TRADITIONAL THAI CULTURE
Stigmatising and silencing discourse on non-marital sexuality

INTRODUCTION

Culture has been identified as a central barrier to implementing effective and far-reaching HIV/AIDS prevention programmes, such as the controversial issue of sexuality education at schools (Smith et al., 2003:17). Critical theorists such as Penny Van Esterik argue that identifying something as religious, traditional or cultural removes it from critical scrutiny and provides an excuse for inaction (Van Esterik, 2000:66). While this is an accurate observation, I believe that identifying how certain critical social behaviours and/or structures become privileged as being religious, traditional, or cultural opens up these institutions to critical analysis. Within the scope of this paper identifying how traditional Thai cultural norms are constructed and maintained will enable Thai policy makers to better design contemporary sexual and reproductive health (SRH) programmes (such as sexuality education) to be culturally sensitive and comprehensive, and therefore more effective. The various cultural taboos placed on sexual practices outside of socially determined ideal-types (such as monogamous and heterosexual relations within marriage for reproduction) have been identified as one of the main reasons for the persistence of HIV/AIDS not just in Thailand but also internationally (Boesten & Poku, 2009:9). This is evident on a global scale with the majority of international mobilisation around HIV/AIDS being focused on technical solutions with little attention to the socio-cultural factors (including social & gender inequalities) affecting people’s vulnerability (Boesten & Poku, 2009:13). Consequently this paper is aimed at addressing these gaps by investigating how traditional cultural narratives negatively impact on the effective implementation of SRH policies in Thailand.

The distinctive nature of Thai power structures to intensely monitor and police surface effects, images, public behaviours, and representations of Thai identity, while at the same time being relatively disinterested in the private domain of life (Jackson, 2004:181), has created a unique barrier to effectively implementing comprehensive and non-judgemental HIV/AIDS programmes in Thailand. Given this concern to monitor surface representations, discourses that challenge traditional Thai cultural norms are often silenced and removed from the public arena, which in terms of implementing universal SRH programmes can be highly problematic. The existence of HIV infections in Thai youths1 implies they are sexually active. This is at odds with traditional Thai cultural norms that limit the sexuality of ‘mainstream’ citizens within the boundaries of marriage and reproduction, especially female sexuality (Klunklin & Greenwood, 2005:49; Lyttleton, 2000:123-126; Thianthai, 2004:190). Therefore employing contemporary HIV/AIDS programmes aimed at Thai youths engaged in non-normative sexual behaviour is highly problematic as these policies have to avoid using narratives that normalise these practices as such narratives would be silenced.

Thai officials in the 1990s were able to publicly admit Thailand’s commercial sex industry was suffering from a major HIV/AIDS epidemic that was spread through unprotected commercial sex (Bamber et al., 1993:155). However, contemporary Thai officials appear to be constrained by traditional Thai cultural norms this time and unable to acknowledge (as they did in the past) that there is a HIV/AIDS epidemic in the general population of Thai youths, spread through non-normative sexual practices, namely non-commercial heterosexual non-marital sex (referred to herein as NHNS). Once the HIV/AIDS epidemic moved beyond those designated as morally impure ‘others’ who could legitimately be the objects of state policy interventions, Thai SRH strategies

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1 When used in this paper the term ‘youth’ refers to those aged 15-25.
began to falter to the extent that sex outside of culturally normative boundaries of marriage and reproduction (except for commercial sex) was a matter for cultural denial (Ainsworth et al., 2003).

This cultural tendency to publicly deny the existence of non-marital sexuality was demonstrated in 2003 when the Thai Health Ministry proposed installing condom dispensers in university toilets as part of their national health programme, following the installation of thousands of condom dispensers in restaurants, bars and department stores (BBC News, 2003). The Student Union Network blocked the programme and the head of the Union at the time, Khun Vitoon Chomchaipol (BBC News 2003) was quoted as stating:

> We totally don't agree with the plan. It's not necessary and not suitable as it could mislead students to believe that teachers approve of them having sex. ... Casual sex is a problem involving a small group of students. ... We are concerned that with easy access to condoms, the majority, who are reluctant now, will jump onto the [casual sex] bandwagon.

Even Thai youths, it would seem, still feel the need to self-stigmatise their sexuality by denying Thai students are sexually active. Furthermore Thai youths that practice NHNS have been identified as a group who are highly vulnerable to HIV/AIDS and other SRH issues such as unplanned pregnancy, and therefore have been identified as a highly relevant area of study within SRH research (Thianthai, 2004:190; Van Landingham & Trujilo, 2002:6). However, little research has been done on the attitudes and perceptions of the so-called ‘modern/Western’ generation of contemporary Thai youths that practice NHNS (Thianthai, 2004:190; Van Landingham & Trujilo, 2002:6). The significance of this under-researched group was highlighted in a 2009 article in Thailand’s leading newspaper, the *Bangkok Post* (Manowalailao, 2009):

> Young people, aged 15 to 24, account for 45 percent of all new HIV infections in adults, which suggests that many young people still lack accurate information on how to avoid exposure to the virus, according to UNAids [sic].

The increasing vulnerability of Thai youths to HIV/AIDS was made further evident in a 2010 announcement from Thailand’s National AIDS Prevention and Alleviation Committee. The committee announced an increasing spread of HIV in the population of Thai youths, and high HIV prevalence in traditional ‘at-risk’ groups (such as Commercial Sex Workers and Injecting Drug Users) as evidence of Thailand’s recent lull in effectively combating HIV/AIDS (UNGASS Country Progress Report Thailand, 2010:3). Despite this strong evidence of extreme vulnerability to HIV/AIDS, there is still a strong absence of adequate research into this significant section of Thai society.

To address this gap in the HIV/AIDS literature I designed a study to critically analyse how Thai youths perceive their personal social/sexual scripts within traditional Thai culture and the constraints it places on their agency when negotiating social/sexual situations within the context of sexual health. To help accommodate, rather than ignore, the Thai cultural taboo against public discussions of sexual issues I created a research template that was culturally appropriate for Thailand. Consequently I designed a qualitative questionnaire that could operate within the constraints of Thai cultural norms by utilising a template that was culturally sensitive and could be delivered with socially appropriate methods. The initial design was pilot-tested by me as a 2009 field-study conducted in Bangkok, Thailand. The findings were then analysed reflexively to optimise the 2009 template to be re-administered by me in a 2010 field-study in Bangkok, Thailand. This paper is dedicated to providing a critical overview of the results obtained from the 2010 study. Given the study was quite extensive and yielded a large amount of data the scope of this paper will be limited to discussing the 2010 findings related to how Thai youths perceive their own social/sexual role within Thai cultural norms and if they are aware of the cultural barriers that make them vulnerable to HIV/AIDS and other sexually related risks.
THE STUDY

Given the purpose of this article is to discuss the results of the study, and that I have discussed the construction/methodology of the study in a previous APSA article I will only briefly describe the study before proceeding to discuss the results.2 The main challenge for the study was to find a culturally appropriate medium in which to conduct the study, and what type of study was best for addressing the Thai culture of silence. Given the tendency of Thai power structures to remain relatively disinterested in the private domain of life, while simultaneously heavily monitoring and policing public images (Jackson, 2004:181), I decided it best to base my study design on private peer-based communication. Based on this deduction and prior sexology studies in Thailand that advocated the use of qualitative social research methods (Vuttanont et al., 2006; Thianthai, 2004; Thaweesit, 2004) I decided to construct and utilise a culturally sensitive qualitative study aimed at critically analysing the way Thai youths (male and female) perceive their social/sexual scripts and current sexuality education and safer sex messages. This qualitative questionnaire was targeted at analysing the attitudes/perceptions of Thai citizens, in preference of a quantitative study that analyses behaviour and/or practices. For the purpose of HIV infection prevention programmes, and long-term HIV/AIDS prevalence reduction, rather than short-term HIV infection treatment programmes, one needs to identify why and how people become vulnerable to HIV/AIDS, rather than identifying (and often stigmatising) those who are ‘at risk’. Therefore this study investigates people’s perceptions of what they think they should do, rather than what they physically do, distinguishing it from traditional sexology studies that focus on sexual practices in a clinical way, which tend to be quite intrusive both psychologically and physically (for example see Allen et al., 2003:11).

Scope

To critically analyse how traditional Thai culture has made Thai youths engaged in NHNS extremely vulnerable to HIV/AIDS, I felt a direct investigation of Thai citizens in the nation’s capital, Bangkok, was necessary to help address the critical issue of why Thai youths have been overlooked in SRH policy. The scope of this study was focused on Thai tertiary students in Bangkok given they are still publicly denying their sexuality and voicing dominant traditional Thai narratives such as that sex before marriage is wrong, even with the media reporting rising levels of HIV incidence amongst Thai youths. Given the educational nature of tertiary students one would assume they represent the most liberal, educated and open-minded aspects of Thai culture. Consequently due to their associated progressive and educated nature one would expect these students to be more willing to openly discuss and embrace SRH programmes, rather than supporting traditional Thai narratives that deny and stigmatise non-marital sex. Furthermore I limited my investigation to students studying in Bangkok as it is often viewed as the most liberal part of Thailand in terms of sexual culture (Lyttleton, 1999:35; Sinnott, 2004:18). If I could demonstrate that educated citizens of cosmopolitan Bangkok held sexually conservative attitudes, I could argue that nationally Thai culture remains conservative. Even if other sources could demonstrate that the frequency of NHNS has increased in Bangkok over the last decade (Thato et al., 2008:458), my study was designed to show that the social stigma cast onto Thai citizens engaged in such ‘un-Thai’ behaviour has not dissipated. If I could demonstrate that these students harbour views that were at odds with Thai SRH programmes, I could inductively argue that the rest of Thai society shared such views.

Given Thais aged between 15 and 24, account for 45 percent of all new HIV infections in Thai adults, it is crucial to investigate this age group (UNGASS Country Progress Report Thailand,

2 For a detailed analysis of the methodology of my study see (Drew, 2011)
Furthermore the study sought to investigate the perceptions youths had on the effectiveness (or lack thereof) of secondary-school level sexuality education programmes. Thus, I selected tertiary students over secondary students as they would have passed through each level of secondary sexuality education and could reflect back on their lived experiences, whereas secondary school students have not. Finally to challenge the assumption that un-educated or impoverished members of Thai society are responsible for the spread of HIV/AIDS via risky sexual behaviour (Thianthai, 2004:198) it seems logical to interview tertiary students. If a highly educated group such as university students exhibited attitudes that predisposed them to risky sexual behaviour or to remain silent on issues of sexual health, one could deduce that education and social status are not the primary barriers to effectively implementing SRH policies.

**Sampling/Conducting the Study**

As mentioned earlier the 2010 study was based on my 2009 pilot study. However, the methodologies of the 2009 and 2010 study were very similar so I will only refer to the 2010 study.³ The selection of participants was limited to those who were: Thai nationals studying at a tertiary institution, aged 18-25, and have never been married. Participants were sourced from two Bangkok-based tertiary educational institutions. One university specialises in technical and trade subjects and is known for its liberal teaching atmosphere, which I will dub University A. The other is one of Thailand’s oldest universities and is renowned for its traditional/conservative image, which I will dub University C.⁴ Participants were sourced through two methods to try and minimise selection bias from the sampling techniques. Two groups were snowball sampled, one from University A and the other from University C. The final group was recruited via convenience sampling from University C. The two snowball sampled groups consisted of 21 students from University C studying Law (N=21; Nf=10, Nm=11) and 19 students from University A studying Interior Design (N=19; Nf=10, Nm=9), in addition to the 53 convenience sampled anthropology students from University C (N=53; Nf=43, Nm=10). Snowball sampling is a method in which one person contacts their friends/associates and those contacts inform their friends/associates (Vuttanont et al., 2006:2070). Although this method meant the sample was not randomly selected it was the most appropriate method for this type of interview, that is, a questionnaire on sexual norms and attitudes (Fenton et al., 2001:84; Thaweesit, 2004:206; Catania et al., 1984:54; Knodel et al., 1996:181). Given the sensitive nature of the research topic, and findings from past sexual surveys in Thailand, it appears that the most effective way to find willing participants in such a survey is by recruiting people via the snowball sampling method (Thianthai, 2004:191; Vuttanont et al., 2006:2070; Thaweesit, 2004:206; Knodel et al., 1996:181).

To assist in recruiting participants I employed two Bangkok-based female Thai nationals who were known to me through family connections and were studying at the respective universities. They contacted their peers who contacted their peers and so forth, to obtain my snowball samples. For the convenience sample an academic from University C who is known to me though academic connections agreed to help recruit a convenience sample from students studying in the anthropology department. Since I had intended to recruit an even number of males and females for the snowball samples the gender distribution of my sample was artificially even. However, for the convenience sample I wished to represent the actual gender distribution of tertiary students and as such there were significantly more females than males in that sample.

Upon obtaining my sample of 93 students (N=93: 40 snowball sampled & 53 convenience sampled) the 2010 study employed a series of interviews utilising a hybrid method I developed in my 2009 pilot-study that is a modification of a pen and paper survey and a face-to-face interview.

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³ To see the differences in the two studies see (Drew, 2011)
⁴ University B was a technical campus I sampled from in the 2009 pilot study, but not in the 2010 study.
My working title for this method is the DREW method, which stands for Directed Responses Employing Words. Upon giving informed consent the interviewee is given a written copy of the questionnaire and a pen, while two interviewers (myself and my research assistant) stay in the same room within earshot of the interviewee, but not in direct contact. If the interviewee has any questions they were free to ask one of the interviewers. The written questionnaire was then collected and the interviewee was asked if they had any questions. By utilising the DREW method it was possible to efficiently interview a large number of participants in a consistent and unintrusive manner. Of the 93 participants sampled, all gave informed consent, and none withdrew from the study. The ‘no comment’ option was only used in a small number of the questions in the study, and did not affect the overall results gathered from the study.

To further reduce anxiety levels in the participant and avoid any potential harm to the participant the questionnaire was structured so that question sensitivity was gradually increased as the questionnaire progressed to reduce interviewee response bias (Britten, 2000:14; Catania et al., 1986:54). To achieve this staggered sensitivity the questionnaire was broken down into five sections to best accommodate the Thai cultural taboo on public discussion of sexual matters. The first section consisted of eight items targeted at obtaining basic biographical data, such as the participants’ name, age, religion and province of residence. The second section contained four items targeted at investigating how the interviewee perceived certain relational terms. The third section contained the first vignette scenario and the fourth section contained the second scenario (one targeted at male concerns, the other at female concerns). Given the narrative nature of the vignettes the interviewer was able to question the interviewee in a non-intrusive manner. This acted as an ‘ice-breaker’ to allow the participants to be more at ease with the study. It also helped set the tone for the rest of the interview. The final section contained 29 items, with a mix of structured and semi-structured questions directly probing key issues such as the level of knowledge these participants have about HIV/AIDS, how they perceive those who use condoms, the cultural appropriateness of discussing sexual health/education, and other critical factors. Overall this staggering of question sensitivity allowed the interview to appear less intrusive and maximise the potential for reducing self-censorship from the interviewee. A brief overview of the layout of the study is provided in Fig.1.

![Figure 1: Template of the questionnaire.](image_url)

As mentioned earlier the vignette scenarios in section three and four were used to set the tone for the rest of the study and to enable the interviewee to voice how Thai youths perceive and...
deal with contemporary social/sexual situations. Vignette scenarios can be described as stories about individuals and situations which make reference to important points in the study of perceptions, beliefs, and attitudes (Hughes, 1998:381; Barter & Renold, 2000:308). Prior studies on safer sex practices in Thailand in conjunction with recognising how people perceive and evaluate the risk of HIV (i.e. the socially situated nature of risk) it was demonstrated that vignettes were the most successful tool for opening up discussions on sexual issues in face-to-face interviews (Vutanont et al., 2006:2073; Hughes, 1998:395). The narrative nature of vignettes, based on individuals and situations (Hughes, 1998:381), allows the interviewer to investigate individual attitudes without having to directly ask what the interviewee would actually do themselves. The narrative nature of the vignettes allowed the study to obtain a snap-shot of how Thai youths define their own social/sexual roles (such as masculine and feminine expressions of sexuality) and how Thai youths would approach a particular social/sexual situation. This provided more depth to the responses obtained from section five of the study that utilised more traditional measures of structured and semi-structured questions.

The vignette scenarios were also concerned with addressing the issue of gender-dichotomy in Thai society, so one vignette scenario was based around a male character, and targeted at male-centred concerns. The other scenario was targeted at female concerns and positioned from a female perspective. Both scenarios were presented in the male and female interviews to allow for a comparison of one gender perceiving how the other gender would act in the same situation. The first vignette was based on a male university student going out with his friends for a few drinks and then encountering a ‘modern’ looking Thai female who makes sexual advances towards him. This scenario was primarily targeted at analysing what role if any condom use plays in a ‘casual’ or ‘non-romance based’ relationship (see Figure 2 for vignette scenario one: the four questions asked in relation to the scenario are shown beneath the text box, labelled A to D).

**Lek and Ploy**

Lek is a very studious man, in his second year at University studying Information Systems. His friends say that although he is a very serious man, he’s still cool to be around as he can hold his liquor well. Lek may be able to hold down his drink well at parties but he’s always nervous around girls. He doesn’t show it because he knows a proper Thai man isn’t intimidated by a woman.

One night he’s out with his friends celebrating the completion of their mid-year exams. They’ve been drinking for some time now and one of Lek’s friends introduces him to a very modern looking Thai woman called Ploy.

Ploy’s very interested in Lek and she makes that very clear with her advances. Lek is quite nervous; he doesn’t want to look like a push over in front of his friends. So after a couple more drinks Ploy says she would like to go somewhere a little more private, she suggests her nearby hotel room. Lek’s friends cheer him on and soon enough Lek and Ploy are leaving the pub. On the way out Lek goes over the fact he is a virgin, a close guarded secret of his.

A) What would Lek be thinking? B) How would he feel? C) What would he do? D) Are either Lek or Ploy likely to have or use condoms?

**Figure 2: Vignette scenario one.**

The second vignette was based on a heterosexual Thai couple engaged in a ‘romance-based’ relationship, with the scenario being from the perspective of the female Noy perceiving the actions of her boyfriend Yai. This not only allowed the study to investigate how females negotiate social/sexual situations, it also allowed for a comparison of how safer sex methods (such as condom use) are perceived in a trust-based (‘romance-based’) relationship against that of a non-trust based ‘casual’ relationship as depicted in the first vignette scenario (see Figure 3 for vignette scenario...
two: the four questions asked in relation to the scenario are shown beneath the text box, labelled A to D). Furthermore the study analysed if the males and females perceived the same situation in a different manner, or ranked similar issues of concern in different levels of significance.

**Figure 3: Vignette scenario two.**

The gendered analysis the vignette scenarios employed goes beyond the limited scope of this paper which is concerned with the more general barrier traditional Thai cultural narratives present to SRH programmes. Therefore discussion of the results obtained from the vignettes will be reserved for another paper that deals with that particular issue. The remainder of this paper will be dedicated to analysing the structured and semi-structured responses that analyse traditional Thai cultural narratives from section five of the study.

**FINDINGS**

To enable a critical analysis of the data presented in this paper I have selected three questions from the study to discuss in this paper at length, rather than just presenting brief examples from all the questions. These three questions were highly critical to the study and dealt directly with analysing if the actions of tertiary students were constrained by traditional Thai cultural narratives, to what extent these narratives dominated their narratives, and finally if these narratives presented a critical barrier to implementing effective and far-reaching SRH programmes in Thailand.

To address the critical issue of how traditional Thai cultural narratives limited or silenced public discourse on sexual matters, question 15a asked, ‘is it appropriate to talk about sexual matters in public?’ followed by question 15b that asked, ‘why is this? Where did you learn this, or who did you learn it from?’ For the convenience sample from University C the overall response to question 15a was a clear ‘no’ (N=34; Nf=27, Nm=7) indicating that one should not speak of sexual matters in public under any circumstance. This was followed with a number of students stating that public discourse on sexual matters was appropriate (N=9; Nf=7, Nm=2). There was a minority of responses stating that it was appropriate provided it was the right ‘time and place’ for such a discussion (N=6; Nf=5, Nm=1), with the final response being that it might be appropriate depending on the context and content of such a conversation (N=4; Nf=4, Nm=0). See Figure 4 for a summary.

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5 For a more in-depth analysis of how I created the vignettes and why I constructed them in that manner see (Drew, 2011: 7-12)
6 For more information on the design of the vignettes and their use in my study see (Drew, 2011: 7-12)
The overall trend from the above convenience sample contrasts with that of the snowball sample obtained from Universities A and C, which has a much more even distribution of responses (see Figure 5). The majority of female responses were almost evenly distributed between ‘no’ (N=9; N_{UniA}=5, N_{UniC}=4) and ‘maybe’ depending on context and content (N_{f}=7; N_{UniA}=4, N_{UniC}=3). With the remaining responses being ‘no comment’ from a female student from University A and one conditional ‘yes’ from a female at University C and two ‘yes’ responses from University C (see Figure 5). For the males there was some difference between the two universities. For University C the responses were almost evenly spread between ‘no’ (N=6) and a conditional ‘yes’ (N=4). Whereas for University A males, the responses were almost evenly spread between ‘yes’ (N=3) and ‘maybe’ depending on context and content (N=3). See Figure 5 for a summary.

Overall for the snowball sample it appears that this sample holds an even mix of traditional and liberal views on public discourse on sexual matters compared to the convenience sample which shows more traditional narratives with both male and female responses tending towards it is not...
It is important to understand where this sample of students believed they obtained these narratives from, so question 15b followed up on 15a and asked ‘why is this? Where did you learn this, or who did you learn this from?’ This question often generated multiple responses from each participant, hence why the total number of responses to this question is greater than the total number of participants. Furthermore this indicates that the participants are aware that these narratives are created from multiple sources. For the convenience sample the major response for both males and females was that the taboo against public discourse on sex was learned from their understanding of Thai culture or customs (N=22; Nf=18, Nm=4) followed by parents and their upbringing (N=15; Nf=13, Nm=2). The next most frequent response was that they learned this from their own reasoning as sex was a personal issue and should be kept private (N=11; Nf=10, Nm=1). This response strongly reflects the cultural response as the idea that sex is a personal issue and should be kept private reflects the traditional Thai cultural narratives discussed in the introduction of this paper. The final significant grouping of responses was the liberal ideal that you could talk about sex in public as everyone has the right to know about it, or that sex is not a bad thing that needs to be hidden (N=11; Nf=8, Nm=3). This final response is at odds with traditional Thai cultural narratives, which is promising in terms of implementing effective SRH programmes. However this response was still outweighed by the majority of traditional responses that argue not discussing sexual matters in public is part of Thai culture. See Figure 6 for a summary.

![Figure 6: Responses to Q15b from convenience sample (UniC)](image-url)
For the snowball sample the male responses were almost evenly distributed between saying this taboo was from Thai culture or customs ($N_m=9; N_{UniA}=4, N_{UniC}=5$) and that they learned this from their own reasoning as sex was a personal issue and should be kept private ($N_m=8; N_{UniA}=4, N_{UniC}=4$). The female responses were clustered slightly differently between the two universities. As with the males the majority for females from University A stated that the taboo was from Thai culture or customs ($N=5$) with the next cluster of responses being evenly distributed between saying that they learned this from their own reasoning as sex was a personal issue and should be kept private ($N=3$) and from social interaction ($N=3$). Surprisingly the female responses from University C were clustered around one response category that the taboo was from Thai culture or customs ($N=4$) with only two females stating that you could talk about sex in public as everyone has the right to know about it. See Figure 7 for a summary.

![Figure 7: Responses to Q15b from snowball sample (UniA & UniC)](image)

The overall trend of responses from this study indicates that these students obtain their traditional narratives from both external and internal sources. They are aware that traditional Thai cultural narratives do not allow for public discussion of sexual matters, and they appear to reiterate this internally when they state that it is from their own reasoning that one does not talk about sex in a public setting because sex is a private issue. This is neatly illustrated in the following sample of responses to question 15b ‘why is this? Where did you learn this, or who did you learn this from?’:

‘The norm of Thai society that expected women to be girls of birth and breeding. Sexual relationship is taboo for good women. This thought is from being taught at school.’

CNF39 (female aged 20; UniC; convenience sample: anthropology)

‘It is from being taught at school and the religion. It also includes the culture that conceals sexual matters as a private matter.’

CNF27 (female aged 20; UniC; convenience sample: anthropology)

‘The value of the Thai society does not like it to be talked about in public.’

CNM3 (male aged 21; UniC; convenience sample: anthropology)

‘I have this view from parents and society. It is a matter being kept for two people to talk about. It indicates the values of the person and their social state.’

KM05 (male aged 21; UniA; snowball sample: interior design)

‘I think it is a matter that should not be revealed’

KF06 (female aged 21; UniA; snowball sample: interior design)
‘It is a general matter that everyone should know.’
CF6 (female aged 21 UniC; snowball sample: law)

‘I have studied health/sex ed so I look at sex as a normal matter that people can openly talk about.’
CM8 (male aged 19 UniC; snowball sample: law)

‘It is not a bad thing because it is not against the law. Everyone has a right to talk. This is a Western value.’
CNM8 (male aged 22; UniC; convenience sample: anthropology)

The first five responses strongly reflect traditional narratives that not only silence public discourse on sexuality, they also stigmatise non-normative sexuality. This is neatly demonstrated in the first response that states sexual relationships are taboo for ‘good’ women. The final three responses were from students who had previously said it was appropriate to talk about sexual matters in public in response to question 15a. Thus their responses in 15b states that sex is a ‘normal’ matter and that anyone should be able to talk about it. These views are highly liberal in nature and appear to be based around personal legal rights and health rights. The final response is especially interesting as the male student explicitly states that everyone has the right to talk and that this is a Western value. Overall the responses indicate that for those students that follow traditional Thai cultural narratives there is little to no room for flexibility to talk about sexual matters in public. This is especially evident in the responses to the following question on sexual health.

In order to directly analyse if traditional Thai cultural narratives made these university students vulnerable to HIV/AIDS and other sexual health concerns question 16 asked ‘should universities have condom dispensers in their toilets?’ This question not only demonstrated the strong existence of traditional cultural narratives in this study’s sample but also indicated a strong gender bias. The majority of females from the convenience sample stated that no, universities should not have condom dispensers on campus (N=29). Of these responses 18 females simply replied with ‘no’, but 11 females went further and stated why they said no, citing strong cultural reasons. Only 14 females gave a ‘yes’ response, with one being a conditional ‘yes’ provided the dispensers were in university dorms or convenience stores and not in toilets, and one female gave an explanatory yes. In contrast to the females, ‘yes’ was the main response for the males from the convenience sample with seven males responding with ‘yes’ compared to three ‘no’ responses. As with the females, of the ‘yes’ responses one male said ‘yes’ provided the dispensers were in university dorms or convenience stores and not in toilets, and one male gave an explanatory yes. See Figure 8 for a summary. The popularity of the ‘no’ response amongst the females most likely reflects the higher level of stigma traditional Thai cultural narratives place on female non-marital sexuality compared with males.
The gender trend observed in the convenience sample was even more attenuated in the snowball sample. Only one female gave a ‘yes’ response and that was a conditional yes, provided the dispensers were in university dorms or convenience stores and not in toilets. Although the male trend was a majority of ‘no’ responses ($N_m=13$; $N_{UniA}=6$, $N_{UniC}=7$), there were still significantly more ‘yes’ responses ($N_m=8$; $N_{UniA}=4$, $N_{UniC}=4$) for males overall than the females ($N_f=1$; $N_{UniA}=1$, $N_{UniC}=0$) in the snowball sample. As with the convenience sample, of the snowball sample’s ‘no’ responses ($N=32$; $N_f=19$, $N_m=13$) a significant number of participants gave an explanatory ‘no’ response ($N=9$; $N_f=5$, $N_m=4$). See Figure 9 for a summary. Again the female ‘no’ response in the snowball sample most likely reflects the higher level of stigma attached to female non-marital sexuality.
The majority of responses from the study’s sample of students, especially females that stated universities should not have condom dispensers in their toilets reflect the response from the student union discussed in the introduction of this paper, that ‘good’ tertiary students are not sexually active and therefore do not require condoms. This finding demonstrates that the actions of tertiary students are still heavily constrained by traditional Thai cultural narratives and that this complicity makes them highly vulnerable to HIV/AIDS and other sexual health concerns. Furthermore, while not discussed in this paper, the findings from the two vignette scenarios clearly demonstrate that the students sampled in my study are either sexually active or socialise with peers that are sexually active, and that they would use condoms in certain sexual encounters. Therefore the objection to having condoms on campus cannot be attributed to lack of demand for condoms by this sample, instead the objections must be cultural. This deduction was further supported by the significant number of explanatory ‘no’ responses that cited cultural reasons. Furthermore question 16 was designed to obtain a ‘yes’ or ‘no’ response, however a number of participants gave a detailed answer showing the dominance and strength of traditional narratives in the participants’ narratives. The cultural reasons behind this objection and the critical barrier these narratives create to sexual health are clearly illustrated in the following sample of responses to question 16, ‘should universities have condom dispensers in their toilets?:

‘No. It is not right in Thai society even if it is about safety. To be in love and have sex while studying is not appropriate in the social situation.’
CNF40 (female aged 21; UniC; convenience sample: anthropology)

‘It is not appropriate for Thailand. We should respect our universities. (Most of them belong to the Kings.)’
KMO3 (male aged 21; UniA; snowball sample: interior design)

‘There should not be. It seems to encourage students to have sexual relationship at the university. A university is a place for studying not a house or condominium for having sexual relationship.’
KF02 (female aged 21; UniA; snowball sample: interior design)

‘No, because it would support more sexual relationship.’
CF01 (female aged 22; UniC; snowball sample: law)
‘No, because condoms can be bought from plenty of places. A university is an honourable place so there should not be condom dispensers.’

CM01 (male aged 20; UniC; snowball sampled: law)

These responses clearly demonstrate how traditional Thai cultural narratives that limit sexuality to within marriage and for reproduction make Thai citizens highly vulnerable to HIV/AIDS. This vulnerability is strongly illustrated in the first response that states even if it is for health reasons condoms should not be made available on campus as being sexually active is not appropriate for tertiary students. Even the Human Rights law students with their liberal ideas of freedom of speech were still subject to having their actions severely limited by traditional narratives. While some of the law students argued it was appropriate to talk about sexual matters in public because everyone had the right to access information about sex, this advocacy for individual rights was not voiced in their response to this final question. Instead all of the female law students said condom dispensers should not be placed on campus as respectable Thai citizens studying at university do not have sex and therefore do not require them. While 4 male law students said yes, universities should have condom dispensers on campus the majority response was that 7 male law students said no, there should not be. This contrast in responses between the two questions clearly demonstrates how even amongst a group of liberally minded Thai youths, traditional Thai cultural narratives critically hinder SRH programmes by stigmatising non-normative sexuality, in this case non-marital sexuality.

CONCLUSION

This paper has demonstrated that Thai youths are still highly vulnerable to HIV/AIDS due to the dominance of traditional Thai cultural narratives and its silencing of discourse on non-normative sexuality. This silencing of public discourse on non-normative sexuality has created a unique barrier to effectively implementing comprehensive and non-judgemental HIV/AIDS programmes in Thailand. The extent of this cultural barrier was clearly demonstrated in the findings from the 2010 study analysed in this paper. The DREW method utilised in this study allowed an insightful analysis of the way contemporary Thai youths perceive their social/sexual lives within the context of Thai culture and SRH programmes. From the results analysed in the findings section of this paper it was apparent that traditional Thai cultural narratives still dominate contemporary youth narratives and make these youths significantly vulnerable to sexual health concerns such as HIV/AIDS. Furthermore, even amongst the law students (who demonstrated some strong liberal ideals in terms of freedom of speech) the majority still voiced traditional Thai cultural narratives when it came to denying the existence of non-marital sexuality amongst tertiary students. This overall trend from my sample of students represents those discussed in the opening section of this paper, such as the tertiary Student Union Network’s decision to block the installation of condom dispensers in university toilets. Therefore it would appear that at present traditional Thai cultural narratives are critically hindering contemporary SRH programmes in Thailand by silencing public discourse on non-marital sex amongst Thai youths.
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