transmission requires such few precautions underlines the fact that many countries were unable, or unwilling to address the issue early on when first discovered. Seen primarily as a disease that strikes minority groups such as Injection Drug Users (IDU's), Commercial Sex Workers (CSW), or men who have ex with men (MSM), the general population could not have predicted the landscape HIV/AIDS has created today.

There are other equally negative consequences to this pandemic. Skilled knowledge that would have been passed on from parent to child is lost as parents pass away. Children are left orphans, or in the care of elderly grandparents who may not be able to financially or physically undertake the burden of childcare. Food security becomes an issue as children and the elderly are unable to till the fields, and parents who are succumbing to HIV/AIDS are too weak to work.

It also threatens a country's ability to create an environment of good governance. As HIV/AIDS decimates elites within a country, skilled, trained and

educated leaders become a scarce commodity. For some, the simple fact that a country cannot retain educated leaders is in itself endangering the democratic process. Without proper opposition, and individuals who are knowledgeable about the voting process to ensure a fair and honest outcome, countries aiming to develop a democracy will ultimately struggle.

HIV/AIDS and Human Security

Traditionally, security is most often viewed as an issue that impedes border and territorial security. Defending national sovereignty and territorial integrity was the sole purpose of analyzing threats to security. However, since the 1990's, the definition of security has begun to encompass every day threats that endanger ordinary citizens. Defined as *human security*, problems such as disease, repression and hunger have settled under the umbrella of security concerns. Today, an "analysis of 'human security' tends to emphasize the community and individual, socio-economic and environmental threats and unstructured violence as deliberate counters to the state centred approach of more traditional concepts of security". [60]

However, there still are many who do not perceive infectious diseases as a human security threat. Since the UN Security Council's miraculous statement in 2000, that declared AIDS an international security threat, there has been disagreement whether or not AIDS deserves the attention other security

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[60] Tony Barnett, "A Long Wave Event: HIV/AIDS, Politics, Governance and 'Security'. Sundering the Intergenerational Bond?," in *The Politics of AIDS*, ed. Maj-Lis Foller and Hakan Thorn, 28 (NY: Palgrave MacMillan, 2008).

concerns merit. "When the USA first urged that HIV/AIDS be discussed in the Security Council, many nations objected for procedural reasons, stating that the Security Council was not an appropriate forum for what was perceived as a health, social and economic issue". [61] However, as Njuguna notes, compartmentalizing HIV/AIDS into a medical issue, without acknowledging the gravity of the situation sets a dangerous precedence for other infectious diseases. [62] Unless the relationship between HIV, conflict and instability is recognized leaders will continue to allow infections to spread needlessly. And within a globalized world where migration is a reality, governments must address this issue with a coordinated effort. As the Rand Report on Infectious Disease and National Security states, since the end of the Cold War "borders are generally more open, and the pace of global travel, migration, and commerce has increased in recent decades. The effect of 'globalization' on public health must be considered"[63]

What Makes HIV/AIDS Unique?

HIV (human immunodeficiency virus) is unique because it is a slow acting virus, insidious in its ability to mutate and over take any infected individual. The consequences of contracting this virus are distressing. Scientifically it is categorized as a retrovirus that is composed of RNA (ribonucleic acid). In order to survive, its existence requires colonization within host cells within the human immune system. The cells that are attacked are "mainly CD4 positive T cells

[61] Njuguna, *Appendix 16. A*, 711.
[62] Ibid., 711.
[63] Gary Cecchine and Melinda Moore, "Infectious Disease and National Security: Strategic Information Needs," RAND National Defense Research Institute, www.rand.org/pubs/technical_reports/2006/RAND_TR405.pdf

and macrophages – key components of the cellular immune system". [64] This process which alters the host cell is a dangerous one.   As the virus converts these host cells into workshops that churn out viral particles, the host cell is eventually destroyed.   Exposure to tens of millions of viral particles, forces the human host's immune system to battle this infection in a slow and tedious process.   Over the course of a "median period about eight years" the infected individual will be forced to combat an array of other infections, with the variability of viral load greatly influencing the infectiousness of the individual to others. [65] Moreover, as the accumulation of mutations increases, "the pool of viral variation with an individual" also becomes more diverse, thus tricking the human immune system from actually solving the problem within the body and eventually losing the fight against HIV. [66]

> Because of the typically slow progress from infection to death, these groups of viruses are described as *lenti*viruses, slow acting viruses. Viral mutability and the further possibility of recombination of mutated viruses with each other – both in individual people and in cases of re-infection of an already infected person, with a new viral clade-have serious implications. Particularly worrisome is the possible development of either acquired or transmitted viral resistance where supplies of medication are interrupted and/or treatment compliance falls below 95 per cent for other reasons". [67]

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[64] UNAIDS, "Fast Facts About HIV," UNAIDS,
   http://data.unaids.org/pub/FactSheet/2008/20080519_fastfacts_hiv_en.pdf
[65] Tony Barnett, "A Long Wave", 34.
[66] Ibid., 34.
[67] Ibid., 34.

As the immune system becomes crippled, its status becomes "deficient" when infections and diseases begin to overtake the weakened body. Unfortunately, because symptoms rarely develop early on, those with the virus can transmit it to another person without knowledge that they are doing so.

Chapter 6: A Medical History of Thailand

In order to understand how Thailand handled their earlier cases of HIV/AIDS, one must examine the history of how Thai's viewed STDs historically. The first written accounts of STD's, were written by a French envoy La Loubére, "who visited Ayuthaya, then the seat of the court in 1687 and referred to the frequency of "the ill consequences of a debauch," adding that "they know not whether they (such diseases) are ancient or modern in their country". [68] For the general public, STDs were labelled *kamarok* (love diseases), *rok samrap burut* (men's disease), or *rok phuying* (diseases contracted from women). [69] Thai court medical texts were more thorough in their descriptions as they labelled them *upathom* and defined them as "contracted from 'women who are victims of misfortune' (i.e. prostitutes) who are 'indiscriminate or lascivious [in their choice of sexual partners]. When men have sexual relations [with these women] diseases such as *upathom* are the unfortunate result". [70] Bamber, Hewison and Underwood's account also describes the effects of sexual intercourse with these women.

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[68] Scott Bamber, Kevin Hewison and Peter Underwood, "Dangerous Liasons: A History of Sexually Transmitted Diseases in Thailand," in *Sex, Disease, and Society: A Comparative History of Sexually Transmitted Disease and HIV/AIDS in Asia and the Pacific*, ed. Milton Lewis, Scott Bamber and Michael Waugh, 38 (Westport: Greenwood Press, 1997).
[69] Ibid., 38.
[70] Ibid., 39.

> The birth canal of such women is inflamed from sexual passion and rugose (pen niew) due to the humidity of the channel resulting from frequent sexual contact...the problem is something like the effect of the corrosive liquid which can be released from rotting tree leaves and grass, which can eat away and destroy things, casing much suffering. [71]

Therefore, women, particularly prostitutes, became the embodiment of disease. Men were seen quite differently. Men who frequented prostitutes were free from the guilt of potentially spreading disease, and were never encouraged to change their lifestyles or daily routine. This method of seeing a minority population as the embodiment of disease allowed the spread of STDs to continue by stigmatizing a minority group instead of examining general population behaviours that exacerbate the problem.

Policing Disease, Culture, and Prostitution

By 1918, the policing of venereal diseases became the goal of the newly formed Public Health Department. Although some had proposed the closure of brothels and/or to place them directly under the management of medical professionals, this was never put into practice. By the 1930's, brothels had been placed under a registration system, although there were still estimates that at there were at least 300 prostitutes in Bangkok that weren't accounted for. [72] By 1939-49, the registration of brothels had failed to really deal with the STD problems Thailand was facing. There was a distinct lack of medical personnel to

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[71] Ibid., 39.
[72] Ibid., 44.

deal with the issue, with a large number of prostitutes unwilling to reveal their health status. [73]

If the problem was in the visitation of brothels, then why was the problem not alleviated at the root? Historically, the visitation of prostitutes has been chronicled as an "imported concept arriving in the late nineteenth century when international trade began to involve Thailand in earnest". [74] This influx of men involved in short-term migration most likely expanded the spread of prostitution from the capital to rural areas, although there are conflicting accounts which limits prostitution to metropolitan districts during the late 1920s. Regardless, historians agree that post 1960; a trend began to emerge in prostitution. Thailand was rapidly changing and becoming a cash economy. [75] This gave individuals an "increase in disposable income; urbanization and the spread of urban practices".[76] Therefore, the urban practice of prostitution spread to rural areas as an increased number of people were able to spend money on sex entertainment. The status of women was also quickly changing, as economic standards rather than the number of children that they had birthed now dictated markers of social status. [77] Women have always been instrumental in bolstering the domestic economy; however, prostitution gave women the opportunity to

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[73] Ibid., 44.

[74] Mark Vanlandingham and Nancy Grandjean, "Some Cultural Underpinnings of Male Sexual Behaviour Patterns in Thailand," in *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives,* ed. Gilbert Herdt, 127, (Oxford: Clarendon Press, 1997).

[75] Ibid., 129.

[76] Ibid., 129.

[77] Ibid., 129.

make large amounts of cash in a shorter amount of time. [78] "As of the early 1980s prostitution accounted for by far the largest percentage of women employed in any occupation outside of farm work".[79] Moreover, due to the Vietnam War, Thailand was quickly becoming known for their sex tourism due to US service men who were using the country as an exotic "R & R" location. [80] This last fact and the vast amounts of information on sex tourism within Thailand would have the average reader assume that prostitution flourished due to outsiders exploiting the local population. Declarations by important politicians would promote this idea. For example, the 1980's was advertised as the "year of tourism", where the "highly publicized statement by high profile deputy premier, banker and businessman Boonchu Rojanasathien" was made infamous. [81] On October 1980, he made a speech to provincial governors to support sex tourism in the name of economic growth. This speech included the following:

> I ask of all governors to consider the natural scenery in your provinces, together with some forms of entertainment that some of you might consider disgusting and shameful because they are forms of sexual entertainment that attracts tourists...We must do this because we have to consider the jobs that will be created for the people.[82]

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[78] Suwanna Satha-Anand, "The Looking to Buddhism to Turn Back Prostitution in Thailand," in *The East Asian Challenge for Human Rights*, ed. Joanne R. Bauer and Daniel A. Bell, 201, (Cambridge: Cambridge UP, 1999).
[79] Ibid., 201.
[80] Mark Vanlandingham, "Some Cultural," 129.
[81] Scott Bamber, "Dangerous Liasons", 50.
[82] Suwanna Satha-Anand, "The Looking to Buddhism," 196.
[82] Ibid., 196.

Utilizing sex tourism, exploiting the "docility, submissiveness, and the exotic play into the appeal of Thai prostitutes to foreign men", was one of many methods to inject foreign currency into the economy. [83]

However, the realities of prostitution in Thailand reflect an industry that is overwhelmingly frequented by local Thai men. While the *farang* (foreign) sex market is important for the local economy, it has been found that "the domestic market is far more important both in terms of its economic turnover and the numbers of workers and clients". [84] Due to the high profile nature of the sex tourism industry, this segment of the market is seen as unusually over-represented; when the reality is that, most prostitution caters to local clientele. [85] Carla van Kerkwijk would concur with this assessment, as she has stated that "the establishments catering mainly for Thai men are much more modest, although this circuit is much more extensive than that for the *farang*". [86]

In the fight against HIV/AIDS, it has become clear that outlawing prostitution would not be politically supported, despite government fears of higher infection rates. Revenues are in the hundreds of billions of baht per year and employ several hundred thousand people. [87] Suwanna Satha-Anand's statistics were far more damning. "A conservative estimate of the income of prostitutes

[83] Suwanna Satha-Anand, "The Looking to Buddhism," 196.
[84] WHO, "Sex Work in Asia," (Regional Office for the Western Pacific: WHO, 2001), 16
[85] Ibid., 16.
[86] Carla van Kerkwijk, "The Dynamics of Condom Use in Thai Sex Work with Farang Clients," in *Culture and Sexual Risk: Anthropological Perspectives on AIDS*, ed. Han ten Brummelhuis and Gilbert Herdt, 116, (Amsterdam: Gordon and Breach Science Pub., 1995).
[87] Pasuk Phongpaichit, Sungsidh Piriyarangsan and Nualnoi Treerat, *Guns, Girls , Gambling, Ganja: Thailand's Illegal Economy and Public Policy* (Chiang Mai: Silkworm Books, 1998), 213.

made in the year 1993-4, amounts to more than four times that made from narcotics and three times that made from illegal arms sale, and is equal to 60 percent of the annual budget of the Thai government". [88] To suddenly dismantle such an economic staple of Thailand would cause major societal disturbance. [89]

Thai Gender Roles that Affect the Spread of Infectious Diseases

Culturally speaking, Thai society had a long period of history where having multiple wives was socially acceptable, and a mark of high status. The visitation of prostitutes was an alternative to the economically draining elite phenomenon of taking a minor wife. Today's gender roles, still find the visitation of prostitutes to be a normal function of being a male. Men in Thai society are expected to inhabit a state of *nag leeng*, which "is complex and multifaceted. It often depicts an unsavory and unscrupulous character...(it) also incorporates the concept of 'lady killer', as sexual adroitness is an important feature of this stereotype". [90] For the Thai male, having multiple sexual partners is a natural part of inhabiting Thai masculinity. "The analogy between men's sexual appetite and appetites for food was often made and is most succinctly embodied in the common expression that married men require a "change of taste" (*plian rot-chat*). [91] Moreover, "at least one study has found that "more than 50 percent of women thought it is common and acceptable that men have sex with commercial sex workers both

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[88] Suwanna Satha-Anand, "Looking to Buddhism," 201.

[89] Ibid., 213.

[90] Mark Vandlandingham, "Some Cultural Underpinnings", 113.

[91] John Knodel, Chanpen Saengtienchai, Mark Vanlandingham and Rachel Lucas, "Sexuality, Sexual Experience, and the Good Spouse: Views of Married Thai Men and Women," in *Genders & Sexualities in Modern Thailand*, ed. Peter A. Jackson & Nerida M. Cook, 97(Thailand: Silkworm Books, 1999).

before marriage and after marriage". [92] These gender role expectations contradict the roles laid out by Buddhism, which expects that devout men lead a path that is free from temptation, thus relinquishing traditional Thai stereotypes of what males should be. In reality, for those who are monks, this is the only path which the Buddha has laid out for them. For the laymen, their duty is to try and restrain themselves while accomplishing their worldly duties.

A woman's behaviour should traditionally lean towards the maintenance of chastity whether they are devout or not. Men may prefer virgin brides, but some studies have shown that there is flexibility in this way of thinking as more urban focus groups would not see a woman's premarital sexual history as an issue. Rural men were more likely to have an issue with this as it can lead to post marital conflict. [93] However, poverty often throws a wrench in this female gender ideal, "Rural women take several routes to social mobility: through urban employment, marriage and education. Less fortunate women, often take a "short cut' through commercial sex work". [94] Some do this occupation voluntarily, while others are sold by parents or tricked into the business by dishonest people willing to submit an innocent girl into the sex trade. [95] Moreover, the role of a woman is to play a pivotal role in contributing to the household income. "One study of masseuses in Bangkok found that, from the women's perspective, they had

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[92] Tossaporn Sariyant, "Sex Education and Women's Health: Attitudes of Thai People Toward Sex Education," 37 (Burnaby, Simon Fraser UP, 1997).

[93] John Knodel et al, "Sexuality, Sexual Experience," 106.

[94] Anchalee Singhanetra-Renard, "Population Movement and the AIDS Epidemic in Thailand, "in Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives, ed. Gilbert Herdt, 79 (Oxford: Clarendon Press, 1997).

[95] Ibid., 79.

made a straightforward entrepreneurial judgment, 'a perfectly rational decision within the context of their particular social and economic situation'". [96] The amount of money garnered from sex work is tremendous as it can help educate siblings, and help parents bounce back from poverty. Therefore, in conclusion, both the economic pull towards prostitution and the traditional gender roles of males have created the perfect storm for an HIV/AIDS epidemic.

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[96] Graham Scambler, "Global and Local Strategies Against HIV/AIDS in South and Southeast Asia: The Cases of India and Thailand," in Crisis Preparedness: Asia and the Global Governance of Epidemics, ed. Stella R. Quah, 74 (Stanford: Shorenstein APARC, 2007).

Chapter 7: Thai Healthcare Management

Thai healthcare has changed over time: first focusing on the royal body, then concentrating on the general population in order to keep a strong workforce able to bolster a growing economy. With the advent of state run medical facilities came the introduction of NGO's who provided supplementary forms of healthcare that worked in conjunction with Western style medicine. With this brief introduction of Thai healthcare management, one has a better understanding of how civil society sources like Buddhism came into the forefront to provide complimentary forms of healthcare.

Historically, traditional Thai medicine in the nineteenth century was utilized in both royal circles and the countryside. Thai medicine to treat illness was based on Ayurvedic medicine which believed that "maintenance of bodily equilibrium (and good health) is through avoidance of upsetting the three 'morbid' humors (tridosa) of bile, and wind and mucus." [97] Illness was attributed to "climate seasons, habitat and age; healing [was] predominantly oriented to herbal remedies". [98] However, in regards to epidemics, the health of the king was of prime importance, and therefore Ayurvedic medicine was placed under the

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[97] Paul T. Cohen, "Public Health in Thailand: Changing Medical Paradigms and Disease Patterns in Political and Economic Context," in *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, ed. Milton J. Lewis and Kerrie L. MacPherson, 106 (London: Routledge, 2008).
[98] Ibid., 106.

control of court practitioners. Protecting the royal body was more important than epidemics that threatened the general population.

The Medicalization of the State

By the Twentieth Century, political power had recognized the importance of a healthy population. Economic prosperity required a large healthy workforce that was able to ensure the growth of the nation. Medicalizing the state became an essential part of nation building for the Thai people. Without these state sponsored programs to increase nutrition, lower mortality rates, increase the population growth, sanitation and health, Thailand would lose critical numbers who would otherwise be able to serve the economy. The government began to extend their reach into rural areas, by utilizing mobile health services throughout the country to encourage the modernization of medical care within Thailand. [99] Thus, the surge in state run medical care began.

The Emergence of NGO's Concerned with Healthcare

As time progressed, there was also the emergence of health-care NGO's whose growth was stimulated by the student uprising of 1973, which formed a faction of reformist doctors who were connected to all sectors of society. By expanding their political commitment to both poor and elite members of society, the medical NGO movement thrived after parliamentary democracy returned in 1979. [100] Many of these NGO's,

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[99] Ibid., 109.
[100] Ibid., 111.

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reflect(ed) a consistently Buddhist perspective, emphasizing a holistic approach to health and self reliance...The movement for the revival and promotion of traditional medicine in Thailand to contest the dominance of the drug-oriented medical profession exemplifies what Foucault has called 'the insurrection of subjugated knowledge's' – disqualified, popular knowledge's – against 'the centralizing powers which are linked to the institution and functioning of an organized scientific discourse. [101]

This belief in holistic approaches flew in the face of modern day medicine, which had monopolized and institutionalized the medical profession, and dominated by the state. Without this development, Thai traditional medicine would not have flourished. However, it is important to note that in this situation, modern day medicine was never replaced by these holistic approaches. The drugs that are available, serve a purpose that cannot be replicated by holistic measures alone. Rather, they acted in conjunction with them, especially in the realm of HIV/AIDS. Moreover, the ability to provide supplementary forms of medicine aided in the bolstering of other complementary resources like Buddhism to aid in the fight against HIV/AIDS. Without these holistic methods of healthcare, there would be no place for Buddhism in HIV/AIDS education, prevention and care today. As we shall see in the following chapters, the emergence of HIV/AIDS has forced the Thai government to implement changes within their healthcare system: both by supporting community driven sources of care for those with HIV/AIDS and changing perspectives on stigmatizing minority populations. In order to examine this change, a history of HIV/AIDS in Thailand is offered in the next chapter.

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[101] Ibid., 111.

Chapter 8: Thailand's HIV/AIDS Crisis

1984 marked the first time that there was concrete evidence that HIV/AIDS had been discovered within the country. [102]   The first diagnosis was from a man who was receiving treatment at a hospital in Bangkok, who had just returned from a trip abroad.[103] During the early stages of the HIV/AIDS crisis, the infection was seen as a problem that plagued foreigners. The belief that Asians were genetically immune to this disease was prevalent. AIDS had become an infection that only infiltrated the *farang* or Western population. [104] Because the disease was initially found amongst foreigners, homosexuals, and drug users, the belief of Asian immunity spread until the late 1980s. [105] The reluctance to address this issue can be attributed to denial or what is known as the "not me" syndrome.[106] According to Stella R. Quah, the "not me" syndrome is the sort of denial that makes someone believe that a problem will never affect them, rather, it will only become an issue for other people.[107] "The reluctance of leaders and the general population to acknowledge danger, is in part, a collective manifestation of the "not me" syndrome – for example, believing that the

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[102] Graham Scambler, "Global and Local Strategies," 70.

[103] UNAIDS, "Relationships of HIV and STD declines in Thailand to Behavioural Change: A Synthesis of Existing Studies," (Geneva: Joint United Nations Programme on HIV/AIDS, 1998), 5.

[104] Carla van Kerkwijk, "The Dynamics of Condom "115.

[105] Ibid., 115.

[106] Stella R. Quah, "Governance of Epidemics: Is there a Reason for Concern?," in *Crisis Preparedness: Asia and the Global Governance of Epidemics*, ed. Stella R. Quah, 15, (Baltimore: Shorenstein APARC, 2007).

[107] Ibid., 15.

traditional norms of a given community will protect it from the sexual transmission of HIV/AIDS". [108] In addition, it is important to remember that these minority populations were targeted because epidemics promote fear and divisiveness: terror is quickly spread and fingers are pointed when the threat of societal breakdown is near. [109] In short, "epidemics are socially constructed as well as biologically driven; how we understand them, gauge their danger, determine 'insider' and 'outsider,' ascribe defiant behaviour, and perceive and protect our interests are all crucially important". [110]

Homosexuality, Prostitution and IDU's

For the Thai population, homosexuality, prostitution and Injection Drug Users (IDU's) were given special negative attention. Homosexuality has been traditionally seen as an "unconventional practice because heterosexuality is regarded as a common norm for most Thai people". [111] While the lifestyle of IDU's had been driven underground and socially stigmatized due to government suppression of drug use. Due to behaviour that flew in the face of social norms it was believed that "the common social explanation about AIDS seemed to indicate that PWAs are persons who share needles, are sexually promiscuous or

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[108] Ibid., 15.

[109] UNAIDS, "Relationships of HIV," 5.

[110] Jim Whitman, "The Global Governance of Epidemics: Possibilities and Limitations," in *Crisis Preparedness: Asia and the Global Governance of Epidemics*, ed. Stella R. Quah, 35 (Baltimore: Shorenstein APARC , 2007).

[111] Tossaporn Sariyant, "Sex Education and Women's Health," 40.

are infected by a virus through blood transfusion...It means that AIDS was seen neither as a community problem nor as a public issue". [112]

Changes in HIV/AIDS Perception

Thankfully, denial that placed the spread of HIV/AIDS squarely on the shoulders of minority populations has not continued within Thailand. Between 1987-1988, HIV infection levels soared and were documented by clinics within Bangkok, from 1%-30+% within Injection Drug Users. [113] Transmission was most likely through the practice of needle sharing. As Bamber, Hewison, and Underwood have noted, these Injection Drug Users were largely heterosexual and the long term implications of this was not instantly clear. "From this group, the disease could now pass easily via heterosexual contact into a second, also highly susceptible, but even larger pool - female sex workers - and from these eventually into the still larger population of mainstream Thais". [114]   By mid-1989, the Ministry of Public Health became alarmed with the fact that over 44% of sex workers within Chiang Mai were HIV positive. [115] As 1989 drew to a close, heterosexual men who frequented sex workers were now becoming a visible population seen within STD clinics.

Moreover, studies that examined risk behaviours such as the one entitled: "The Survey of Partner Relations and Risk of HIV Infection in Thailand", found

[112] Chayan Viddhanaphuti, "A Cultural Approach to HIV/AIDS Prevention and Care UNESCO/UNAIDS Resarch Project: Thailand's Experience Country Report," (Chiang Mai: UNESCO, 1999), 8.
[113] Scott Bamber, "Dangerous," 52.
[114] Scott Bamber, "Dangerous," 52.
[115] UNAIDS, "Relationships of HIV," 5.

that "28% of Thai men between the ages of 15 and 49 had reported either premarital or extramarital sex in the last year, with three-quarters of those men having paid for sex during that time. Among young Thai men between 20 and 24, more than 40% reported having paid for sex in the last year". [116]   Thai culture that encouraged male masculinity to be sexually promiscuous had become a hotbed for a potential HIV/AIDS nightmare.

Today, the public in Thailand is coping with the effects of a pandemic which is now increasingly affecting women who are neither in the sex industry, nor injection drug users. Instead, these women are infected by their husbands and boyfriends – innocent bystanders drawn in by the careless behaviour of their significant others.

Current Statistics

With an adult prevalence rate that is estimated at 1.4%, it is clear that Thailand is faring better than countries like India which accounts for more than 80% of the reported AIDS cases in Asia. [117]   Seen as an idealized success story, prevention efforts have stimulated a decline in HIV levels since the 1990's. [118]

New infections in 2007 were estimated at 13,936. [119] By 2011, this number is estimated to decline further to about 10,097 people.[120]   Why has there been

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[116] UNAIDS, "Relationships of HIV," 6.
[117] CIA Factbook, "CIA Factbook Thailand"
[118] UNAIDS, "Fact Sheet: Asia," UNAIDS, www.who.int/hiv/mediacentre/200605_FS_Asia_en.pdf
[119] UNGASS, "UNGASS Country Progress Report Thailand: Reporting Period: January 2006-December 2007, National AIDS Prevention and Alleviation Committee," (Thailand: UNGASS, 2008), 10.
[120] UNGASS, "UNGASS Country Progress Report Thailand," 10.

such a dramatic decrease in numbers? The reason is because the Thai government has been exceptionally proactive in tackling this problem. Behavioural change was due to an increased commitment by the government to lower the tide of HIV/AIDS infections. Relatively early on, the government had chosen to take on a leadership role to combat HIV/AIDS. In 1991, HIV/AIDS had become the number one priority for the nation. In the same year, the HIV/AIDS control program had switched from the Ministry of Public Health to the office of the Prime minister. The rise in dedication to this cause is reflected in the amount of money that has been diverted to this issue. The budget for HIV/AIDS prevention had been a paltry $180,000 USD in 1998, but by 1993, the budget had exploded to $44 million. [121] In 2006, Thailand spent nearly $92,821,968 US dollars to tackle generalized epidemics and the number of declining infections has reflected how well this money has been used. [122]

Although the 1997-1998 Asian Economic Crises affected Thailand's GDP per capita, Thailand has shown that despite economic setbacks, the priorities of the government still focused on healthcare for the population. "The economic crisis has had a major impact on the social sector but less impact on the health sector, despite government fiscal constraints". [123] This can be attributed to

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[121] Graham Scambler, "Global and Local Strategies," 71.

[122] WHO, "2006 Report on the Global AIDS Epidemic Annex 1 Country Profiles: Thailand," 465, http://who.hiv/mediacentre/2006_GR_ANNIM_2_en.pdf

[123] Viroj Tangcharoensathien, Wiput Phoolcaroen, Sombat Thanprasertsuk and Chutima Suraratdecha, "Chapter 23: Thailand," in *The HIV Pandemic: Local and Global Implications*, ed. Eduard J. Beck Nicholas Mays, Alan W. Whiteside, José M. Zuniga, 348 (Oxford, Oxford UP, 2006).

strong political commitment on the part of the major party-led coalition government. [124]

Due to the proactive approach of the Thai government, the problem is getting better, not worse. "Fewer than 16,000 new HIV infections were estimated to have occurred in 2006, compared to approximately 140,000 per year at the peak of the country's HIV epidemic in the early 1990s". [125] However, lowered infection rates cannot translate into countrywide complacency on HIV/AIDS. Epidemics can move and change demographics. This can be witnessed by the rise in infections (43%), amongst women, whose method of acquiring the disease was most likely through "husbands or partners who had been infected during unsafe paid sex or through injecting drug use". [126] Moreover, Thailand has not been especially effective in stemming the tide of HIV/AIDS for injection drug users (IDU's). This can be attributed to Thailand's own war on drugs which has driven drug use underground, stigmatizing care for IDU's further. Men who have sex with men (MSM) were only targeted in prevention campaigns recently in 2006, despite "accounting for accounting for about one-fifth of all HIV infections. In Bangkok (Thailand's capital and largest city), HIV prevalence among MSM rose from 17% to 28% between 2003 and 2005. [127] HIV prevalence among MSM

[124] Viroj Tangcharoensathien, "Chapter 23," 351.
[125] UNAIDS, "07 Asia AIDS Epidemic Regional Summary" UNAIDS, 16, http://data.unaids.org/pub/Report/2008/jc1527_epibriefs_asia_en.pdf
[126] "07 AIDS Epidemic Update", UNAIDS, 25, http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf
[127] AVERT, "HIV& AIDS in Thailand," AVERT, http://www.avert.org/aidsthai.htm

younger than 21 years of age tripled in the same period."[128] Clearly Thailand still has work to do, however recent statistics that show a decline in new infections is uplifting.

HIV/AIDS Policy

Thailand has been particularly innovative in their approach to the problem. As mentioned previously, prostitution was a pervasive problem in the initial spread of HIV/AIDS. Although it was beginning to affect the general Thai population, no measures were taken to stop this illegal economy because the profits incurred by prostitution were too large to motivate a complete halt to this activity. The Thai government was thus forced to get creative with their marketing campaigns and policies to ensure safer sex. With their 100% condom use program introduced in 1989, the government was able to target sex workers and their customers. Two years later, it expanded nation wide. The effectiveness in this program lay in the distribution of free condoms directly to sex service establishments. This coupled with education proved a success. What was vital to the program working was the acknowledgement that there was an imbalance of power between sex workers and clients. Most often, if a sex worker wanted condoms used, they would lose clients and the money they would have otherwise earned. [129] Client behavior dictated business behaviour, thus the disincentive for brothel owners to promote condom use. The program initially started when "the Regional Communicable Disease Control Officials in Ratchaburi in 1989 realized that one solution to this fundamentally economic

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[128] Ibid.
[129] UNAIDS, "Evaluation of the 100% Condom Program in Thailand," (Geneva: UNAIDS and AIDS Division MOPH Thailand, July 2000), 2.

problem was to require that all establishments and sex workers in the province use condoms in every sex act". [130]   This was a coordinated effort between everyone involved from the sex workers on the ground, sex establishment owners, to public health officers and local authorities. [131]   By ensuring that sex could not be purchased without condom use in the province, the rates of STD's dropped sharply. With this initial start in Ratchaburi, this program soon spread. In the last few years, "it was found that rates of condom use among direct and indirect Female Sex Workers were greater than 95% and 90% respectively". [132]

Thailand was also clever in HIV/AIDS awareness campaigns because they actively used the media industry to market the problem and risk reduction. Television and radio programs were airing HIV/AIDS awareness spots, while "many private firms initiated AIDS education in the workplace, and later the Thai Business Coalition on AIDS was established to promote compassionate workplace policies and workplace prevention efforts". [133]   Other key interventions included the understanding that preventing the spread of HIV/AIDS from mother-to-child should be a crucial element in HIV/AIDS prevention.   By early 2000, the Thai MOPH had began "supporting the nationwide integration of a prevention of mother-to-child HIV transmission programme into the existing maternal and child health programme". [134]   Amongst the 93.3 percent of women who had been

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[130] Ibid., 2.
[131] Ibid., 2.
[132] Viroj Tangcharoensathien, "Chapter 23," 356.
[133] Anupong Chitwarakorn, "HIV/AIDS and Sexually-transmitted Infections in Thailand," in *AIDS in Asia: The Challenge Ahead*, ed. Jai. P. Narain, 147 (India: Sage Publications, 2004).
[134] Ibid., 149.

tested and given birth from October 2000-September 2001, a large number were able to receive proper treatment. By 2002, it was revealed that "all of the 559,702 pregnant women who came for antenatal care had been approached for VCT (HIV counseling and testing), and almost all (97% were tested for HIV. ..1% were...HIV infected. Of all indentified HIV-infected women, 4882 (77%) received a short course of AZT". [135] Moreover, youth education was put into the limelight. Sex education was introduced in all levels of schooling starting from the primary level up to university levels. By providing sex education to all youths, instead of just targeting minority populations, the government acknowledged that HIV/AIDS was a problem that could not be contained with sex education that focused on prostitutes etc. alone. In 2002, (HAART) antiretroviral therapy had been given to at least 13,000 HIV-infected individuals and AIDS patients. By 2007, 52.9 percent of all adults and children with advanced HIV infection received anti-retroviral therapy. [136]

Currently the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation has the following goals for 2007-2011:

> People adopt behaviours and the ability to prevent themselves and families safely and appropriately from HIV infection and transmission.

> People living with HIV, AIDS patients and those who are affected by AIDS have a good quality of life and the ability to live together peacefully and enjoyably in society.

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[135] Viroj Tangcharoensathien, "Chapter 23", 357.
[136] UNGASS, "UNGASS Country Progress Report Thailand," 14.

Families and communities have value and an environment that provides further convenience for the protection of themselves and other members from infection, stigma and discrimination and can live together with the people living with HIV and AIDS peacefully and enjoyably, including full participation in most aspects of AIDS prevention and alleviation. [137]

Although Thailand has been able to make access to treatment a priority, providing an environment where patients receive a high quality of life has been difficult. This form of care has been a constant struggle to provide and has been supplemented by Buddhist temples, monks and nuns committed to providing social services to their communities.

The Thai Government Values Buddhism's Ability to Invoke Attitudinal Change

The response to HIV/AIDS has required a multi-sectoral response that has included the efforts of community grass roots organizations dedicated to complimenting the existing resources provided by state medical care. By doing so, the government has ensured that a Buddhist model of handling the HIV/AIDS crises has a place in the National AIDS Policy. The National AIDS Control and Prevention Plan (1997-2001) acted as a "catalyst for mobilizing and reorienting the use of resources from public and private sectors, families and the community at large". [138] Without strengthening the entire community, the groundwork for socio-economic improvement would not be possible. Past interpretations of HIV/AIDS stigmatized minorities as the sole reason for the spread of HIV/AIDS. However, by this point, "HIVAIDS was no longer seen as a separate problem, but

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[137] UNGASS, "UNGASS Country Progress Report Thailand," 11.
[138] Atachinda Dipdung, "Ethics and HIV/AIDS Care: A Buddhist Approach," http://www.buddhanet.net/sangha-metta/ethics.html

as an integral part of a complex social problem".[139] Thus, it became crucial that policy makers recognized the importance of enabling grassroots civil society organizations to support HIV/AIDS alleviation programs. After all, behavioural changes require the participation of community efforts in order to positively effect the spread of HIV/AIDS as a whole. In short, "attitudinal change is an individual effort, whereas behaviour change is more complicated. It involves social and cultural dimensions". [140] This change in policy placed importance on a collective social approach to prevention, which falls in line with the practice of utilizing religion to fight against this disease. For the Thais, this meant strengthening the civil society efforts of religious institutions like Buddhism, and to support their ability to positively contribute to HIV/AIDS prevention and care in the community.

Compassionate care of HIV/AIDS patients, their families and the community requires a collective approach to ensure that stigma does not overwhelm those suffering from the disease. Ensuring a high quality of life for people living with HIV/AIDS is something most state institutions would have problems applying. It is expensive, time consuming and requires more health practitioners than the state can often produce to solve this particular problem. Religious institutions like Buddhism, work around this problem by utilizing the spirit of volunteerism to cope with the demand for HIV/AIDS care. Moreover, the Buddhist religion has the traditional background and community legitimacy for

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[139] Wiput Phoolchareon, "Thailand," in Fighting a Rising Tide: The Response to AIDS in East Asia, ed. Yamamoto Tadashi and Itoh Satoko, 259 (Tokyo: Japan Centre for International Exchange, 2006).
[140] Chayan Viddhanaphuti, "A Cultural Approach," 5.

educating, supporting, treating and spreading methods of prevention to communities across the region.

Religious leaders within the community also already have the trust, influence, and knowledge of the community and its inhabitants. Their power comes with the ability to shape "shape social values, promote responsible behaviour that respects the dignity of all persons and defends the sanctity of life, increases public knowledge and influence opinion, (and) support enlightened attitudes, opinions, policies and laws". [141] For those who require social support, monks also provide that service. In Barbara Dane's study, it was found that "social supports are viewed as a buffer against environmental stress and are used for economic as well as emotional support...Some found it in friends; others felt alone and isolated, and others felt the monks and other formal support groups were helpful". [142] By ensuring that sources of civil society like Buddhism are supported, the government also ensures that role of Buddhism is not lost in the fight against HIV/AIDS.

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[141] Patchanee Malikhao, "HIV/AIDS Prevention Campaigns from a Thai Buddhist Perspective": http://www.wacc.org.uk/wacc/regions/asia/asian_articles/hiv_aids_prevention_campaigns_from _a_thai_buddhist_perspective

[142] Barbara Dane, "Thai Women: Meditation as a Way to Cope with AIDS," in *Journal of Religion and Health*, 39, no. 1 (Spring 2000): 12.

Chapter 9: Buddhism's Healthcare History

Buddhism has had an extraordinarily long history with healthcare. Utilizing traditional knowledge to both prevent and treat illness has been passed down through oral memorization and medical texts since the 19th Century. [143] The support of holistic healthcare can be traced back in recent times to the school of traditional medicine, which has been established at Wat Pho since 1957, as an effort by the Government Pharmaceutical Organization to retain some self-sufficiency in healthcare. [144] "Medicine in the Wat Pho tradition recognizes three categories of healer, the traditional pharmacist (*mo pheenbdaam*), the traditional doctor (*mo boran*), and the masseuse (*mo myan*). These healting arts are taught in ten colleges throughout Thailand. All are attached to a *wat* or temple".[145] Whether the treatment is through herbal medicine, massage, or the psycho-spiritual healing of a Buddhist monk, all are associated with Buddhist concepts of healing. Through the incantation of Buddhist scripture during the manufacturing of traditional pharmaceuticals, or the logic concerning present life experiences due to past *kamma*, Buddhism has its roots firmly entrenched in traditional healing. [146]

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[143] Anna Patricia Davis, "Traditional Cultural Knowledge," 58.
[144] Ibid., 57.
[145] Ibid., 62.
[146] Ibid., 63-65.

For Buddhist monks at the beginning of the epidemic most refused to take part in anything AIDS related. This was because "HIV/AIDS was related to sexuality and promiscuity, so it was considered polluted and sinful. Monks enjoyed high status in Thai social order; they are supposed to deal with purity and sacred(ness)". [147] As mentioned previously, the traditional conservative nature of the Sangha was a hurdle that Buddhist practitioners had to overcome. Over time, practical work in the name of development has been allowed to flourish, as exceptions are made as long as it is "clear that they carry forward the basic purposes or principles of Buddhism". [148] Thus, work involved in administering care in the form of giving injections, cleaning vomit, or teaching family planning has become acceptable forms of duty for monks. [149]

Buddhism and HIV/AIDS

HIV/AIDS is a disease associated with a variety of negative labels. Therefore, Buddhism has had to combat the stigma attached to those living with HIV/AIDS and their family members. "Despite significant advances in medical science over the last 20 years, people diagnosed with the virus continue to struggle with stress, pain, and illness". [150] Moreover, HIV often decreases quality of life as it most often impacts people during their most industrious years. For elderly citizens coping with children infected with HIV/AIDS, they must deal with certain problems unique to their situation. Parents experience a loss of

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[147] Ibid., 6.
[148] David Gosling, "Visions of Salvation: A Thai Buddhist Experience of Ecumenism," in *Modern Asian Studies*, 26, no. 1 (Feb. 1992): 37.
[149] Ibid., 42.
[150] Barbara Dane, "Thai Women: Meditation," 6.

income as they care for their children, those who own businesses may have customers turn away due to fears of "catching" HIV, savings are depleted as healthcare costs rise, and grandparents must foster children when their parents pass away. Quite simply, the stigma during the early 1990s was so high that disclosing an HIV/AIDS status was to invite discrimination. "Some PWAs (People with AIDS) were not allowed to use plates and water glasses in the noodle shops. In the case of Umpan...who was infected by her husband...her customers knew that she was infected with HIV/AIDS (and) they stopped buying foods from her". [151] Moreover, Thai culture does not readily promote the open communication of problems. "Private affairs should be kept private, and to this type of privacy a Thai has both a right and an obligation. He must solve – or at least hide – his own psychological problems". [152] Individuals are expected to suppress problems that may hinder the cultivation of a cool heart (chaiyen). [153] "(P)ersonal problems are mysterious and fearsome, and should be excluded from relationships that are guided by self-restraint and inhibition; yet sometimes suppressed emotions erupt as illness, stress, drunkenness, suicide or revenge". [154] In light of the emotional burden HIV/AIDS can bring, a socially appropriate outlet must be found, and is witnessed through the care of Buddhist monks and nuns. They provide counselling and spiritual guidance when all other avenues to relieve stress and disclose feelings are unavailable.

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[151] Chayan Viddhanaphuti, "A Cultural Approach to HIV/AIDS," 6.
[152] Niels Mulder, Inside Thai Society: Religion Everyday Life Change (Thailand: Silkworm Books, 2000), 66.
[153] Ibid., 56.
[154] Ibid., 66.

Holistic Views on Disease

The Buddhist worldview has been able to aid in both the healthcare and emotional well being of HIV/AIDS patients. In the Buddhist worldview, health and disease are dependent on the overall state of the human being.

> It is the expression of harmony – within oneself, in one's social relationship, and in relation to the natural environment. To be concerned about a person's health is to be concerned with the whole person, his (her) physical and mental dimensions, social, familial, and work relationships, as well as the environment in which he (she) lives and which acts on him (her). [155]

Examining only the diseased or affected parts of the body is illogical to the Buddhist as all functions of the body, mind and spirit are inter-related. For the Buddhist, health is directly related to the way one lives life. Morality, compassion, tolerance and forgiveness will ultimately lead to a healthier lifestyle than one that stresses indulgence. [156] Of most interest to those who are Buddhist and living with HIV/AIDS is the negative effect on health due to bad *kamma* in a past life. Although, Pinit Ratanakul has noted that blaming *kamma* can result in a "fatalistic attitude of not seeking any cure at all or giving up treatment out of despair". Others have found peace in Buddhist beliefs which stress the role of "personal responsibility (an integral part of karma and merit making), its support of personal betterment in the present time, and it's attention to impermanence and change, as well as it's historic role in social activism in

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[155] Pinit Ratanakul, "Buddhism, Health & Disease," *Eubios Journal of Asian and International Bioethics* 14 no. 5 (Sept. 2004): 162.
[156] Ibid., 162.

Thailand and elsewhere in the region". [157] For those suffering from illness, the belief in *kamma* is comforting as "*kamma* means that they are not the only ones suffering; all who live in this life are suffering. The only way to escape from *kamma* is to practice the teachings of the Buddha". [158] Pinit Ratanakul goes on to stress that the belief in *kamma* is neither a curse nor is it completely fatalistic because Buddhism also stresses the role of the individual in ensuring personal efforts to gain health in the present. Pain and disease are therefore also functions of the lifestyle individual's choose to lead. [159]

Creating Dialogue and the Five Precepts

Jenkins and Kim note that Buddhism doctrine may prohibit unhealthy or amoral behaviours such as extra-marital sex or alcohol consumption, however, these behaviours are implemented with flexibility so as not to stigmatize ordinary Thais who partake in them. [160] This ability to view social problems that go against Buddhism with a pragmatic approach has given Buddhism the ability to create a dialogue about problems that plague the community (example: how extra-marital sex with prostitutes may cause HIV) with the community without shaming them. That being said, monks and nuns have tried to preach the Five Precepts in order to combat HIV: "1) abstain from taking life, 2) abstain from stealing, 3) abstain from sexual misconduct, 4) abstain from false speech and 5) abstain from

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[157] Richard A. Jenkins and Bryan Kim, "Cultural Norms and Risk," 23.
[158] Tomoko Kubotani, "The Roles of Buddhist Temples in the Treatment of HIV/AIDS in Thailand," *Journal of Sociology and Social Welfare*, 32, no. 4 (December 2005): 17.
[159] Pinit Ratanakul, "Buddhism, Health & Disease," 163.
[160] Richard A. Jenkins and Bryan Kim, "Cultural Norms and Risk," 24.

intoxicants that cloud the mind". [161] By promoting Buddhist doctrine that

supports behaviour that could decrease the spread of HIV/AIDS, shows the

commitment Buddhist monks and nuns have towards the health of the

community that they live in. By addressing modern day problems, such as

HIV/AIDS, Buddhism remains relevant to modern day Thais.

Meditation

The Buddhist holistic perspective also chooses to focus on the importance

of meditation in order to fend off emotions that may lead to illness. Known as

sattipatana vipassana, mindfulness mediation consists of:

> using breath as an object of awareness, ..(where) the practice is
> simply to place one's awareness on the experience of breathing
> and notice as thoughts, emotions, and sensations arise and pass
> away. When one becomes aware of being lost in the content of the
> mind – thoughts, emotions and internal mental chatter – then
> attention is gently returned to the object of attention (breath) until
> awareness is stabilized. [162]

Such emotions include "greed (*lobha*), hatred (*dosa*), anger (*moha*) and

our possessive and aggressive tendencies". [163] *Dhamma* based care to reduce

stress and anxiety is an essential part of treatment. "The Buddha himself

recommended meditation on the *Bjjhangas* (enlightenment factors) as a way to

overcoming stress and anxiety arising from physical discomfort". [164] The

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[161] Patchanee Malikhao, "HIV/AIDS Prevention Campaigns."
[162] Anne Bruce and Betty Davies, "Mindfulness in Hospice Care: Practicing Meditation – in –
Action," in *Qualitative Health Research*, 15, no. 0 (2005), 1331.
[163] Pinit Ratanakul, "Buddhism, Health," 164.
[164] Atachinda Dipdung, "Ethics and HIV/AIDS."

Buddha also stressed that meditation will help overcome a body that is weak or suffering illness and can "help strengthen the immune system so that it is able to fight against disease...(it can) also help people living with HIV/AIDS overcome any feelings of depression they may have due to their condition". [165] Despite modern medical care, meditation remains a popular choice for deal with stress. "Across the globe, Buddhist women in Thailand with HIV/AIDS reported that meditation helped them to feel relaxed and calm". [166]

Various studies on the effects of various meditation methods on stress levels seem to support these views. As healthcare has evolved to study the effects of meditation, several results have been compiled that show that meditation can be positive. For example, the effects of meditation on cancer patients found that it "leads to a state of relaxation and alert observant detachment...(the) salutatory effects of MBSR (mindfulness based stress reduction), program in cancer patients include(ed) decreased symptoms of stress, improved mood, better quality of life, better sleep, as well as changes in immune and endocrine parameters". [167] Compassion mediation has also been shown to reduce heart rate responses to the Trier Social Stress Test, as well as proving that it may be of "potential benefit to stress related emotional and

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[165] Ibid.

[166] Ratchneewan Ross, Wilaiphan Sawatphanit and Tatirat Suwansujarid, "Finding Peace (Kwam Sa-ngob Jai): A Buddhist Way to Live with HIV," in *Journal of Holistic Nursing*, 25, no. 4 (Dec. 2007), 228.

[167] Linda E. Carlson, Michael Speca, Peter Faris, and Kamala D. Patel, "One Year Pre-Post Intervention Follow-up of Psychological, Immune, Endocrine and Blood Pressure Outcomes of Mindfulness-Based Stress Reduction (MBSR) in Breast and Prostate Cancer Outpatients," in *Brain, Behavior and Immunity*, 21, no. 0 (2007): 1039.

physical disorders as a result of reducing autonomic and inflammatory pathway responses to psychosocial stress". [168] If long term studies continue to support the positive effects of meditation, it can be utilized as a cost effective supplementary method of healthcare that can work well in conjunction with medication.

Socio-economic factors are a persistent issue in healthcare treatment. Buddhist methods of healthcare may provide a positive method of coping for the impoverished when costly biomedical treatments cannot be purchased. Moreover, it may also give rural communities which do not have the same facilities as urban ones, a way of dealing with stress before Western methods can be utilized. [169] These factors, including the long-standing history of Buddhist methods of healthcare in Thailand, have led the Thai population to consistently choose traditional methods of healthcare in the beginning stages of illness. For the average Thai, "there exists a hierarchy of resort dictating how illnesses are managed: first, household folk remedies and/or traditional remedies; second, the remedies of bio-medicine; this is followed by a return to traditional remedies if a disease is chronic or terminal". [170]

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[168] Thaddeus Pace, Lobsang Tenzin Negi, Daniel Adame, Steven Cole, Teresa Sivilli, Timothy Brown, Michael Issa, and Charles Raison, "Abstracts: Effect of Compassion Meditation on Automatic, Neuroendocrine and Inflammatory Pathway Reactivity to Psychosocial Stress," in *Brain, Behavior, and Immunity*, 22, no. 0 (2008): 34.

[169] Anna Patricia Davis, *Traditional Cultural Knowledge*, 43.

[170] Ibid., 51.

Meditation to cope with HIV/AIDS has been implemented on many occasions. As an example, this has been practiced by "the Venerable Rattanayano, a Buddhist monk in Northern Thailand in the village of Mai Hong Song, (who) began to teach meditation on dhamna-osot for the treatment of AIDS in the hopes of improving the immune system". [171] By introducing meditation into AIDS treatment, he found that it allowed patients to feel an emotional improvement. [172] Buddhism also has a long-standing tradition that focuses on meditating on death, which involves the idea that death is inherently a part of the cycle of life: whether the experiences are bad or good is irrelevant as people must be mindfully aware and own each moment. [173] This can relieve stress while "this practice can (also) be used to help people in the final stages of AIDS to die peacefully". This method of meditation acts as a strategy to give people with HIV/AIDS a way to cope with their fates and to find peace in an otherwise difficult situation. [174]

Meditation can also have other unexpected benefits. A relatively new study recently published has outlined the effects of meditation on slowing the decline of CD4+T Lymphocytes in HIV-1 infected adults.[175] Moreover, "a number of studies provide strong links between stress and HIV viral replication, and

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[171] Barbra Dane, "Thai Women," 7.

[172] Ibid., 7.

[173] Ibid., 16.

[174] Ibid., 16.

[175] J. David Creswell, Hector F. Myers, Steven W. Cole and Michael R. Irwin, "Mindfulness Meditation Training Effects on CD4+ T Lymphocytes on HIV-1 Infected Adults: A Small Randomized Controlled Trial" in Brain, Behavior, and Immunity, (July 2008): 2, http://dx.doi.org.proxy.lib.sfu.ca/10.1016/j.bbi.2008.07.004

stress management programs have been shown to reduce HIV RNA levels in some studies". [176] An increase in scientific results that prove the efficacy of meditation on decreasing HIV viral levels may be a precursor to changes in healthcare that promote these supplementary forms of healthcare.

Although studies that support the efficacy of meditation on stress and lowering viral loads may exist, it is important to note that meditation may never overtake the role of modern medication in healthcare. As yet, these studies are fairly new and it often takes years to conclude results that can provide firm, long-term evidence to support claims that assert the superiority of holistic methods over medication. However, that being said, meditation can provide an alternative when no other methods can be acquired due to a lack of monetary funds, or modern health care facilities. It is hoped that in future, more studies will be able to conclude the benefits of meditation on the human mind and body in relation to stress and disease. At present, these studies are encouraging to those who support the benefits of meditation, yet more research needs to be done in future to curtail studies that offer differing and negative results.

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[176] Ibid., 10-11.

Chapter 10: Examples of Buddhist Care

So how often has Buddhism been able to address the issue of HIV/AIDS? In Thailand there are numerous examples, too many to cite all. However, this section outlines a few notable ones.

In 1991, the Director of Mae Chan hospital requested the aid of monks to "preach about AIDS, teaching the villagers how to live with PWA's and how to protect themselves against the HIV virus". [177] As monks began to interact with PWA's, the monks became more involved in sustaining higher living standards for PWA's.   Individuals like Pra Sumet have created a *samnat-song* (small monastery) with the goal to care for PWA's through the treatment of herbal medicine. [178]   As time progressed, Sumet began to expand the services provided at the *samnak-song* by coordinating with hospitals to provide modern medical services. This holistic methodology of medicine takes care of both mind and body: modern methods of medication work in conjunction with traditional methods to provide a well rounded version of healthcare.

The Role of Buddhist Nuns

The role of women in Buddhism has often been eclipsed by the role of males. The social and community work that nuns provide must not be forgotten.

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[177] Chayan Viddhanaphuti, "A Cultural Approach," 33.
[178] Ibid., 33.

Once seen as women who had problems "fitting in with mainstream life...once in the temple, her place is in the kitchen and her role is to look after the monks and novices". [179] The role of the nun is as self-sacrificing as the monks as they have focused on women's issues providing education on spiritual development, while they also "provide shelter and education for underprivileged and economically handicapped girls who would otherwise not have the same opportunities as others". [180] The ability to provide what people in the developed world would view as basic necessities can ultimately save these young girls from a life of poverty and prostitution. By teaching them skills that can be utilized in adulthood, it is hoped that they will be able to financially support themselves in later years. NGO's have begun to recognize how vital nuns can be. Organizations like the Sangha Metta Project (Compassionate Buddhist Monks Project) have conducted seminars for Buddhist nuns, in conjunction with the Thai Association of Buddhist Nuns. Funded by UNICEF, this seminar discussed up to date HIV/AIDS information and to create a dialogue about how they would provide solutions to issues surrounding communities as a whole. Problems such as how to provide "vocational and skills training for HIV positive women, and reduc(ing) the problem of orphans by caring for girls whose parents have died of AIDS" have all been topics of concern for the modern day Buddhist nun. [181]

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[179] Atachinda Dipdung, "Ethics and HIV/AIDS Care".
[180] Ibid.
[181] Ibid.

Additional Buddhist Projects

Around 1998, laymen and monks formed the Sangha Metta project (the Compassionate Buddhist Monks) Project. It was an innovative and creative approach to HIV/AIDS because it aimed to form an environment of inclusion for PWA's. Instead of living in isolation, this project insisted on "having HIV/AIDS patients living in the same community as others while trying to increase awareness, knowledge and cooperation of the villagers to distinguish fears, stigma and discrimination". [182] Reducing the stigma for people living with HIV/AIDS can greatly increase the quality of life for patients as they no longer fear the rejection of their friends, family and community. Through Buddhism's close involvement in HIV/AIDS community awareness, they can help change behaviours towards PWA's.

HIV/AIDS also commonly leads to financial and emotional burden. In 1994, it was estimated that PWA's spent "about $974 on average medial treatment. The treatment cost was about half of their salaries". [183] Although welfare assistance is available, the total costs of care, treatment and funerals would still drive families into debt. "In Thailand, over two-fifths who helped with expenses went into debt". [184] When support from the family is not available, or PWA's are not wanting to burden them, temples with the same philosophy as the Sangha Metta project such as Wat Phra Baht Nam Phu have been able to

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[182] Patchanee Malikhao, "HIV/AIDS prevention".

[183] Tomoko Kubotani, "The Roles of Buddhist," 6.

[184] John Knodel, "Poverty and the Impact of AIDS on Older Persons: Evidence from Cambodia and Thailand." *Economic Development and Cultural Change,* 56, no. 2, (2008): 460.

provide support for these individuals. Other temples like Wat Po have also been able to provide herbal medicines to treat "physical illness and aliments, (and) also psychological and emotional support for those "who feel unhappy suffer nervous disorder or undergo medical breakdowns". [185] Together, they are instrumental sources of grassroots civil society with the goal of promoting a higher quality of life for PWA's.

This ability to provide emotional support is a crucial one, as patients often feel emotionally isolated from mainstream society. Neighbourly stigma and the fear of HIV/AIDS compounds these feelings. Temples allow PWA's to feel acceptance amongst peers who are undergoing the same treatment, medical help, and emotional upheavals as they are. The ability to help one another within PWA informal support groups minimizes the stress that comes along with an HIV/AIDS diagnoses. Finding friends, and even marriage in these environments is not uncommon.[186] Dignity and the hope for social support is what temples provide for PWA's.

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[185] Tomoko Kubotani, "The Roles of Buddhist Temples," 8.
[186] Tomoko, "The Roles of Buddhist," 16.

Chapter 11: Conclusion

Throughout Thai history, the role of Buddhism has been to outline a lifestyle that will ultimately lead to an end to the cycle of suffering. Methods to combat disease incorporate these beliefs, which include living a life without intoxicants and the power of meditation to calm the mind from outside stresses. The approach given by Buddhist temples in Thailand offers a source of healthcare that compliments western medicine. By incorporating spiritual instruction, support, and traditional methods of healing like the utilization of Thai herbs, the Buddhist temple supplements modern day methods of medicine by adding a spiritual and traditional cultural component to a strong existing source of care. Buddhism has never sought to compete with the power of AZT drugs or the medical profession. Instead, Buddhism has aimed to correspond with it, while creating a spiritual niche for itself. Moreover, its involvement in HIV/AIDS is a continuation of long standing efforts by Buddhist monks and nuns to take care of the community through education and leadership roles, and addressing the modern day needs of the community. HIV/AIDS is only one of many community problems that Buddhism must address. However, for those living with HIV/AIDS, Buddhist hospices provide safe environments for people to interact with others undergoing the same problems as they are. They ensure a stigma free environment for patients, and provide support and spiritual counselling when patients require it. Meanwhile, the general community receives education about

prevention, and the understanding that monks, in line with Buddhist beliefs, will not stigmatize those with HIV/AIDS and will provide care for the ill. It is for these reasons that Buddhism has become a strong source of behavioural change as their involvement in the community towards helping people living with HIV/AIDS will gradually decrease stigma within the public. The ability to set aside prejudice, judgment and fear is an intrinsic part of modern day Buddhism.

Moreover, the role of nuns in this process inherently reduces gender inequality as impoverished women and those with HIV/AIDS are given the education and life skills that will help them become successful in life. As a middle income country, Thailand as a state has done what it can in order to become an HIV/AIDS success story. However, perhaps the best thing it has done for the country is to allow civil society groups like Buddhism to contribute their knowledge and leadership skills to the problem. Unfortunately, the 2006-2007 budget has reduced the portion that would have otherwise supported civil society organizations. With a reduction from 70 million Baht to 40 million Baht, it is unknown how temples, which require massive funding to run, will survive. [187]

According to the Statement of Commitment by Religious Leaders in the 15th International AIDS Conference, "all of our religious communities are living with HIV and AIDS, and yet a common thread in our beliefs is hope inspired by faith. We will not rest until the promise of "Access for all" and the hope of a world

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[187] UNGASS, "UNGASS Country Report," 36.

without HIV and AIDS is fulfilled". [188] Regardless of funding cuts, it is this hope

for a world free of the root causes of HIV/AIDS and HIV/AIDS itself that

Buddhism will continue to give to the Thai people.

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[188] "Statement of Commitment by Religious Leaders," in 15th International AIDS Conference, (Bangkok, Thailand. July 15th, 2004).

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