

Chapter 14

Changing partner relations in the era of AIDS in Upper-North Thailand

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Abstract

Thai men's habit of casual sex with prostitutes without condom use in previous years has led to a high number of people with HIV and AIDS, particularly in the Upper-North provinces. This chapter describes how people respond to their perceived threats of AIDS and how they adapt their behaviour accordingly. Sexual contacts of men and women before and after marriage and in recent years are explored, and reasons for men to frequent prostitutes are discussed. The sexual behaviour of Thais is believed to have changed substantially in the past few years as a result of strong continuous HIV/AIDS prevention efforts. Prostitute patronage has declined with high condom use. However, brothel-based prostitution has become invisible these days, replaced by other forms of sex service, which are hard to reach for HIV prevention. Several women whose husbands had died from AIDS later married other men and transmitted the HIV infection to them. Some people with HIV or AIDS found their new partners who are infected like them. People claim that in the era of AIDS, it is common for men to have casual sex affairs with unpaid partners.

Background

People found to be infected with HIV/AIDS in the early years of the epidemic in Thailand from 1984 to 1988, were largely men and women in high-risk behaviour groups including prostitutes and injecting drug users. Few people in the general population were reported to be infected at that time. Over 172,000 labourers going to work in the Middle East in 1986-1988 were tested for HIV and only 19 persons were HIV-positive yielding a prevalence of 0.01 per cent. The general public had little awareness about the epidemic at that time. The first wave of the AIDS epidemic in Thailand was in 1988 when positive HIV blood tests among more than 1,000 injecting drug users in Bangkok drug treatment clinics rose from 1 per cent to 40 per cent. The HIV prevalence among female sex workers in Chiang Rai and Chiang Mai, provinces in the Upper-North Region, was above 40 per cent compared to the national level of three per cent in 1989. While the national HIV prevalence among pregnant women attending the antenatal clinics in 1992 to 1997 was between one and two per cent, the HIV prevalence among pregnant women in these Upper-North provinces was much higher, ranging from 4 to 10 per cent over the same period. The high prevalence of HIV infection among these pregnant women suggested that the AIDS epidemic had been spreading to the low-risk populations in Thailand for several years (Weniger *et al.* 1991; US Bureau of the Census 1995, 1997; AIDS Epidemiology Working Group 1998).

The effect of the AIDS epidemic in Thailand is now clear in many parts of the country, particularly in the Upper-North region covering five provinces with the highest AIDS prevalence. The cumulative number of people with AIDS throughout the country reported to the Ministry of Public Health from 1984 to October 1998 was 99,555 cases and 27,279 AIDS deaths with a male to female ratio of 4 to 1. The cumulative number of people with symptomatic HIV over the same period was 40,552 cases with 4,135 deaths. About 29 per cent of people reported with HIV/AIDS were those in age group 25-29 years old followed by age group 30-34 (23%), age group 35-39 (14%), age group 20-24 (12%), and age group 0-4 (5%). More than 50 per cent of infected people came from the Upper-North Region (AIDS Epidemiology Working Group 1998). The HIV/AIDS projections estimated that by 1998, of 60 million population, there were between 977,000 and 1.2 million people infected with HIV in Thailand, 330,000-439,000 cumulative AIDS cases and 300,000-426,000 AIDS deaths (NESDB 1994: 48; Wongboonsin *et al.* 1997). From death registration statistics it was estimated that the cumulative AIDS deaths from 1992 to 1996 numbered about 200,000 and the Upper-North region had the highest number of excess deaths, presumably caused by AIDS (Im-em 1999).

Several factors contribute to the high prevalence of HIV/AIDS infection in the Upper-North region. First, this area shares borders with Myanmar and Laos. The uppermost part of the region is known as the 'Golden Triangle', one of the world's major opium and heroin-producing areas. The large proportion of drug users in the area probably magnified the risk of HIV transmission (Brinkman 1992: Figure 2). Secondly, a large number of sex workers throughout the country are known to be from this region (Sittitrai 1991; Limanonda 1993; Institute for Population and Social Research 1994). In a government attempt to control the spread of HIV infection in the early years, a large number of prostitutes who tested positive for HIV were sent back to their home provinces (Brinkman 1992:9). Some of them probably transmitted HIV to their male clients if they re-entered prostitution; others may have given it up and started families which in turn increased the rate of HIV infection among housewives and pregnant women in the region. Thirdly, the exact number of male prostitutes in Thailand is not known, but a survey report suggested that there were 4,000 to 6,000 of them throughout the country, and many were young men from the North and the Northeast regions (Sittitrai 1991:245-247).

Because of the rising number of people with HIV or AIDS, the government and several non-government organizations in this region have recently shifted their program interventions from raising HIV/AIDS awareness and preventing the spread of HIV infection to providing home-based care to infected people and their families. The increasing number of people with AIDS is now evident in both rural and urban areas of this region. The result of the National HIV Sentinel Surveillance Survey conducted annually among various sub-population groups since 1989 suggests that the prevalence of new HIV-infected cases is declining in Thailand. However, the number of people with AIDS symptoms is increasing, since a large number of those having been infected with HIV for several years have developed the symptoms in the past few years. Nevertheless, we do not know how people have changed their partner relations at a time when AIDS is well-known to the general public. This study explores the changing partner relations of people in the Upper-North region of Thailand.

Study areas

Chiang Mai was selected as the study site because of its many distinctive characteristics which can be summarized as: a steep fertility decline; a high proportion of non-married men and women; female-dominated migration in employment; a high number of

prostitutes of both sexes; and high prevalence of infection with HIV or AIDS. Chiang Mai, about 700 kilometres north of Bangkok, is one of the largest provinces in Thailand and Chiang Mai city is the biggest city among 17 northern provinces. The province's population was 1.37 million in the 1990 Census and 88 per cent lived in rural areas. About 59 per cent of the people were engaged in agriculture (National Statistical Office 1992: Table C). Three out of 19 districts were selected for the study, on the criteria that the HIV infection rate in these districts is high and these villages are not far from the city. The cumulative number of people with AIDS obtained from these three districts was more than 25 per cent out of 886 AIDS cases totally reported in Chiang Mai by April 1993 (Chiang Mai Provincial Health Office 1993). Although the districts were selected on the criterion of high levels of HIV infection, the villages studied were randomly selected and were not different from other villages in Northern Thailand in their AIDS situation. The number of people with AIDS who were alive at the time of the survey in 1993-1994 was up to three cases per village. None of these villages required special care in HIV/AIDS prevention control at the time of data collection.

Method

This chapter is based on data obtained from three studies conducted from 1993 to 1999. In 1993-1994, men and women aged 15-49 from 12 villages of Chiang Mai were randomly selected for questionnaire interviews asking about their partner relations and their risk behaviour for HIV/AIDS. In-depth interviews of selected individuals and focus-group discussions were carried out in the same period (Im-em 1996). From 1996 to 1999, 15 key informants in Chiang Mai were approached for interviews including health officers at the provincial health offices, district health offices, and health stations, people with HIV/AIDS and their relatives, members of PHA groups, people in the villages, and government and non-government organizations in the area working on AIDS prevention and care. The topics covered in the interviews include the general situation of HIV/AIDS in the area and the changing behaviour of the people. The information obtained was cross-checked by asking the same questions to several people for triangulation (Im-em 1998; Knodel *et al.* 1999).

Before the survey was conducted in 1993-1994, a non-randomly selected number of 39 men and women were invited for personal interviews through various channels including personal contacts, government officials, community leaders, and owners of brothels. The knowledge gained was used to develop questionnaires for males and females. A list of all households was updated and the houses were systematically selected. Once a household was selected, each interview team comprising male and female interviewers approached any adult living in the household for the completion of a household listing form, which gave information about all people living in the household. If no person in the age group 15-49 was living in a preselected household or if none was found at home, that household was skipped without replacement. All individuals aged 15-49 in the selected households were included in the interview. Two call-backs were made to those who were absent at the time of the first interview. Replacement from other households was not allowed if the eligible respondent was not at home or refused to participate. To reduce the number of call-backs, the interviews were conducted at different times of the day including at weekends and in the evenings. Each interviewer managed to interview about three respondents per day. Twelve focus-group discussions were held after the completion of the survey.

Results

Characteristics of respondents

Of 424 households selected for the interviews, 646 residents were eligible and 293 men and 326 women were approached. Only four per cent of those approached refused to participate, and 619 respondents were obtained for survey interview. The average age of the respondents was 33 years for both sexes. In comparison to the census count of the rural population of Chiang Mai, the survey slightly under-represented those aged below 30 and over-represented those aged above 30. The distribution of the respondents by marital status was similar to that obtained from the 1990 Chiang Mai population census. The majority of the respondents had obtained primary education up to Grade 7. Most of them were self-employed farmers who received extra income as wage earners.

Partner relations before 1993

Casual sex with paid partners was common for many male respondents in the past up until the recent years when AIDS was well recognized by the public. In the 1993 survey, 619 men and women aged 15-49 were interviewed about their partner relations and their risk of contracting AIDS. It was found that the difference between the median age at first intercourse and the median age at first marriage was 2.3 years for men and 0.7 years for women. In other words, men had their first sexual intercourse two years before their marriage. Half the men in the rural area had their first sexual intercourse at age 18 and married at age 20.3; women had their first sexual intercourse at age 20.2 and married at age 20.9. Men aged below 24 had their first sex younger, at a median age of 16.7 years.

The reports about the age of first sexual experience were inconsistent between men and women mainly because many men had sex workers as their partners before marriage. When asked about their lifetime sex partners, only four per cent of single women said that they had had sex with boyfriends and less than one per cent of currently married women reported having had sex with men other than their husbands before marriage. These reported figures may be too low because the society disapproves of women having premarital or extramarital sex; however, for young men it has been long known that they can have sex with paid partners. About 70 per cent of men reported ever having sex with prostitutes, and 30 per cent with non-prostitutes before marriage as shown in Table 1. The median number of times that men reported paying for sex before marriage was about 15 and the frequency was much lower after marriage.

The sexual behaviour of men became distinctive after marriage: while 57 per cent did not have sex with any women other than wives, 40 per cent of them continued to pay for sex. Men who had ever paid for sex before marriage were likely to continue paying for sex after marriage. About 12 per cent of married men had paid for sex with prostitutes after marriage only and they tended to be those who married at an earlier age than their peers. About 73 per cent of men reported having had prostitutes as their first sex partners followed by girlfriends (13%), casual girlfriends (8%) and friends (6%). 'Casual girlfriends' here means a type of woman with whom men expected to have a temporary relationship. They were perceived by men as women with sexual experience who enjoy having relationships with several men, or those described as 'promiscuous woman', 'loose chick', 'easy girl', or 'girl with many boyfriends'. Unlike sex workers, these women did not always expect payment for sex. The term 'girlfriends' refers to the women with whom men expect a long-term relationship if not marriage. 'Friend' refers to a female friend with no special commitment, but this term has a similar meaning to 'girlfriend'.

It can be said that before marriage about 80 per cent of men who were currently married had ever had sex with prostitutes and about 35 per cent of them had had sex with women other than prostitutes and their current wife. After marriage, about 40 per cent of currently married men had had sex with prostitutes apart from wives and nearly 10 per cent had had sex with non-paid partners. The survey data were consistent with the reports about prostitute patronage obtained from group discussions of married men:

1st man: All of us are married now so we should not be promiscuous by visiting prostitutes because we have wives now.

2nd man: Not even once after marriage in my case.

1st man: Not only once but a few times, maybe. Am I right? (laughs)

3rd man: I have been married for 14 years. I went to prostitutes only five times after marriage, and all the visits were during the first five years of my marriage.

Married men aged 35-45

1st man: Men won't go to brothels when they have a family.

2nd man: Is that true?

1st man: Of course, this is how you feel once you have a family especially when you have children to look after. You no longer feel like paying for your own pleasure. This has changed from what we used to be when single.

Moderator: But I think some married men still go to prostitutes after marriage?

1st and 2nd man: Probably 10 per cent still do because they have family problems.

3rd man: Single men frequent prostitutes more than married men because they don't have any family burden. Those who are married do not have much chance to socialize except when there is a village fair for example, when they may have an excuse to be away from home. The married men who are not faithful to their wives probably go to brothels. Some men go to prostitutes again when they turn 40 or 50 because their children are all grown up and they have more money to spend by this age. Besides, women become less interested in sex by middle age too.

Married men aged 35-45

Reasons for prostitute patronage before the AIDS epidemic

Most men reported that they had sex with prostitutes to gain sexual experience or to learn about sex, particularly when they were single. Many of them claimed that peer pressure made them go to prostitutes; this was a common habit among young men who would go for social drinks in a group of male friends and often end up visiting brothels together. Several men perceived that sex workers gave them sexual pleasure without any obligation. Paying for sex can be rewarding to them. Some said that they were away from home and felt lonely from lack of stable partners so they paid for partners. Several men said that it was less stressful to pay for sex with several women than to be committed to a stable girlfriend when they were not ready yet to settle down and have a family.

Moderator: Why do men have sex with prostitutes?

1st man: For fun. You know, to release tension.

2nd man: It depends on the opportunities. Men go to work, right. Then, they will go with friends for a drink. Some say there are a few new girls - all are good looking. When you're drunk, one will start persuading another to visit brothels. Some might not want to, but it is uncontrollable when you're drunk.

Moderator: To please their friends, right?

3rd man: Yeah, yeah. To please your friends. When you get there, you have to take the girls otherwise they'll say you are a coward. Well, we kind of please our friends (by taking the girls).

4th man: Yes, agree..agree. To please our friends.

3rd man: For those who really enjoy it, they may go alone.

Married men aged 15-45

The women perceived that it is a common part of the culture for men to pay for sex. Some women did not complain if their husbands paid for sex occasionally after marriage as they perceived that allowing their husbands to pay for sex from time to time is better than letting their husbands keep a minor wife. Some women believed that men need to change 'taste and flavour' from time to time after marriage and sex workers can help to fulfil their husbands' sexual needs; thus, they could not prevent their husbands from visiting sex workers. About 63 per cent of women and 36 per cent of men believed that the inability of wives to sexually satisfy their husbands leads married men to pay for sex with prostitutes. Other reasons which lead men to seek casual sex after marriage include prolonged sexual abstinence during the wife's pregnancy, wife's refusal to have sex by middle age, difficult relationships between spouses, boredom with their wives, family conflicts, or wanting to experience sexual practices that their wives would not do.

Moderator: Why do men often have sex with prostitutes?

1st woman: Men have high sexual desire. They meet pretty women [prostitutes] and would like to try.

2nd woman: They are drunk or some would like to have sex with younger girls.

3rd woman: It depends. Some men have very beautiful wives but still go to brothels.

4th woman: Men say that sleeping with wives is like sleeping with a dead log. No response, always in the same position. The prostitutes are better in sex and do what they want them to do. They please men by doing positions. I think somehow women need to know more about sex. We only do it in one position. Otherwise men enjoy sex with prostitutes more.

5th woman: Prostitutes have several positions and men like it.

Married women aged 35-45

Moderator: I have heard some women could initiate intercourse first now.

Everyone (laughs): No. No, women should be reserved about this.

1st woman: I still don't know his [husband] heart after living together for 20 years.

4th woman: He may be surprised how come my wife has changed tonight.

Married women aged 35-45

With regard to sexual abstinence, the median duration of sexual abstinence during pregnancy was three months and after giving birth was two months, or a total duration of five months with a maximum duration up to 15 months. A number of rural women in the Upper-North region still had a strong belief in 'wind illness' or *lom phit duan* as described in two ethnographic studies (Mougne 1978; Muecke 1979). The three most common things that women should avoid to prevent the occurrence of wind illness are prohibited foods; bad strong odours such as burning rubber or grass; and exposure to wind. How the development of wind illness affects the sexual relations of married couples is not clear even though it has been suggested that postpartum women should not have sexual intercourse throughout the restricted period which can range from a few weeks to several months (Pillsbury 1978; Mougne 1978). Through focus-group discussions, it was learnt that the wind illness symptoms can be very severe and the occurrence is beyond the women's control. Some wives can refuse sex with their husbands by saying that they are ill or would be ill with wind illness. About 20 per cent of married men reported that they had sex with paid partners during their wife's last pregnancy and another three per cent had sex with other women during that period.

Genital cleansing of married women

In Thailand where commercial sex is generally accepted, some women who may be offended by their husbands' recourse to prostitutes probably adopt some forms of self-protection to guard against STD infection. Earlier studies claimed that 80 per cent of Thai sex workers had a practice of inserting their fingers to clean inside the vagina to remove semen after each sexual encounter because they believed that this practice would prevent them from getting STDs (Saralamba 1987; Narongrit 1989; Saengyai 1991). Some prostitutes interviewed in this study claimed that another reason to adopt this practice is to clean off the lubricant left from condoms, as they all required the clients to regularly use condoms in recent years after AIDS was well-known. To discover the prevalence of the practice among women generally, some questions were added in the survey to explore whether vaginal cleansing is a common practice. About 27 per cent of currently married women reported adopting three methods of vaginal cleansing after coitus. Twenty per cent of currently married women reported they always inserted the fingers to clean the vagina after coitus and four per cent did so irregularly. One per cent of them always douched inside the vagina with commercial solution after coitus. About five per cent

reported always douching with tap water and a plastic tube after coitus. Some women may adopt this practice to prevent pregnancy; however, 76 per cent of those who used these practices had already used some form of contraception: 30 per cent were sterilized, 42 per cent used pills or injections and the rest used other methods. Some women said their reason was that they felt unclean after coitus. Others feared that the seminal fluid might run down and stain their clothes, which would embarrass them.

An additional question was asked of currently married women, if they were offended by their husband's seminal fluid during sexual intercourse; similarly, currently married men were asked if they believed their wives objected to the semen. It was found that while 50 per cent of the women said they were offended by the semen during sexual intercourse, only four per cent of currently married men believed their wives were offended.

First intercourse in the AIDS era

Before the AIDS epidemic was known to the general public, it was a common practice for Thai men to have their first sexual intercourse with prostitutes. The term *khuen khru* meaning 'up teacher' or to have the first sex with an experienced woman, usually a paid partner, is well recognized, as was reported by many men. The experience of having first sexual intercourse with prostitutes is strongly influenced by friends and facilitated by social drinking as suggested through interviews.

I had my first sex at age 16 when I was at grade 10. It was about time to have sexual experience so we went to a brothel together in a group of school friends.

Married man aged 33

I had my first sexual intercourse with a prostitute at age 15. My friends and I went for a celebration after winning some money from a dice game, and ended up at the brothel. I think we went because of curiosity and we wanted to have female company.

Married man aged 30

My first sexual experience was with a prostitute at age 17. I went because all my friends had had their first sex already and they all persuaded me to do so. We drank a lot before going to a brothel. About 4-5 of us went together. I did not know how men and women had sexual intercourse, and the prostitute told me what to do for my first time.

Married man aged 23

The survey shows that 64 per cent of single men with sexual experience and 59 per cent of currently married men had sex workers as their first sexual partners. However, many single men aged below 30 had had girlfriends, not sex workers, as their first partners. During this time of high AIDS awareness, single men may delay their first intercourse for fear of contracting AIDS from prostitutes as suggested in other studies. In a survey of 1,472 unmarried men from different social classes, a study which was conducted in Chiang Mai in 1991 suggested that most male university students delay first intercourse until they reach their twenties because of their concerns about AIDS (VanLandingham *et al.* 1992). The information obtained from group discussions and in-depth interviews with male and female students suggests two recent trends: male students

delay their first intercourse for fear of AIDS and male students are now more likely to have their first intercourse with girlfriends, not sex workers.

Moderator: Do you know how to *khuen khru*?.....What is it?

1st man: Taken to a brothel by senior male friends.

Moderator: Is it still practised now?

2nd man: No. It is not safe. You may get AIDS.

Moderator: For school students like you, at what age does first intercourse occur?

3rd man: By age 18, maybe.

Moderator: All of you will be 18 very soon. Who will be your first sexual partner, do you think?

Everyone: A girlfriend.

Urban village, male students

Moderator: Do you think your male friends still have their first sex at brothels or not?

1st woman: Not sure. Maybe very few now. After we all know about AIDS, many teenage boys tend to have sex with girlfriends, not sex workers.

2nd woman: They are afraid of getting AIDS now so they tend to have sex with sexually experienced women who are not sex workers instead. It's safer this way.

3rd woman: Well, I had heard my male friends still talk about going to brothels. They might still practise it. It's hard to tell. Once they have an urge, they have to do it. They don't care about AIDS.

Urban village, female students

Sexual engagement in early years of AIDS epidemic

The 1993 survey was conducted at the time that men's sexual behaviour had started to change from their fear of contracting AIDS; many men had abstained from having sex with sex workers, or they began to use condoms regularly with them. The information obtained from focus-group discussions and in-depth interviews suggested that young men delay their first sexual intercourse from fear of contracting AIDS from sex workers, and they are now more likely to have sex with girlfriends. About 32 per cent of single men and six per cent of currently married men reported having paid for sex in the year before the survey despite their awareness of the spread of AIDS. Although most men believed that they could refrain from sex with prostitutes for fear of getting AIDS, about 20 per

cent of those who paid for sex in the previous year reported that they would continue to pay for sex while adopting some practices to prevent HIV infection.

About 90 per cent of men who reported paying for sex in the previous year said that they used condoms every time, which is in accord with the information obtained from sex workers and their brothel operators who claimed that all clients were required to use condoms. However, condom use was limited to women perceived to be sex workers and it was difficult for men to use condoms consistently with their other casual partners. Men who continued to pay for sex said that they could not refrain from sex with prostitutes because of the lack of stable partners. They claimed to have changed to adopt what seemed to them safer sexual behaviour by less patronage of sex workers, using condoms regularly and paying more for safer partners, that is, indirect sex workers. Some of them believed that withdrawal during intercourse or taking some antibiotic or diuretic drugs would protect them against infection.

Invisibility of brothels in recent years

In accordance with the changing behaviour of men and less patronage of sex workers from fear of contracting HIV, brothels in the Upper-North provinces have gradually disappeared or have changed to other forms of service, and cannot be easily detected, as observed from field visits in this area from 1996 onwards. Several brothels had changed to restaurant bars or karaoke pubs in which sex workers serve as the waitresses. There has been a rapid decline in recent years in the number of sex workers coming to the government STD clinics, which many of them used to attend for regular STD check-ups. However, indirect sex establishments like massage parlours are still available in towns. Many retired sex workers returned home, married and had children. Some of them were infected with HIV and transmitted the infection to their husbands. The recent economic crisis in Thailand caused speculation among the mass media that women may be under pressure to enter or return to prostitution to earn a living for the family.

Partner relations of people with HIV and AIDS

The number of people developing AIDS symptoms in the Upper-North region has become distinctive in the past three years and the number of people dying from AIDS is increasing. Some women have recognized that their husbands have the symptoms of AIDS and some who were pregnant found they were HIV-positive when they went to antenatal clinics. Many women were upset and blamed their husbands for infecting them. Some infected people tried to spread the infection to several partners by having sex with them without using condoms. Some women abandoned their infected husbands and went back to live with their own parents without knowing whether they themselves were infected. Some of them later had another marriage and their new husbands were not aware that their wives might be infected with HIV from the previous marriage. Although the HIV blood test prior to marriage is available, it is not popular with the general public despite the extensive government campaign. Some men decided to marry women whose husbands died of AIDS anyway, as they assumed that the women might be HIV-free because they showed no symptoms of AIDS.

Some women, although they knew their husbands were HIV-infected, remained living with them and took care of them. However, a large number of infected persons of both sexes tended to return home to be with their own family of origin for care and support in the terminal stage of their illness. After the death of their husbands, AIDS widows tended to return home and some of them had a chance to marry again as they still

appeared to be young healthy women, and people in their villages might not know that their husbands had died of AIDS. Some of them remarried to gain economic support. To earn a living on their own, some AIDS widows became sex workers to support themselves and their children after the death of their husbands. The impact of the recent economic downturn is severe and several key informants believed that the financial hardship would force women to enter the indirect sex services.

Existence of PHA groups and development of partnership relations

The increasing number of people with symptomatic HIV/AIDS (PHA) led to the setting up of PHA groups in this region several years ago and these groups have expanded to the rural area in recent years. Most members of the groups are infected men and women who are still healthy enough to engage in the group activities. There are many activities for the members of PHA groups, such as home visits to AIDS patients who need help and support, income-generating activities such as making handicrafts for sale, and as guest speakers on various occasions. However, most people with HIV or AIDS found that it was most useful to simply get together regularly to share knowledge and feelings and to provide emotional support to each other. Most of them said that they felt more like normal people when they spent their time with other infected people.

The PHA group activities have encouraged the members to be close to each other and several of them ended up living together as partners with someone they had known in the group. From in-depth interviews with the members of PHA groups, it was reported that some men were infected with HIV while they were still young and single and they had never had the experience of living with non-prostitutes before. They would like to spend some time living with a woman as husband and wife once in their lifetime, even though they had to live with an HIV-positive women. However, their spousal relationships usually do not last long, as when one of the couple inevitably develops AIDS symptoms, the other is not able to bear the additional burden of providing extra care.

Condom use of infected couples

Although HIV-infected people are commonly advised always to use condoms with their partners, it was not clear if they follow this advice, as condom use within marriage is uncommon. Also, it is not known if they are aware that they should use condoms every time with their spouse whether or not the spouse is infected with HIV. In in-depth interviews some people with HIV seemed to believe that there was no point in using condoms with their spouse because the spouse was probably also infected. As the number of people with HIV or AIDS is on the rise and their sexual network is expanding, it is important to find out if they always practise safe sex with their partners.

Discussion

Sexual relationships among Thais obviously include the relationships of three parties: men, sex workers or casual paid partners, and stable partners. While women are expected to have sexual relations with their husbands only after marriage, the majority of men have gained their sexual experience with prostitutes and a number of them have had sexual experience with non-prostitutes before marriage. Before the time of AIDS, sexual contact of men with sex workers was perceived by both men and women to be normal behaviour even after marriage for a large number of men. However, the emergence of AIDS has led to significant change in sexual behaviour among Thai men. A large number of men had discontinued sexual contact with prostitutes; some had less contact than formerly and most

tended to use condoms regularly with sex workers. Although partner relations of people in the Upper-North region have changed in recent years from fear of contracting AIDS, it is alarming that sexual contact between men and their casual partners who are not sex workers is increasing and condom use is more difficult with this kind of partner relations. The promotion of condom use with non-paid partners is urgent. The HIV blood test before marriage should be available to couples who wish to spend their life together and it is important to encourage young people to have the HIV blood test before they decide to live together. HIV-positive people who wish to live as couples should receive counselling and they should have adequate knowledge about how to live together safely. The practice of vaginal cleansing suggests that some women may object to coitus since they perceive sex as polluting and dirty. Appropriate sex education needs to be promoted among men and women in the rural area.

Table 1
Lifetime sex partners of single and currently married men

Single men (n=85)	%	Currently married men – Before marriage (n=175)		Currently married men –After marriage (n=175)	
			%		%
Never had sexual intercourse	31	Never had sex with woman other than wife	19	Never had sex with women other than wife	57
Had sex with non- prostitutes only	8	Had sex with non- prostitutes only	4	Apart from wife, had sex with non-prostitutes only	3
Had sex with prostitutes only	32	Had sex with prostitutes only	48	Apart from wife, had sex with prostitutes only	36
Had sex with both prostitutes and non- prostitutes	29	Had sex with both prostitutes and non- prostitutes	29	Had sex with both prostitutes and non- prostitutes	4
Had sex with prostitutes	61	Had sex with prostitutes	77	Had sex with prostitutes	40
Had sex with non- prostitutes	37	Had sex with non- prostitutes	33	Had sex with non- prostitutes	7

Source: Im-Em 1996.

Table 2
Number of lifetime sex partners of men reported in quartiles of number of sexual encounters

	Number of sexual encounters with prostitutes			Number of non-prostitute partners		
	25%	50%	75%	25%	50%	75%
	Single men	5	18	50	0	1
Currently married men Before marriage	5	15	30	0	1	2
Currently married men After marriage	0	0	4	0	0	0

Source: Im-Em 1996

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