

Prostitution and AIDS - the Deadly Cost of Unbalanced and Unsustainable Development : A Case of Thailand

Benchavan Tongsir¹

By now we all admit that AIDS has become a pandemic. It spreads across nations boundaries and is a threat to the very survival of human beings. Unlike other epidemics the world has experienced, AIDS is not purely a biomedical phenomenon, it has important economic and social dimensions as well. In order to combat this pandemic effectively, all aspects responsible for the spreading of this disease must be thoroughly understood.

There is inter-relationship between economic development and the AIDS phenomenon. As AIDS causes negative impacts on the development efforts of nations, it also has its roots in the process of unbalanced economic growth and the subordination of women.

In this paper the link between AIDS, economic development and gender issues will be examined, using Thailand's experience as an example. It is hoped that the view expressed here will help to shed some light on the course of development in many developing countries which have adopted a similar route.

Background of Thailand

Thailand is situated in Southeast Asia bordered by Indochina, Malaysia and Myanmar. The population is 62 million

with 65 percent engaged in agriculture (National Statistic Office [NSO] : 1989).

The country has 19 percent of its population concentrated in urban areas (12.9 percent of the residents of the Bangkok Metropolitan Area are from the rural sector). The GNP per capita is approximately US\$ 2000. There is a great economic gap between people living in Bangkok, other cities and rural areas. In 1993, the 60 percent of the population who are considered poor, earned only 23.3 percent of the national income (NSO, 1993). Buddhism is the predominant religion in Thailand with over 90 percent of the population are Buddhist.

Current HIV/AIDS Epidemic

Recently on the 1 st December 1995, International AIDS Day, Mr. Sora-art Klinpratum, Thailand's Deputy Minister of Public Health, reported that about 750,000 of Thai people have been HIV infected². Providing that the control and prevention measures currently employed are effective, the estimate for the year 2000 would still be around 1.2 million. Prof. Prapen Panupark, a well known Thai AIDS specialist from the Thai Red Cross, has given an estimate of 1.5 million for the same year, of which women comprise half (NAPAC 1/12, 1995).

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¹ Associate Professor, Faculty of Economics, Chiangmai University, Thailand. Also a Committee Member of the Women's Studies Centre, Chiangmai University.

² On Channel 9 Television Programme, Thailand.

The First Thailand AIDS case was reported in 1984 not long after the first case was discovered in the United States in 1981. In 1988 the epidemic exploded with its first wave among the intravenous drugs users (IVDUs) and homosexual men. The rate of increase was very high, about 3-5 percent per month among the IVDUs in Bangkok. The same rate of increase was found in a year later among the hill tribe groups in remote mountainous areas.

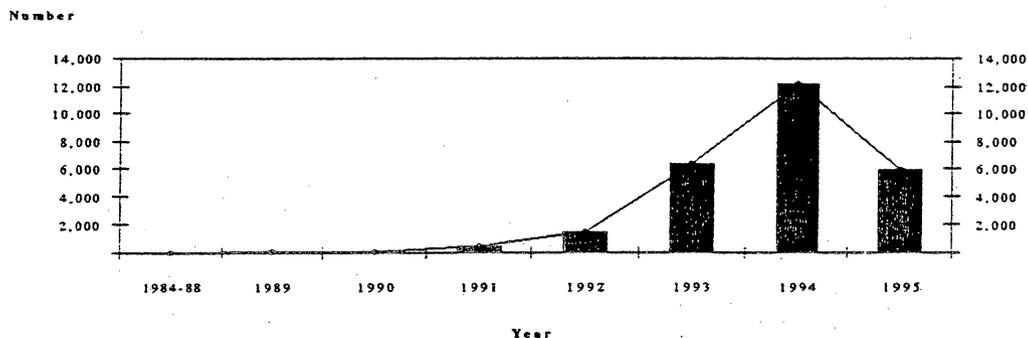
At the same time, in 1989 it was also found that the epidemic rate was becoming higher among commercial sex workers and heterosexual men. After 1990 up until the present, the disease has spread to common housewives and transmitted to newborns.

The number of reported AIDS cases has been increasing each year and had accumulated to 26,723 in October 1995 (Table 1 and Figure 1).

Table 1. Annual Reported on Number of HIV/AIDS Cases, Thailand, 1984 - October 1995.

Year	1984-88	1989	1990	1991	1992	1993	1994	1995
Number	19	42	103	480	1,532	6,392	12,198	5,957

Figure 1. Annual Reported on Number of HIV/AIDS Cases, Thailand, 1984 - October 1995.



The proportion of AIDS cases are high among the groups of agriculture and labourer suggesting the prevalence of HIV/AIDS concentrates more on lower income groups (Table 2). This situation is supported by recent research work by Pitayanon et al (1994). In their study of 116 households in Northern Thailand, among the two household groups; with AIDS experience and without, it was

found that the average yearly income of households with HIV/AIDS is only 66 percent of those households without.

A high proportion of AIDS patients are in the age groups 20-39 for both female and male (Figure 2). These age groups constitute 74 to nearly 80 percent of the persons with AIDS.

Table 2. Distribution of AIDS Cases by Occupation and Gender, 1984 - October 1995.

Occupation	1984-1993				1994				1995			
	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
1. Agriculture	1811	252	2063	24.08	2373	433	2806	23.00	1211	223	1434	24.07
2. Workers	286	7	293	3.42	325	19	344	2.82	161	8	169	2.84
3. Civil servants	94	0	94	1.10	111	0	111	0.91	51	0	51	0.86
4. Soldiers	10	0	10	0.12	30	0	30	0.25	17	0	17	0.29
5. Police	3	0	3	0.04	7	1	8	0.07	9	0	9	0.15
6. Firm owners	29	4	33	0.39	61	2	63	0.52	29	2	31	0.52
7. Firm employers	343	41	384	4.48	430	95	525	4.30	186	60	246	4.13
8. Labourers	591	33	624	7.28	222	25	247	2.02	78	10	88	1.48
9. Factory employees	14	2	16	0.19	5	1	6	0.05	8	0	8	0.13
10. Commercial vehicle drivers	66	0	66	0.77	145	0	145	1.19	65	0	65	1.09
11. General common labourer	2503	202	2705	31.57	4450	472	4922	40.35	2181	296	2477	41.58
12. Students	26	2	28	0.33	34	5	39	0.32	12	2	14	0.24
13. Workers in fishing industry	82	0	82	0.96	167	2	169	1.39	111	1	112	1.88
14. Public enterprise workers	21	0	21	0.25	41	0	41	0.34	10	0	10	0.17
15. Commercial sex workers	5	67	72	0.84	2	31	33	0.27	7	20	27	0.45
16. Entertainers	2	0	2	0.02	3	7	10	0.08	3	2	5	0.08
17. Bar and restaurant workers	5	2	7	0.08	6	11	17	0.14	2	0	2	0.03
18. Beautician	3	1	4	0.05	7	1	8	0.07	1	2	3	0.05
19. Household workers	77	129	206	2.40	59	233	292	2.39	20	134	154	2.59
20. Prisoners	83	1	84	0.98	181	4	185	1.52	123	0	123	2.06
21. Monks	143	0	143	1.67	176	1	177	1.45	64	0	64	1.07
22. Under school age children	363	310	673	7.85	371	337	708	5.80	188	150	338	5.34
23. Unemployed	159	20	179	2.09	284	49	333	2.73	99	23	122	2.05
24. Others	4	1	5	0.06	14	0	14	0.11	1	0	1	0.02
25. Unknown	690	81	771	9.00	860	105	965	7.91	333	74	407	6.83
Total	7413	1155	8568	100.00	10364	1834	12198	100.00	4950	1007	5957	100.00

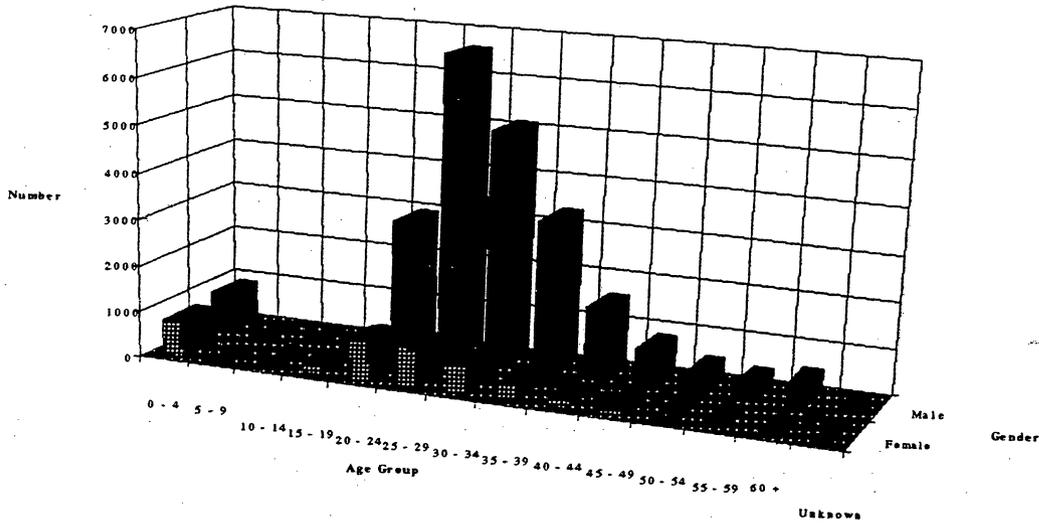
Reproduced from NAPAC (1995)

Table 3. Distribution of AIDS Cases by Age Group and Gender, 1984 - October 1995.

	1984-88				1989-93				1994				1995			
	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
0-4	0	2	2	10.53	358	302	660	7.72	363	330	693	5.68	160	147	307	5.15
5-9	0	0	0	0.00	5	6	11	0.13	8	8	16	0.13	5	4	9	0.15
10-14	0	0	0	0.00	1	4	5	0.06	1	0	1	0.00	2	0	2	0.03
15-19	0	0	0	0.00	87	77	164	1.92	63	73	136	1.11	37	40	77	1.29
20-24	5	0	5	26.32	967	240	1207	14.12	1374	408	1782	14.61	603	213	816	13.70
25-29	4	0	4	21.05	2046	204	2250	26.32	3066	371	3437	28.18	1507	256	1763	29.60
30-34	4	0	4	21.05	1585	146	1731	20.25	2318	296	2614	21.43	1185	149	1334	22.39
35-39	2	0	2	10.53	1060	69	1129	13.21	1518	161	1679	13.76	723	99	822	13.80
40-44	0	1	1	5.26	507	40	547	6.40	731	75	806	6.61	341	36	377	6.33
45-49	0	0	0	0.00	256	29	285	3.33	352	49	401	3.29	184	24	208	3.49
50-54	0	0	0	0.00	169	11	180	2.11	208	27	235	1.93	70	13	83	1.39
55-59	0	0	0	0.00	134	10	144	1.68	159	21	180	1.48	53	9	62	1.04
60+	0	0	0	0.00	194	8	202	2.36	192	12	204	1.67	79	16	95	1.59
Unknow	1	0	1	5.26	28	6	34	0.40	11	3	14	0.11	1	1	2	0.03
Total	16	3	19	100.00	7397	1152	8549	100.00	10364	1834	12198	100.00	4950	1007	5957	100.00

NAPAC (1995)

Figure 2. Distribution of AIDS Cases by Age Group and Gender, 1984 - October 1995.



Data from Table 3.

At the beginning of the epidemic males were infected in higher proportion compare to females. The epidemic has changed its course as it has spread. The data shows the higher proportion of female. In calculation ratio of male to

female of the same age group (20-39), it has been found that the ratio is narrowing being at 1:0 during 1984 - 1988, 1:0.12 during 1989 - 1993, 1:0.15 in 1994 and 1:0.18 in 1995 (Table 4).

Table 4. Gender Ratio of AIDS Cases, 20 - 39 Age Gropu.

	1984-88	1989-93	1994	9995
Number M:F	15:01	5658:659	8276:123	4018:717
Ratio M:F	01:00	1:0.12	1:0.15	1:0.18

Calculated from Table 3

Table 5 and Figure 4 show the degree and rate of increase according to risk factors involved. Like in many other countries, sexual relations are the most important cause of HIV transmission.

The social and economic effects of AIDS are immense. The agony and loss

of lives are beyond comparison. The burden of caring for patients is extremely heavy, with a drain on the time, energy and budget of the poor households. According to the research previously mentioned (Pitayanon, S. et al 1994), the burden on the households in terms of cash on average from the beginning of illness

until death is equivalent to approximately 6 months of average total household income (24,344 baht or US\$ 1,000).

Income loss from regular work of the HIV/AIDS patients during sickness and after death represents a large proportion -

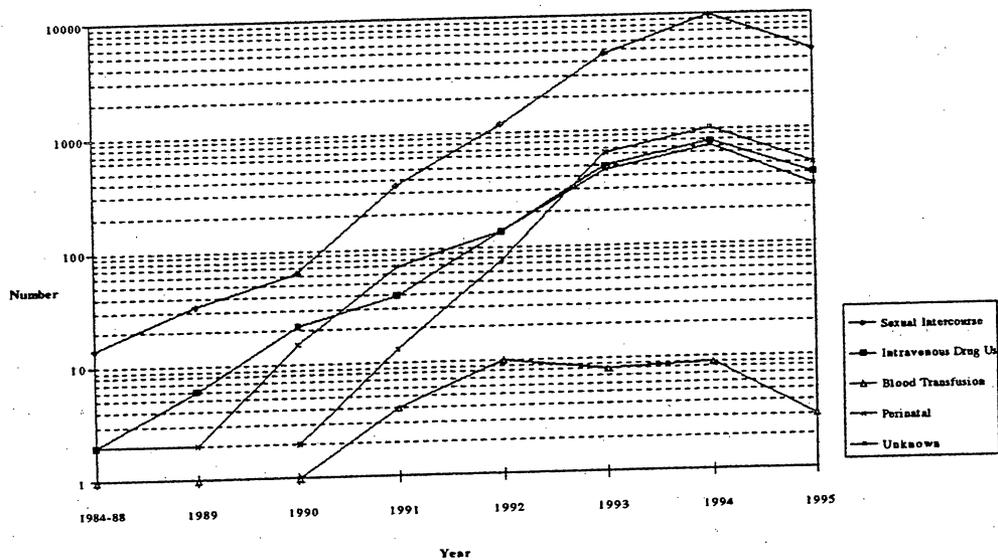
being 83 percent of households' current income. If supplementary income was included the amount lost would increase to be 6,050 baht or US\$ 242 per month which is 30 percent higher than an average current household monthly income.

Table 5. Distribution of AIDS Cases by Risk Factors, 1984 - October 1995.

Year	1984-88	1989	1990	1991	1992	1993	1994	1995	Total	%
Sexual Intercourse	14	33	63	355	1178	4612	9709	4750	20714	78.10
Intravenous Drug Use	2	6	22	39	134	490	769	395	1857	7.00
Blood Transfusion	1	1	1	4	10	8	9	3	37	0.14
Perinatal	2	2	15	69	133	447	706	316	1690	6.37
Unkown	0	0	2	13	77	635	1005	491	2223	8.38
Total	19	42	103	480	1532	6192	12198	5955	26521	100.00

NAPAC (1995)

Figure 3. Number of AIDS Cases According to Risk Factor, 1984 - 31 October 1995.



At the macro level, Anan Panyarachun former Prime Minister of Thailand (1991-1992) in his closing remarks at the Third International Conference on AIDS in Asia and the Pacific¹ (1995) stated that, if the HIV/AIDS pandemic is left unchecked, Thailand were to face an economic impact of a decrease of about 20 percent of GDP by the year 2000, not to mention the widespread social devastation. Moreover, the average life expectancy in the year 2010 will be only 44 years; a dramatic drop of 30 years from the 74 years we would achieve without AIDS. This would return our life expectancy back to the same level as in the 1930s.

A Study by the World Bank in Sub-Saharan Africa has estimated the economic impact of HIV/AIDS on the average country to be a reduction in GNP per capita of about a third of a percentage point, on the assumption that 50 percent of the treatment costs are financed out of savings. This represents a substantial impact on the countries that have been struggling to escape from a period of negative economic growth.

Thailand's Development Experience

Like many developing countries Thailand has embarked on her economic development by adopting the western model recommended by the World Bank. It is well known that this model advocates industrialization.

In 1961 the First National Economic and Social Development Plan was

launched. According to this plan Thailand invested heavily in infrastructure especially in construction of roads and so-called multi-purpose dams. The Second and Third Plans followed in the same fashion with the prime objectives being to facilitate the expansion of manufacturing industry and link up the rural agriculture area with the export sector.

Until the beginning of the fourth Plan, which is about the year 1980, Thailand has blindly enjoyed her success in economic growth with a rise in total GNP of not less than 7 percent on average. The industrial sector expanded rapidly as agricultural prices were kept low as well as wages. During this period, in order to finance her industrialization which required heavy investment in infrastructure, the government of Thailand employed income earning policies by encouraging the export of agricultural primary products and the promotion of tourism. The Board of Investment (BOI) was set up as a government body to give privileges mainly in terms of tax exemptions and reductions to induce large scale industrial investment from domestic and abroad.

Toward the second half of the Fourth Plan the costs of past development started to become apparent. Environmental degradation, deforestation and income inequality are among the main causes contributing to the serious social economic and political problems of the country.

¹ Anan Panyarachun, AIDS and Social and Economic Progress in the Asian and Pacific Countries, closing remark paper in Third International Conference on AIDS in Asia and Pacific, 21 September 1995, Chiangmai, Thailand.

Government policies promoting the export of primary agriculture products and tourism led to the scramble for forest area for the expansion of field crops and building golf courses and holiday resorts respectively. The forest area which was

53.33 percent of the country's total area in 1961, the year the First Plan was launched, had been greatly reduced to only 28.03 percent in less than thirty years in 1989 (Table 6.)

Table 6. Change in Forest Land Area 1961 - 1981.

Region	Total Land Area	Forest Land (km2)					
		1961	1974	1978	1982	1985	1989
North	169,644	166,275	113,595	94,937	87,756	84,126	80,402
		98.01%	66.96%	55.96%	51.73%	49.59%	47.39%
North-east	168,854	70,904	50,971	31,221	25,886	24,224	23,693
		41.99%	30.19%	18.49%	15.33%	14.35%	14.03%
Central	67,399	35,660	23,970	20,426	18,516	17,685	17,244
		52.91%	35.56%	30.31%	27.47%	26.24%	25.58%
East	36,502	21,163	15,036	11,037	8,000	7,990	7,834
		57.98%	41.19%	30.24%	21.92%	21.89%	21.46%
South	70,715	29,626	18,435	17,603	16,442	15,485	14,630
		41.89%	26.07%	24.89%	23.25%	21.90%	20.69%
Whole Kingdom	513,114	273,628	221,707	175,224	156,600	149,510	143,803
		53.33%	43.21%	34.15%	30.52%	29.14%	28.03%

Source : Forestry Department, "Forestry Statistics"

Industrialization at the expense of agriculture, in terms of low product prices and low wages, resulted in inequality of income distribution. A study by Puntasen et al (1994) gives the estimates and projection on income distribution among production sectors as shown in Table 7. The income gap between rural (represented by agriculture) and industrial urban sectors is at least 11 times. The gap is widening. Such a high degree of

income inequality has led to severe social, economic and political problems stemming from the dualistic nature of the Thai economy. Most of these problems are interrelated such as poverty which made some farmers sell out their land to the urban rich. Thus they go further to encroach on and cultivate in forest land. Prostitution and AIDS, the theme to be discussed here, is the best example of such a kind of problem.

Table 7. Estimated and Projected Income Per Capita by Production Sectors

Sector	1990			1995			2000		
	Baht	%	Ratio	Baht	%	Ratio	Baht	%	Ratio
Agriculture	7,661.86	4.59	1	8,692.25	3.96	1	10,027	3.45	1
Industry	87,507.40	52.44	11.42	122,720.31	55.96	14.13	163,437.80	56.4	16.3
Services	71,718.08	42.97	9.36	87,885.41	40.08	10.12	116,229.66	40.14	11.6
Average	34,845.30			47,780.08			65,135.83		

Calculated from Puntasan, A., et al., 1994.

It has taken some time for the Thai government to become aware of these problems and realize a policy of unbalanced growth has turned out to be the greatest obstacle to further development. Gradually, since the Fifth National Plan (1982), the effort for greater emphasis on rural development has been initiated.

With the explosion of the AIDS epidemic and many large scale ecological catastrophes in the past decade the government fully realizes now the a development approach which concentrates only on income growth to the neglect of the well being of people could yield adverse effects.

For the next Eighth Plan (for the years 1997 to 2001) the National Economic and Social Development Board is embarking on a new approach of balanced growth with greater emphasis on social and environmental issues.

The Deprived Agriculture Sector - Prostitution and AIDS Connection

Deforestation leads to an imbalance of the ecological system (drought, hurricanes, and prevalence of soil erosion). No Thai people can forget the tragedy of the hurricane "Gay" and land slide in the southern province of Chumporn in 1989 which brought total destruction to many villages, the loss of hundreds of people lives and a number of children left orphaned.

Both the short term effects of climatic catastrophe and long term effect of drought have direct effects on agricultural

productivity. Low productivity, high costs of production especially the necessary chemical inputs together with the relatively low product prices (the hidden policy of the unbalance growth strategy) make rural agricultural households become poorer and poorer and finally in debt. Moreover, the loss of forest which means the loss of their source of subsistence food lowers their real income. Households can no longer depend on agriculture. In many cases land has been lost to money lenders, sold to the rich entrepreneurs who turn it into golf courses, holiday houses and resorts. The able family members leave home to seek employment as labourers in towns or cities.

Rural Women are Victims

In general rural women are overburdened having to perform the triple roles of production, reproduction and community service. In adjusting themselves to this situation of poverty and indebtedness, female members of the family has to work even harder in sharing responsibility for income earnings. The struggle with home-based activities like handicrafts and simple food processing has not been successful. Thus, wives and mostly daughters have been drawn out from home, their traditional place, to the outside world. The job opportunities which are usually available to them are very limited, and they either become factory labours or employed in the service sector.

Since tourism in Thailand has been well promoted and expanding, the lifestyle and working conditions are more conducive, resulting in girls being more likely to be attracted into the tourist sector. They might begin as waitresses, then become bar girls and are finally forced or lured into the sex business.

Not only economic struggling that compels female labour out from their agriculture rural households. Social variables also contribute to this outmigration. The belief that only sons can pay back to the parents by being ordained into the priesthood makes parents put higher value on their sons. It is at the same time mentally pressing on daughters to show their parents gratitude in other ways as much as they can, usually in terms of being obedient, looking after the parents or giving them what they want.

It is pointed out that there is a close link between the spread of HIV/AIDS and

population movement (Singhanetra-Renard A., 1995). The movement links communities of origin and destination. Several forms of exchange can take place between these two communities: resources, information, ideas, values as well as health problems and diseases. At present, even though there is no direct research work to give evidence to this linkage of migration and AIDS in Thailand, there is reason to support it by the way the HIV disease is trafficked to villages and reaches common housewives. Generally entertainment and relaxation among the temporarily migrant male labourers involves the formation of drinking groups which are usually followed by visits to commercial sex workers.

The following diagram summarizes the process of unbalanced development which has contributed to prostitution and AIDS problems.

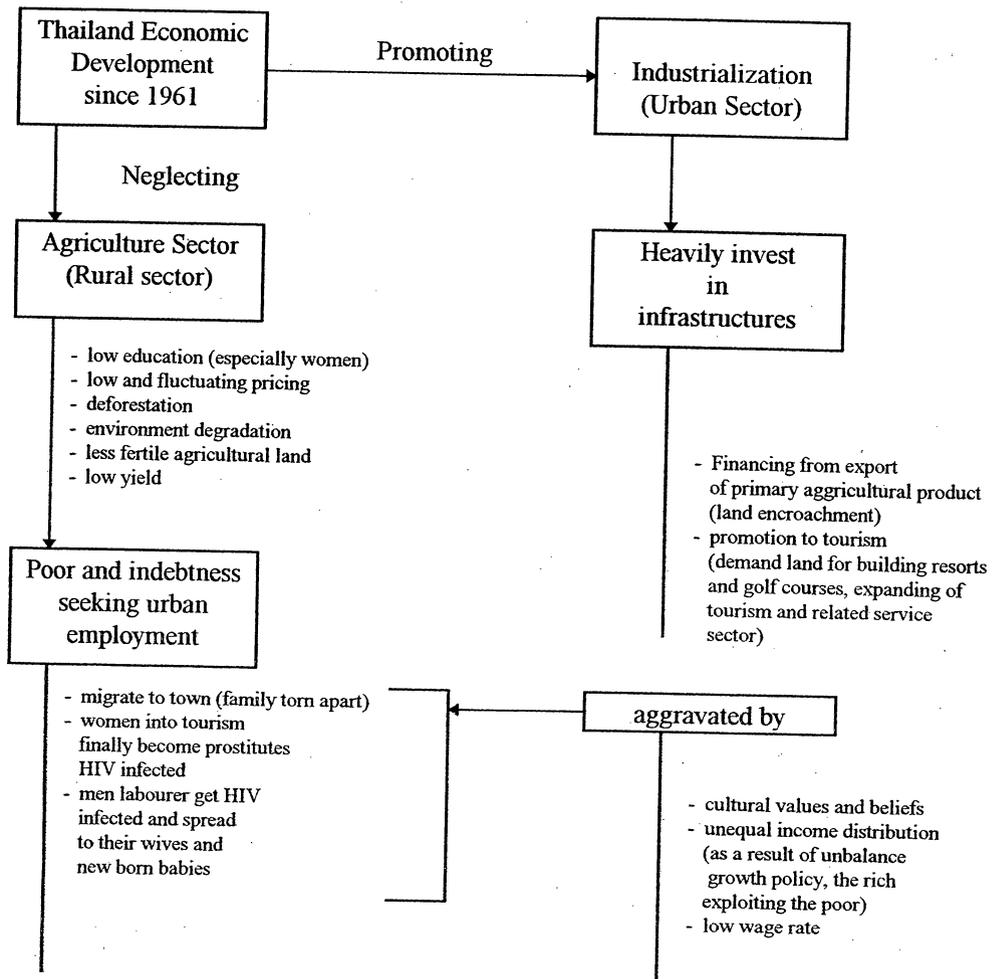


Diagram summarize the effects of unbalance economic development on prostitution and AIDS phenomenon.

Sustainable Development with Women at the Center is Needed

As has been discussed a development process emphasizing the growth of income which overlooks the importance of income distribution, the capability of natural resources and most of all the human factors can lead to adverse results. Prostitution and AIDS are the most striking and devastating among all the costs of the pursuit of rapid economic growth. The subordination of women has a very important part to play in fueling the pandemic. Women tend to be stigmatized as AIDS vectors instead of the victims. This attitude leads to misunderstandings and the creation of a knowledge gap in controlling the spread of the disease.

Women are biologically more vulnerable to the AIDS disease than men (Phijaisanit P., 1995). Also conditioned by social and economic factors, women are in a position of having weaker gender power relations. Lower sexual and economic relations put them in a weak

position to negotiate for safe sex (i.e. in the case of condom use). This is confirmed by personnel from Gos and NGOs working to control the epidemic who link the increasing rate of HIV/AIDS amongst ordinary women to these women's weak bargaining power to negotiate safe sex with their husbands. Low education, economic hardship, together with biased social norms, values and beliefs compel or lure many young girls to work in the sex industry. Moreover women are also vulnerable to coerced sex, including rape and other sexual abuses, in and outside of the family, and as well as forced commercial sex work.

In order to combat the HIV/AIDS pandemic effectively, the immediate remedy measures of prevention and intervention should give more attention to reducing the vulnerability of women and, at the same time, the overall approach to economic, social and political development should aim to alleviate the subordination of women.

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