

CHAPTER 1

INTRODUCTION: THE ISSUES

This book makes a critical examination of Thailand's HIV/AIDS epidemic over the past nineteen years. It examines the period from the finding of the first HIV-positive persons in the early 1980s, through the early 1990s when the epidemic was routinely depicted as the world's fastest moving AIDS epidemic, up until the early 2000s when the bulk of scholarly and medical literature portrays Thailand's AIDS epidemic as being largely under control, and thus Thai AIDS prevention efforts over the past decade as a success story (Ammann and Nogueira 2002; Brown et al. 1998a, 1998b; Kilmarx et al. 2000; World Bank 2000; Sharma 2002). My overall interest is the manner in which the 'problem' of Thai AIDS has been constructed, and how the understandings about the nature of the Thai AIDS epidemic which were generated over this period acted to legitimate specific forms of gender and class-based interventions. I argue that the modelling of the Thai AIDS epidemic has been characterised by a class based paternalism and by analyses rooted in a Western middle-class morality, and that many of the 'health' interventions this has engendered are in essence little more than attempts in the exercise of power through covert measures of class control in the guise of behavioural surveillance, and through attempts to redraw the moral boundaries of Thai society in the guise of behavioural modification programmes.

Critically, the Thai AIDS experience is important far beyond merely curbing the AIDS epidemic in Thailand. Many of the techniques used to combat and monitor the Thai AIDS epidemic have formed the basis for the WHO or Joint United Nations Programme on HIV/AIDS (UNAIDS) manuals of best practice and are in the process of being exported to much of the rest of South East Asia

(see Brown et al. 1998a, 1998b; WHO 2000). In Cambodia, for instance, by 2002 several provinces or districts have implemented a 100 percent condom use policy for commercial sex establishments (National AIDS Authority 1999; UNAIDS 2001) based on the Thai model. Here, as in Thailand a decade earlier, the majority of the behavioural research, the interventions funded by major donors and conducted by International Organisations (IOs) and Non-Governmental Organisations (NGOs), and Khmer language popular media discourses of AIDS, rely on a model of HIV transmission between largely discrete risk groups (and an implicit model of wave transmission from these groups to the broader population), and on the modelling of women and their sexual behaviour into simplistic binary categories of 'good' and 'bad' women (Rousset et al. 1999), where prostitutes, as the paradigmatically bad women, are the primary cause of AIDS (Sor Romnar and Tandopbun 2001).¹ By now, even high school texts depict female prostitutes as the primary cause of AIDS (Ministry of Education, Youth and Sport 2000). The situation is exacerbated in the early 2000s as middle-ranking Thai AIDS bureaucrats and IO/NGO staff climb the international AIDS career path through postings in neighbouring countries. As they do so, many bring the class-based prejudices that have underpinned the Thai response to Thailand's AIDS epidemic, and perpetuate the myths that AIDS is fundamentally a problem of the morality of the underclass, one caused by low levels of education.²

1. It is a matter of great personal sadness to watch the unfolding of the Cambodian AIDS epidemic, and to watch a new generation of young AIDS researchers repeat the mistakes of the Thai AIDS epidemic a decade ago. Thus, in the early 2000s, the Cambodian AIDS epidemic is defined by KAP, KABP research, and focus groups (Brown 1997; Glaziou et al. 1999; Marten 2000; Prybylski and Alto 1999). Here, a decade later, risk groups are as essentialised as they have been throughout the Thai AIDS epidemic (Greenwood 2000a, 2000b; Rousset et al. 1999; Shinsuke Morio et al. 1999). Also, as in the Thai case, much behavioural research data is interpreted and written up by young and inexperienced (but, as their employers frequently point out, extraordinarily inexpensive) Western interns with little experience in either Cambodia or in the AIDS field, but who exhibit an uncanny ability to assimilate local middle-class prejudices about men and women in the underclass. Critically, such an outcome is not the result of any personal deficiencies of the young people concerned, but is a normative outcome of class-based personnel selection criteria on the part of the bodies organising these voluntary positions.
2. A high-ranking Thai staff member in the Cambodian office of a well known and well funded AIDS NGO summarised the problem of Cambodian AIDS for me in just these stark and simplistic terms as late as January 2002. Ironically, she had only recently taken up her managerial position directing much of the organisation's AIDS prevention and care activities.

I argue here that the claim that Thai AIDS is a success story with its lessons being immediately translatable to neighbouring countries is too simple and too sweeping. Of course, lowered rates of HIV in sentinel surveillance groups are a 'good thing'. However, I suggest that our focus on Thailand's HIV/AIDS epidemic and HIV control measures should not be limited to the extent to which such statistical movements represent the 'success' or 'failure' of attempts to control the epidemic. Rather, it is time that the modelling of the Thai AIDS epidemic over the past nineteen years, and the dominant AIDS paradigms that directed interventions, be subject to a more comprehensive and more penetrating critical examination. A major problem that arose with attempts to curb Thailand's AIDS epidemic is the fact that the dominant paradigms through which the epidemic was modelled were set at a very early stage in the epidemic. Since that time, any impetus towards paradigm change, or towards critically reflexive approaches that themselves would have encouraged paradigm change, have not just been neglected but have been actively discouraged by funding regimes that, tautologically, encouraged research and intervention projects to pursue issues that conformed with the dominant paradigms (Pigg 2001b). This has had real implications for AIDS prevention programmes, in as much as it is highly likely that other potentially fruitful interventions would have arisen from alternative modellings of the epidemic. It has also had real implications for those whose private lives and sexual practices came under the many forms of direct and indirect scrutiny and, yet more seriously, under the many sustained attempts at behavioural modification on the part of both state and private (IO/NGO) organisations, that these forms of modelling encouraged.

Indeed, it is highly ironic that the first Thai HIV/AIDS cases appeared in 1984, as in terms of the surveillance it posits over the private lives and practices of the underclass, and in terms of the language through which it has remade and revalorised almost every sphere of their lives, the world of Thai AIDS is truly an Orwellian world.³ This world has been created over a period of

3. Such surveillance has primarily been directed at the underclass, who have few avenues of response beyond passive resistance (Scott 1985, 1989). However, the small amount of literature dealing with AIDS amongst the middle class suggests that they too are concerned with privacy issues. Thus, Kaew (2001) in *The Critical Second: AIDS Diary*, a diary of a young and single middle-class Thai woman who finds she is HIV positive, evidences not only surprise that someone of her background should contract HIV, but also extreme concern about the privacy of her medical records and the potential interventions in her personal life that such records could lead to.

years through cooperation between a medical establishment concerned with enhancing the hegemonic position of biomedicine over other systems of medical and social knowledge (compare Paul Cohen 1989, Pigg 2001a, 2001b; Whittaker 2000), and a state concerned about globalisation and transforming public cultures which have offered unprecedented levels of personal freedom to the underclass. In concert with these, the neo-lower-middle class staff of IO/NGO groups have assessed the 'risk behaviour' of the underclass and proselytised right knowledge and right understanding about AIDS (Bupa 1999; del Casino 1999), while simultaneously working on their own social mobility through Thai and international IO/NGO networks.

It is ironic in the extreme that in the liberal globalised Thai state of the 1990s the regimes of bodily supervision and control and the pathologising of many behaviours of the underclass, enacted in response to the HIV/AIDS epidemic are, arguably, more encompassing and more penetrating, than those enacted by the right wing Thai regimes of the 1960s and 1970s (Bowie 1997; Morell and Chai-anan 1982; Wright 1991). The oppressive and unjust nature of these political regimes was clear to all, while the oppressive nature of the regimes of surveillance and intervention engendered by the HIV/AIDS epidemic have been obfuscated by the power of biomedicine and public health, and by the claim that they are for the individual's own good. Yet, such claims are rarely supported by evidence, and the class-based disparities of power and gender inequalities that have allowed the construction of such regimes have been totally ignored.

The Thai AIDS Epidemic: Asking Questions

Having previously conducted doctoral research (Fordham 1991) in mid-1980s Northern Thailand, I commenced studying Thai AIDS in the early 1990s, as Thai AIDS first became a matter of public consciousness due to public service information programmes and AIDS reports in the Thai media. As an anthropologist living and working in rural villages during this period, HIV/AIDS was much more than a theoretical concern, the first cases of AIDS related illnesses appeared very close to home indeed. Also, like many social scientists specialising in Thailand, at that time I too considered that with my linguistic skills and in-depth cultural knowledge, and with my research skills learned and practiced over a decade, I was uniquely placed to make a contribution to curbing the potential ravages of the epidemic. Subsequently, throughout the 1990s, I

combined teaching Anthropology and Thai Studies in Australia with carrying out HIV/AIDS research in Northern Thailand and, concomitantly, assisting various small Northern Thai NGOs with the design and implementation of AIDS education and intervention programmes.

However, as the epidemic progressed and as large IOs and NGOs moved into the Thai AIDS field and developed and implemented their intervention strategies, and as the corpus of English language and Thai language AIDS literature increased, there seemed much that was quite bizarre about the way it was being constructed. I found that many questions about the social aspects of HIV transmission were ignored in favour of a focus on statistically sophisticated but socially simplistic and naive mechanical modelling. For the most part I found that indigenous cultural values were being treated as merely an impediment to the smooth roll-out of AIDS-intervention programmes and were only considered an issue in as much as 'the problem' of AIDS was generally portrayed as 'irrational', 'risky' or 'gender based' indigenous 'problem' behaviours that 'had' to be transformed in order to combat the ongoing spread of HIV. Even Buddhism, a matter of importance to most Thai people and a major aspect of Thai identities (Mulder 1992b; Van Esterik 2000), was largely ignored as irrelevant to the study of Thai sexual behaviour. Ultimately, I found myself unable to share many of the fundamental assumptions on which the normative Thai AIDS paradigm was based. In many cases I felt uneasy with research methodologies, with the nature of the behavioural data that research programmes elicited, and with the interpretation of the data. Even aside from methodological considerations, it seemed to me that much of the data that formed the basis for AIDS interventions reflected popular middle-class based ideological models of Thai culture; Van Esterik's (2000: 3) 'essentialised surface' level of knowledge about Thailand, rather than people's actual practice.

For example, during the early 1990s (and of course for long before, as I argue in Fordham 1995), alcohol use was ubiquitous in Thai society, and was fundamental in the construction of masculinity and social relations at all levels.⁴ Indeed, until the Asian

4. There is good evidence concerning Northern Thai drinking patterns as far back as the latter part of the nineteenth century. Thus, Hallett (1890: 269) notes the payment of fines for drunkenness to the ruling Northern prince (compare Ratana-porn 1989: 136), suggesting that drunkenness was common enough to warrant a routine sanction. Importantly, too, it was the imposition of a tax on domestic brewing (in concert with other new taxes introduced during the 1870s and 1880s, following the 1873 inauguration of a policy of tax farming) that sparked off the Chiangmai rebellion of 1889 to 1890 (Brailey 1968; Tanabe 1984).

economic crash Thailand was recognised internationally as a boom market for both expensive imported Western alcohols as well as for a host of cheaper locally bottled whiskies with prestigious sounding names to cater for the lower classes. Yet, at the same time, some scholarly publications claimed that most Thais didn't use alcohol and that drinking was an activity restricted to a minority of men in the lower classes (Supamas 1992: 226). In the AIDS field some specialists in HIV/AIDS prevention claimed that men drank in order to use drunkenness as a legitimisation for participation in commercial sex (VanLandingham et al. 1993a; VanLandingham et al. 1993b; VanLandingham et al. 1995a), a claim I found both erroneous and bizarre. Even a referee of my paper 'Whisky, Women and Song: Men, Alcohol and AIDS in Northern Thailand' (Fordham 1995) contested my observation of heavy drinking by noting that 'cash is often scarce' at village level and suggested that this would constrain both drinking and brothel visiting. In some cases such views were based on a mere lack of knowledge or of understanding, in other cases they had a more complex aetiology. I take this up in later chapters when I examine the manner in which a long sedimented style of writing about Thailand, which has discouraged both criticism of Thai society and the public discussion of social ills, has produced a 'scholarship of admiration' of Thai society (see Juree and Vicharat 1979; Phillips 1979; Van Esterik 2000).

In respect to male participation in commercial sex, prodigious amounts of money were expended in round after round of survey research establishing the normalcy or otherwise of behaviour that any Thai or Thai based researcher already knew was a normal activity for the bulk of men. Indeed, in some cases Western researchers published scholarly papers in concert with Thai colleagues claiming that the visiting of prostitutes was in reality frowned upon and was practiced by only a minority of men in the lower classes (Ford and Suporn 1991). VanLandingham et al (1995a: 13) also take this approach when they point out that 'For many men, there appears to be little if any shame to be felt in front of one's peers for an occasional outing involving commercial sex' and suggest (1995a: 19) that: 'Actions that otherwise might be unacceptable become excusable (*among friends at least*) when the person is drunk [my emphasis].' Yet, for anybody with the linguistic skills to read the signs along the streets of Thailand's cities and smaller towns, or who bothered to read the advertisements in the back pages of its many Thai language newspapers and magazines, the ubiquity and wide range of establishments providing sexual services for men throughout the entire class spectrum was clearly

apparent, as was the sheer lunacy of claims that denied the normalcy of this activity.

Similarly, throughout the 1990s, another genre of AIDS research focused on female virginity – and potentially it was important research. After all, if young women were not sexually active then they were not at risk of contracting HIV, and interventions, at least in the early stages, need not be directed at them. Yet, like the work on alcohol and males visiting prostitutes (discussed above), this work and its outcomes seemed more concerned with the validation of ideology than it was with actual social practice. As I discuss in detail in chapters five and six, in the early 1990s an intensive research focus directed at showing the universality of virginity amongst young women found just this – more than 99 percent of women were virgins prior to marriage. Yet, at the same time, a major concern of the Ministry of Public Health was the number of teenage pregnancies and the abortion rate in young unmarried women.

My dissatisfaction with the existing modelling of the Thai AIDS epidemic led me to the issues that have constituted the core of my research programme over the past decade, and which I address here. The core chapters of this volume, chapters three to six, were originally written (as separate albeit sequentially written essays) in an attempt to make sense of the Thai AIDS education and intervention business that seemed like a juggernaut careering through the cultural and intellectual terrain of Northern Thailand, steamrolling everything in its path. On one hand I have been concerned with Northern Thai cultural understandings of disease and of HIV as disease threat, and with understanding Thai sexuality and sexual practice. Implicitly, I have been concerned to demonstrate the significance of local-level cultures and the importance of regional diversity in Thailand, issues that a generation ago would have been axiomatic to all, but which in the 1990s was not apparent to the many non-Thai specialists newly drawn into the Thai AIDS sphere. On the other hand, I have been concerned with analysing the progress of the AIDS epidemic as it has been constructed through the surveillance of HIV infection amongst specific population groupings, and through the focus of interventions designed to combat the spread of HIV. Here I have been concerned both with analysing the conceptualisation of AIDS as disease threat and with its impact on Thai society, and with analysing the impact of AIDS prevention programmes on Thai society. In particular, I have been concerned with the manner in which the impact of AIDS has been to remove sexuality from the private to the public sphere, where it was subject to

intense scrutiny, and where minority groups considered deviant due to their gender, class position or sexual practices, or disadvantaged due to their cultural or educational background, were conceptualised as being particularly vulnerable to HIV infection and especially dangerous to others, giving rise to a heightened consciousness about the moral aspects of sexual activity and particularly the morality of sexual activity amongst young unmarried people. Throughout I have been concerned with issues of appropriate research methodologies, with the power of reflexive analysis and issues of social theory and, consequently, with the potential contribution of a critical and socially engaged anthropology to Thai (and other) AIDS research and interventions.

In writing the essays that comprise this volume, from the beginning I have had three fundamental concerns. Firstly, I have been concerned that they are ethnographically rich as, with the exception of some anthropological works such as (Chayan 1993; Fordham 1993, 1995, 1998, 1999, 2001; Lyttleton 1994a, 1994b, 1994c, 1995, 1996a, 1996b, 1999, 2000; Manop 1994; Muecke 1999; Niwat 1998; Michinobu 1999, 2000; Tannenbaum 1999; Yos 1992), the bulk of the research through which the Thai AIDS epidemic has been defined has been statistically based. Despite an ongoing discourse about the social nature of the AIDS epidemic and the need for qualitative data, Thai AIDS debates have paid surprisingly little attention to qualitative data beyond that derived from focus groups and structured interviews which, as I argue throughout this volume, have real heuristic limitations.

The power of the English language and of metropolitan centres of funding, research and publication, means that the predominant Thai AIDS discourses have been constructed in English and draw on English language sources. Accordingly, a second concern I have here is to take account of not only English language works on Thai AIDS, but also the massive corpus of Thai language works, ranging from scholarly medical and social science journals to IO/NGO reports and conference papers dealing with Thai AIDS. In chapter four, I also analyse the way in which Thai language newspaper and magazine reports refracted the AIDS epidemic in the early 1990s. In this way I draw attention to muted Thai language indigenous AIDS discourses, of which dominant discourses (and programmes developed on the basis of dominant discourses) remain unaware. As I show in chapters five and six, not only do Thai language materials demonstrate muted indigenous AIDS discourses that have been neglected in Western constructions of Thai AIDS discourses, but also the research findings of many experienced Thai researchers directly contradict central aspects of dom-

inant AIDS discourses. Additionally, I show that over the course of the epidemic the dominant AIDS discourses themselves have been appropriated by those at grassroots level and utilised in such a way as to provide indigenous counter discourses. Thus I have been concerned to question central assumptions of the normative model of Thai AIDS, and to show that many of the assumptions on which the modelling of the Thai AIDS epidemic has been based are just that – they are assumptions. If we take account of other data which lies outside the ambit of concern of pre-existing assumptions, it is possible to develop other, alternative, and I believe superior, understandings of many aspects of the epidemic.

A third concern I have had in my research and writing, and perhaps the most important of all, is that while producing ethnographically rich analyses of various aspects of Thailand's AIDS epidemic, and while questioning some central assumptions of the Thai AIDS paradigm, I have aimed to provide balanced and contextualised analyses. Outside of IO/NGO research and intervention reports, both of which gain only limited distribution, it is the papers delivered at professional conferences and their later publication in scholarly journals which have been the predominant means through which the Thai AIDS epidemic and its central paradigms has been delineated. I suggest that this standard format for journal publication is in part responsible for the construction of the normative model of the Thai AIDS epidemic. The standard article length of fifteen to twenty pages, like the fifteen or twenty minutes allocated for the conference presentations from which they usually derive (or, of course, sometimes it is the other way about), encourages a tight focus on 'the issue' or 'the problem' and the use of simplistic and often misleading labelling, which both ignores the links between 'issues' and the fact that the issues themselves are merely a social construct, a subset of a more complex whole.

As a result, in the social science field, much behavioural research on Thailand's AIDS epidemic has been conducted in a highly structural-functionalist fashion that relies on an organic model (Radcliffe-Brown 1952) of Thai society to study the epidemic.⁵ Thus, published papers (both reflecting and directing the structure of research and interventions) dealing with behav-

5. Radcliffe-Brown's structural functionalist and highly simplistic model of society likened society to the human body, with the various social institutions such as law, kinship, religion and so on linked together, like the organs of the body, in a functionally interdependent relationship. Thus, the model (by now long rejected as highly flawed) supposes that an understanding of the functioning of the various individual institutions, and of their interrelationship, leads to an understanding of society itself.

journal issues focus on AIDS knowledge and sexual practices amongst various occupational or claimed risk groups – such as farmers, fishermen, youth, school teachers, factory workers and so on – or amongst various groups of direct or indirect prostitutes in different geographic regions. Yet, these groups are treated largely in isolation from each other, with the linkages, multiple layering and overlaps amongst and between the various areas never articulated. As a result, the complexity and the blurring that constitutes real life, and the overall pattern of the whole, has been omitted from the ethnographic account and from the analysis.

Moreover, the standard length of journal articles gives little scope for challenging dominant paradigms. A close examination of many papers reveals brief additional secondary elaborations to shore up favoured interpretations, counter research deficiencies or the qualms of referees, and alternative hypotheses are rarely given serious attention. This is unfortunate, as it accentuates the tendency for much of the Thai AIDS literature, particularly that deriving from a demographic or epidemiological perspective, to posit simplistic monocausal answers to explain complex social behaviours. Perhaps, a colleague's comment on two 'rapid assessment' reports on the AIDS situation amongst Thai seafarers (UNDP n.d., a, n.d., b) encapsulates the deficiencies characteristic of much of the Thai AIDS literature 'On the one hand, they're useful, containing lots of bits and pieces. On the other, I have to admit, they're a mess, which certainly limits their effectiveness as many things are left dangling, unexplained, contradictions are ignored, and often the wording is so sloppy its hard to work it out'.⁶

The standard disciplinary-based journal in which researchers publish their research findings is also, in part, responsible for the model of the Thai AIDS epidemic that has been constructed over the past decade. As the epidemic progressed during the late 1980s and early 1990s those working on AIDS research and interventions came from the whole gamut of academic disciplines and disciplinary-based organisations as well as from government bodies, IOs and NGOs. As they sought to carve out space for the intellectual and physical domination of a particular area of research or intervention (and the rewards of access to the massive funding that such domination entails) all have drawn largely on their own discipline's epistemological resources. Thus, for example, in the disciplines of biomedicine, epidemiology, demography, anthro-

6. John Butcher. Personal communication.

pology and the many other disciplines involved in the AIDS arena, researchers have largely worked and published in their own sphere, their own layer of Thai AIDS discourses, and there has been little real crossover beyond a smattering of cross-disciplinary citation as a means of textual authentication (Clifford and Marcus 1986).

The carving out of AIDS as a quasi-discipline in itself, and the founding of specialised AIDS journals such as *AIDS*, *AIDS Care*, and the Thai language *Thai AIDS Journal*, has only exacerbated this situation as they tend to work within the normative paradigm, offering secondary elaborations instead of challenging the paradigm per se. Even in the case of interdisciplinary journals such as *Medical Anthropology* and *Social Science and Medicine*, the majority of published work tends to be within the bounds of the normative paradigm. Highly critical works which pose a challenge to the normative AIDS paradigm, such as Fordham (2001) dealing with Thailand's AIDS epidemic (*Critique of Anthropology*), or Pigg (2001b) dealing with the Nepalese AIDS epidemic (*Cultural Anthropology*), tend to be published in mainstream anthropological journals. However, as such journals are the precinct of committed anthropologists, the work they publish is read neither by those working on modelling the epidemic from biomedical or epidemiological/demographic perspectives, nor by those in the IO/NGO fraternity working on the social modelling of the epidemic or on the implementation of interventions. Indeed, as far as the IO/NGO world is concerned, the bulk of personnel working on AIDS care and intervention issues pay little attention to the AIDS literature published in either medical or social science journals, viewing it as 'academic' and as of little relevance to their own 'hands-on work', and rely almost entirely on agency reports and manuals of best practice (often internally produced) to direct their work.⁷

In this context, where the AIDS field has been carved up into largely discrete, highly specialised areas, articles that do not fit easily into pre-existing discourses because they cross both 'issue' boundaries and epistemological boundaries are axiomatically

7. In some cases this is a matter of language difficulties; just as Westerners ignore Thai language materials, many Thais ignore work written in English, and sometimes gaining access to expensive overseas journals is also an issue. However, more generally this is a mindset which makes an absolute distinction between the practical work of IOs and NGOs that are involved in developing and changing the world, and what is portrayed as the non-involved and 'merely academic' work of academics, who are considered to be doing nothing to change the current state of affairs.

difficult to deal with. Moreover, if they draw on a wide range of disciplinary and theoretical materials as well as a wide range of multilingual materials, they present journal editors with the real practical problem of finding referees with the necessary range of disciplinary and linguistic skills. When, as often occurs, such papers are refereed by persons unfamiliar with the range of 'issues' addressed, or with the disciplinary, theoretical, or linguistic materials utilised, they are likely to receive timid and conservative responses which mitigate against publication.⁸ Thus, in addition to the limitations of article length that mitigate against complexity, there is this subtle, but nevertheless real, issue that tends to keep published papers largely within disciplinary boundaries, and within the normative model of the Thai AIDS world.

Written from an anthropological perspective, this work, then, aims to address some of these issues through questioning the normative Thai AIDS discourses that have been constructed on the basis of naive empiricism. I do this through the introduction of issues of complexity, reflexivity, and social theory into some central Thai AIDS discourses, and through addressing the issue of popular AIDS research methodologies and their limitations. Through this I aim to generate a deeper understanding of the factors that have driven the Thai AIDS epidemic and of how the epidemic itself has been constructed or, more likely, miscon-structed, as a social problem.

8. In my own writing about Thai AIDS over the past decade, as in this volume, I have drawn on English, Central Thai and, more recently, Khmer language materials, deriving from a broad range of disciplinary perspectives. Over this period some referees have found my writings just too hard to read at a conceptual level and thus irrelevant to those working from a biomedical perspective. One such individual whom I cite (Fordham 1999: 93) wrote in their referee's report on one of my early AIDS papers, 'HIV/AIDS is a serious business' suggesting, perhaps, that my paper was frivolous as it disagreed with the then accepted interpretations of the relationship between Thai patterns of alcohol use and HIV risk behaviour and who, by way of a final assessment of the paper, dismissed it by noting that due to its social science concepts and terminology: 'health scientists will not and could not read it'. Conversely, referees with a social science background criticised my use of what they saw as overly complex medical jargon. Often referees were clearly unfamiliar with the indigenous literature on which I draw and were ill-equipped for and obviously uncomfortable with their task. Chapter five, for instance, originally published in the leading British journal *Critique of Anthropology*, drew a comment from a referee (clearly one who held a biomedical perspective) that the paper was 'all over the place' as it addressed multiple issues, and the suggestion that it should be rewritten as three separate papers.

Structure of the Argument

Chapter two takes up the issue of the 'shape' of Thailand's AIDS epidemic. Setting the stage for analyses in later chapters, I argue that the various elements which constitute the central conceptual pillars of the normative model of the epidemic, such as risk behaviour and risk groups, do not constitute a description of what is actually 'out there'. Rather, they are a model (by now highly essentialised) of aspects of the Thai social world, produced according to particular interpretive frameworks and based on specific (albeit generally unspecified) founding premises and hypotheses. I then go on to show how a range of factors specific to Thai society, including highly superficial Western knowledge about Thai society in concert with class-based Thai perspectives on the underclass and those living in the rural periphery, led to a very simplistic modelling of the epidemic that ignored regional, historical, ethnic or cultural differences. Critically, I argue for an alternative and more reflexive modelling of the epidemic and call for a new and reinvigorated socially engaged anthropology to play a major role in this task; an anthropology no longer prepared to be intellectually muted, restricting its role to speaking predominantly to the 'converted' in the academy, or to be confined to the playing of bit parts while others define the worlds where we claim special research expertise and understanding.

Chapter three takes up the issue of male sexuality and risk taking in Northern Thailand. It develops ideas outlined in Fordham (1993), where I first addressed the need to take account of Thai cultural values and the significance of factors such as Buddhism when understanding the Thai construction of gender identities, issues of sexuality and the Thai response to HIV/AIDS. Like subsequent chapters, it was prompted by concerns I had regarding the interpretation of Northern Thai culture by those working on AIDS programmes, and the fact that little attention was being paid to indigenous Northern Thai cultural values. Thus, I argue for the significance of Northern Thai metaphoric understandings of HIV as a disease epidemic. I point out that rural Thailand has a long history of penetration by power holders and argue that as a result 'health interventions' conducted in local communities have been viewed as yet more examples of the penetration by state (and state-allied) powers, and as a penetration of the private sphere and a threat to male privilege, and have automatically engendered resistance on the part of villagers.

In particular, this chapter takes up the issue of male risk taking and male participation in commercial sex. In relation to risk tak-

ing I argue that providing villagers with knowledge about the dangers of HIV is not enough to curb sexual risk taking. I argue that although those working in the AIDS world view sexual risk to be the pre-eminent risk, at village level life is inherently risky and that not only do villagers rank HIV/AIDS as a risk of a lesser order than other life risks – such as road accidents, fires, thieves and killers – for men, the pre-eminent value and pre-eminent risk is masculinity. Thus I argue (see also Fordham 1995, 1999), contrary to VanLandingham et al. (1993a) and VanLandingham et al. (1993b), that male drinking is neither connected with the need to legitimate the visiting of prostitutes, nor are the disinhibiting effects of alcohol, in themselves, the cause of men visiting prostitutes (VanLandingham et al. 1995a, VanLandingham et al. 1997), rather, this activity is primarily concerned with the constitution of masculinity.

I point out that male participation in commercial sex cannot be understood by demographic surveys taken of clients as they enter the brothel door (such as Napaporn et al. 1992), but that it must be understood in its total cultural context. This is a context in which men visit brothels or other venues for commercial sex as part of a three part rite of eating, drinking and sex, the whole being concerned with the constitution of masculinity. Critically, this chapter develops the concept of 'edge work', the deliberate taking of calculated risks, both for the exhilaration of the act and as a means of displaying masculine potency.

In respect to chapter four I argue throughout this volume that during the past decade of AIDS interventions, the Thai AIDS world has been handicapped by a lack of perspective. As noted above, it has been inward looking, conducting behavioural research and interventions in terms of paradigms whose fundamental assumptions have rarely been challenged. In the early 1990s public information campaigns utilised media ranging from posters and billboards to electronic media to give the public information about HIV/AIDS, and when surveys about AIDS knowledge and risk behaviour were carried out, increased levels of knowledge and lower reported levels of risk behaviour were attributed to the success of these campaigns (Borthwick 1999; Chuanchom et al. 1997; Nelson et al. 1996; Lyttleton 1999; Mastro and Khanchit 1995). However, I suggest that situation was really much more complex, and that in Northern Thailand the reporting of HIV/AIDS issues in the public media was a critical factor in the success of these campaigns.

This chapter argues that, in concert with public information campaigns, an additional significant source of information about

AIDS in Northern Thailand during the first half of the 1990s was the Thai language print media's (newspapers and popular magazines) reporting of the progress of the AIDS epidemic and various other forms of AIDS-related news, ranging from the role of prostitution in the transmission of AIDS to traditional healers who claimed to have medicines to cure AIDS or, at least, ameliorate its symptoms, to issues of AIDS care and the many AIDS suicides characteristic of the Northern Thai epidemic at this time. Importantly, the information given in the print media provides a rich source of information about local metaphors of AIDS and a barometer of local understanding/misunderstanding about HIV/AIDS. Also, the very ubiquity of print reporting of AIDS during the first half of the 1990s, and its high visibility (a great deal of AIDS news in Northern Thailand appeared in large block print on the front page of newspapers), in concert with high levels of Thai literacy and easy availability of these print media, meant that these information sources were in a position to reinforce or contradict AIDS public service announcements. Indeed, as I demonstrate here, AIDS reporting in these media ranges from reporting of the highest veracity to the level of misinformation and rumour mongering.

Chapters five and six mark a shift in my approach to Thai AIDS. In the late 1990s I moved from an examination of how HIV/AIDS was understood by the Northern Thai, to examine the construction of the normative model of the Thai AIDS epidemic and the impact of the epidemic and of AIDS interventions on the community. Chapter five further develops the themes of the class basis of AIDS interventions in Northern Thailand, of underclass resistance to interventions thrust upon them, and the issue of HIV/AIDS social research methodologies, raised in earlier chapters. I take up two of the major concepts used from the early 1990s onwards to model the Thai AIDS epidemic and to direct interventions, the notion of largely discrete risk groups and the notion of the sequential spread of HIV from group to group in a wave-like fashion. I argue that the AIDS epidemic in Thailand had the effect of bringing sexual practices from the private arena into the public sphere, where they were openly discussed, and where various government departments, IOs and NGOs claimed legitimate roles in their ordering and control. I argue that the concept of 'risk group' found favour as it enabled the Thai social body to be portrayed as a hierarchy of risk with specific groups attributed behaviours necessitating control. This acted to legitimate and reinforce prejudices about groups such as the male underclass, prostitutes, injecting drug users (IUDs) and

homosexuals, who became the target of supervision and reformist intervention.

My analysis centres on the position of female commercial sex workers (CSWs) who, in this period, became the primary focus of attempts to control the spread of HIV. I argue that the focus on commercial sex workers, legitimated by notions of essentialised risk groups and the notion of HIV spreading in a wave-like motion between risk groups, occurred because in a time of rapidly changing social values they constituted a highly visible symbol of unrestrained female sexuality on which the reformist agendas of the state and private sector could focus. That female sex workers, like the male underclass constituted a group with extremely limited political and economic power, only meant such measures were implemented more easily and with less reflexive examination regarding the manner in which they acted to validate ready-made moral judgements. Critically, in terms of Thai AIDS research methodologies, this chapter again takes up the issue of inappropriate and inadequate methodologies, and methodologies that merely acted to validate pre-existing class-based beliefs about the behaviour of the underclass and which have been subject to little reflexive analysis.

In chapter six, the penultimate chapter, I draw on a wide range of English language and Thai language works ranging from the public print media to scholarly publications dealing with young people's sexuality. I argue that during the course of the 1990s, in a context of increasing Thai concerns about globalisation and the penetration of Western culture, young people's sexual activity began to be viewed as the result of their copying Western patterns of behaviour, and approaches to such activity became increasingly censorious and increasingly concerned with issues of morality. My analysis shows that by the mid-to-late 1990s a shift had taken place from an earlier moral panic about child abuse (Montgomery 1996a, 1996b, 2001) and a focus on the role of underclass men and female prostitutes in the spread of HIV, to a more generalised concern with young people's sexual activity per se, which began to be viewed in highly pathological terms, as being abnormal and inappropriate for unmarried persons and as an activity contrary to Thai values.

Through an examination of life-skills AIDS-intervention programmes over the decade of the 1990s I show their gradual transformation from programmes concerned with safe sex and AIDS prevention to programmes whose *raison d'être* was the proselytising of morality, and their diversification from an initial focus on what were conceived of as high-risk minority groups to focus on

middle-class youth in general. Just as the public health regimes of bodily surveillance and regulation constructed in the early stages of the Thai AIDS epidemic treated HIV infection amongst the underclass as the result of individual pathology due to a lack of morality, during the late 1990s HIV infection amongst the middle class was similarly treated as the result of individual moral failure.

Finally, in chapter seven, by way of conclusion, I ask the question 'Where to now?' Drawing on material discussed in previous chapters, I briefly examine other arenas where a powerful and sustained critique of the normative model of the Thai AIDS epidemic might be generated. I conclude that institutional structural and cultural constraints are likely to continue to mute critiques generated by IOs/NGOs and that a similar affliction ails the field of Thai Studies. Yet, I suggest that such a critique might be generated by a revitalised and socially re-engaged anthropology which, on the basis of its cultural expertise, its tradition of 'reality therapy' through sustained fieldwork in which 'ingrained or taken-for-granted assumptions regarding one's own and others practices in lived realities' are challenged (Kapferer 2000: 189) and, particularly, on the basis of an engaged social theory, both the failures of naive empiricism and the absence of a critically reflexive spirit might be redressed.