FEMALE COMMERCIAL SEX WORKERS IN THAILAND AND THE BURDEN OF THE DOUBLE STIGMA

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SUMMARY

This bachelor thesis discusses and analyses the double stigma regarding commercial sex work (CSW) and having HIV/AIDS. These two stigma’s are tightly connected and reinforce each other. The construction of the stigma on CSW is thoroughly described in the first chapter. Going back a few centuries creates a clear substantiation of how the job of sex workers came into existence and how it is perceived throughout the centuries. The phenomenon of temporary wives is highlighted to illustrate the relationships between men and women. The emergence of prostitution followed after this and resulted in new state revenues. After the demand of the Thai population for commercial sex was supplemented by the international demand of sex tourists it was hard to picture Thailand without a prominently present sex industry. The state revenues remain a touchy subject, because some say that the state needs the income from the sex industry, despite the laws they have set to prohibit prostitution.

Ingrained Thai cultural and Buddhist values regarding the position and expectations of men and women all contribute to the overall subordinate position of the woman. A man is excused for his sexual need for diversity, which forces a woman to condone her husband’s sexual practices outside their marriage. On the contrary, a woman should strive to become kulasatrii, an ideal for every Thai woman; unassuming, graceful and above all conservative in her sexuality. A kulasatrii woman could never become a prostitute, which already shows the assumption that a prostitute is deviating from the norm in Thai society. The stigma is constructed around the female sex worker, and not around her clients. She suffers from social exclusion and is looked down upon, unless the motivation why she performs this job results in justification.

The CSW stigma is currently being strongly influenced by the HIV/AIDS epidemic. This influence is discussed in the second chapter. The epidemic affected the already vulnerable people in society, among which CSW were a large target group and also a large determinant for the spreading of the disease through the entire country. Many people (men as well as women) are scared of the disease and try to prevent HIV infection in different ways. Understanding the sexual culture of Thailand is necessary in order to understand the influence HIV/AIDS has on the CSW stigma. Due to the fact that fulfilling duties towards one’s family gains a higher value in Thai culture than taking care of your own body, results in a possible reason why CSW is still thriving despite the fear of infection that many people experience. The prostitute suffers from an extra stigma on top of the stigma she carries for being a CSW, because she is now seen as a carrier of infectious diseases. It are overall mainly the cheaper prostitutes that suffer the most from this superstigmatization.

The work of Erving Goffman (1963) on stigma is used in the third chapter to analyze the organization of the double stigma. The complexity in understanding this double stigma lies within their inextricably connectedness. Many Thai people have created the expectation that CSW automatically results in HIV infection and the other way around; having HIV/AIDS is undoubtedly a consequence of promiscuous behavior or CSW. Goffman’s categorization of the Normal, the Own and the Wise is used to grasp an understanding of the relations in Thai society regarding the double stigma. It is concluded that the Normal stand right opposite of the Own and the Wise. However, in the case of CSW Normal people are more likely to transform into Wise people, due to valid reasons for justification. These reasons do not exist regarding the stigma on HIV/AIDS.
The complexity of sex work is something that caught my attention during a course I followed at the University of Amsterdam in the beginning of this year. Human trafficking and sex tourism turn this topic into a global problem which the whole world is included in. I wanted to focus on the local levels of complexity for this bachelor thesis. Sex work has a face and it always involves human beings with a past and a future who, for whatever reason, ended up in the position of being a sex worker.

Thailand is a unique case to study due to the image it bears on the international level as having abundant opportunities for commercial sex. I would like to thank two people for helping me in finishing this thesis. First of all Roy Gigengack, for addressing me to the available literature about relevant research for my thesis that has been done in Thailand and for providing insights and helpful comments. And second of all Gerard Verschoor, for a smooth takeover when thinks did not go according to plan and for clear instructions to finish my thesis properly. I hope you will enjoy reading the work that I have written and that it will provide new information and insights in the complexity of prostitution and HIV/AIDS on the local level.
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INTRODUCTION

South East Asia is often referred to as the brothel of the 21st century (Lyttleton, 2000). The sex industry is flourishing and Thailand in particular gets a lot of attention as the breeding place for sex tourism. Due to the fact that sex work is in itself a contentious topic, many different images of the industry, the sex workers and the Thai government can be depicted regarding this subject. Commercial sex is essentially different from non-commercial sex. Knodel et al. (1997) explain that commercial sex includes the obligation of the client to pay directly for every sexual transaction, while non-commercial sex requires a more devoted investment of time and resources from the client and includes more emotional investment from both parties.

The more I thought about the above, the more it made me wonder how the daily lives of Thai people are influenced by the seemingly prevailing presence of the sex industry. Which story comes forth when we zoom in on the personal level of Thai people and focus on the mother who prostitutes her body to provide for her family? Or on the daughter who ran away from home and just wants to make money? And how about the pimp who escorts several women to be successful in one of the many Beer Bars in Pattaya?

Keeping the presence of the sex industry in mind, Thailand is also a complex case when we look at the present HIV/AIDS epidemic. When referring to the HIV/AIDS epidemic in this thesis it includes all the possible manifestation of the disease: from the incubation time when one is only infected with HIV to the actual outbreak of AIDS, when the infected person becomes severely ill. It is a widespread disease of which many people are suffering in Thailand. A large part of the infected population lack access to proper treatment and medication. At the same time, the government is executing successful prevention programs to stop the disease from spreading any further. Morrison states that:

‘Thailand continues to have all the prerequisites for an explosive epidemic; a long and deeply ingrained history of commodifying women for sex; a culture that allows far greater sexual freedom to men than women; and a rapidly industrializing economy creating greater mobility’ (2006:155).

So how is all of this affecting Thai people on the local level? How are they concerned with the presence of sex work in their country? Is it becoming a normality or is working as a CSW (commercial sex worker) a matter of deviating from the norm? And how is the image of a CSW influenced by the presence of HIV/AIDS throughout the past decades? This resulted in the analysis of an existing so-called ‘superstigmatization’ (Herdt, 2001), or double stigma, of female commercial sex workers in Thailand. A stigma on CSW and on top of that a stigma on HIV/AIDS. This led to the following research question for this thesis:

How do people in Thailand manage the interrelated double stigma regarding female commercial sex work and HIV/AIDS?
I will try to answer this research question by posing three sub questions divided over three chapters:

**Chapter 1: How is the stigma on CSW constructed throughout Thai history?**

The first chapter of this bachelor thesis will extensively elaborate on the history, religion and ingrained cultural values that have determined the position of Thai women throughout the centuries. The position of women is found to be subordinate to men in many aspects of life which influenced the formation of the stigma on female CSW. This chapter investigates the differences between Thai men and Thai women and their perspectives on CSW. The importance of Thai values and family duties will be highlighted in relation to female CSW.

**Chapter 2: Which role does the spreading of HIV/AIDS play in the construction of a stigma on CSW?**

The second chapter will thoroughly look at the relatively recent developments of the spreading of HIV/AIDS through Thailand in the past decades. The sex industry is seen as one of the primary determinants for the fast spread of the disease through the country (Peracca, 1998). This chapter will elaborate on the concept of ‘sexual culture’ in trying to understand how CSW can be a thriving business while HIV/AIDS manifests itself as a life-threatening danger for the local Thai population. Herdt defines the sexual culture of a social community as follows: ‘a set of symbolic meanings and practices that regulate sexual conduct’ (2001:141). Understanding the sexual environment that people live in and which sexual decisions they make provides an insight in grasping the perspectives on CSW and HIV/AIDS of the Thai population. The stigma on having HIV/AIDS is of great influence for the entire family and is often connected to promiscuous behavior or working as a CSW.

**Chapter 3: How is the double stigma on CSW and HIV/AIDS organized in Thailand?**

The third and last chapter will analyze the existing double stigma on CSW and HIV/AIDS by using Erving Goffman’s work on stigma and the spoiled identity (1963). Goffman distinguishes three categories of people: The Own, the Normal and the Wise. These three will be extensively analyzed with regard to the situation in Thailand to create a clear overview of the existing relations, judgments and feelings that exist in relation to the double stigma on CSW and HIV/AIDS. Interestingly, CSW is something that can be justified, while HIV/AIDS is not.

In the discussion I will concisely look at the initiatives that are undertaken to reduce the existing stigma’s. What needs to happen to make it bearable for sex workers? Attempts done by sex worker unions will be touched upon in the light of the sex workers discourse in Thailand. Final conclusions will be drawn at last in trying to answer the research question of how Thai people manage the double stigma on CSW and HIV/AIDS.
Sex work requires a buyer and a seller. If there is no demand, there will be no offer; and when a demand rises, the offer often rises with it. This economic and commercialized perspective on sex work is an everyday issue for many Thai people. Many estimates have been made of how many people are involved in the commercial sex industry in Thailand. However, it is almost impossible to get a complete idea of the size because prostitution was officially declared illegal in 1960. This resulted in many obscure businesses that are not officially brothels, such as massage parlours and bars, but they do function as such. Besides that, the trafficking of people, the overall presence of part-time jobs and the temporality of the job (young people replace the old ones), results in an impossibility to estimate the exact number of people working in the sex industry. In the year 2008 a government survey was conducted which concluded an estimate of 76,000 to 77,000 adult prostitutes in registered entertainment establishments. NGO’s believe that this number was much higher but due to vague constructions of what really is prostitution many cases, such as women working in bars or massage parlours, remained unreported. They estimated the total number to be around 200,000 and 300,000 prostitutes. Besides women, children are also a major part of the Thai sex industry. NGO’s estimated there to be around 60,000 children (age 18 or below) working in the sex industry (Bureau of Democracy, Human Rights and Labor, 2009).

How did Thailand reach this point where such a large part of its population is involved in commercial sex work? And how do Thai people feel about this; how do they perceive sex work in general? In this chapter I will answer the question: How is the stigma on CSW constructed throughout Thai history? Elaborating on the history of Thailand provides an insight in how the stigma on prostitution in Thailand has moved along with the societal movements. First I will address the general position of men and women; second, the influences of the American military during the Vietnam war will be discussed; third, how Theravada Buddhism forms Thai norms and values; fourth, the position of commercial sex workers in society; and lastly I will explain how all the above mentioned influences and creates the stigma on CSW.

1.1 THAILAND THROUGHOUT THE CENTURIES

1.1.1 EARLY HISTORY OF THE THAI KINGDOM

Going back in history reveals a lot about how the subordinate position for women in Thai society came into being through the centuries. Thai people originally entered Thailand, as we know it today, as migrants from Southern China. At that time South East Asia was an area without countries, but
with regions ruled by kings who tried to enlarge their power. In the 13\textsuperscript{th} century the Thai nation was founded, which was then called Siam. The size of this Thai kingdom took multiple forms throughout battles in the following centuries. In 1351 the Kingdom of Ayutthaya came into existence and the Thai nation from then on fell under the reign of king Ramathibodi I. The Thai kingdom in the Early Ayutthaya period (1351-1569) was not a single kingdom but it was a gathering of multiple city states of which the city state Ayutthaya was the ruling state (Rabibhadana, 1969).

The society in this period was drenched in hierarchical structures. Women had a lower position than men, but besides that the whole society was classified in different categories. Rabibhadana (1969) describes two main classes in Thai society; the nai, the princes and nobles, and the phrai and the that, the commoners. The nai occupied governing positions, while the phrai and the that tilled the land and, above all, supported the upper class by offering their services. The system is broadly comparable to the system of the landlord and his serfs, which was present in large parts of Europe during Medieval times. The Thai nobles and princes offered protection to the commoners and in exchange for this the commoners had to serve the princes and nobles and had to be ready at all time to follow them into a battle to defend the Thai kingdom or the land of the prince or noble. The people belonged to the nobles or the princes, just as their services (Rabibhadana, 1969:28).

1.1.2 TEMPORARY WIVES AND THE ORIGINS OF PROSTITUTION

Muecke (1992) argues that the origins of prostitution in Thailand can be traced back to the Early Ayutthaya period. In that time official laws came into being which ‘vested authority over women to men, and required men to leave home for extended periods to serve their lords’ (Muecke, 1992:892). This classification was perfectly normal for this hierarchical society. In the Late Ayutthaya period (1570-1767), the phenomenon of temporary wives arose in South East Asia, and also in Thailand. More and more annual foreign traders were arriving in the major ports of Thailand, and they were staying for a certain period of time. The following pattern then took place:

‘When foreigners come there from other lands to do their business ... men come and ask them whether they do not desire a woman; these young women and girls themselves also come and present themselves, from whom they may choose the one most agreeable to them, provided they agree what he shall pay for certain months. Once they agree about the money (which does not amount to much for so great a convenience), she comes to his house, and serves him by day as his maidservant and by night as his wedded wife’ (Van Neck according to Reid, 1988:632).

Reid (1988) explains that prostitution as we know it today was rare in this period of time. On the contrary, the above mentioned relations were very common and these agreements were made without any shame. It was short-term, but it functioned as a real marriage. Man and wife had to be faithful to each other and it was not allowed to sleep with other people. The marriage lasted for the time the trader was in town, and when he left they parted peacefully as friends and the woman could look for a new temporary husband without any scandal involved. This type of agreement between a man and a woman can be considered as a form of transactional sex. There were definitely
benefits involved for both the man and the woman and a money transaction also took place. However, it was no prostitution because it was never labelled or conceived as such.

In the late 16th century prostitution started to occur in the big cities, but it was not until the 1680’s that the king allowed a monopoly of prostitution in Ayutthaya for which 600 women were used. Reid says that this is supposed to be ‘the origin of a Thai tradition of drawing significant state revenue from prostitution’ (1988:633). The port-cities were attractive spots for Chinese and European traders to reside for some time, however they might have had different expectations from the women who were at first still aiming for temporary marriages. Throughout the years the temporary marriages vanished and made place for prostitution as we know it today. Reid (1988) suggests that this was partly due to the different expectations of European and Chinese, and probably also partly because of a growing inappropriate feeling towards these temporary marriages.

Reid (1988) describes how Thailand started to prosper economically when Chinese immigrants arrived in the 19th century. They provided labour, which was scarce at that time in Thailand and this was good for the country. The government provided work for the Chinese immigrants and this movement of a growing working class slowly resulted in a reduce of the classification between the nai (upper class) and the phrai (lower class). The phrai received work from the government and did not need to be protected anymore from the government by the nai. So the nai simply had less to offer to the phrai resulting in a less dependent relationship and a movement towards a slightly less hierarchical society.

The woman had a subordinate position regarding the man. This is illustrated by the fact that it was legal until the end of the 19th century for a man ‘to sell or give away his wife or daughter without her consent’ (Muecke, 1992:892). This has changed and it is illegal by law in contemporary Thailand for a man to ‘possess’ his wife or his daughter in such a way. However, such practices still take place, and the fact that it was once a normality for a man to sell his wife or his daughter explains how practices such as these are rooted in Thai history (Muecke, 1992).

1.2 INFLUENCES OF THERAVADA BUDDHISM AND TRADITIONAL THAI CULTURE

Thai history has strongly been influenced by Theravada Buddhism since king Ramathibodi I established this to be the official religion of the Ayutthaya Kingdom in the Early Ayutthaya period. Through literature research Klunklin and Greenwood explored how the status of Thai women is influenced by the principles of Buddhism. They argue that gender roles are primarily determined by Theravada Buddhism, folklore, and ancient beliefs (Klunklin and Greenwood, 2005). Buddhist rituals at the temple illustrate the position of gender roles in Buddhist Thai society. Men are in the spotlight when it comes to temple rituals; they lead the chanting, conduct the rituals and are involved in the temple committee. Monks are addressed with the highest status in the temple hierarchy. Elderly men sit closest to the monks, then the younger men follow and the women sit around the perimeter (Klunklin and Greenwood, 2005).

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Buddhist people have a strong desire for a life without suffering. They believe in reincarnation, where everyone goes through many lives here on earth in which they take different appearances in every life. They can enter a new life as anything ranging from animals to human beings, depending on the amount of merit they earned in their former life (Klunklin and Greenwood, 2005:48). The act of merit making refers to the concept karma; good actions increase your merit and wrong actions have the consequence of demerit (Muecke, 1992:893). So first there is the need to make merit in order to have a better next life, and secondly there is the belief that making merit in life can also improve the current life someone is in. In the temple people can earn merit by putting food in the bowl of the monks. This happens in the same hierarchic sequence as mentioned before: ‘not until the youngest boy has made his offering will the most elderly woman lead the other women to make their offerings’ (Klunklin and Greenwood, 2005:48).

In everyday social life gender roles and other social relations are substantiated by kreng jai. Kreng jai contains the structure of social rules, networks and habits which define and shape the Thai social life. So kreng jai moves on a wide spectrum; from how a child should behave towards his teacher to how a wife should treat her husband. Klunklin and Greenwood (2005) describe kreng jai as hierarchical and patriarchal, the Thai wife is always inferior to her husband. Within kreng jai there exists the image of ‘the ideal Thai woman’. This woman, who is referred to as kulasatrii, is supposed to be supportive and obedient to her husband:

‘Traditional Thai culture defines a virtuous woman (kulasatrii) as proficient and sophisticated in household duties; graceful and pleasant yet unassuming in appearance and social manners; and conservative in her sexuality’ (Klunklin and Greenwood, 2005:49).

A woman who strives for becoming more kulasatrii can therefore never be a prostitute; she saves herself for when she marries and shows no sexual interests at all. In particular in rural areas women find their strength and identity in the role of caretaker and nurturer. Fine-tuning all these characteristics as a mother and as a wife is striving to become the ideal Thai woman: kulasatrii. The position of subordinate, loving, beautiful and most of all devoted is assigned to Thai women throughout history and can help to understand the current position of Thai women.

This image of the ideal woman is ‘an ideal that is expressed in traditional Thai drama and folklore and reinforced in contemporary literature, radio, and television’ (Taywaditep et al. according to Klunklin and Greenwood, 2005:49). The ideal Thai man, on the contrary, is something that seems to misfit this picture in all areas. It is interesting that Klunklin and Greenwood (2005) describe the ideal Thai woman and the ideal Thai man according to what the Thai think. So these images show what men and women strive to become in their lives. A Thai man’s ideal in life is to either be ordained as a monk, or to be the personification of masculinity. He then wants to have authority, be courageous and have self-confidence. What is most important for an ideal Thai man, except if he is ordained as a monk, is to have ‘sexual prowess’ (Klunklin and Greenwood, 2005:50). This sexual appetite of Thai men is generally accepted and acknowledged in Thai culture which is also one of the reasons why it is not seen as abnormal for a man to visit a prostitute.

On the basis of fieldwork of Peracca et al. (1998) from 1993 and 1994 the question whether prostitutes can marry is discussed. They elaborated on this question through focus group discussions with both men and women from different layers in society to gain an understanding of the social position of prostitutes. The question whether a prostitute can marry according to Thai general attitudes reveals a lot about the overall Thai perception of prostitutes. Peracca et al. (1998) draw the provisional conclusion from their fieldwork that the average Thai person has a rather mild attitude towards prostitutes.

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‘The emphasis of freedom of will in Buddhism provides an understanding of the tolerant attitudes towards prostitution that dominated amongst the participants even though, overall at a societal level, they recognized norms that stigmatize prostitution’ (Peracca et al. 1998:264).

Peracca et al. (1998) describe in their study different characteristics of Buddhism, such as individual responsibility, compassion, tolerance and forgiveness towards others, that contribute to an accepting perspective towards prostitution. So Buddhism determines people’s standard of judgement towards themselves and towards others. What is interesting, as is quoted above, is that Thai people do stigmatize prostitution in general on the overall societal level, but at the personal level they find reasons why ‘in this particular case’ it is understandable that it happens.

Also Muecke (1992) argues in her study that the values and beliefs related to Buddhism in some way facilitates the practice of prostitution. This is because Buddhism produces a level of morality and freedom of will which ‘justifies’ that people (also parents and other closely involved people) are not surprised when a daughter is sold or when a woman works in a massage parlour late at night. People understand why these practices occur and they find reasons to justify it for themselves and for people around them.

1.3 THE VIETNAM WAR, THE US MILITARY AND THE EMERGENCE OF TOURISM

Throughout the centuries the demand for prostitutes has increased, especially as a consequence of the (international) position of Thailand. The period after 1950 was a long-term boost for the Thai economy due to the Vietnam war that was raging two countries to the East of Thailand. US military resided in Thailand when they were on ‘Rest and Recuperation’ (R&R) during the Vietnam War. More attention for the country resulted in a new environment for foreign countries to invest in. Thailand was perceived as economically and politically stable, which created a welcome space to invest for foreign countries. ‘The Vietnam war and the US military presence in Thailand resulted in three main impacts on the economy of Bangkok: FDI, construction for hotels and other service industries’ (Ouyyanont, 2001:159).

Due to an increasing demand the construction of new hotels and restaurants was stimulated in this period. Also an increase in, as Ouyyanont calls it, ‘‘soft’ industries (night clubs, bars and brothels)’ (2001:164) occurred as a consequence of more tourists, higher US spending and the R&R of the US military. The effect that the Vietnam war had on Thailand seems to have worked as a snowball effect. The US military came to the country and spent a lot of money which triggered the economic growth (see table 1 on the next page).

This created awareness of Thailand being a suitable country for foreign investment. The labour costs in Thailand were low, compared to other South East Asian countries, and the working population was open for change, flexible, and willing to learn new practices of training (Ouyannant, 2001). Foreign money (which was mainly obtained from Japan, USA and Republic of China) was invested in urban infrastructure and foreign companies were mushrooming in and around Bangkok and other big cities. All these developments made Thailand more and more attractive for tourists, which on their turn reinforced the whole cycle.
The Prostitution Suppression Act of 1960 was implemented in Thailand due to pressure from the United Nations who were fighting prostitution worldwide at that moment. The intention of this Act was to suppress prostitution by making it illegal. The act states that the prostitute and any other person involved in the act (who profits from it) is liable for punishment. However, the client is not held responsible and therefore cannot be punished (Boonchalaksi and Guest, 1994). With prostitution being illegal and the US military being on their way from Vietnam to Thailand to seek some Rest & Recuperation, the Thai government sought for a way to still be able to profit from this large clientele. The Entertainment Places Act was created in 1966, which obligated Entertainment Places to have an official declaration that they could operate whatever practices they performed. It empowered the local police to close down an establishment in which prostitutes are at work (Boonchalaksi and Guest, 1994), but due to the interpretable description of ‘Entertainment Places’, this created the opportunity for massage parlours, bars and night clubs to revive.

So mainly due to the Entertainment Places Act, 1966 was the year in which the sex industry in Thailand flourished again. The legal system was weak, and it was easily possible to get around the official rules and regulations. Muecke states: ‘Although prostitution was outlawed in 1960, massage parlors were legalized in 1966. They quickly became one of the major cover-ups for prostitution in the country’ (1992:892). In 1966 the number of night clubs, bars and massage parlors rose to 652. More than half of this, 366, were situated in Bangkok and the other half were all situated surrounding the US bases in the different Thai provinces (Ouyyannant, 2001:165). From June 2012 there is a legal framework in Thailand concerning prostitution which contains three acts:

1. The Prevention and Suppression of Prostitution Act from 1996, which replaced the Prostitution Suppression Act of 1960;
2. The Entertainment Places Act of 1966;

Many concepts are not clearly defined in the Prevention and Suppression of Prostitution Act, which is currently the central legal framework that prohibits prostitution. *The Prostitution Act was drafted vaguely and with certain qualifying language, which suggests enforcement of the law could be...*
challenging’ (Kilikina, 2012). There are punishments and fines set in the act, but they always depend on the situation. Despite the vagueness of the act a clearly negative position is taken in relation to child trafficking and prostitution, this is described in multiple sections in the act.

The Penal Code Amendment Act from 2003 does not specifically prohibit prostitution, but it does state the consequences for certain prostitution related practices. In this act the prostitute as well as the client (and possibly the pimp) are liable for punishment (Kilikina, 2012). So, all three Acts taken together the Thai law concerning sex work and human trafficking is rather complete, but due to lacking clear descriptions of important concepts, actual implementation of the law is hard to realize. Nuttavuthisit states that the negative image of Thailand as ‘one big brothel’ partly stems ‘from corrupt law enforcement that allows commercial sex services to thrive in the country, even though it is technically illegal in Thailand to sell sexual services’ (2007:24).

At the same time that these laws were written and rewritten the sex industry kept on expanding throughout the country. Muecke (1992) explains how the prostitution of Thai women ‘mushroomed’ throughout the whole country and also beyond national borders at the end of the 20th century, parallel to the economic booming of the country at that time. Especially the urban areas were expected places of growth and future well-being and many foreign investors invested in the cities, especially in Bangkok. This created a growing income gap between the urban and the rural areas. Poor families from rural areas witnessed this growth of which they could not profit at all, which was a reason for a large increase in urban migration. This urban migration namely existed of young women who sought for a job in the service sector (1992:892).

1.5 THE POSITION OF MEN AND WOMEN

1.5.1 A THAI WOMAN’S DUTY: SUSTAINING AND SUPPORTING THE FAMILY

It is not surprising that it are the young women who migrate to the cities to find an income to sustain their families. Thai women are socially and culturally rooted with a responsibility towards their family. The title of Muecke’s (1992) article illustrates the relation of this responsibility with prostitution; ‘Mother sold food, daughter sells her body: The cultural continuity of prostitution’. This title sets food vending in the same perspective as selling your body; selling your body to sustain the family nowadays is comparable to how selling food fulfilled this duty in the past.

Sustaining the family should be understood on a wider spectrum than we might do from a Western perspective. Looking after your family first of all includes your children and your husband or wife, but the responsibility also extends towards your parents and your brothers and sisters. A study done in 1984 by Arnold and Kuo explores the reasons for Thai families to have children. It was concluded that boys are good for financial support and daughters for housework and looking after the children (Arnold and Kuo according to McCamish, 2002:298). Thailand is a country in which social security by the government is often lacking, especially for elder people. They are supposed to be, and have always been, looked after by their children. So for many parents having children is mainly a means of social security for later.
McCamish (2002) studied the structural relationships of support from male sex workers in Pattaya to rural parents in Thailand by doing more than 100 in-depth interviews with male sex workers who work in Pattaya’s sex industry. He shortly elaborates on how Muecke (1992) and other authors argue how girls end up in prostitution due to the feeling of obligation to repay the debt they have with their parents. McCamish (2002) highlights that this financial duty is not specifically the daughter’s duty, but more the duty of a child towards his/her parents in general. However, what is relevant for my research is that the strong feeling of responsibility from children towards their parents to repay their debt is deeply rooted in Thai culture for both boys and girls. This attitude that Thai have towards their parents is part of kreng jai, the structure of social rules which define Thai social life (discussed above). Another Thai value that is strongly associated with the relationship between children and parents is bunkhun. McCamish describes this as the...

‘(...) indebtedness towards a person who confers unsolicited favours which instil a sense of gratitude and debt in the beneficiary. Giving life and raising a child epitomize bunkhun and instil a debt which it is impossible to repay’ (2002:300).

The Thai value bunkhun is often a reason why sex workers are engaged in the sex industry. They perform this job to ensure that they can meet the duties they have towards their family. Montgomery (2007) writes about child prostitution and the duty described above as well. She specifically highlights the feeling of responsibility that the children working in the sex industry have. Fulfilling the strongly sensed moral obligations they have towards their parents counts much more than the type of job they perform. In line with this, Peracca et al. (1998) also discuss the obligation children have to repay their parents for giving them life. They add that this repayment ‘may even earn them some social admiration despite the stigma attached to their actual job’ (1998:265).

1.5.2 A MAN’S NATURAL APPETITE

What is overall accepted in Thailand is a man’s ‘urge for sexual intercourse’ which is ‘seen by our informants as a basic physiological need, and as such, requiring an outlet in the form of intercourse’ (Knodel et al., 1997:295). Women, on the contrary, ‘are typically viewed as having weaker and less urgent sexual desires than men’ (Knodel et al., 1997:295). On top of that they are also expected to be able to control the sexual desires they have, which is also in line with striving for kulasatrii. A man’s sexual desires are seen as natural and Knodel et al. (1997) describe how Thai compare this urge with the urge of eating food; it is both about appetite and a man probably wants to taste something different from time to time.

This sexually subordinate position of the wife came forth in the focus group discussion which Knodel et al. (1997) performed with Thai men and women from different layers in society. The women talked about the importance of satisfying their husbands, but they did not mention their own needs or desires. What they did mention was the importance of pleasing their husbands in order to prevent them seeking sexual intercourse at other places. When a women’s focus group discusses marital sex one woman said:
‘As I listen to the others, and from my own experiences, sometimes it’s quite important for a family, because some men need it and if his wife can’t give him, he then must go out and seek it’ (Knodel et al., 1997:298)

A husband visiting a prostitute to spice up his sex life is generally not approved by the wife, but the women who participated in the study explained that it is somehow part of being married. They do not like it, but they have to deal with it. A response from a focus group discussion was:

‘They give us most of the money so we must sometimes let them stray... Not as a habit. They are allowed to [visit prostitutes] once in a while...if we are not financially troubled’ (Knodel et al., 1997:299)

This quote illustrates how Thai women carry the responsibility of taking care of their family, even when their husbands visit prostitutes. They do not approve of it, but the money they receive from their husbands is of too great importance to start a fight over which they cannot win. The male ideal of masculinity is, as mentioned before, embodied by sexual prowess. This is conceived as an undisputed fact, it is considered as being part of a marriage. Risking the security of the family does outweigh a husband visiting a prostitute. Knodel et al. discuss the ‘ideal spouse’ in the focus groups which led to the following wish described by women regarding their husbands:

‘(...) a husband’s “understanding” includes his keeping her informed about his whereabouts and plans, especially when he goes out with friends, and more generally, his recognizing the wife’s and children’s needs for his responsible behaviour in caring for and supporting them’ (1997:296).

The basic value of a Thai marriage seems to rest mainly on understanding each other. Neither the women nor the men in the focus groups of Knodel et al.’s research mention the value of love in a marriage. This implies that ‘love’ might be perceived within Thai marriages as understanding and supporting one another.

There is also the concept of a man having a minor wife next to his wife. A minor wife does not have the same position as the wife because they are not married, but she is supported financially by the man and is in a long-term relationship with him. Another reason why a wife would sometimes allow her husband to encounter with a prostitute is to prevent him from taking a minor wife. Minor wives seem to have been ordinary to have for men from higher classes for many centuries (Wilson and Henley in Knodel, 1997:299). It has changed through the years, but the concept of a minor wife is currently still perceived as a threat to the family, because they channel a considerable large amount of the family’s income away. A woman in Knodel et al.’s focus group was asked if prostitution would be acceptable for her when the risk of HIV/AIDS was not taken into account. She replied:

‘It might be all right. If he was bored with me, he could take one’ But when asked if he could take a mistress, she replied: ‘No, absolutely not. He would spend all on her, and I and my children would be in trouble. He would waste all, money and time’ (Knodel et al., 1997:300).
A Thai woman above all needs to sustain her family in their basic needs. This is considered to be the most important; to avoid financial problems and prevent disruption within the family (Klunklin and Greenwood, 2005).

1.6 CONSTRUCTION OF A STIGMA ON COMMERCIAL SEX WORKERS FROM WITHIN

As is elaborated in the former subheadings, the Thai woman has had a (sexually) subordinate position throughout the history of Thailand. This history seemed to have created the image of prostitution being part of life due to a man’s sexual needs. A cultural continuity (Muecke, 1992) of prostitution is visible in the timeline of Thai centuries. Research conducted by Montgomery about child prostitution in Thailand plainly illustrates this continuity:

‘In eight of the 14 households that contained child prostitutes, the children were the second or third generation to have worked as prostitutes. Their grandmothers worked with American servicemen during the later stages of the Vietnam war, their mothers worked with tourists and the children worked for child sex-tourists’ (Montgomery, 2007:420).

Due to the constant presence of the sex industry it is something that Thai people got used to. No one blinks their eyes when they hear about a woman who works in the sex industry. This familiarization with the sex industry does not necessarily imply acceptance or tolerance. On the society level it is condoned, but it is certainly still seen as a job which lowers a person’s status. For example when a prostitute marries a ‘normal’ man, she is expected to leave her old habits behind which is seen as a chance to raise their status (Peracca et al., 1998). This implies that their status was indeed lower when they still performed the job of CSW and that the stigma can be removed when the woman adapts to cultural expectations and norms.

The literature reveals that it are overall the CSW who are stigmatized for the job that they perform, while the client does not seem to carry any of this stigma with him. The above chapter shows how the male appetite is an ingrained part of Thai culture, which is the reason why men simply have to get what they need. Their wives or girlfriends do not specifically appreciate it; but it is natural. A woman, however, should strive to become more kulasatrii in order to be a decent wife and earn enough merit for a better next life. The contrast between what a woman should not do (become a prostitute) and the acceptable needs of a man (visiting a prostitute) is puzzling. This is where the stigma on sex work finds its hampered origin; performing the job of a sex worker is stigmatized while visiting a prostitute is not.

The position that a sex worker holds in Thai society is easily influenced by the proceeding motives and the current situation and establishment that she is in. Judgments that are formed with regard to her include different dimensions, which Peracca et al. (1998) subdivide into 6 points:

‘(1) the mode of entry into the profession, e.g. whether by force and deceit, through pressure from family, or by free will within the constraints of the socio-economic situation;
(2) the motivation for becoming a FSW [red. female sex worker], e.g. to assist family or for easier money for oneself;
(3) the nature of commitment to work, e.g. as a longer term career or as a shorter term activity with a fixed duration;
(4) the price received for rendering of services, i.e. whether low or high priced;
(5) whether free lance or employed in an establishment;
(6) and whether full-time, part-time or occasional’ (Peracca et al., 1998:257).

In the same research of Peracca et al. Mr L., a focus group respondent from an urban area, describes that according to him there are two kind of prostitutes: ‘those willing and those not willing’ (1998:262). The ones who are willing to work as prostitutes want to obtain easy money and are overall perceived as greedy and with a lack of family obligation. The ones who are, as Mr L. calls them, not willing, are perceived from a less negative point of view. The feelings towards these type of prostitutes are not discussed extensively, but it is clear that this type works for lower prices and purely do it to sustain in their livelihoods. This apparently are valid reasons to make it acceptable to work as a prostitute. Even though they perform a job that is not accepted as regular and normal, they do still have the possibility of earning merit by offering part of their income to the temple and by providing for their families. The financial duty that must be fulfilled towards the family can thus counter the stigma attached to CSW (Peracca et al., 1998).

Now I return to the question posed at the beginning of the chapter: How is the stigma on CSW constructed throughout Thai history? As is explained in the previous subheadings, the practice of prostitution in Thailand did not happen from one day to another. The position of Thai men and women in society was formed through the centuries and so did the practice of prostitution. The stigma attached to CSW moved along with this as well. When temporary wives were still common and accepted, no one stigmatized these women. Theravada Buddhism and traditional Thai values promote the subordinate position of a woman in relation to a man as well. A man’s needs seem to come first, and this division of roles is ingrained in the culture of the country. The demand for prostitutes comes from within Thailand (Muecke, 1992 and Kittikorn et al., 2006) and this demand has been extensively enlarged throughout the 20th century by international (sex) tourists. The enlargement of the demand seems to have enlarged the stigma as well, but some motivations might temper the stigma.
CHAPTER 2
ROLE OF HIV/AIDS IN THE CONSTRUCTION OF THE STIGMA ON CSW

The full grown sex industry in Thailand had the inevitable consequence of HIV/AIDS infection with the first case diagnosed in a homosexual man in 1984 (Klunklin and Greenwood, 2005). Homosexuals, injecting drug users and commercial sex workers (CSW) were the first vulnerable target groups for HIV/AIDS. It is estimated that more or less ten years after the first diagnosis there was an estimate of 800,000 people in Thailand who were infected with HIV (Ruxrungtham and Phanuphak, 2001). Morrison (2006) sees this as a consequence of the cultural norms, the affordability and the accessibility that support sex work in Thailand. The largest share of this group were CSW and their clients (Nuttavuthisit, 2007). The current presence of a still flourishing sex industry and the burden image Thailand carries with it of easy available sex is considered by Lyttleton (2000) to be one of the main reasons why HIV has spread as thoroughly as it did through the entire Thai population.

HIV infection is a major focus of concern for Thailand due to the rapid spread through the country. Many interventions and campaigns have been conducted of which some have been very successful. However, Peracca et al. (1998) argue for the importance of research about how CSW are seen by the population and also how they see themselves, especially since CSW were identified as the primary determinant for the spreading of HIV. In short, they highlight the importance of understanding the stigma on CSW from the inside as well as the outside. This chapter will elaborate on the spreading of HIV/AIDS and answer the question: Which role does the spreading of HIV/AIDS play in the construction of a stigma on CSW?

2.1 WAVES OF INFECTION AMONG THE UNDERPRIVILEGED

The epidemic did not expand rapidly from the single case in 1984 until it was diagnosed among intravenous drug users in 1988. Since then the government set up a survey (the HIV National Sentinel Serosurveillance Survey) to try and track the expansion of this epidemic. The result of this survey shows us how several so-called ‘waves’ of infection can clearly be traced back through the last decades (Klunklin and Greenwood, 2005). The five infection waves that Klunklin and Greenwood (2005) identify are as follows:

- **Wave 1: Intravenous users**: in 1987 this group had an HIV seroprevalence between 0%-1% and this rose till 20% in one year;
- **Wave 2: Female CSW**: the number of infection started to rise from the beginning of 1989 onwards. First the direct CSW were infected (women working in brothels) and this infection expanded to the indirect CSW (women working in bars, massage parlours, singers etc.) as well;
Wave 3: Male clients of CSW: the epidemic slowly spreads from the vulnerable groups to the general population;

Wave 4: Wives or girlfriends of men in the third wave; A report from UNAIDS estimated that in 2005 43% of the new infections were women who were probably infected through their partners who had unsafe sex or were intravenous drug users (UNAIDS/WHO, 2007:24);

Wave 5: Children born from HIV-positive mothers

The last two waves had not been studied thoroughly at the time Klunklin and Greenwood did their research. Despite this, the grouping into different waves clearly illustrates how HIV/AIDS spread through the entire general population within a few decades.

Is it a coincidence that the expansion of HIV/AIDS limits itself mainly to underdeveloped or developing countries and that, also in the Thai population, it are the vulnerable and underprivileged who are mostly bearing the burden of HIV/AIDS? Herdt states that if we look at the places where AIDS has the largest impact that we then ‘begin to understand how discrimination, stigma, and the tenuous structures of civil society have influenced rates of HIV infectivity, whether by color, gender, sexual orientation, etc.’ (2001:141). People from the margins of society do not have access to the right possibilities and resources to fight against a disease such as HIV/AIDS. In that sense, inequality on the society level influences the division of health and disease in civil society (Herdt, 2001). HIV can be transmitted via several ways; via unprotected (vaginal/oral) sexual intercourse, via blood (needles, intravenous drug users, blood transfusions), or via a mother to her child during pregnancy, delivery or when she breastfeeds her child (Rom and Markowitz, 2007:745). These modes of transmission reinforce the vulnerability of the overall already vulnerable groups in society that are easy targets for HIV infection; drug users, commercial sex workers, homosexuals, sick people in need of blood or children whose mothers are already infected. The majority of these groups are mostly already stigmatized, and now they receive an extra stigma due to their HIV infection. Herdt (2001) calls this ‘superstigmatization’.

2.2 UNDERSTANDING THE SEXUAL CULTURE OF THAILAND

Before we can try to understand how the spreading of HIV/AIDS influenced the already existing stigma on sex work, it is very important to understand the sexual culture of Thailand. Herdt defines a ‘sexual culture’ as follows: ‘a set of symbolic meanings and practices that regulate sexual conduct’ (2001:141). Herdt (2001) brings the interaction of a social community and its sexual culture under the attention in his study about stigma and HIV. He investigates how a sexual stigma is developed and acted upon from the inside, and how it is often hidden for people on the outside. Chapter 1 of this thesis describes how the stigma on CSW has developed in Thailand from within throughout the centuries.

Fully grasping the sexual culture of Thailand is extremely important when thinking about preventive interventions to stop the spread of HIV/AIDS. An intervention for Thailand which is invented behind a desk in the Netherlands by a Dutch person probably does not seamlessly fit the reality of Thai people. Understanding why people do what they do or think what they think is crucial when implementing preventive interventions against the spread of HIV/AIDS. When it is for example
assumed that Thai people lack knowledge about the dangers of HIV/AIDS, a logical intervention would be to start providing information. But what if Thai people are perfectly aware of the dangers but do not act accordingly because of different reasons? Then it should first be understood what the values and ideas are regarding sexuality in this particular country or community to even begin thinking of an intervention. CSW is still one of the major concerns regarding the spread of HIV/AIDS through the country and therefore it is extremely important to try and grasp a full understanding of the Thai sexual culture. The commercial sex industry still thrives as it always did despite the knowledge that already exists about the dangers of HIV/AIDS. But apparently the luring risk of HIV infection is not enough to quit the business or to stop visiting prostitutes. Why is this?

As is explained in chapter 1, bhunkun is a highly important Thai value: the indebtedness of children towards their parents. This social obligation towards parents or family members is, in my opinion, at the core of why it is justified in a range of cases to work in the sex industry. In the Western culture shame is in general often directly related to prostituting your body. In an ethnographic study done by Montgomery (2007) the feeling of shame amongst children is studied in relation to the work they perform as child prostitutes. She explains how, to these children, shame was not connected to what they did with their bodies or what other people did with them, but that it was closely interlinked with the extent to which they fulfilled the duties they have towards their parents. Lek, one of the respondents of Montgomery, continuously told her that prostitution was just her body, it could not be compared to her family. ‘This enabled them to see themselves, not as prostitutes, but rather as dutiful daughters and sons undertaking socially approved roles of support’ (Montgomery, 2007:149).

This new perspective on shame illustrates how these particular child prostitutes in Thailand would be more ashamed of not fulfilling their duties towards their parents than of prostituting their bodies. Montgomery’s study focusses on child prostitution, but this feeling of shame regarding the level of support offered towards one’s family is universal among the whole Thai sex industry (Muecke, 1992). Understanding what causes shame for Thai sex workers brings us a little bit closer to understanding the sexual culture.

An incident that happened with a child from Baan Nua, the village in which Montgomery performed long-term research about child sex work, illustrates how hard it can be for people from a completely different culture to understand the sexual values that dominate in a community. A small boy returned to Baan Nua after an encounter with a client and he was bleeding anally. All the kids laughed at him, and so was he. Montgomery however was shocked and horrified. She says:

‘For a western anthropologist, such comments test the limits of how far cultural relativism can be pushed and whether it is enough to simply take what informants say at face value. It is extremely hard to accept that a child would not inevitably be damaged in some way by this abuse, despite believing that people in Baan Nua did have a radically different understanding of sexuality and their bodies’ (Montgomery, 2007:423).

Montgomery (2007) compares the Baan Nua’s understanding of sexuality with her own understanding of this. She concludes that they are radically different from each other. Concluding this radical difference in order to accept the situation with the little boy is a little step towards understanding the sexual culture of Baan Nua. But understanding remains something different than
agreeing. Fulfilling the duties towards one’s family reaches such a high level of importance in Thailand, that looking after your own body and feelings seem very negligible in the overall greater picture.

The danger of HIV/AIDS plays a role in the sexual culture of Thailand, or at least it started to play a role over the past decades. The sexual culture concerning for example condom use has definitely changed through the years. At first, using a condom was a ‘no go’ and brothels would lose many clients. But after the successful 100% Condom Campaign, and other condom promoting campaigns of the government and NGOs, many brothels were convinced of the importance and they made it obligatory to use a condom (Romanow, 2012; Morrison, 2006). In some brothels in the North there even was a ‘no condom, no sex’ policy to ensure the use of condoms and prevent the spreading of HIV/AIDS (Klunklin, 2005). So the sexual culture did undergo changes due to the emerging risks of HIV infection, but overall it seems to remain as it is: the body is less important than the family.

2.3 FEAR OF A SCARY DISEASE

HIV is a life changing disease, and often not in the positive way. Besides the dangers of AIDS, there is also the stigma that comes along with having HIV/AIDS. A UNAIDS report on the global epidemic of AIDS writes about the stigma and discrimination that accompany HIV infection. People living with HIV/AIDS worldwide have to deal with ‘employment discrimination and denial of family planning, dental and other health services’ (UNAIDS, 2013:84). When specified for Thailand it turns out that from all Thai people living with HIV 20% is denied health and other dental services, 14% is denied family planning services and 26% is refused employment (UNAIDS, 2013). HIV has received more and more attention over the past years. This rise in awareness and attention is also observed in Thailand, in the general population as well as in the government. Diving into the CSW world it is found that men and women respond in a different way to the fear of HIV infection.

2.3.1 HOW THAI MEN HANDLE THE FEAR OF HIV INFECTION

A patriarchal atmosphere is prevailing in Thailand, as is explained in the former chapter. This is especially visible on the sexual level; women simply have less to say than men because they are supposed to be less sexual beings. Through the centuries Thai culture established a state of being in which the Thai male has a natural urge to seek for variety in his sex life, which is often referred to as ‘the male appetite’. The many examples from the former chapter illustrate to us how having affairs or visiting prostitutes is acceptable and common for Thai men (Knodel et al., 1997). Due to the rising awareness of the dangers of HIV infections, a change is noticed in the behaviour of men regarding visiting prostitutes.

Having sex with a sex worker increase the chances for men to be infected with HIV. It seems as if men have heard about this disease, but do not truly know much about it. They conceive a CSW as a large risk factor through which they can get HIV. This is true, since CSW usually have a considerable high number of sexual contacts on one day which simply increases the possibilities to get infected when she has unprotected sex. When the HIV/AIDS epidemic was still in an early stage in Thailand
people were unaware that using a condom could reduce the risk drastically. Condoms were not used before HIV/AIDS was discovered because it is seen as a sign of mistrust towards your sexual partner. And besides that, men dislike it because it feels unnatural to them (Klunklin, 2005). The fact that apparently many Thai men do not prefer wearing a condom when visiting a sex worker is not because they are not aware of the dangers of HIV. Morrison (2006) describes how Thai men rely on their own insights and knowledge to ‘detect’ whether a sex worker has HIV or not. She quotes a 21-year old man who says: ‘There is a secret. We have to check her legs. If they have muscles, it means they have no experience’ (Morrison, 2006:149). This quote illustrates how Thai men try to avoid HIV infection; they believe that less-experienced sex workers have less chance to have HIV/AIDS.

Lau (2008) punctuates this explanation by elaborating on the rising demand for young and unexperienced prostitutes. She states that this...

‘(... can be explained by some customers’ curiosity for something ‘different’, and misconception beliefs that sex with a virgin or a young child is rejuvenating, brings luck, strength and virility, is a cure for venereal disease and is safer, through the idea that children are less likely to be infected with AIDS’ (Lau, 2008:148).

That Thai men believe in the idea that children are less likely to be infected with AIDS is supported in much of the literature. Morrison (2006) elaborates on the perception of the male clients. They avoid HIV infection by looking for less experienced sex workers; the less a sexual encounter ‘looks’ like a sex worker, the less she is likely to be infected with HIV. This explains the increasing demand for young prostitutes, which also includes an increasing demand for child prostitutes (Montgomery, 2008). The idea that a less experienced or younger prostitute creates a smaller risk for HIV infection originally comes from the fact that a virgin has less chance of being infected. Therefore a sex worker who comes closer to being a virgin is always safer and thus better.

The appealing idea of having sex with a virgin leads to the development of commoditization of certain female characteristics. Juvenility and innocence appear to be attractive characteristics of Thai women and for many Thai men they are linked with virginity. The more juvenile a woman looks, the less experienced she probably is. This lowers the risk for HIV infection which is attractive for customers. Montgomery says that ‘ideas of innocence have been deliberately manipulated and commoditised’ (2008:911). The Thai sex industry prospers on young and girly prostitutes who dress up as school girls and the idea of virginity is commoditised and exploited to attract more customers. Interviewed sex tourists in Thailand listed some characteristics that they find attractive in Thai women. This included simplicity, loyalty, affection and innocence (Montgomery, 2008). It is interesting to see how these characteristics are also found back in the Thai value kulasatrii, which is explained in the former chapter. Montgomery quotes an Australian 50 year old regarding the childishness of Thai women:

‘Dealing with Thai women is like dealing with 13-year-old school kids. You treat them just the same and they are quite happy. The mentality is just the same. Still they’re better than Australian women, who go on about being liberated the whole time and then just walk round the house in a track suit getting fat. I mean who wants one of them?’ (2008:911).
Apparentlty the childishness of Thai women is not only attractive for Thai men, but also for tourists who visit Thailand. The juvenile image of the Thai woman is appealing because of the domestic and innocent appearance, which again refers back to the Thai value of kulasatrii. This gives men a feeling of reduced risk concerning HIV infection.

Besides the rising interest in children for sex, Thai men expand their sexual networks in other ways as well. As soon as the Thai government understood the imminent risk of the HIV/AIDS epidemic, they started several awareness and safety campaigns. These campaigns had many consequences, which were mainly positive, but they also spread fear. This fear was also spread among the clients of sex workers which resulted in men finding new and different ways of meeting their sexual needs without having the risk of HIV infection. Morrison explains how a shift is visible from the Thai male’s interest in sex workers towards an interest in ‘sexual networking beyond the sex work contexts’ (2006:147). Social encounters that are not sexual in the first place transform into casual sexual contacts. In this way a middle ground is found for Thai men without the obligations of having a minor wife and without the risks and dangers of a prostitute.

2.3.2 HOW THAI WOMEN HANDLE THE FEAR OF HIV INFECTION

‘Women’s risk for HIV is intricately tied to their male partners’ role as the clients of sex workers’ (Morrison, 2006:146). Morrison implies that a Thai woman’s greatest risk factor in getting infected with HIV is her husband (assuming he is engaged in extra-marital sex). Now that the disease has spread as thoroughly as it did through the Thai population, a girl also has a great chance of getting infected at birth. But assuming that a woman is not infected with HIV at birth and tries to prevent this from happening, the uncertain factor in her life is her husband. Always acquiescing to sex with your husband is seen as an active strategy of women to keep him satisfied and prevent him from searching for extramarital sexual contacts (Morrison, 2006). However, according to the focus group respondents of Knodel et al. (1997), always having sex with your own and the same wife is not the best remedy to satisfy a man’s natural, sexual need for diversity. According to Thai wives in Morrison’s study (2006), boredom in a marriage or long-term relationship was an accepted reason for a husband to seek some refreshment in his sexual life.

‘With the advent of the HIV/AIDS epidemic, women’s relative aversion to their husband’s commercial and non-commercial extramarital sexual contact may be changing’ (Knodel et al., 1997:300). Wives, and women in a relationship, developed a fear of getting HIV through their husbands or boyfriends which they cannot control. Due to this, women seem to become less tolerant towards such behaviour of her partner. It is interesting to evaluate how women try to handle this rather difficult position they are put in; on the one hand they do not want to get HIV, but on the other hand they also want their husband to be sexually satisfied.

We saw how men deal with the fear of HIV infection: an increasing demand for younger and virgin-like prostitutes, and also; the sexual networks of men are expanding into regular social contacts in the non-commercial sex world. However, not all wives are pleased with this shift from commercial to non-commercial sexual encounters. Non-commercial sexual relationships might result in minor wives, which are a serious threat and burden for the entire family, and especially for the wife.
‘Married women were afraid of acquiring HIV via sex workers but they would not lose face as in the same way they would if their husbands took a mia noi’ (Morrison, 2006:150), which is a minor wife. On the contrary, Knodel et al. (1997:300) quote a woman who says: ‘Since there has been AIDS, many women let husbands have mistresses... They don’t want husbands to take prostitutes as they might get AIDS from them’. So women are posed for a dilemma: risking the family well-being by letting their husband have non-commercial sexual relationships which lowers the risk of HIV infection; or risking their own health and safety by letting their husbands thrive in the commercial sex world with a greater risk of HIV infection, but without the threat of a minor wife. The HIV/AIDS threat expands the national borders and also seems to determine the willingness of tourists to visit the country.

2.3.3 HOW TOURISTS HANDLE THE FEAR OF HIV INFECTION

The Thai government initiated the Branding Thailand Project in 2001 to find out what Thailand’s brand position was from the perception of prospective consumers. The qualitative and quantitative research focussed on the cuisine, fashion and tourism and it was done in the year 2002/2003 through focus groups, in-depth interviews and online surveys (Nuttavuthisit, 2007). Figure 1 illustrates the word associations that respondents connected to their ideas or knowledge about Thailand, which was one part of the research.

As can be seen in figure 1, the balloon with ‘Sex/Prostitution’ is rather large on the negative side of the arrow. This assumes that it is not the first thing that comes to mind when people think about Thailand, but that it is definitely important in their associations with the country. According to this research ‘Sex/Prostitution’ is mentioned as often as ‘Good Food’ or ‘Poor/Poverty’ (Nuttavuthisit, 2007). Despite the negative associations that people might have regarding the sex industry, Thailand is still a popular country for tourists. In the former chapter it was explained how it was especially the sex industry that attracted tourists from all over the world to Thailand.

Figure 1 Responses to the question: ‘What are the first words that come to mind when thinking of Thailand?’

Source: Nuttavuthisit (2007:23)

Female commercial sex workers in Thailand and the burden of the double stigma
BSC thesis – Anneloes Malgo – July 2014
Due to globalization, every person with the right means has easy access to all the places in the world, including Thailand. This includes sex tourists who visit Thailand purely for that purpose. But HIV/AIDS seems to have spoiled this alluring and sexual image of the country.

‘Once AIDS in Thailand began to receive media attention there has been a drop in tourist arrivals in Thailand while, at the same time, there has been an increase in the numbers of visitors to neighbouring Asian countries’ (Chon et al. and Belk et al. according to Nuttavuthisit, 2006:25).

2.4 HOW HIV/AIDS INFLUENCES THE STIGMA ON CSW

The stigma on CSW that is described in the first chapter is suffering from the developments relating to the HIV/AIDS epidemic. It is mainly the fear of the disease that influences the already tainted image of sex workers. HIV/AIDS degrades people from being integral persons through its stigmatizing power, and this effect counts redundantly for sex workers. By society they are ‘superstigmatized’ and carry the burden of a double stigma (Herdt, 2001). This paragraph will answer the question that was posed at the beginning of this chapter: Which role does the spreading of HIV/AIDS play in the construction of a stigma on CSW?

Men are at risk of getting infected through their commercial sexual contacts. This is why, as described above, they expand their networks and reach more into the non-commercial sex world where the risk of HIV infection is perceived to be much lower. Also a rather new commercial sex world arises from the increasing demand for child prostitutes who are believed to be a lower risk group for HIV/AIDS because they are less experienced. In the current situation in Thailand this results in an automatic link between HIV/AIDS and female CSW. The HIV/AIDS stigma weighs heavily on the CSW stigma, because it creates an image of a commercial sex worker as the carrier of infectious diseases. A decline in clientele is the result, especially for older prostitutes, simply because men slowly shift towards younger, more casual and non-commercial sexual encounters. This decline is also visible in the number of (sex) tourists (Nuttavuthisit, 2006).

All in all a changing image of the common prostitute arises: she is conceived as dirty and a danger for the client’s safety. A woman in Morrison’s study states the following:

‘I think most prostitutes that work in a bar or club have condoms. But prostitutes who are much cheaper, like 150 or 200 baht ($4 - $6), they don’t use condoms’ (Morrison, 2006:151)

This quote shows how HIV/AIDS determines a lot regarding the image people have about a prostitute. This woman claims that cheap prostitutes do not use condoms and therefore have a higher risk of having HIV/AIDS and automatically enlarge the risk to infect their clients. Whether it is true that cheaper CSW do not use condoms or not, it reveals how easily judgments are made when it comes to HIV/AIDS. The image of the ‘cheap prostitute’, which already was not very good, suffers substantially more from the extra stigma than higher class prostitutes who are assumed to use condoms.
CHAPTER 3
ANALYSIS OF THE DOUBLE STIGMA

When revising the original work of Goffman about stigma, Herdt (2001) agrees that harm includes the loss of social status and belonging to a community, but he takes it a step further. He says that harm includes more than just that, it also includes the loss of personhood. Goffman talks about a stigma when people are ‘reduced in our minds from a whole and usual person to a tainted, discounted one’ (1963:3). So this definition of stigma embodies the ‘loss of personhood’ that Herdt talks about. To understand what harm is, we should understand more than the social community and sexual culture of a country, which are discussed in the former chapter; we need to understand the regulation of a stigma and which effects it can have on people (Herdt, 2001:145). An extensive approach regarding the stigma on female CSW in Thailand and how this stigma is influenced by the spreading of HIV/AIDS is provided in the former two chapters.

I drew the conclusion that there is a stigma on prostitution and a stigma on HIV/AIDS and that these reinforce each other. These stigma’s are interlinked and are often mixed up in the everyday lives of people who give the stigma. When a woman is known to be contaminated with HIV, she is in general conceived as a promiscuous woman or a prostitute, even though she might have been infected through her husband (Kittikorn et al., 2006). This chapter aims to answer the following question: How is the double stigma on CSW and HIV/AIDS organized in Thailand? The original work of Goffman on stigma from 1963 will be used in this analysis and the focus will, as through the entire thesis, lie on female CSW.

3.1 GOFFMAN EXPLAINED

3.1.1 VIRTUAL AND ACTUAL IDENTITY

Erving Goffman’s profound work on stigma has been used to analyse and explain situations in the decades that followed after 1963 in which people are judged and categorized due to a perceived deficiency that they have. Goffman explains that an individual is stigmatized when he or she is excluded from full social acceptance. To be disqualified from social acceptance engages a rather broad range of people and assumes that there are many stigmatized people in every society. The people who carry a stigma and the people who give the stigma are in interaction with each other every day. However, this does not imply that it is visible to everyone who has a certain stigma and who does not (Goffman, 1963). Goffman (1963) refers to this as virtual and actual social identity. Virtual identity encompasses what is seen from the stigmatized person in society. That which is physically visible of the person and what is chosen to be revealed about his/her identity by the person itself. Actual identity speaks for itself; it is the actual identity of a person. So not what he/she chooses to show in public, but the real identity that lies underneath the secrets and masks.

People can be falsely accused of a stigma; the woman who is a prostitute and is therefore assumed to be infected with HIV which she does not have. Other people pass as normals, while they are deviants; the woman who is a prostitute without anybody knowing. It cannot simply be stated whether someone is revealing his actual identity or whether his/her virtual identity is observed. The link between CSW and HIV/AIDS is easily made in Thailand and is often implied by those who give the
stigma (Kittikorn, 2006). In between these two identities is where the complexity of the double stigma related to HIV/AIDS and CSW arises.

3.1.2 INEXTRICABLY BOUND STIGMA’S

It is interesting to look at this intermingled stigma relating to CSW and HIV/AIDS. Chan et al. (2008) executed a research about the attitudes towards AIDS en leukaemia among 144 Thai nursing students from Bangkok. The research aimed to understand the interplay between these two diseases (AIDS and leukaemia) and three co-characteristics (CSW, intravenous drug users and blood transfusion). The participants were presented a survey in which several short vignettes were presented about an idealized man named Somchai; a dutiful, talented, selfless and responsible man. The short vignettes described how he got sick and the reason why this happened (for example: he now has AIDS because he had a blood transfusion two year ago).

The participants’ willingness to interact with Somchai in various social settings was measured by an indication on an eight-point Likerttype scale (1 = most willingly; 8 = most unwillingly). ‘Social distance was calculated as the sum of the eight items (i.e., a possible score of 8–64); social distance scores were rescaled to lie between 0 (low stigma) and 100 (high stigma) presenting each participant’s score as a percentage of the scale maximum (%SM)’ (Chan et al., 2008:148). Table 2 shows the social judgments related to the different presented vignettes in the surveys.

Table 2 Distribution of social judgments across 32 possible vignettes

<table>
<thead>
<tr>
<th>Co-characteristics</th>
<th>Disease Factors</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Row Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Leukemia</td>
<td>AIDS</td>
<td>Leukemia &amp; AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>18</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Blood Transfusion (BT)</td>
<td>19</td>
<td>18</td>
<td>17</td>
<td>18</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>Commercial Sex (CS)</td>
<td>19</td>
<td>18</td>
<td>19</td>
<td>18</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Injecting Drug Use (IDU)</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>17</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>BT + CS</td>
<td>18</td>
<td>17</td>
<td>19</td>
<td>18</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>BT + IDU</td>
<td>18</td>
<td>17</td>
<td>16</td>
<td>18</td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>CS + IDU</td>
<td>17</td>
<td>19</td>
<td>18</td>
<td>17</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>BT + CS + IDU</td>
<td>17</td>
<td>17</td>
<td>19</td>
<td>18</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Column Total</td>
<td>144</td>
<td>144</td>
<td>146</td>
<td>143</td>
<td></td>
<td>576</td>
</tr>
</tbody>
</table>

Source: Chan et al. (2008:148)

Further analysis of the gathered data in this research focussed on the layering of the stigma. Chan et al. (2008) investigated to what extent the stigma’s on AIDS and engagement in commercial sex (among other combinations of disease and co-characteristics) layered each other. Figure 2 shows the level of stigma related to solely AIDS (left bar), the level of stigma related to solely CSW (right bar), and the level of stigma related to the combination of CSW and AIDS.
At first sight it seems as if there is a stigma on AIDS, a stigma an CSW, and a double stigma on AIDS and CSW together which is much higher. However, Chan et al. conclude the following:

\textit{The heights of the bars also suggest that the presence of AIDS and CS might act to increase the stigma attached to those who engage in CS. However, post-hoc analysis indicated that the difference in stigma scores between AIDS alone and the two variables combined was not significant ($\chi^2(1) = 2.07$, $P > .05$). Likewise, no significant difference in stigma score was found between CS alone and the two variables combined ($\chi^2(1) = 3.22$, $P > .05$)}’ (2008:153).

This explanation of Chan et al. (2008) provides some interesting insights. Apparently the stigma that is related to being infected with HIV/AIDS is not significantly influenced by the engagement in CSW. Somchai is stigmatized due to the fact that he has HIV/AIDS. Whether he got this through visiting a prostitute or not does not increase the burden of the HIV/AIDS stigma significantly. This conclusion shows us that the two stigma’s are inextricably connected with each other. They reinforce each other and the complexity seems to lie within the expectation that CSW must result in having HIV/AIDS and that having HIV/AIDS must be a consequence of promiscuous behavior or CSW.

\section*{3.1.3 TYPES OF STIGMA}

A stigma can take several forms which Goffman (1963:4) categories into three different types of stigma:

1. Abominations of the body
2. Blemishes of the individual character
3. Tribal stigma
The stigma on CSW falls under the blemishes of the individual character. A prostitute in Thailand is degraded to a lower status in the reality of the people around her, despite her looking after her family and making merit (Peracca, 1998). The stigma on HIV/AIDS can fall under two of the categories. First of all, especially in the early stages of the disease, it carries the same stigma as CSW. It cannot be seen at first sight and the person infected will most likely try to keep it hidden from everyone. This hiding of the disease is due to the fact that HIV/AIDS is bad for the family reputation in Thailand. It implies engagement in promiscuous activities and is often seen as fate or destiny; the person probably deserves it (Kittikorn et al., 2006). Secondly, HIV/AIDS can also fall under the first category: abominations of the body. Due to the initial stages of the disease, in which it is kept secret from the outside world, there is no good chance to receive treatment and medication. The disease transforms from a blemish of the individual character to an abomination of the body. People become skinny and wounds become visible on their skin. A respondent of the research done by Kittikorn et al. stated: “The wound is a symbol of this disease,” and “If someone had diarrhea and looks skinny, people conclude that she/he has ‘this disease’” (2006:1293).

The type of stigma is important when taking the double stigma into account. The stigma of HIV/AIDS is a very heavy one to carry along. A term as ‘justification’ is not applicable to this; no reason can be found as to why having this disease is understandable or accepted. People will do everything within their power to prevent others from finding out about their blemish, they would rather die. Once the stigma starts to transform into abomination of the body there is no way back. Paragraph 3.2.2, about how Thai women handle the fear of HIV/AIDS, illustrates how important it is to not lose face. A Thai wife is balancing between on the one hand letting her husband visit prostitutes with an attached risk of HIV/AIDS for him and thus for herself, and on the other hand letting him have non-commercial sexual relations with the risk of a minor wife (Morrison, 2006). Wives tend to take the risk of HIV infection for granted to not lose face towards the outside world. Shame regarding your position and that of your family is of great importance, as is also seen in the hiding of HIV infection. When no one knows, your family is safe.

3.1.4 ACCEPTANCE AND JUSTIFICATION

The stigma on CSW can be a heavy one to carry as well, and of course both these stigma’s are always subject to personal experiences, but there are reasons to make CSW acceptable as is shown in this thesis. It can be perceived as inevitable or necessary for a woman to prostitute herself. Motives can justify why a woman would perform this job. Once the stigmatized individual can justify the situation for her-/himself it is called a state of ‘acceptance’ by Goffman (1963:8). Sykes and Matza (1957) write about theories of neutralization for juvenile delinquency. They argue that delinquents can justify some of the acts they perform as valid, while the normative legal system of society does not agree with this. CSW is not the same as juvenile delinquency, but the argument that Sykes and Matza make about justifying deviant behaviour fits with the stigmatized prostitutes that are the focus of this thesis:

‘The moral injunction against killing, for example, does not apply to the enemy during combat in time of war, although a captured enemy comes once again under the prohibition. Similarly, the taking and distributing of scarce goods in a time of acute social need is felt by many to be
right, although under other circumstances private property is held inviolable. The normative system of a society, then, is marked by what Williams has termed flexibility; it does not consist of a body of rules held to be binding under all conditions’ (Sykes and Matza, 1957:666).

Peracca et al. and Muecke illustrate the above argument for the situation of a commercial sex worker:

‘In the end, while normative rules disapprove of commercial sex for women at the societal level, at the individual level, the woman may be forgiven because she is viewed as lacking sufficient choice and fulfilling valued obligations’ (Peracca et al., 1998:265).

‘Prostitutes who fulfil the cultural mandate for proper daughters are considered justified’ (Muecke, 1992:898).

### 3.2 THE OWN, THE NORMALS AND THE WISE

Goffman (1963) makes a distinction between the Normals and the Sympathetic Others in society. The Normals are the people who give the stigma. They do not have the stigma themselves and they judge discrepant people as being inhuman. The Sympathetic Others, on the contrary, feel sympathy for the stigmatized individual or group of individuals. Goffman (1963) makes another distinction within this group. He distinguishes the Own (those who share the stigma); and the Wise (those who have certain knowledge about or connections with the stigmatized which creates their sympathetic attitude, but they do not have the stigma themselves). The three categories of the Own, the Normals and the Wise will be elaborated below with regard to the situation in Thailand.

#### 3.2.1 THE OWN

The Own in this case are the women in Thailand who work in the sex industry and have HIV/AIDS. The causes and effects of a stigma are directly confronted when Normals and stigmatized enter each other’s presence (Goffman, 1963). When a Thai sex worker is among other sex workers, she probably does not feel as if she is ‘a prostitute’. However when she is in the company of her family or her friends who are not sex workers, she might be confronted with the fact that she is different from them. She might try to hide her job from those around her, but often this is nearly impossible.

Mai, a woman who contracted AIDS from her husband says:

‘It is not good to start to be sick with this disease. I feel ashamed. The thing that attacks my feeling most is that I feel ashamed. I think if people in my hometown knew, they may think that I did something bad, and that is why I have it [AIDS]. I feel very ashamed’ (Kittikorn et al., 2006:1292).

These words come from a woman who is a victim of the AIDS epidemic through her husband. Despite this, she is in no such position that Normals around her will sympathize with her situation. She is afraid of what people will think of her, of how people will judge her. In this example the link between

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the stigma on having HIV/AIDS and the stigma on being a promiscuous woman or a CSW comes forth once again. Having a disease in general is not what makes people deviant. It is the position people are ascribed to with this particular disease;

‘it affects reputation and renown, doesn’t it? Who is not afraid? Everyone is afraid of it. This disease is a serious disease. It is awful. They will look at us in negative way’ (Kittikorn et al., 2006:1293).

The instilled image that HIV/AIDS is a consequence of dissolute promiscuity is irremovable.

Kittikorn et al. (2006:1294-1296) developed four strategies of how the Own consort their HIV/AIDS position. These four strategies are in my opinion widely applicable to any kind of stigmatized individual.

1. Secrecy and lies
2. Controlling information
3. Concealing practices
4. Social withdrawal

These four strategies can be used separately or alongside each other. The first two strategies are forms of information management. By controlling the information that people have about themselves (or about their family), they might prevent the information from turning into a stigma. In the case where there is no stigma attached to a person despite his/her deviance, it is all about ‘managing information about his failing’ (Goffman, 1963:42). The second two strategies are ways of managing the stigma. When the information is out in the open and the stigma is already placed upon the person, these strategies are ways of managing the situation the stigmatized is in.

3.2.2 THE NORMAL

A Normal person is someone who gives the stigma and perceives the stigmatized individual as inhuman. From this perspective he discriminates the stigmatized and reduces his life chances (Goffman, 1963). The Normals form a judgment about a particular group of people, in this case the Thai female CSW with HIV/AIDS. They determine the normative values of society and detect everyone who is deviant from these norms. This paragraph will discuss the Normals in three categories: the Thai population, the Thai government and the media. These categories might not cover all the Normals in this situation, but they cover an important part.

3.2.2.1 Thai Population

The normative value of Thai society regarding CSW might be more or less acceptable in certain situations, but on the overall society level it is stigmatized as being an incorrect job (Peracca et al., 1998). Peracca et al. (1998) investigated how Thai people feel about a prostitute getting married. The respondents argued that taking your own responsibility in choices like this is very important. However, ‘in cases where the woman is still working as a prostitute, there is agreement that she must
give up her occupation and behave in a manner befitting marriage’ (Peracca et al., 1998:260). This implies that the Normals do not see prostitution as a proper job. It might be okay for someone who needs the money for the family but actually does not want it, but when someone gets married the act of prostitution does not fit marriage.

The distinction between ‘those willing’ and ‘those not willing’, as mentioned earlier, is not fully comprehensive but it helps in analysing how the Normals perceive CSW and HIV/AIDS. Again, the double stigma cannot be separated from this. When a CSW is categorized as ‘willing’, she chose to do this job to obtain easy money for herself. She is seen as a greedy individual (Peracca et al., 2006). The stigma that a woman like this carries for being a CSW is from a much higher level than for the CSW who is ‘not willing’. This type is seen as forced by people or circumstances in order to fulfil her duties towards her family and her religion. The ‘willing’ type is often the classy type of prostitute who works in well-arranged establishments and charges high prices. Because of this she carries a much lower level stigma concerning HIV/AIDS. She is expected to have protected sex with clients and to serve less clients on a day. Expectedly the ‘not willing’ type of CSW is the one who carries a higher level stigma concerning HIV/AIDS. She is cheap and serves as many clients as possible to earn enough money without using condoms. This classification of sex workers by Normals explains how some might classify sex workers and how some part of the stigmatized person’s personhood is removed due to the category they are placed in.

### 3.2.2.2 Thai government

The Thai legal system concerning CSW is discussed in chapter 2 and showed us that there are several Acts that prohibit and regulate prostitution. However, these laws are interpretable which makes it possible to get around them. The sex industry is still big business for the country and there seems to be no serious attempt to shut it down. Nuttavuthisit argues the following:

‘The proliferation of multiple forms of the sex trade has been found to occur simultaneously with growth of the entertainment industry, particularly if government policy is to promote the overall recreation sector’ (2007:24).

Lau, writing on child prostitution, seems to agree with Nuttavuthisit:

‘The problem may be compounded by the fact that Thailand has become an increasingly tourist-oriented country to generate sources of income, and therefore the government may be turning a blind eye to the sex industry, allowing the sexual exploitation of children to perpetuate in order to encourage tourism and revenue’ (2008:152).

In its statements, laws and policies the government is rather clear about the way they position CSW. But why does this not shimmer through in their deeds? Corruption still seems to prosper widely throughout the governmental authorities in the country which prevents the devised written policies and laws to be transformed into actual deeds and actions. A lot of money can be made in the sex industry, especially sex tourism is a large income for the government. Apparently many government authorities do not agree with the ‘equal rights for every person’, as is stated in the Thai law. They (deliberate or undeliberate) judge CSW to have spoiled identities (Goffman, 1963) and this picture of
socially unaccepted individuals leads to an image of worthless sex workers, good enough to earn money with.

The other side of the double stigma is the HIV/AIDS stigma. The Thai government takes a very proactive stand in fighting the battle with this disease, contradicting to their position regarding CSW. ‘Thailand is one of the few countries to implement public policy on a national scale’ (Morrison, 2006:145). Kittikorn et al. (2006) also refer to Thailand as a success story of Southeast Asia concerning the HIV/AIDS epidemic. The spreading of AIDS has clearly reduced, thanks to the government policies and awareness campaigns. One of the most effective campaigns has been the 100% Condom Campaign which was executed on a regional level. Other Southeast Asian countries participated in this campaign as well. The former Prime Minister of Thailand, Dr Thaksin Shinawatra, stated in July 2004 that the 100% Condom Campaign had prevented more than 5 million HIV infections in the country already (Rojanapithayakort, 2006). Figure 3 below illustrates the correlation between condom use in sex establishments and the decline in STI’s (sexually transmitted infections) in Thailand.

Despite all the achieved successes in the area of HIV/AIDS prevention, the large stigma connected to the disease remains a ‘key barrier to the implementation of a Thai national social service project for people with HIV/AIDS and their families’ (Kittikorn et al., 2006:1287). Many people remain unreached when it comes to treatment and medication of the disease. Prevention seems to be an easier project than offering health care to those already infected.

3.2.2.3 The media

The media, national and international, obviously have an opinion about the situation in Thailand concerning the commercial sex industry. The image of ‘the brothel of Asia’ (Lyttleton, 2000:149) is

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hard to remove from international perspectives. Nuttavuthisit also mentions a few examples of this embedded image on the international level:

‘This negative image has been widely and wildly publicised through the impact of global media. The Longman Dictionary of English Language and Culture (1993) once referred to Bangkok as ‘The capital of Thailand, a place often associated with prostitution’. The Economist, volume 369 (December 2003), stated ‘throw a stone in Bangkok, and the chance are you will hit a gambler or a brothel goer’. Popular culture presents the reputation of Thailand as a haven for sexual adventures, as shown in many movies songs and music videos. For example, the popular singer Christina Aquilera appears in her music video ‘Dirty’, dancing in pools of muddy water in a boxing ring with a pair of posters written in Thai sown in the background that refer to the country’s sex industry. Another example is the Hollywood movie, ‘Bridget Jones’ Diary: The Edge of Reason’, which has a scene that shows how a hotel guest can easily get in-room prostitute service in Thailand’ (2007:25).

Muecke (1992) mentions the rationalization of female prostitution by the Thai national media. The media is a reflection of the Thai public opinion, and she argues that this opinion does not acknowledge an indigenous history of prostitution. On the contrary, they lay the focus on the enormous rise of demand for prostitutes after the US militaries triggered the start of an ever expanding sex industry in the 20th century. The media rationalizes prostitution by connecting the rise of foreigner’s demand for commercial sex to the poverty of rural Thai people. The sex industry is in the Thai media a consequence of the exploitation of the poor Thai women by male tourists. This idea that the prostitution of Thai women is not a local problem at all is refuted by Kittikorn et al. (2006). They reveal an estimate made by the Thai Ministry of Public Health that 25% of the Thai male population visited prostitutes in 2002. Also chapter 1 of this thesis extensively explains the ingrained image of a man’s undeniable desires that dominates in Thailand.

The media can also play a role in the level of stigma attached to commercial sex work due to the images they portray. Many women form the study of Kittikorn et al. (2006) explained how they were disgusted by the pictures of AIDS that were depicted in the media. It is argued that this only intensified the stigma of AIDS and that it also created room for social discrimination. The pictures in the media were first and foremost intended to educate people about AIDS, but they turned out to be a way for Normals to detect the infected people in society.

3.2.3 THE WISE

The Wise persons in society are those that are Normal, because they do not have the stigma, but they have special access to the secret life of the stigmatized individual. They feel sympathy for them and the stigmatized person does not need to feel ashamed among the Wise, he/she is perceived as an ordinary other (Goffman, 1963). In the case of Thai female sex workers, a Wise person is for example the mother of the HIV infected prostitute. This also implies that a Normal person (someone who stigmatizes female CSW and HIV/AIDS) can become a Wise person when, for example, a member from his/her own family is infected with HIV or starts to work in the commercial sex
industry. Goffman states that this transformation from being Normal into being Wise is for instance possible after ‘a heart-changing personal experience’ (1963:28).

Family is, as we saw in the former chapters, the most important for Thai people. These close relations within the family have advantages as well as disadvantages. Kittikorn et al. (2006) argue that stigma is very potent in Asian and Pacific Islander cultures due to the fact that in these cultures shame and honour do not just affect the individual, but the entire family, clan, or cultural group. So the honour of an individual is shared by the whole family, but the shame of an individual is also carried by the whole family. An individual cannot go down without blemishing the family, and therefore every family member is responsible in the process of ‘saving face’ (Kittikorn et al., 2006).

An entire family feels the shame and humiliation of one family member contracting AIDS. However, within the families there are of course also different gradations to the extent of which someone is a Normal or a Wise person. One mother from the study of Kittikorn et al., whose son has AIDS, describes this feeling as such:

‘I mean Thai people do not accept sexual relationships, but my son has “this disease” which relates to promiscuous behaviors. If my son had had other disease such as flu or [tuberculosis], it would have been much better. We have to understand. They are just relatives, not his mother. They like to pronounce upon his fault either by their words or by their reactions’ (2006:1292).

This mother makes a distinction between ‘just relatives’ or being his mother. She is weighed down by having to carry the stigma of her son. This works the same for the family of women who work in the sex industry. However, being a CSW is something that can be validated and justified by several reasons. So the extent to which the family of the CSW is suffering from the stigma depends on the reasons why she is performing this job.

The initial question of this chapter was: How is the double stigma on CSW and HIV/AIDS organized in Thailand? Throughout this chapter Goffman’s analysis of stigma was used to grasp an understanding of the current situation in Thailand. The division into the Normals, the Own and the Wise was made which clearly formed three broad groups of people in society. The Normals degrade a CSW with HIV/AIDS from her personhood and stigmatize her as inhuman. They were subdivided into the Thai population, the Thai government and the media. The Own are those who share the stigma, they understand and do not stigmatize each other. The Wise are Normals who sympathize with the Own. They have a close connection with the stigmatized and the stigmatized is treated as an ordinary person. It is interesting to see that in this organization of the double stigma both the stigma’s are judged in a fundamentally different way, although they are also very closely interlinked and reinforce each other. The stigma on CSW has a possibility of justification of the Own and the Wise by the Normals; a valid reason might make it understandable that someone works in the sex industry. The stigma on HIV/AIDS however cannot be justified in any way. Both the stigmatized and the Wise suffer from this.
DISCUSSION

By answering the three sub questions in the chapters above, the burden of the double stigma for sex workers formed a thread through the paragraphs. CSW is undoubtedly a stigmatized job and the heavy load of an HIV/AIDS stigma comes on top of this; the sex workers are superstigmatized (Herdt, 2001). The stigma refrains many Thai people, among which there are many commercial sex workers, from gaining access to proper treatment and medication. People manage the stigma they have by keeping it a secret for the outside world. This information management strategy of keeping secrets, as discussed in chapter 3, deters intervention programs in battling the consequences of HIV infection from being successful. Especially the sex workers are a hard to reach population in this national policy area of providing good health care for all people. So the question then is how the burden of the stigma can become bearable for sex workers.

One of the things discussed in this thesis is the duty of women to take care of their family. Concluding that the family’s well-being transcends the well-being of someone’s own body can be a massive obstacle in making interventions to stop CSW and the spread of HIV/AIDS. The current law that prohibits prostitution is not of any great influence due to the fact that the practice of prostitution and the values attached are rooted within the country and culture. But if prohibiting does not show the desired result, then what will? A possible answer to this question can be found when we focus on the sex workers discourse in Thailand.

In contemporary Thailand, sex workers are criminalized for the job they perform. This criminalization partly co-creates and reinforces the stigma on CSW. One could argue for the decriminalization of sex workers in order to provide better possibilities and services for sex workers. Again, the double stigma is intermingled: when a CSW is criminalized, she will not have access to good health care and will be more vulnerable for HIV infection. A step further than decriminalization would be legalization of sex work. In this case the sex industry could be organized more clearly and the government could keep a legal eye on the sex industry. Rekart (2006) reviews what is said about the decriminalization of sex workers and states that it results in:

‘(...) enhanced selfesteem; improved negotiating skills; ability to refuse clients; access and use of condoms; training to recognise, avoid, and escape violence; STI and HIV preventive services; safe houses; drop-in centres; and STI treatment through pharmacies’ (2006:2126).

Empowering sex workers will, according to some, ease the attached stigma and reduce the chances of being infected with HIV or of not being able to receive proper treatment. The Global Network of Sex Work Projects argues that the problems faced by sex workers at the grass root level can only be tackled at the local level. They plead for the importance of local level organizations, because this can empower sex workers to fight against the local discrimination they experience (NSWP, 2014). EMPOWER (Education Means Protection Of Women Engaged in Recreation) is an example of a Thai local initiative. It is an organization set up for and by sex workers which supports the decriminalization and legalization of CSW. The front page of their website states the following:

‘We are sex workers. We are workers who use our brains and our skill to earn an income. We are proud to support ourselves and our extended families. We look after each other at work;
we fight for safe & fair standards in our industry and equal rights within society. We are a major part of Thai economy, bringing in lots of tourist dollars. We are active citizens on every issue... politics, economics, environment, laws, rights etc. We try and find the space in society to stand up and be heard. Some see us as problem makers but actually we are part of the solution' (EMPOWER foundation, 2014).

This local initiative is located in several places in Thailand and is a good example of how sex workers themselves stand up for their rights and fight for equal treatment. They empower themselves to decriminalize their jobs to sustain their legal rights and to create a reduction of the attached stigma.

Will decriminalization or legalization of CSW eventually lead to a declining stigma? Such a discourse shift will probably lead to a more organized sex industry in which everything and everyone can be controlled in a better way. Health care might be more accessible, which will eventually result in better informed sex workers and a reduce of STD’s (sexually transmitted diseases), among which HIV/AIDS. Sex workers will also obtain a guarantee of certain legal rights. Although many pros are arguable in the light of decriminalization and legalization, I argue that the stigma on CSW and the stigma on HIV/AIDS are embedded in the Thai culture to such an extent that it cannot be removed by a change of laws. The local initiatives, such as EMPOWER, can however influence the stigma decline because they are close to the local people who I consider to be Normals. But despite the potential impact of an initiative such as EMPOWER I doubt whether Normals will ever be able to become Wise in relation to sex workers and HIV/AIDS without that ‘heart-changing personal experience’ Goffman talked about (1963:28). CSW can be justified, but justification remains something else than approving or legalizing the sex industry. HIV/AIDS seems unable to be justified. The only thing the sex workers themselves can achieve in the light of stigma relief is being well-informed and protected in order to prevent infection.
CONCLUSION

Although I argue in the discussion that sex workers can in the end not remove the stigma by themselves, it is definitely not my intention to sketch an image of vulnerable victims. The CSW discussed in this thesis are in my opinion often the embodiment of agency and resilience. Now I return to the research question posed at the beginning of this thesis:

**How do people in Thailand manage the interrelated double stigma regarding female commercial sex work and HIV/AIDS?**

I aimed to answer this question in three steps. The first two steps are the analysis of the double stigma which has two sides. Firstly there is the stigma on CSW. In chapter one I elaborated on this stigma by answering the question: *How is the stigma on CSW constructed throughout Thai history?* The early history of the Ayutthaya period revealed the normality of hierarchical divisions in society. One of these hierarchies was the subordinate position of the woman relative to the man. A man’s sexual needs are condoned, because it is culturally accepted that they have certain sexual desires, but a woman responding to this in terms of sex work is not in line with the Thai value of *kulasatrii*. The Vietnam war caused a rise in prosperity of the country in general and alongside that also a rise in demand in the sex industry. Thailand gained an internationally interesting position for (sex) tourists as well as human rights agencies. The demand for prostitutes has been formed from within the country through the centuries, and this extensively increased with the emergence of globalization and the consequence of sex tourists.

CSW is perceived as an inappropriate job, but Thai people became experts in justification with regard to sex work. The motivation for a woman to enter the sex industry can justify what she does with her body. When sex work is the reason why she can take care of her family and provide for them it is someone’s individual responsibility. This does not imply that sex work loses its stigma when a woman has a valid reason to become a sex worker. It is argued among other by Peracca et al. (1998) that prostitution is stigmatized at the overall society level, but that people might find reasons why it is understandable in ‘this particular case’. So when a woman stands up for her family and chooses the inevitable by selling her body, she can still make *merit*, which might add up to her good actions and balance her *karma*.

Secondly there is the stigma on HIV/AIDS. Chapter two answered the question: *Which role does the spreading of HIV/AIDS play in the construction of a stigma on CSW?* The emergence of an HIV/AIDS epidemic in a country which is prominently known for its sex industry seemed to be the inevitable. To understand Herdt’s (2001) superstigmatization (the influence of the HIV/AIDS stigma on the CSW stigma) it is important to understand the Thai sexual culture. This sexual culture does not relate shame with what happens to your body, but it relates shame to what happens with your family. Fulfilling one’s duty as a son or a daughter towards the parents (*bhunkun*) is more important than anything else. The determination to fulfill their duties that child sex workers and commercial sex workers in general show reveals the agency that they possess. Montgomery writes about child prostitution in Baan Nua and the following statement illustrates what I try to conclude regarding the agency of female sex workers:
‘(...) the children were not passive victims and tried, as hard as they could, to make limited choices in difficult circumstances and were proud of these choices; dismissing this as ignorance or false consciousness of the part of the children seriously diminishes and belittles the very real resilience they showed’ (2008:910).

This agency does not mean that fear is not part of the HIV/AIDS epidemic. Men and women are both afraid of contagion with this disease and they handle this fear in their own ways. Men expand their sexual networks into the non-commercial sex world and the demand for young sex workers increased as well. Women are scared to become infected through their partners, so they balance between keeping their husband satisfied and protecting their family from the danger of a minor wife. This fear blemishes the already tainted picture of a CSW. She is now perceived as a carrier of infectious diseases and it are especially the cheaper prostitutes who suffer from this superstigmatization. The mandatory use of condoms is a step in the right direction, but currently CSW is not seen as safe or riskless.

After analyzing the two sides of this stigma, the third chapter focused on the question: *How is the double stigma on CSW and HIV/AIDS organized in Thailand?* The work of Erving Goffman (1963) on stigma is used to analyze the organization of the double stigma. The two stigma’s are inextricably connected with each other. They reinforce each other and the complexity lies within the expectation that CSW must result in having HIV/AIDS and that having HIV/AIDS must be a consequence of promiscuous behavior or CSW. The overall situation in Thailand concerning the double stigma can be organized using Goffman’s (1963) categories of the Own, the Normals and the Wise. Interestingly it can be concluded that there is a strict division between the Normals on the one side and the Wise and the Own on the other side for both stigma’s. However, in the stigma on CSW, many people who have experience with CSW in their environment might tend towards becoming Wise. There are means of justification possible, and the situation of the CSW can become understandable. The stigma on HIV/AIDS, on the contrary, is not open for such influences. Everyone who is a Normal does not seem to tend towards the Wise side; there is no mercy.
BIBLIOGRAPHY


