

The Kingdom of Lanna and The HIV Epidemic

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Introduction

Disease has played varied and important roles in man's history and development. Infectious diseases, because of their ability to affect the health of communities, have had profound cultural and psychological implications as well. Epidemic (from the Greek *epidemos*; "upon the people") infections such as malaria, yellow fever, plague, typhoid, dysentery, and smallpox, have affected the outcome of wars, the survival of peoples and civilizations, and the make-up of populations.¹ The interaction of man with the microbial world can be as subtle and pervasive as the changes in child survival brought about by immunization, or as spectacular as the collapse of the Aztec Empire after the introduction of smallpox and measles by the Spanish.¹ The control of some of these diseases through sanitation, immunizations, and the development of antibiotics, has made human colonization of many parts of the world possible, and has had dramatic effects on world population growth.

Human societies the world over have had to come to terms with epidemic disease; to attempt to understand and explain onslaughts of widespread illness and death. Moralistic explanations of epidemic disease pepper the Old Testament, from the punishment of Sodom to the plagues called down by Moses upon Pharaoh and his people. Some diseases, leprosy and the venereal infections in particular, have generated bodies of myth and superstition that lie at the heart human cultures, affecting the way men have understood suffering, death, sexuality, decay, and even, in the case of Job, man's relationship to the Divine.

Southeast Asia, with its long history of human habitation, dense forests and monsoon climate, and its extraordinarily rich and complex eco-systems, has witnessed centuries of interaction between man and the infectious pathogens in his environment. Malaria was one of the great killers in the jungle campaigns of

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the Second World War, and leprosy continues to deform and isolate Laos, Burmese, and Cambodians. It has been postulated that one of the factors which allowed for the rapid spread of Buddhism throughout the region was the advanced medical system brought to the region by traveling monks. The Indian *Ayurvedic* medical system, and its Pali and Sanskrit texts, came to Southeast Asia along with the Buddha's teachings, and may have helped in their acceptance.

As the Lanna capital, Chiang Mai, celebrates its seven hundred year anniversary, a new and devastating epidemic is being visited upon its people. HIV has spread rapidly and extensively in Thailand, but nowhere in the country has it reached the epidemic proportions now seen in the northernmost provinces.² The interactions between HIV and human populations have been complex and perplexing wherever the HIV virus has spread. Why some countries and populations remain only slightly affected, while others are overwhelmed, is the subject of intensive study and debate. It is tragically clear however, and for reasons we only partly understand, that Chiang Mai and its surrounding countryside is the epicenter of a severe HIV and AIDS epidemic—an epidemic that may have profound consequences for the northern Thai people, their culture, and their way of life.

The Start of the Storm

HIV came comparatively late to Asia.² While central Africa, the United States, the Caribbean, and parts of Western Europe underwent explosive epidemics in the early 1980s, and perhaps before, Asia appeared to be spared.³ There were reputable medical authorities suggesting as late as 1985 that Asians appeared to be "resistant" to HIV. There were cases of HIV and AIDS deaths in Thailand as early as 1984, but the majority of these were among homosexual Thais with sex partners from the West.^{1*} These cases, it is now clear, did not lead to the epidemic spread of HIV. Then, in 1988-1989, something unexpected happened. The Thai national surveillance system for HIV, put in place just a few years before to track the spread of the virus, began to report sudden and alarming increases in HIV infection rates. Among women in the Thai sex industry, HIV rates went from about two percent to over forty percent in just six months—one of the most rapid increases ever seen.⁴ Shortly thereafter, men attending sexually transmitted disease (STD) clinics, blood donors (mostly young men), and Royal Thai Army conscripts, followed suit.⁴ HIV had entered Thai society, and the first major HIV epidemic in Asia had begun.

But it was an uneven epidemic. While most researchers assumed that Bangkok, with its notorious commercial sex scene, would be worst hit, the

reality was far different. The provinces with the highest HIV burden were places like Payao, Lamphun, Chiang Rai, and Chiang Mai.⁵ In 1991, for example, one in ten young men conscripted into the Thai Army from the upper north was HIV infected, while among those men from Bangkok, only one in fifty was HIV positive.⁶ Indeed, the upper north, with less a tenth of the Thai national population, now accounts for more than a third of HIV infections and almost half of Thailand's AIDS deaths.⁴ Why?

The answer to this question is still emerging. Understanding the root causes of this human tragedy may help us to understand the other HIV epidemics now underway in parts of Burma, India, and Cambodia, as well as HIV rates showing signs of epidemic potential in Nepal and Viet Nam.

How will this new epidemic affect the people of Lanna? There is always a long "lag time" from the start of an HIV epidemic to a full-blown AIDS epidemic. This is due to the unusually long incubation period of the virus; five to ten years or more of HIV infection are usually needed before the clinical AIDS syndrome develops.¹ What this means is that the many hundreds of thousands of Thais infected with HIV in the last five years are only now beginning to fall ill. When the AIDS cases and deaths are at their peak, and something like one in eight young northern Thai men, and perhaps one in twenty women, are dying, the implications of this catastrophe will begin to be understood. Choices will have to be made between fear and acceptance; activism or resignation; social cohesion through struggle and loss; or social disruption. If this sounds extreme, one need only look at some of the countries and regions where similar levels of HIV have been seen, but where the death toll has been already high for a decade: Haiti; Rwanda; Uganda; and Zaire.

Lanna Culture, Social Tolerance, and HIV

HIV can spread through several routes: the parenteral route (sharing needles, using unsterile injection equipment, and transfusion of infected blood and blood products); from mother-fetus; and through sexual intercourse, both heterosexual and homosexual. While injecting drug users and men who have sex with men account for the majority of HIV infected persons in the West, heterosexual spread has been the dominant mode in Africa and the Caribbean. There was a major epidemic of HIV among injecting heroin users in Bangkok, but this outbreak, like the AIDS cases among gay Thais before it, does not appear to have led to the northern Thai HIV explosion. What did, most researchers now agree, was the widespread use of prostitution by northern Thai men, and the heavy representation of northern Thai women in the brothels, cafes, and

massage parlors throughout the country.^{5, 6, 7, 8, 9, 10} In the north, heterosexuals make up the great majority of HIV infected persons. Like the central African HIV epidemic, the roots of the epidemic in the north lie in the sexual networks, behaviors, and practices of the people of Lanna, in the status and treatment of its women, and in the sexual habits of its men.

For the northern Thai man in earlier times, having multiple wives and other sex partners was one of the privileges of prosperity. Minor wives were socially acceptable, and wealthy men might have several.¹¹ Slavery was a part of Lanna life for most of the Kingdom's first six centuries, and slave "wives" were common for those who could afford them. Any children a man had from his slave wives were his to sell.¹¹ The modern trade in young women no doubt has some continuity with this tradition. The current emphasis on monogamous marriages has been seen by cultural historians as an adaptation to exposure to the West—earlier northern Thai traditions placed little emphasis on monogamy as a virtue for men.

The well-described social tolerance of Thai culture has also played a role in the development of sexual habits and practices. While social codes of conduct may be adhered to in public, and loss of face a compelling social control, Lanna culture has always allowed for a considerable degree of autonomy in people's private lives. This relative sexual freedom, at least for men, appears to have survived till today. The use of commercial sex services, highly stigmatized in many Asian cultures, is an acknowledged outlet for northern Thai men, the great majority of whom have bought sex at least some time in their lives.^{5, 6, 7} We also know from several carefully-done studies that most northern men begin their sexual lives in brothels, usually being taken in adolescence by older relatives and friends.

Like virtually all societies, however, this same sexual freedom applies much less to women. Social codes of female behavior strongly censure pre-marital sex, extra-marital sex, and multiple partners. How then have so many northern Thai women ended up working in brothels? Poverty is a driving force, and parental debt, especially gambling, drug use and drinking debts, is another. But these social factors are common throughout rural Thailand, and do not explain the over-representation of northern women in the sex trade. The sociologist, Marjorie Muecke, has suggested that an underlying cause is the old northern tradition of daughters supporting their parents, as opposed to sons.¹² Northern girls, under pressure to support their families, and often lacking the education and skills necessary for better paid jobs, end up as commercial sex workers to support their families.^{10, 12} This, as Muecke points out, is something of an ethical paradox. As a dutiful daughter, a women sending money home is fulfilling her

proper role. The fact that she does this in a dangerous and degrading profession only heightens her sacrifice. Yet such a girl is clearly living outside the social norm of chastity until marriage. Here again, social tolerance plays an important role in accepting these women back into the community. The fact that so many women who leave the sex trade can go home and be accepted in their communities is striking. However, this has had a devastating impact on these communities, as well over forty percent of returning sex workers bring HIV back home along with their wages. (8)

Social tolerance of male homosexual behavior is also a part of the northern Thai social fabric. While individual prejudices may exist, and families may mourn, rather than rejoice, at a son's sexual orientation, there is nonetheless a considerable degree of tolerance for men who have sex with men. This tradition of acceptance goes back many centuries in northern Thailand. The Lanna origin story includes three genders—male, female, and *katoey*.¹³ In the story, the *katoey* is a potent figure, who must be compelled to make peace with both men and women so that the world can be populated. The transvestite of today and the men who have sex with her (i.e. him, biologically) are part of this tradition of openness. But here again, HIV has changed this equation radically. About one in five northern Thai men who have ever had a male sex partner is now HIV infected, and the rate is slightly higher for men who have ever sold sex.¹⁴ Chiang Mai city has over fifteen bars and clubs where men and boys sell sex, and much of their business is local.¹⁵ While these men are a minority, their lives will be profoundly affected in the next few years, as they too bury lovers and friends.

Social Impacts

The social changes brought about in 19th-century Europe by a continent-wide syphilis epidemic may give us some idea about how HIV, another sexually transmitted infection, might affect northern Thai society. The 18th-century Europe has often been described as bawdy, licentious, and sexually open.¹⁶ The European literature and art of the age is often frankly erotic in content. Syphilis had a profound affect on these traditions.¹⁶ Incurable at that time, disfiguring, transmitted from mother to fetus (as is HIV), and leading to blindness, heart disease, psychosis and, in about twenty-five per cent of cases—death—syphilis was widely feared and stigmatized. Nationalism and blame of the “other” were a part of these fears. The English called syphilis the French Pox, the French called it the Spanish Disease and medical authorities blamed the epidemic on the “savage” peoples of the New World.¹ Syphilis infection for a man meant the end of sexual life in marriage; for a woman, it was a mark of shame and social

disgrace. Within a relatively short time, the Victorian social codes began to develop and spread. Gone were the scandals and peccadilloes of earlier times; sex was taboo as a polite topic, fidelity in marriage the highest virtue, and virginity essential for women until marriage. The only assurance that a man could have of syphilis-free children was the absolute chastity of his wife and of himself. These social codes, while strictly adhered to in public, were often impossible to live up to, especially for men—Victorian London had more prostitutes than at any time in her history. Women, especially prostitutes, were often blamed for syphilis, and the decline in status from the earlier courtesan and mistress traditions to the pitiful street walker was extreme.

With Fleming's great discovery of penicillin—isolated from the common bread mold—syphilis became treatable, and caught early, curable. But the negative social attitudes associated with the disease did not change substantially. The social stigma tragically continues to remain a crucial barrier to the control of the disease. Because there is still so much shame associated with this and other sexually transmitted infections, people are reluctant to seek treatment, government programs have been targets of religious and conservative groups, and sufferers remain reluctant to alert their sex partners and spouses to possible exposure.¹⁷ Thus, while the disease could be eradicated relatively easily (no penicillin resistant strains have ever emerged, in contrast to many other infections), it remains a significant problem. When we think of an AIDS "cure" we would do well to keep in mind that syphilis is fully curable, and yet recent epidemics have occurred in the United States, China, Cambodia, and Vietnam, and the disease has never been controlled in most of Africa largely due to the cost of penicillin, inexpensive as it is.

The shame and social stigma of HIV / AIDS have likewise had very negative impacts on the control of the disease. The same reluctance to seek treatment and testing—the same resistance on the part of governments, schools, religious organizations, and social groups to address sexuality, HIV prevention, and condom use—have hampered HIV control efforts worldwide.³ In this respect, however, Thailand has been an impressive leader. While the U.S. government continues to debate condom education programs in the schools, Thailand began condom education, distribution, and manufacture as soon as it became clear that HIV had arrived. The "100% condom campaign" has been a model program, and may have spared the country an even larger epidemic.¹⁸

Despite the impressive success of the Thai response to the epidemic, discrimination, real and perceived, continues to be a problem for persons with HIV / AIDS in Thailand. This discrimination is far-ranging, and involves not only social isolation at the individual and community level, but discrimination

in health insurance, jobs, housing, and in health care. As the epidemic matures, and more people move from being HIV infected to being ill with AIDS, these many forms of discrimination will have to be addressed. It will require a significant social response to embrace and support people with HIV and AIDS in Thailand, as it has in other countries affected by the epidemic. Even greater demands, however, will be placed on the people of northern Thailand, which will have many more sick and dying people to cope with, and fewer resources.

What about what business leaders refer to as the "bottom line?" How will the HIV epidemic affect the explosive economic growth that has been such a dramatic part of recent Thai life? HIV is primarily a disease of young adults. As such, its greatest toll is on the segment of the population most involved in economic growth and development—the workforce. In addition, young adults are also the population group who have traditionally both supported the elderly and raised the young. In the hardest hit parts of Africa the loss of this group is already starkly evident; whole communities are dominated by grandparents and grandchildren, elderly people who have lost their main means of support, and "AIDS orphans" who have lost one or both parents.³ The economic impacts of these losses are thus multiple, and have long lasting implications. If the northern Thai epidemic were to stop tomorrow, and no new infections were to occur, the region would still lose something like ten percent of its workforce over the next decade, and would still have to support several thousands of orphaned children, and impoverished elderly adults. Workers, of course, are also consumers, and the ripple effects of these losses will affect many other sectors of the economy. As Mechai Viravaidya has pointed out, economic impacts can also be expected in tourism, foreign investment, and labor remittances from abroad.¹⁹ An economic impact analysis of HIV on the Thai economy done in 1991, using an estimate of 200,000-400,000 cases (now generally considered too low), placed the cost of the epidemic at between U.S. \$7.3 billion and U.S. \$ 8.5 billion by the year 2000, an enormous sum.¹⁹ These costs, again, will disproportionately affect northern Thailand.

Hope: Community Responses

The people of Lanna have faced numerous challenges in their long history; wars, foreign occupation, annexation to the Thai state, and, more recently, rapid development, environmental degradation, and rapid social change. The HIV epidemic is but one more challenge to this ancient society and its people. The resilience and adaptability of the northern Thai people have been tested before and will be tested again. There are already encouraging signs that social

responses to the epidemic among the northern Thai will be marked by compassion and care, rather than fear and isolation.

A fledgling hospice movement has begun in several cities and most have been initiatives by Buddhist monks. AIDS support groups have been developed by the Thai Red Cross, NCJOS, and by people with AIDS themselves. In Doi Saket, Chiang Mai province, a group of widows who have lost husbands to AIDS have begun their own support and income generating group. The first orphanages for children with HIV infection have opened in the north. Home care and community based care initiatives have also been started by the Ministry of Public Health in the upper north. Many of these developments are quite recent, and most are still quite small both in scope and scale. Yet these programs are cause for real optimism, especially those that represent true community initiatives. The HIV epidemic does not have to undermine Lanna culture; traditions of tolerance and compassion may actually be strengthened by the challenges of AIDS. The status of women, especially as regards women's ability to determine sexual choices, may also be strengthened by the HIV epidemic. Northern Thai families may be increasingly reluctant to consign their daughters to sex work in the era of AIDS, and this can only be applauded. Lastly, while sexual pleasure for northern Thai men need not be affected by practicing safer sex and using condoms, the exploitation of women for men's sexual pleasure may be affected, and this too may have a liberating effect on both men and women. There is already evidence that the younger generation of northern Thai men are having less commercial sex, more sexual relationships with longer lasting and unpaid partners, and have had fewer sexually transmitted diseases than men in the same age group since three to four years ago.²⁰ Such changes will be essential if the eight-hundred year anniversary of Chiang Mai is to be celebrated not in despair but in happiness and prosperity.

Note

- 1*. HIV refers to the human immunodeficiency virus, the viral agent that causes AIDS. AIDS, the acquired immunodeficiency syndrome, is a complex syndrome with protean manifestations which develops after long-term infection with HIV. The Thai language, unfortunately, is somewhat ambiguous on this distinction, referring to HIV as "chua aid-(เชื้อเอ็ด)" and the disease as "rok aid-(โรคเอ็ด)".

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