THE POWER DYNAMICS OF UNEQUAL SEX

A qualitative study to explore perceptions of gender, power and safe sex behavior in Thailand

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Abstract

This report was the outcome of a Minor Field Study project, financed by the Swedish International Development Cooperation Agency and carried out in the areas of Rayong and Pattaya, Thailand. The purpose of the study was to explore how social workers experience gender inequalities and HIV. Though condoms are available, safe sex is not practiced whether it be within steady relationships or in the sex trade. We interviewed fifteen social workers who are currently working with those who are HIV positive or in a risk zone. Our aim was to hear their reasons why safe sex is not practiced even though being HIV positive caused social, physical and financial havoc. We then analyzed the material using Connell’s theory of sexual inequality, gender and power imbalances by help of the data analysis program ATLAS-ti 6.2. Our findings showed several examples of how the social workers interpret gender inequalities which created situations where women and youth became vulnerable to the transmission of HIV. Due to the power men have over women, culturally-based inequalities, religious proxies, social workers believe women are not able to decide when it comes to practicing safe sex or not.

Key words

Gender relations, safe sex behavior, sexual inequalities, HIV/AIDS, social norms, power dynamics, social work.
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Chapter 1 – Introduction

1.1. Introduction

Sex is often related to love, affection and pleasure. When engaging in sex, the male is considered the dominate partner while the women the recipient. This does not imply that the woman enjoys it less, only that she can participate without being fully engaged, so to speak. The pleasure of sex can also be one-sided as is the case when purchasing sex. Suddenly, the act of affection and love becomes a business deal. Whether sex happens within a loving relationship or a through monetary gain, tragically, for millions of people around the world the result of sex is the disease, HIV (WHO: 2013). In Thailand, HIV is spreading at an alarming rate among women, both those in a relationship and sex workers. Though prostitution is illegal in Thailand (*Prevention and Suppression of Prostitution Act, B.E. 2539* the “Prostitution Law”), the demand for commercial sex in Thailand is enormous (UN, 2006). Sex workers are seen to be the core groups though by no means are the only ones becoming infected by HIV due to gender power imbalances.

A lot of attention has been addressed to decrease the transmission of HIV/AIDS among sex workers in Thailand, such as a campaign implemented 1996 by the Thai-government to enforce condom use. Yet, the number of female sex workers is increasing substantially in Thailand, and the amount of reported HIV/AIDS cases escalating. Experts and researchers are looking for answers elsewhere and see that cultural and social behavior among women in Thailand are the main factors which increase the demand of sex workers and allow women to engage in risky behavior. (Decker and McCauley: 2010) Many agree that to understand why a woman would endanger her health, risk being stigmatized, cast out from her community, and experience inner shame, a researcher must delve into the power structures and norms which make up the Thai culture.

The HIV pandemic has resulted in major challenges for social workers and other people engaged in the help organizations. Professional social workers become actors in a field where their values and emotions are constantly challenged (IFSW, 2012). Decker and McCauley (2010), states that gender inequalities in Thailand hinder women in acknowledging and protecting themselves from sexual transmitted diseases like HIV/AIDS. According to WHO’s (2012) annual report of the HIV status, although men make up 75% of those infected with
HIV, women are the fastest-growing group among the HIV-positive population. An explanation to this can be found within the complex dynamics of discrimination, stigma, shame, poverty, powerlessness, cultural norms, dominant moral values and social inequalities (WHO, 2010). This must be taken into account by social workers who are aiming to efficiently prevent women from getting HIV. If having sex is a risky business, then the gender imbalances truly make it unequal sex. In this study social workers involved in projects related to the issue of HIV/AIDS in Thailand will be interviewed. Our findings may be an addition to the existing information among social workers in how gender inequalities affect the social problems in a society.

1.2. Aim and Research questions

The aim of this study is to explore the power dynamics in the interventions of social workers’ promoting safe sex behavior in the context of Rayong and Pattaya in Thailand. For this purpose we will implement the Theory of Gender and Power developed by Connell (1987).

Research question

What are the power dynamics in the intervention of social workers’ promoting safe sex behavior in the context of Rayong and Pattaya in Thailand?

Sub questions

1. What are the power imbalances which hinder the practice of safe sex?
2. What are the labor imbalances which hinder the practice of safe sex?
3. How are the social norms and religious beliefs related to the gender imbalances?

1.3. Motivation

HIV struck the world as a bomb in the middle of the 80’s. It was an unknown disease and the lack of knowledge was striking. Today, almost 30 years later, knowledge is no longer a problem. Most people today know about HIV is (WHO, 2012). The knowledge of how it is spreading is there as well and prevention is available for most people. Still, HIV is increasing all over the world, hindering numerous countries from making economic and social
development. The world is getting smaller for each day, enabling people to travel from one place on earth to the other within a day. People travel as tourists, they travel to work or to study, and when people travel so does the diseases they carry with them. The HIV pandemic is hence spreading rapidly across the world and will continue to do so until the knowledge is transformed into action, such as an increased condom use (Swedish Institute for Communicable Disease Control, 2013). This is not something that must be done in a specific part of the world; this is something that has to be done everywhere.

One can tackle this issue from various angles and we have chosen to look at it in relation to gender inequalities, with women in relationships, youth and sex workers as our target group. We both have previous experience with issues regarding women’s vulnerability and have seen how gender inequalities affects the society in more ways than one may realize. Elin Bengts just had an internship at an NGO in Washington, DC working with prevention of sex trafficking, with women and youth in focus. Nessica Nassen was in Nakuru, Kenya working with women groups concerning HIV. Both of us have been in Thailand before, witnessing the social injustices and vulnerability women are exposed to, which is why the idea of this research came about. We hence decided to conduct our research in Thailand. Even though this research is focusing on Thailand, it can still be connected to Sweden. Numerous amounts of people are travelling between Thailand and Sweden each year and the country in the world where most Swedes get infected with HIV is in Thailand (Swedish Institute for Communicable Disease Control, 2013). One cannot look upon HIV as a problem bound to a certain country: it will always be an issue affecting humanity as a whole. The tools are there but they are not being used properly. As future social workers, we know that the issue of HIV is something we will have to deal with. Therefore we find it suitable to start investigating in this matter as soon as we got the chance. To use our previous knowledge and this opportunity to deepen our understanding of gender inequalities and HIV.

1.4. Disposition

The second chapter describes the theory we are using; Connells theory of gender and power. The third chapter of the study begins with a literature review, to provide the reader with an overall knowledge-base of previous research. Thereafter a short presentation is given of the role of the legal system concerning HIV in Thailand. Chapter four goes through the methodology and research design used in this study, including ethical considerations and
limitations of the study. Thereafter, in chapter five, the analysis and result will be presented, in relation to Connells theory of gender and power. Lastly, chapter six will contain of a summary of the results as well as a discussion part where we reconnect to the aim of the study. This study will apply abductive thematic network analysis method. Finally, suggestions for further research will be presented. The thesis is concluded by the reference list and the appendixes.

Chapter 2 – Theoretical framework

In Connell’s book, *Gender and Power; Society, the Person and Sexual Politics*, he explains the Theory of Gender and Power. This theory enables us to address the impact gender indifferences has on the spreading of HIV in Thailand. According to Diclemente and Wingood (2009; 540) and in agreement to Connell’s theories of Gender and Power, seldom does the individual have control over the situation when being infected by HIV. This study will contribute additional research proving that various factors, outside the individual’s control, transmit the disease.

Connell divides down his theory into three areas which help the researcher examine the information from different angles: Sexual division of labor, Sexual division of power and the structure of cathexis. All gender relationships can be examined with these as a basis for analysis. Connell (1987; 99) is arguing that these three divisions are the three major elements of any gender order. Connell further breaks down his theory into two levels; the societal and the institutional, societal being the higher of the two. Gender imbalances exist as part of the social norms, historical praxis and political policies which are deeply rooted in a society. The gender-determined roles are very hard to alter even if the society changes. The institutional level is another level which Connell uses in his analytical theory to understand the gender-based power imbalances. Unequal pay for comparable work, discriminatory practices at school and within health care, stereotypical and possibly degrading images of women in the media, religious institutions and familial relationships are but some of the institutions where there are gender imbalances on the institutional level. These can seem to change quicker than societal changes but still are very slow (Connell, 1987; 120).
Connell’s theory is applicable to our research because in the Thai society and institutions there are great imbalances. A typical method to stratify the Thai society is to establish clear distinctions as to what is considered women’s work and thus less valued. Connell’s explains how the sexual division of labor, in general, oppresses women and thus useful when researching Thai sex workers. The division of power in Thailand is more complex. Women have many responsibilities but few opportunities because of the rather fixed sexual division of power. Connell’s theories provide a guidance to analyze the lack of equality. The third division, the structure of cathexis, is by far the most complicated. How Thai people express their sexuality and the resulting relationships thereof, are foreign to a westerner to begin with. Yet Cornell’s theory helps create some structure in which to analyze what is considered appropriate sexual behavior and the attached expectations. As a Buddhist country with a high influx of foreigners, there is a dichotomy as to what is considered morally correct compared to practically and financially advantageous. Connell (1987; 113) also mentions the “double standard”, allowing men to sleep with many women but forbids women to sleep with many men. This has nothing to do with a greater sexuality within men, but with power. When looking at the relationship between men and women in Thailand, and their attitude to faithfulness, if double standards exist, it will indeed be a contributing factor to why HIV is spreading.

Chapter 3 – Literature review

To increase the understanding of how gender inequalities impact on the attempt among social workers to address HIV in Thailand, it is essential to identify previous research and information provided within each structure in the theory of gender and power.

3.1. Sexual division of power

To recognize how the division of power influences of women’s risk of HIV, Connell (1987) identifies physical exposures and behavioral risk factors that may increase women’s vulnerability to HIV. Connell (1987) connects the influence the government and legal system has on the vulnerability of women. According to Avert (1013), due to public exposure and an accusing attitude towards people who get infected by HIV, stigmatization and exclusion has increased. On an institutional level there are risk factors connected to relationships. He argues
that women having a history of sexual and physical abuse are an identified group to be in risk of physical exposure. UN Women (2012) identifies women who have been or are victims of sexual or physical abuse are more likely to be of risk of HIV due to that they are not voluntarily participating in the sex act, as well as by avoiding asking for safe sex, in the fear it will trigger violent behavior. Furthermore, a woman with a partner who disapproves of practicing safe sex is in the risk factor of physical exposure in regards to HIV. Secondly, the sexual division of power can be recognized through media. According to Wingood and DiClemente (2000), control over women’s sexuality can be enforced through sexually oriented magazines, movies, shows, showing women in a weakened position with limited ability to be in control over the use of their body. UNAIDS (2010) published an article stating that because women are being portrayed as sex objects in media, it contributes to the lack of control women have in terms of engaging in safe sex, and increase the behavior among women in regards to sexual obligation towards men. Avert (2013) acknowledge women with limited access to HIV education, drug treatment and female condom as a physical exposure. He questions media’s exploitation of the woman’s role in the society and the power dynamics between women and men in the society as contributing factors to the lack of knowledge provided to women. Finally, women who have had a history of alcohol and drug abuse are seen to be within a behavior risk factor. Studies reported by WHO (2012), resulted that a high percentage of women who are HIV positive, acquired it when drinking alcohol and taking drugs, affecting their judgment to engage in safe sex.

3.2. Sexual division of labor

To understand how the sexual division of labor affects women’s risk of HIV, it is relevant to consider both the economic and socioeconomic risk factors (Connell, 1987). According to UNAIDS (2013), studies have been conducted showing that women living in poverty, unemployed or with low income are in a risk factor for economic exposure, which influence women’s risk of HIV. The results from the study showed that women in poverty may not afford HIV prevention materials, or lack education regarding the matter. Avert (2013) highlights some factors within the sexual division of labor which are contributing to women’s vulnerability to HIV infections, such as their role in the society, their unequal social status and other forms of oppression. Having the role of the care giver towards partner and family, mean that women often choose to not focus on their own safety but on others. WHO (2010), presents a report, claiming that the allocation of women and men to certain occupations limits
the economic potential among women. Through discriminatory practices at workplaces and unpaid nurturing work, women are in risk for economic exposure. This is supported by Wingood and DiClemente (2000), who argues that the lack of use of condom is not lack of knowledge, but rather women’s dependence on male partners for economical support. Other discriminatory practices can for example be lack of health insurance for women. Women from an ethnic minority, being young or homeless, are also seen to be in economic exposure.

In Thailand (1996) a governmental intervention was executed to target the structure of labor. It is known as the 100% condom campaign, with the aim of restructuring women’s work environment and increase women’s access to information about SDTs and treatment. However, the campaign concentrated on the prevention of HIV issues targeting commercial sex and sex workers, and not women in general.

3.3. Structure of cathexis

According to Connell (1987) the structure of cathexis refers to affective attachments and social norms. This structure creates social exposure evolving into personal risk factors. Wingood and DiClemente (2000), mention the sexual and emotional connections to other people as a personal risk factor. He gives the example of younger women engaged sexually with older male partners and the imbalance of power in such relationships. UNAIDS (2010), brings to attention that within relationships there is the question of mistrust between the partners if the subject of condom use is brought to attention.

Secondly, family, conservative gender and cultural norms can be risk factors to social exposure (Connell (1987). It is argued that norms are closely connected to power, since the dominant and strong people within a community are those who are deciding what norms should be seen as acceptable behavior. WHO (2010) states that the power differences between men and women which are occurring in many societies have created different norms for the two sexes. Horton and Dworkin (2013) focus more at a macro level, asking for policies in society to be shifted. In Thailand, curiosity about sex is considered highly inappropriate before marriage and pre-marital sex is forbidden. Thai women are expected to be virgins at marriage and remain strictly monogamous with their husbands (Ford & Kittisuksathit, 1994). According to Wingood and DiClemente (2000), parents with lower education and associations
with single-parent families are in greater risk of social exposure. Furthermore, families with drug or alcohol problems are seen to be risk factors.

To summarize, the structure of cathexis emphasizes the impact male partners, families and social norms within women’s environment have on the women’s extent for exposure and risk for HIV infections. UNAIDS (2010) explains that being in risk for HIV is similar to the probability of an individual becoming infected by HIV, either through his or her own action, knowingly or not, or via another person’s actions. Several scientists funded by the National Institutes of Health (2009) are examining the efficacy of family-based and couple interventions to reduce HIV risk practices.

3.4. Biological factors; enhancing women’s risk to be infected by HIV

Numerous authors have extended the theory of gender and power provided by Connell (1987), arguing that one cannot only discuss the exposures and risk factors, without addressing the biological properties which enlarge women’s vulnerability for HIV. The risk of getting infected by HIV is eight times as high from men to women, opposed to women to men. Secondly, having sex during menstruation, women using oral contraceptives increase the risk for women to be infected, rather than the man (Wingood & DiClemente, 2000). Furthermore, the anatomy of the women’s body is more complicated and thus more difficult in recognizing when one is infected by STDs. An individual who already is infected by a STD is in higher risk of being infected by HIV (WHO, 2012).

3.5. Legal system

To understand the impact gender inequalities have on the transmission of HIV it is important to recognize the role of the law and governmental interventions of HIV is. In Thailand there are three models of legal action which can play a role of response HIV. They can be divided into three models; proscriptive role of law, protective role of law, instrumental role of law (Hamblin, 1991).

The prospective role of the law wants to change the behavior among individuals which is seen to increase the spreading of HIV. Through consultation with public health offices, mandatory testing among people for AIDS is applied and enforced reporting and disclosure of HIV –
positive status. (Hamblin, 1991). Critics argue that rather than enabling the implementation of certain policies, prospective law complicates the process of applying a policy in practice. The prospective approach of law is seen to create stigmatization and lessens the ability to reach people who are HIV positive, of the fear of getting public exploited (Hamblin, 1991). Even though the law exists in Thailand, it has been shown that there has been no compulsory notification to the authorities, reporting is done on a voluntary basis and sentinel surveillance system, and voluntarily HIV testing (Hamblin, 1991).

Another element within the law concerned with HIV is the role to protect. There are three aspect of protection which should be considered. First, is to protect individuals and groups from undesirable or harmful occurrences. Secondly, engage in issues due to discrimination against people with HIV/AIDS and help to protect their rights as citizens in Thailand. Finally, the role is to help enlist the support and cooperation in prevention strategy (Hamblin, 1991). To reduce discrimination is an essential feature in terms of the proactive role of law. Discrimination towards persons who are HIV positive involves blame, stigmatization, prejudice and violence (Decker & McCauley, 1010). Forms of discrimination against individuals who are HIV positive are denying a person with AIDS the opportunity to participate, providing different or separate benefits or services, failure to stop harassment, pre-employment inquiries about your health status or disability, questions about a disability when selling or renting a house; questions about your sexual behavior or sexual orientation, denial of housing based on a disability, discrimination because you are friends with a person with AIDS, failure to make reasonable changes to accommodate your needs, violating the confidentiality of a person with AIDS, failure to stop discrimination (Wingood & DiClemente, 2009). According to Hamblin (1991), the law addressing discrimination in Thailand requires that it can be proven that someone, through an ACTION or INACTION, is being discriminatory. The solution to reduce discrimination against people who are HIV positive is to every time there is discriminative behavior it should be taken action, improved information about the virus and its means of transmission, enforcement of human rights legislation (UNAIDS, 2010).

To address the protective role of the law in Thailand, four areas have been addressed. First, there was the creation of the Thai constitution. However, a lot of the infected people and those spreading are foreigners, but the constitution does not include them. Secondly, the labour legislation was implemented, but no case concerning discrimination by reasons of HIV/AIDS
has come to court even several employers have been dismissing. Thirdly, action has been taken in regards to immigration. Announcement No. 11, 1986: Foreigners with HIV/AIDS were prohibited from entering the country or becoming residence. Finally, to enhance the confidentiality of people living with the HIV infection, a criminal code and civil code have been implemented (Hamblin, 1991). Nevertheless, Wingood and Diclemente (2009) argue that these codes have never been used against doctors. Reasons are; general reticence to sue doctors, inaccessibility of judicial system and fear of exposure of one’s identity.

3.6. Challenges

Applying the theory of gender and power to explore the power dynamics in the interventions of social workers’ promoting of safe sex behavior can be challenging. To take an abstract theory and have it fit into the context of another culture requires complete understanding of the theory being used. Another aspect is that most studies focus on the medical aspect and as we chose from a gender imbalance of power viewpoint, we need to use the correct terminology suited to our field of research.

Furthermore, there are legal obstacles creating challenges. The law in Thailand addressing discrimination requires proof that a person is being discriminatory through action or inaction. We as westerners could find many areas we might consider discriminatory but are simply the culture norms. Another challenge is about the reporting and disclosure for spreading HIV knowingly. The question is what happens if a girlfriend or wife knows that the man has been to brothels or with other women and most likely is infected, but still does not demand a condom; will the legal system still protect her if it turns out that the man was infected and knew about it, or does that count as her own responsibility? It seems as if there are laws which say one thing and norms in the society that differ.

Finally, using second sources can benefit our research insomuch as providing both greater depth and width to our findings. Using previous research can also influence our interpretations negatively and thus color our perspective even more. To remain objective, professional and analyzing the data according to the theory is our ultimate challenge.
Chapter 4 – Methodology

4.1. Philosophy of Science: Positions

The purpose of the research questions is to explore the power dynamics of the interventions by social workers’ in the promotion of safe sex behavior in Rayong and Pattaya, Thailand. The target group we are focusing at is women, youth and sex workers. Our main input is Connell’s (1987) social structural theory of sexual inequality, gender and power imbalance. The study is based on a pragmatic approach, which allows the researcher to use the method which appears best suited to the research problem (Kvale & Brinkman, 2009). The main advantage when using a pragmatic approach is that it allows us to be flexible during the research process. This flexibility enables us to address research questions in a non-coercive way and take action by follow-up questions on the generated facts. This study will use an abductive approach in the research, emphasizing on its capability to function as a framework for addressing more specific research. The concept of abduction is described as a process where data are associated with ideas, to gain logical explanations (Rambaree & Faxelid, 2013).

As we are from a culturally different background to those we will interview, we decided to apply the philosophy of phenomenology to gain a deeper understanding of the challenge to try to understand a reality that is far from our own. The phenomenological approach increased our ability to see that the attitude and behavior of certain experiences originates from the consciousness and the life view (Kvale & Brinkmann, 2009; 53). Thus this study explores the inequalities among women in Thailand through contextually interpreting the meaning of in-depth interview responses from social workers: their relation to the context of their surrounding influence their interpretation of reality and their understanding of the concept of power and gender indifferences. These two philosophical standpoints are advantageous when understanding the flexibility required concurring cultural diversities as well as the consideration that we are colored by the western concept of the individuals’ worth.
4.2. Research Design

This research is focusing at the impact of gender-imbalance in regards to safe sex. A qualitative research design is most suitable since the desired goal is to get an in-depth understanding on how social workers experience how gender inequalities impact the spreading of HIV/AIDS. The method of open-ended questions together with a semi-structured interview technique is applied as well. Furthermore, we conducted all the interviews face-to-face. Frankfort-Nachmias & Nachmias (1996) highlights the advantages of having personal face-to-face interviews; it gives the interviewer the possibility to explain unclear terms and it gives the interviewee the opportunity to ask for additional information directly to the interviewer. In addition to this, the researcher can make sure the interview is taking place in private and that respondents are not consulting other people before answering. This study also applied direct observations, offering insight into every day activities (Patton, 2002). This was of advantage to us in the process of understanding the occupations dominated by women and those work places which are considered male professions.

4.3. Sampling; Selection of Individuals

The aim for this study is to interview a total of fifteen social workers working with issues concerning HIV, to gather information about their thoughts and experiences regarding how HIV is spreading and the gender roles in the society. This is to be done in regards of our target group: women, youth and sex workers and with the issue of gender-inequality in focus. Suitable participants for such a study can be found within various settings; governmental as well as non-governmental. These different bodies are covering a broad spectrum concerning the topic of HIV: Some are working with prevention and education while others are focusing at rehabilitation and support. Furthermore, the different NGO:s, foundations and safe havens often focus on different target groups such as youth, male or female prostitutes, transgender, homosexuals or outcasts. These non-governmental and governmental departments are thus representing different groups of people who are in the risk zone or are infected by HIV and each has different ways of approaching the problem. Our ambition is to interview social workers employed by different NGO:s and governmental divisions related to HIV, covering as many aspects as possible, representing different groups and methods which could offer us information regarding our target groups. This would lead to a broad collection of material for the analysis as well as to strengthen the validity of our findings.
4.4 Data collection

4.4.1. Sampling

The sampling method in this research begins with purposive non-probability sampling but shifts to snowball sampling at the end. Non-probability purpose sampling is described as an attempt to find a sample which appears to represent the population (Frankfort-Nachmias & Nachmias, 1996, 184). It though became more and more difficult to locate suitable participants, which explains the shift to snowball sampling. Grinnell (2009) describes snowball sampling as advantageous when it is difficult to locate members of a certain group. The idea with the method is to detect a certain amount of suitable participants and then ask them to identify people within the same group. We therefore began to ask if the interviewees could recommend people who we could turn to with our request.

The actual procedure of finding proper respondents began in Sweden several weeks before leaving for Thailand. Contact was established via e-mail with an NGO working with HIV clients located in the Rayong area, Thailand. We presented ourselves, the purpose with this study, and kindly asked if they were willing to participate. We received a positive response from them and one of the staff members was designated to be our contact person. After arriving to Thailand, we contacted the NGO once again and a date was set for the first interviews. After the interviews at the first location were completed, we contacted a number of other organizations in the area. Once again we presented ourselves and gave a description of the study. Most of the organizations we visited agreed upon participating. If they did not have the possibility to participate, they gave us the contact details to other NGO:s they thought would be suitable as participants in this project and we took advantage of their recommendations. The outcome is a research based on fifteen interviews with social workers employed by different NGO:s and governmental divisions related to HIV. The fifteen participants differ from each other in terms of sex, ethnicity, work orientation, expertise and years of experience. Eight of the interviewed social workers are men: Four of them originate from countries in Europe while the other four are ethnic Thais. Seven of the participants are women: two of them are from Europe while five of them are from Thailand. Their experience in field ranges from 3 years to 35 years. We had the ambition to find an equal amount of female and male participants and we consider this goal as fulfilled.
4.4.2. Conducting interviews

This study is conducted in the eastern parts of Thailand, in the areas of Rayong and Pattaya. The interviews took place within the organizations’ facilities, most often at the respondent’s office or outside if the interviewee preferred it so. The lengths of the interviews were between 30 – 60 minutes. Ethical considerations were present throughout all interviews as we strove to be culturally sensitive. A digital recorder was used with the permission of the participants. Frankfort-Nachmias & Nachmias (1996, 239) are presenting three factors which are useful to consider when conducting an interview. First, the interviewer must do as much as possible to make the participant feel comfortable. Therefore, we visited each place two times, one time to present ourselves and learn more about the work they were doing and a second time to perform the interviews. This was to increase the possibilities of getting personal and in-depth interviews, by establishing a good and trusted contact which also made them feel more comfortable. The fact that we often were recommended to go there by other NGO:s helped us to establish a good contact when meeting the new organizations. We tried to have a relaxed conversation before the interview began, without the voice recorder on or even visible, since it was clear that the presence of the voice recorder created a bit of nervousness. Secondly, the partaker must feel that the topic of the issue is important and that their participation is worthwhile. This was something we were addressing by highlighting that it was their view on the matter that was important to us. The response we got from many of the social workers was that they were glad someone addressed this issue from a social perspective and not only a medical. However, we were often asked what they would gain in taking part in an interview, such as financial donations. Thirdly, barriers to the interview existing in the mind of the participants had to be erased. Occasionally, the interviewee has a suspicious attitude towards the interviewer, suspecting them to be from the media or from the government. For that reason, we declared from the very beginning that this research is for educational purposes only, as well as underlining the confidentiality of the study. We stressed that we are students and emphasized the fact that we were there to learn from them and not the opposite. Our experience is that the tension which sometimes was present in the beginning was reduced by doing so.

We used the method of semi-structured interviews and we had conducted an interview schedule with open-ended questions, based on the three themes presented by Connell (1987);
the sexual division of power, the sexual division of labor, and the structure of catheisis. The interview questions were designed to provide data to give further knowledge in regards to the understanding of the social worker. During the interview, we let the interviewee speak as openly as possible without interfering. Sometimes to encourage further elaboration, we asked “why” and “how” though tried to keep the discussion within the framework of our research. Even though our intention was to not interfere, sometimes it was necessary. For example, when the participant became side-tracked or delved too deeply into an irrelevant tangent, the interview guide was used to steer the participant back to the subject at hand. In the end of the interview the participant was given the opportunity to add any information or discuss any of the topics further. The interviews were in most cases done in English; two out of fifteen were done with the help of a translator, translating from Thai to English. All the interviewees knew English to a certain extent though and the translator was mainly used to elaborate the answers for the interviewee when he or she felt unable to do so herself in a satisfactory manner.

4.4.3. Direct Observations

In addition to the interviews, we also gathered information through direct field observations. Patton (2002) argues that direct observations offers insight into the aspect of everyday activities which might be taken for granted by the participants and it also provides the researcher with direct experience of the phenomena being studied. During our eight weeks of field study in Thailand we were every day given the opportunity to observe Thai people within their working field. These observations had us detect certain gender phenomena connected to Connell’s sexual division of labor. As an example, our daily method of transportation was by taxi and it was clear that the taxi business was a male dominated arena. The taxi drivers we met were men, without exceptions. Later during our journey one of us became sick and had to stay at a hospital for several days. An observation regarding the hospital as a work area is that most doctors were men while most nurses were women. Furthermore, the ambulances were driven by men while the people cleaning at the hospital were women. Examples of this kind gave us a picture of what one can consider male and female occupations in Thailand.

4.4.4. Review of secondary data

Secondary sources have been used in this study as a method of gaining more knowledge regarding the context of the subject as well as to provide a suitable framework for the
analysis. The advantage of using secondary data is according to Frankfort-Nachmias & Nachmias (1996, 305) that it may help the researcher to get a greater scope and depth than what is possible when using only primary data. We have chosen different reports, articles, dissertations and literature about topics associated to the HIV situation in Thailand. These text sources have been found at the library at the University of Gävle as well as with the use of databases on the internet. Furthermore, course literature from the International Social Work program at the University of Gavle was used as guidance when deciding about appropriate methods as well as concerning ethical considerations.

4.4.5 Data transcription

The interviews were recorded with a digital audio recorder and in addition to that, notes were taken throughout the whole interview. One of us conducted the interview while the other took notes. In this way, one could concentrate fully on the interviewee while the other was focusing at capturing everything in text. After each interview was completed, we transcribed the text as soon as possible by listening to the recording and typing it word by word. This was done within the data program Atlas.TI. When a transcription was done, we compared it to the notes we took during the interviews. The interviews were transcribed without mentioning any names, to protect the participant’s privacy.

4.4.6 Data analysis

The data analysis was conducted with use of The Abductive Thematic Network Analysis: It is a method used within the data program Atlas.TI. The Abductive Thematic Network Analysis method is an abductive approach when identifying the linkages among the evolving themes from the qualitative data gathered (Rambaree & Faxelid, 2013). The analysis process began with the procedure of coding, as coding plays an important role in computer-assisted analysis of text (Gibbs, 2007 cited in Kvale and Brinkman, 2009; 202). Before we began coding the interviews, we created suitable codes based on the Theory of Gender and Power. This method of coding is referred to as driven coding, meaning that the codes we used were determined already before the interviews started. As soon as an interview was transcribed, the coding of the text could begin. We started by opening up a new project within the data program Atlas.TI and gave the project a suitable name. All the 15 transcription of the data was done directly within Atlas.TI and was saved under the project’s name. The procedure of coding could begin
within the program immediately after a transcription was done. We started by creating three families within the Code Family Manager section of the program, one for each of Connells divisions: *The sexual division of power, the sexual division of labor and the structure of cathexis.* Thereafter we separated each family into two sub groupings; societal and institutional. We then inserted the already determined codes within the program, connecting each code to the family and division it belonged too. The next step was to read and systematically code each transcription, using these different codes. This is being done by reading the text carefully and selecting quotations that are argued to belong to any of the codes. Rambarée & Faxelid (2013) explains quotations as the sections from the data which the researchers identify as related to the aim and topic of the study. When we detected a relevant quotation we created a link within the data program between the sentence and the code it belonged under. Some statements were argued to belong within more than one of the codes. A statement regarding condom usage could for example belong in both “medical” and “relationships” and was hence linked to both codes. We did the coding individually and then compared our codings with each other. Our codings were similar to each other, showing that we had the same thinking regarding how to interpret the different codes. We went through all interviews together and agreed upon a final coding for each interview. When all 15 interviews were coded, we opened up the Code Family Manager, marked one of the three families and chose “open network view”. The following picture is an example of a network view of “the structure of cathexis”.

![Network View of Structure of Cathexis](image)

The numbers within brackets are showing the number of quotations linked to the code. By right clicking on one of the codes and choosing “import neighbors and then “import quotations”, all the quotes linked to the specific code was shown at the screen. We opened up all quotations within each code to get an overview and thereafter begun the abductive
thematic network analysis. According to Rambaree & Faxelid (2013), the thematic analysis is being done by examining the connections amongst the different themes. The data is studied by the researchers to identify themes which then are used for developing graphical illustrations of the associations between the themes. The aim is to connect the patterns found through the analysis to the research question, as a method of answering the question (ibid). We used the thematic network analysis method together with an abductive approach, a combination referred to as abductive thematic network analysis (ATNA), (Rambaree & Faxelid, 2013). When we saw a connection which could bring light to our research question, we marked the two quotations in question and created a link between them. We could choose to label the linkage with a term representing the relation between the two: for example “justifies” or “supports”, “contradicts” or “discusses”, The outcome was a mind map showing the connections between the codes. The next step was to develop plausible models within Atlas.TI, created from the thematic linkages and networks, providing justification on the phenomena (Rambaree & Faxelid, 2013). Supported by Rambaree & Faxelid, (2013), we used reflexive thinking while taking into account ideas, previous knowledge and existing studies when creating networks. By reflecting over our own values and beliefs during the process it helped us understand the impact it will have on the meaning of the context and interpretation. Finally, the emerged results were assessed to the social structural theory of gender and power developed by Connell (1987), and elaborated in text. We compare Connell´s description of each theme in the social structures to our own findings. This allowed us to confirm, contradict and provide further data to Connell´s theory.

4.5. Essay credibility

This study applies the abductive thematic network analysis with ATLAS – ti. It provides guidelines to the essay credibility, as noticeable above (Rambaree & Faxelid, 2013).

4.5.1. Reliability

Reliability refers to the trustworthiness and consistency of the findings in a research. By examining the reliability it enables other researchers to replicate at another time all stages of the study, using the same method (Kvale and Brinkmann, 2009; 245). During the interview stage, direct and leading questions were occasionally applied to check the stability in the statements of the respondents. Additionally, questions were often reworded and asked several
times to assess the consistency in the outcomes (Kvale and Brinkmann, 2009; 172). The respondent in this study would at time give differing answers to similar questions. Supported by Patel and Davidson (2003; 103), this does not always indicate a sign of low reliability. For instance, when the respondent was requested to explain behavioral indifferences among women and men in a relationship and the answer contradicted to when it was asked how the sexual behavior of a man and woman is. This inconsistency strengthened the reliability of our findings, due to that it enabled us to distinguish language barriers as well as, recognizing what we define as behavioral difference may be too integrated in their environment to be identified as differing behavior. Patel and Davidson (2003), highlights the importance of observing how the findings reflect the background and the circumstances of the interviewee and acknowledging that the understanding of the interview questions depends on the perspective of those participating. To increase the reliability, the interview questions were customized for each respondent so we would get an in-depth description during each interview session. However, it ought to be mentioned that the authors are not qualified researchers at time of this study, with limited practice in qualitative study. According to Patton (2002), this affects the reliability of the research. We conducted all of the interviewing, transcription and analyzing ourselves. It was beneficial to the consistency in the measurements and analytical tools. Still, the reliability could have been strengthened in the transcription and interpretation stage if an additional researcher would have transcribed and analyzed the findings. Cross examination is referred to as triangulation and would have been of advantage for the reliability of the research (Patton, 2002; 554).

4.5.2. Validity

Validity refers to the truth, strength and correctness of a statement. Pragmatic approach to validity defines truth as the action which generates the desired outcome (Kvale and Brinkmann, 2009; 256). It is a verification process included into each stage of the research with regular tests on plausibility of the findings (Kvale and Brinkmann, 2009; 250). Our study contained two aspects; gender inequalities and the attitudes towards HIV. We were aware that our definition and views of these issues may be diverse from the interviewee’s. Therefore we used reflexivity to identify areas of potential researcher bias to reduce threats to validity (Robson, 2002; 172). During the interview stage we used a recorder, and we performed the analysis separately first, then compared in order to identify our personal interpretation of the findings. The analysis and the discussion are structured to follow the research questions and
theory of gender and power. The interview guide was carefully formed and modified for each interviewee to capture the objective of the study, taking into account each respondent’s background and environment. A high validity was sought by testing the meaning of the interviewee’s statement, following up with interpreting or validating questions, exploring the interpretations of the respondent. When the interview was coming to an end, we summarized what had been said; to confirm that we had understood was in fact that which was intended. We tried to let the respondent speak as detailed and freely as possible, which according to Patton (2002) increases the validity. Since the respondents did not always feel comfortable with the English language, misunderstanding and wrong usage of words could in situations jeopardize the validity. Additionally, in some interviews a translator was used, which lessens the validity of the findings.

4.5.3. Generalization

Generalization refers to the degree that findings in one situation can be transferred to other situations (Robson, 2002; 176). We will use analytical generalization to support the findings presented in the three sexual divisions in Connell’s (1987) theory of gender and power. There are always difficulties when drawing general conclusions to the research questions in a qualitative research (Kvale and Brinkmann, 2009; 280). The study contains interviews with only fifteen social workers. The small amount of participants lessens the prospect to generalize the findings. Conducting a quantitative research based on the findings from our research, would increase the ability for generalization. By using the theory of gender and power as well as earlier research about the impact gender inequalities have on the epidemic of HIV, it is achievable to strengthen and predict the results of the study (Kvale and Brinkman, 2009; 261). In addition, the variation and purposive sampling improved the capability for generalization (Patton, 2002).

4.6. Ethical Consideration

Ethical considerations are of greatest importance in any research and it is vital that ethical awareness is upheld throughout the whole research process (Grinnell, 2001). The right and welfare of the participants are main priorities while a central aim for any social worker conducting a research must always be to not violate the interviewee’s integrity. This is why informed consent, privacy, anonymity and confidentiality must be present in any research.
They are all addressed in this research. Before the interview began, all partakers were given information of the aim with this research as well as information about the researchers; that this is a research conducted by students from the University of Gavle, Sweden, and that the study only had an educational purpose. The importance to protect individuals’ anonymity and the confidentiality of the data is essential, and was mentioned to the participants in advance. A letter of consent was presented for the participants before the interview, stating the aim of the study, the interview method, the approximately length of the interview, what the questions would focus on, what the information would be used for, and their rights to refuse to answer any question or withdraw from the interview at any time. Furthermore, the participants were asked if they agreed upon having the interview recorded with a digital voice recorder. (If no permission were given by the interviewee, hand written notes were taken during the interview.) The letter of consent was also stated that no names will be revealed and that all data gathered will be destroyed at the end of the study. Finally the researchers contact information was presented, in case additional information was requested by the partaker or if further questions arose after the interview. This information was also given orally by the interviewer, step by step. This was to assure that all parts were understood correctly and to give the participant a chance to ask questions. It is important that individuals who are asked to participate have as much information as possible before deciding whether to participate or not. Robson (2008) mentions the importance of competence and voluntarism of the individual to take a decision to participate in a research.

4.7. Limitations

This is a study conducted in Thailand by two students from Sweden. The interviewers and the interviewees did not share the same mother tongue, which limited the study. The goal was to find social workers with sufficient knowledge of English to avoid the use of translators, since both students speak and understand English. This goal was difficult to reach and two times a translator had to be used. In those situations, there is always a risk that parts of the discussion are lost or that the proper meaning does not come through. Many of the places we visited had one or two people working there who originated from Europe and these persons were often chosen by the NGO to participate in our study. Because of this, the people originally from the west became a larger group than we had hoped. Still, most of the interviewees originated from Thailand, but even though they spoke and understood English at an adequate level, there is
always a limitation when an interview is being held in a language which is not the mother tongue. Furthermore, one must consider the consequences of having our background in Sweden from an additional perspective. When discussing a phenomenon such as gender inequality, it is essential to be observant of the fact that gender inequality is a regularly discussed topic in Sweden, in Thailand it might be something people do not reflect over in the same way, due to the fact that there is already an establish and accepted norm between the sexes. Even though we believe we are facing the situation without preconceptions, one cannot take for granted that our different backgrounds affect the way we approach the different topics and phenomena.

Chapter 5 – Results and Analysis

Gender inequalities play a large role in the sexual behavior of men and women in Thailand. By interviewing social workers who work with safe sex behavior among sex workers, youth and women, a pattern emerged as well as contradictory opinions. With the partial use of Connell’s theory, our findings will be separated into three themes; Sexual division of Power, Sexual division of Labor and Cathexis with a further investigation into the societal and institutional levels. This structural theory helps better understand how the social workers perceive the underlying influences of relationships, government, media, family, education, employment opportunities, social norms and Buddhism when exploring the power dynamics of gender inequality and safe sex behavior.

5.1. Theme 1: Sexual division of power

5.1.1. Societal level

Legal aspect

Connell (1987) defines the societal level within the sexual division of power as one person having power and control of decision making over another. This can be within a personal relationship or in the society. We will examine how the social workers interpret the imbalances of interpersonal relationships and which hinder women to be having equal rights.

There is a common agreement among the participants that men and women have equal rights in the society. When the discussion of the women’s role as compared to the man’s role, both in a relationship and in the society, by contrast, not many agree as to what they consider either
their legal rights or their own responsibilities. There are clear distinctions between what foreign social workers, female Thai social workers and their male counterparts think. A foreign social worker said,

“In Thailand the government does not care if the man or woman does not have the same rights. Even though there is a female president, men still have all the power. They will not make any changes which would give them less power over the woman”

Additionally, the findings are certain that the inequality of power causes the Thai men to be the main reason of the transmission of HIV. Thai male social workers believe that the equality has no connection to the transmission of HIV. One Thai social worker mentioned “HIV is a sickness like anything else, and it is only the individual’s responsibility to not get infected”. Thai female social workers on the other hand, have various opinions, depending if their clients are sex workers, homosexuals or youth.

Some of our findings have revealed ignorance among the government to the spreading of HIV. Statements such as “the government does not care about the problem of HIV; if we let everyone die we will not have the problem anymore”. This declaration came from a social worker who is HIV positive and has had previous negative assistance from the government, due to various reasons. This is important to take into account when analyzing the data he provided in the interview. However, there were several social workers who mention that during the past years the government has decreased financial, medical and social support to those infected by HIV. The participants referred to the possibility for the complacency could be that since the huge condom campaign in 1996, the government believes they have done their share of fighting the HIV epidemic. Additionally, several social workers claim that the government does not address the issues regarding prevention, physical or psychological rehabilitation or support for people who are HIV positive to integrate in the society. Some of the interviewees stated that the lack of support by the government was that they relied on nongovernmental organizations to address those problems.
The social workers from Thailand claim that “In a divorce, the man has automatically the right concerning all finances, property and decisions regarding the children.” However, according to the law in Thailand:

“The property owned or acquired by either party before or after the marriage as well as the fruits thereof remain as that party’s property. As for the property jointly earned, they shall be divided equally unless the Court deems it proper and orders otherwise by taking into consideration the obligation in the family and salaries of both parties as well as their n life, including all other circumstances”

In addition, within section 1487, children within a marriage should be a joint responsibility, preferable organized privately between the parents. However, if a court decision is needed the parent who seems to be most suited in providing the best environment of the child should is taken into account. Either there is a lack of knowledge among the social workers or the law is not implemented as it is proposed.

5.1.2. Institutional level

Relationships

In our research, we discovered one phenomenon as the largest factor to why HIV is spreading, which can be related to Connell’s argument that women and men have different work situations. According to female social workers:

“Men very often go away to other areas and work, for example, industrial areas such as Rayong. The area where the men go and work is stated to be the area where HIV is most transmitted. When away, they might be away for several weeks or even months and thus visit brothels regularly, where they buy sex”.

One male social worker explained that going to prostitutes is seen as an “after work activity”, in other words as a natural part of the work. Many of these men have wives or girlfriends waiting at home which are thereby infected by their men. Once again the settings of how men should behave in regards to their work have an impact of the women’s vulnerability to HIV.
Medical system

National Institute of Health (2009), in collaboration with the government in Thailand are working to make it illegal to have unprotected sex if you are aware of that you are HIV positive. Social workers at the municipally, mention that “policies are being implemented when an individual is diagnosed as HIV positive, he/she should be publicly exposed, to reduce further transmission.” This puts the social worker in the position as an informant instead of a dispenser of care. To avoid such exposure, people do not get tested. Unfortunately, we discovered according to the social workers, it is one of the key components why HIV does not get treated and thus is being spread.

If you are Thai citizen and infected by HIV the medicine is free. The social workers employed at hospitals, clinics and HIV centers state that the access to medicine is available in all remote areas in Thailand. Others say that among the areas where HIV is spreading the most, which according to them were where the poorest people live, the access to health care was not obtainable. Moreover, poor people are not aware of their legal right to free medicine. Even though the medicine is free in Thailand, quoted by a female social worker from Thailand;

“It costs to go and take blood tests to see if you are HIV positive, as well as that to buy condoms cost money. The people who are in the highest risk zone do not afford those costs. Also, people feel a lot of shame to buy condoms.”

The judgmental attitude from the people in the store while buying the condoms and the fear that someone will notice that you have them was a contributing factor to why people hesitate to buy condoms. Buying condom is seen to be that either you are a sex worker, HIV positive or very sexually active.

A lot of the people who are in the risk group of being infected by HIV are often foreigners, coming to work in Thailand. Another matter which should be brought to attention is that all the partakers in the interviews state that the government only provides free medical care for Thai citizens. In addition this group is often living in Thailand illegally, and would be sent back to their country if found out. Our findings show that this group is one of the leading factors to why HIV is spreading. They have no access to go and get themselves checked. Furthermore, bar and brothels are known to take advantage of their lack of legal rights. A quotation from a social worker is “by requiring the foreign sex workers to not use condoms
they will earn more money, and they do not have any kind of support to say no”. There are NGOs focusing especially on foreign sex workers, offering them condoms and medical care. Still the fear of being sent back to their country contributes to that even though they may be aware of that they are HIV positive, they refuse to go and get medicine and thus continue to spread the disease.

The participants in our research claim that in most western countries you begin to get medicine directly when they become aware of that you are HIV positive. This increases the health of the patient extensively. It was even said that the HIV virus lessens its ability to spread when medication is taken from an early state. In Thailand medicine is only given when the virus is affecting the physical ability of the individual. The annual report from WHO (2011) of the status of HIV in Thailand explains that early treatment is not being given due to the costs of medicine. One social worker who has collaborated with the Thai government concerning HIV prevention, mentions that the cost is not the primary concern to why medicine is not giver earlier. Rather he says that “if the people know that they can have treatment they will not care about prevention, because they will say “I don’t care, we have the medicine”. Still, our findings show that this attitude does exist, and it was discussed during our interviews whether it is an effective method to change the safe sex behavior. There are contradictions among our participants whether they agree that early treatment would change the behavior to HIV. Some approved, arguing that people must understand that the only way to not get infected and stop the transmission of HIV is to use a condom. Critics claim that this is simply a way for the government to hide their true approach to the spreading of HIV, which is that one should just let them die and the problem will disappear.

Media

Information shared to us accused media of being a strong component to the discrimination of people who are infected by HIV. The media urges the use of condoms by using the images of how women are having sex with many men and pictures of homosexuals in sexual relationships. However, it is easy to draw the conclusion that such exposure of HIV increases the discrimination to already stigmatized groups in the society.

It is important to mention that the information we gained regarding the attitude and knowledge sex workers have to HIV comes from social workers. Therefore the conclusion
can be made that the behavior among sex workers are from those girls who have already been in contact with social workers and in some degree gained knowledge and been provided health care and condoms.

The findings in our research show that internet is a beneficial method of spreading knowledge. Even the most remote areas in Thailand have access to internet where they can obtain knowledge of HIV. According to the participants a lot of the information about HIV on the internet is not true. There is false information of how to protect oneself. They told us that it is often homepages promoting pills and different kind of sex equipment which would hinder the transmission of HIV. This is done to earn money, by selling these pills and tools.

5.2. Theme 2: Sexual division of labor

5.2.1. Societal level

The sexual division of labor on the societal level refers to the economic exposure to how labor is divided and given status according to gender. In short, it is about the allocation of unpaid work to women. Traditionally, women take care of the children and home while men work elsewhere (Wingood & DiClemente, 2000). Connell (1987) states that since men have more control regarding the division of labor than women, they can choose with more freedom and negate the work done by women. Men have greater access to certain high-valued occupations while women are designated to work positions with a lower status, hindering women from making a career and choosing her own path in life. In addition, she is a subservient member of the family and therefore is expected to put their needs before her own (Cannon-Poindexter, 2010).

Though many occupations could be classified as low status work sites in this category, we are looking at this in relation to HIV and where it spreads, the sex market. There are no cohesive opinions regarding the view of sex workers and prostitution as one’s occupation. While some say it was so bad to the extent that it was a taboo subject. Others were of the opinion that sex work is like a regular job, and that it is accepted due to culture and tradition.

Another factor of why HIV is spreading is due to the reactions of the society in general. If a person is HIV positive, he/she is stigmatized. This involves being ostracized from family, friends and society which frightens them to avoid revealing they are HIV positive. There was
a common agreement between all the participants that it is impossible to get any kind of job if you are HIV positive. A male social worker said

“When you are HIV positive and people know about it is difficult to get a job. You will need help from friends. If you are a woman and positive, no one will help you, because your friends will disappear”.

Some of the female participants explain that if you get infected through a relationship, your family will reject you. Your only solution will be to leave your village and try to find a job elsewhere, hiding your infection. For a sex worker, the pressure to financially support your family and the knowledge that you will be excluded from your village at home is a greater reason to continue working as an unprotected prostitute than the guilt of knowing that you are spreading the disease. Therefore, many prefer breaking the law then risk being stigmatized, especially if you are a woman and possibly the sole income source for your children.

5.2.2. Institutional level

Family

One of the interviewees states “No woman or girl would ever choose to be a sex worker in Thailand. It is a too risky and shameful for her family”. Still, prostitution exists and will pay for her mothers’ well-being and her sister’s education. Most of the participants agree that it primary is the girls’ responsibility to take care of the family, but we also got the information that it is not only girls who are bearing this pressure. A social worker told us that some of the boys who are working as gay prostitutes are in fact straight, but take on the role as gay just to make money for their families. The reason why the children are putting themselves in such a vulnerable and risky situation is financial pressure from the family. Two of our participants went so far as saying that some mothers can act like pimps for their children. The mothers promote sex work as easy work with easy money, and children are taught that they earn more money from prostitution than from getting an education. Families see their friends’ daughters returning with rich husbands who are building big new houses for them, and draw the conclusion that this is the solution to their poverty. Therefore they decide to send their daughters to areas where the sex industry is large. The daughters do not protest since they are told that the highest value for women and girls is to support the family. It is even said that children are born in debt to their parents.
Not only are daughters driven to be sex workers, but divorced women. It is better to be a sex worker and send home money than stay in the village as an unwanted woman. Being a prostitute is once again not as bad as being a burden to your family, both financially and through the shame of being divorced. A social worker claimed that “Divorced women often leave and go to the city. As a sex worker she can send money back. Most of the sex workers I meet are divorced”

When it comes to the topic of unpaid nurturing work, which is a central topic in Connell’s theory, it is clear that the woman has the responsibility for the children in the family. She is also responsible of the housework such as cleaning and cooking. It is said that even though the woman has the responsibility for the family, the man is still considered the boss. One social worker argue that it is becoming more equal and is more equal today than it has ever been, but it is still on a low level.

**School – education**

There was strong inconsistency whether women had the knowledge needed about HIV. Some of our participants claim that education is the key to reducing the spreading of HIV. Others argue that education creates ignorance, because they become aware of the medical availability and that there exist pills you can take the day after you have had unprotected sex that reduce the ability to get infected

“*Education in the sense of knowledge about HIV does not decrease the ability to change risky sexual behavior. It is about morals and values. This is what the education should be about*”.

This is quoted by a female social worker from Thailand. Additionally, a common behavior is that when two people have sex the risk of HIV is forgotten and neglected, by thinking that it could not happen to me. Nevertheless, it was agreed among our participants that it did not make a difference whether the women knows of the risks or not. Due to the lack of negotiating skills and her weak position in regards to the man the only solution to decrease the spreading of HIV is to empower the woman. Yet, knowledge regarding rehabilitation prospects and medical treatment is practical for women. Supported by Cannon-Poindexter
(2010), there should be more focus on offering family interventions, including the man in the promotion and dispersing knowledge of HIV. As it is today, there are mainly centers for women offering opportunities for them to get free condoms and ability to check their status.

**Work sites**

The institutional level concentrates on the socioeconomic risk factors referring to the general power structures existing at the work places (Wingood & DiClemente, 2000). Women are treated unfairly and discriminated against in the working environment simply because they are women. In the division of labor, Connell (1987) argues that the occupations which are considered “women’s work” are the occupations with lowest social status.

The discussion of income-generating work in the household in Thailand began with a dialogue regarding whether the man or the woman is considered the primary source of income. It resulted in contradictory statements from our participants. Generally the man is the primary source while others argue that it is the woman who is the one bringing most of the money into the household. Our findings show that there is a distinction between who is bringing the money into the family and who is taking care of it. Regardless of who earns the money, the woman is responsible for everyone’s well-being and thus can be family’s banker. This does not entitle her to be dominant or even equal when making decisions within the family. On the other hand, within the walls of their home and questions regarding children, her voice carries more weight. Still, the woman’s economic status is dependent on the man, since he always has the right to demand as much as he wants. This confirms Connell’s argument that the inequality between men and women hinders women from accumulating capital.

One example of how women are contributing with money to the household is by engaging in prostitution, which is something, boyfriends and husbands have been known to encourage, according to the social workers we spoke to. The reason why this is supported by their men is because they will gain money from it. As stated earlier, women might be the one taking care of the money but only as long as their husbands or boyfriends are satisfied with what they get. The women’s involvement in the sex industry must happen within certain circumstances, determined by the men. The girlfriend/wife is only allowed to sell herself to foreigners but is forbidden to offer her sexual services to Thai customers. Quoting a male social worker from
Thailand, “When a Thai girl has sex with a foreigner to get money, it is only the money that is important. She is not unfaithful. Foreigners are only money”. This can clarify why husbands are accepting this. The social workers explain that many girls cannot say no to the husbands or boyfriends demanding them to be prostitutes. If you are young and have no education it is easy for men to pressure you, as one female social worker from Thailand explains.

Another aspect of the sexual division of power as described by Connell lies with biases. Those we interviewed have the opinion that women are the strong working force in Thailand while men are lazy and like to lay back. A Thai male social worker mentioned that, “In Thailand women are better at working hard, we are a bit lazy compared to them”. This may have to do with the previous findings, stating that a man always gets as much money as he desires from the woman. Furthermore, it was said that it does not really matter if you are a man or a woman in terms of advantages at the work place, what matters is who is working the hardest and cheapest. That person will always have the advantage. The labor market in Thailand in general, values a degree and education and is the most important factor when looking for work. A person with a degree and no experience will always be more qualified than a person with no degree and many years of experience in the field. Not having a degree limits one’s opportunities and thus making prostitution a more plausible option. This is true especially as schooling for girls is not prioritized in the poorer areas of Thailand according to our interviewees.

**Sex workers**

The connection between power, gender and sex establishes a dominant / subservient relationship between the sexes. Connell (1987) states that there exists an immense imbalance between men and women at work places as men often have the higher positions and hence make decisions over women. The sex industry is a clear example of where the gender imbalances have an impact on the spreading of HIV/AIDS since men’s power over women in some cases might lead to unsafe sex. In the interviews, the bar girls say they do not have a pimp and get paid a salary once a month. Despite that many girls come to the bar with the wish to work only in the bar, serving drinks and doing regular bar work, they can be pressured into selling sex by the bar owner. This is done subtly as after a couple of weeks, the bar owner will tell her to dress sexier, wear higher heels and use more make-up, in order to make more money. Soon after that, the bar owner will go further and start pushing her into prostitution.
Many girls end up in the sex industry because they are too weak to say no, even though this was not the plan. Once caught in the sex industry, they will regularly have to face situations where they are exposed to the transmission of HIV/AIDS. Situations where the girl might be under greater risk for unsafe sex is if she is very drunk and unable to think clearly or if the foreigner is drunk and forces himself on her. Connell (1987) discusses that male solidarity and the greed of the bar owner puts the girl into a vulnerable position. The bar owner will most likely support the buyer even if the buyer is drunk and/or violent and forces the girl to have unsafe sex. One of the interviewees stated that the buyer sometimes brings the girl to his hotel room, where she has to obey him without a chance of escaping or protesting his demands. A former sex worker who is a social worker said “My body and what happens to it was not within my control. Someone else owned it”. This imbalance is a direct result of the subservient role a woman has which is doubled if she is a sex worker. She is in no position to avoid getting HIV in this work environment.

5.3. Theme 3: Structure of cathexis

5.3.1. Societal level

The structure of cathexis can be divided as the structure of affective attachments and social norms. It identifies the acceptable sexual behavior based on the emotional and sexual attachment women have to men as well as the expectations of appropriate sexual practices society between men and women. These biases create strict gender roles and cultural norms. (Wingood & DiClemente, 2000; 544) We will demonstrate how these social expectations and sexual norms influence safe sex behavior.

Social norms

As a westerner, we found the Thai approach to appropriate sexual behavior as confusing. According to Horton (2013), females being curiosity about sex is considered highly inappropriate before marriage and women are expected to be virgins while manliness is associated with activities like smoking, public brawls, gambling, minor wives, womanizing and commercial sex. Horton (2013) stresses that if a man wants to avoid the label of a homosexual; he needs to participate in these activities. A Thai man who does not visit prostitutes after the age of 15 is not a genuine man. A male social worker said “To go to a girl with your father is something honorable and you look forward to it” As seen, a father can
even help his son by taking him to a brothel. (Horton, 2013) The gender double standard is constant in our findings.

First, there is a common belief that Thai people cannot get HIV; it spreads only through foreigners. According to our results, in relationships between Thais, condoms are not used, neither among girlfriends, wives or prostitutes. Because the norm is that HIV does not spread among Thai people and thus justifying the general acceptance that Thai men do not want to use condoms. The social workers from Thailand state that the attitude to using a condom is not part of their culture.

Because the general opinion is that only homosexuals and sex workers get HIV, as a consequence of their non-appropriate matter. These groups in the society are already stigmatized in some way, so by getting infected by the disease only increase their exclusion. One may, though, question the attitude to sex workers. On one hand, it is common for Thai men to go to prostitutes; yet still see them as a disgrace in the society. This double standard is often discussed in our interviews. The female social workers argue that the drive of the male sexual need is stronger than their low opinion of sex workers. Male social workers describe as it is a certain acceptance to the sex industry. One could see in the city that the sex workers were often wearing fashionable clothes, eating at luxurious restaurants and driving expensive cars. The Thai social workers participating said that money is status, which is seen as above the negative attitude to sex workers. Finally, it is difficult to distinguish the behavior among the general population to people who are infected by HIV because if the medicine is being taken, one cannot see if someone is infected.

According to the social worker from Thailand, Thai women accept the premise that if a woman refuses her partner sex when he wants, it is understandable that he will find another woman. The women use the expression; “men are men”, and that is something we cannot change. According to the information given by the female social workers, if a woman demands to use a condom, either she disrespects him by acknowledging that she does not trust him, or she has herself been unfaithful and has become infected by HIV. This is supported by Horton (2013) who states,
“The use of condoms is seen to imply that women are bad or unclean, or that wives to not trust their husbands. The non-use of a condom is a very important symbol of trust in the relationship.”

A general agreement among our participants is that the only way for women to engage in safe sex is if they become more equal to their partner in a relationship, so they can demand condom. Even though glaring inequalities exist, all the participants were clear to point out that the roles are changing and becoming less rigid.

The risk of HIV is always present when working as a prostitute. One of the social workers expressed that people who are poor fear HIV the most, but they are at the same time forced to be risky. That can explain why girls sometimes choose to have sex without condoms to earn more money, since the goal is to earn as much as possible for the parents. This shows a clear connection between gender inequalities and HIV/AIDS; the pressure on the girl of supporting the parents is stronger than the fear for HIV. Sex without condoms means more money for the family, and if that is what the customer wants and is ready to pay for it, the girl will most likely do it.

All social workers are in accordance that emotions and showing love and affection is not appropriate in the Thai culture. Intimate acts such as holding hands or kissing in public are seen as disrespectful. However, it is noticeable that there are clear differences between letting somebody see public shows of affection and sexual behavior. In bars, massage parlors and other establishments involved in the sex trade, employees engage in extreme sexual behavior. The common explanation is that when money is involved, many Thai people turn a blind eye to the behavior.

Another attitude mainly among sex workers to HIV is the reluctance to use condoms. During an interview with a social worker who had several years of experience working to reduce the spreading of HIV among sex workers, the typical response she got from the girls is that condoms are bad luck. She said

“if one uses a condom, it will break and the customer will probably be HIV positive. Also, if you ask to use a condom, the girl believes that she will have the bad luck in getting a customer who would be violent.”
Due to the fact that many of the sex workers are in search for a foreign husband, we were told that the girls did not want to use a condom if the customer is handsome or seemed to have the potential to emotionally and financially fill the requirements to take care of her family. When asked to why condoms are not considered necessary is that the sex workers might have access to healthcare and are aware of the effective medicine that exists. As mentioned earlier, there is a lot of information spreading among women of how to have sex without a condom but still not get infected, which is a contributing factor to the lack of condom use.

It was discovered in our research that sex workers who are men having sex with men are very seldom homosexuals. Rather for the same reason as the girls, they are doing it for the money. These male sex workers or the male customers who are older may have difficulties to keep the erection. Consequently, they do not have time to put on the condom. The participant who explained this issue suggested Viagra as a tool for prevention. Still, when being a male sex worker, you are in the weaker position. Even though there are several reasons to why sex workers do not use condoms, there were a common agreement that since sex worker is always in a submissive situation and if the customer does not want to use a condom, there is nothing they can do about it.

**Affective attachments**

When it comes to the sex worker and customer, there is no possibility for equality. Yet it is worthy to note that many girls do not consider working as a sex worker and being paid to be someone’s girlfriend as disrupting as imagined. The shame and guilt of working as a prostitute is of course there. A participant said “there is no such thing as a proud sex worker”. Additionally, a prostitute would never openly say that she is a sex worker. Nevertheless, the role a Thai woman can have in a relationship with a Thai man may not always be so different from the relationship between a sex worker and her customer, accept now she is earning money.

They differ between the acts of having sex and making love. A social worker who originated from the west argues that people from the west put a lot of emotions in it when talking about sex but here they are of the opinion that a prostitute is someone providing a service for you, and that is her job which you will pay her for like in any normal job. By differentiating
between massage and sex for money is different from true feelings, the act becomes business and nothing else. When the participants were discussing the economic situation of the prostitutes, some the Thai social workers say they are living on as little money as possible, buying cheap street food and cheap clothes, in order to send home as much money as possible. Foreign social workers believe rather that sex workers often are very rich. Regardless of the supposed financial rewards of selling sex, it is a low status occupation, based on power inequality and considered bad by those practicing Buddhism.

During the discussion of women working with prostitution, it became clear that the sex industry in Thailand is divided into two parts. One is represented by Thai girls selling themselves to foreigners and the other is Thai girls selling themselves to Thai men. The industry caring for Thai men is stated to be by far larger of the two. A Thai man would never go to the same prostitute as a foreign man. When the discussion led in to the transmission of HIV/AIDS, it was agreed by a majority of the participants that HIV is spreading more from Thai residents to Thai residents than between foreigners and Thai residents because foreigners usually use condoms, while Thai men going to prostitutes do not like to use condoms.

5.3.2. Institutional level

The institutional level of cathexis illustrates the personal risk factors in how the socially constructed attachments between women and men are sustained by social mechanisms, such as relationships, family and religious beliefs (Connell, 1987).

Relationships

Swedes and Thais have a different view of their identity as an individual. All the social workers who participated in this study highlight the importance of how Thai people do not see themselves as individuals but as one component in a group. This group is referred to as their family. The highest value in the Thai society is to take care of one’s family. This responsibility lies mostly on the women, and a girl is from early age aware of that she is in debt to her parents. A male social worker from Thailand said “A woman does not think about herself. As a man we have more opportunities to do what we want”. Each person in a family is born into a role, which requires certain responsibilities and expectations. The designed role is determined from your gender and if you are older or younger to your siblings. During the childhood the position of a family member may change depending of their academic
achievement, physical appearance and health. A common agreement among our participants was that boys are always in a higher position than a girl. Giving birth to a boy is a gift and something to be proud of. A girl, however, is not and she ought to show gratitude throughout her life.

**Family**

The parents to the daughters have a strong belief that the girls will stay virgins and thus have no need to discuss safe sex practices. A social worker who especially addresses the impact of HIV on youth mentions that a lot of young people have an odd and contradictory approach to sex. He says that people in Thailand begin to have sex at a very young age. Girls want to appear as virgins to their boyfriends or future husbands and thus avoid having sex with them. Yet, by having sex with an older partner, one is not being unfaithful nor losing one’s virginity but rather experimenting. The reason is often curiosity of the sexual act and peer pressure. Because of the age difference between the girl and her sex partner the possibility for the girl to demand condom lessens, and the risk of getting infected by HIV increases. Young boys, on the other hand, are often accompanied by older male relatives to brothels, where they get their first sexual experience. Therefore, boys in an early age become the dominate partner in a sexual relationship.

**Religious beliefs**

Buddhism is the state religion and its philosophies permeate the culture and society. First there is the Buddhist concept of karma that whatever happens to you is a direct result of your previous actions, in this life or a past one. The second belief is reincarnation which refers to the process of being born again on earth in a new life after this one (Branner, 2009). The social workers say that being born a boy means you have done very well in earlier life and should be proud of your previous accomplishments. Being born a girl, on the other hand, is a punishment for crimes in previous lives, and must humbly pay back those misdeeds so she can be reborn as a boy. Our participants were clear to articulate that these are old fashion beliefs and traditions. However people still act on these beliefs. However, in the cities this behavior is decreasing and the attitude among women and men are becoming more western. It is rather on the countryside, where poverty exists that this behavior and attitude is well rooted in the society.
To pay back the debt to your family, girls often leave their villages and find work in the cities. There is not always a pressure from their families, but they are willing to find a way to send money to their families. These girls often end up in prostitution due to the lack of employment possibilities. The obligation to be of service to your family is of more importance than the shame of the sexual behavior. One female social worker from Thailand said “it might be that the family is in debt due to drought or a poor harvest, which makes the pressure even harder”. However, the goal for the girls is not only to sell her body to earn money for her family. If she is unmarried she would secure her family’s living situation by finding a foreign husband who in the long term can help her take care of the family. Still, in both cases the pressure from the family endangers her health by the risk of HIV, simply because she is born a woman and must do the duties thereafter.

Inner shame is a central concept to the Thai culture and so ingrained in their mentality, that outward reprimands are unnecessary (Branner, 2009). Once again, why and who ought to feel inner shame, differs among infected men in comparison to infected women. When a man becomes infected, it is bad luck and the shame should be on the woman who infected him (Horton, 2009). Our findings show that the man is the victim. Women who are HIV positive are seen to be either sex workers or have many sex partners. If you are a woman infected with HIV, it is because you have done something wrong, and only yourself to blame. As the belief of reincarnation is prevalent in their Buddhist values and norms, the shame of being an HIV positive is compounded. Oddly enough, all the social workers in our research state that it is more common that HIV is transmitted from the man to the woman thus making the woman the victim. Even in the concept of inner shame, there are gender differences in the attitude the society has on people who are HIV positive.

Numerous participants state that the norm in Thailand is that if you are HIV positive, it is your own fault. Furthermore, when you are infected, it is your own responsibility to stay away from the society. We were constantly told that the solution to reduce the transmission of HIV is change the attitude of the people who are HIV positive, and empower women to engage in safe sex. Yet, when the deeply ingrained belief of karma and reincarnation blames those who are infected, stigmatization occurring on all levels, and gender inequality, it seems an up-hill climb to integrate people who are HIV positive into the society, rather than exclude them.
It is important to mention that prostitution is not accepted by Buddhism, which is the largest religion in Thailand. Therefore no one will talk about the son or daughter as a prostitute. On one hand, the family will be proud to raise their standard of living thanks to the money brought in by prostitution, while on the other turn a blind eye to the disgrace of it as preached by Buddhism. One male social worker in Thailand mentioned “A sex worker is something bad, but poverty and being useless is worse”. It seems the pressure to give back to the family is stronger than the shame being a prostitute within the Buddhist religion. Furthermore, an important factor to why women do not address the importance of prevention to HIV is because there are so many other ways one can die, and referring back to Buddhist religion, getting infected to HIV is a burden you must accept because of something wrong you have done in a previous life (Branner, 2009).

The findings in our research are consistently confirming that Thai people have a different view of death compare to westerns. As our participants in the interview point out; dying is only a step before reincarnating, preferable to a better living situation. Therefore, the fear of dying is seldom acknowledged among people who are HIV positive. The fear is rather that they are a burden to their family and society. One social worker from Thailand said “When I got the news that I was infected I did not want any medicine, I just wanted to die.” The social workers involved in our research often reveal several cases when a person becomes aware that they are infected, they take their lives. We were told that a lot of the people who are HIV positive change their names, believing that their previous name was bad luck. Knowing that their family and friends would hold them responsible for becoming infected, they are more concerned of the stigmatization they would encounter rather than the disease itself. HIV positive men and women differ in their attitudes towards their infection. Men often blame their environment while becoming full of self-pity and being depressed. Women, on the other hand, cope better and either have a will to die or continue living their lives, taking their medicine and fulfilling their duties. However, there are situations, often among sex workers, when women and men ignore their disease and continue to work. This is contributing factor to the persistent spreading of HIV.
Chapter 6 – Discussion

6.1. Brief summary of the results in terms of the Aim

We explored the impact inequalities in the society have on the safe sex behavior as put forth by social workers in Thailand. In this study, we have focused on the transmission of HIV through sexual intercourse by women in a relationship, sex workers and female youth and the reasons they give to engage in unprotected sex. Our theoretical model has been Connell’s Theory of Gender and Power which not only divided the analysis into three structures but helped examine the findings on societal and institutional levels. It is essential to acknowledge that the results interpreted are colored by our own background, the social workers’ background, language barriers and discrepancies in interpreting the phenomenon.

To summarize, in the limelight of the Sexual division of Power, the findings show that women without doubt face hindrances in engaging in safe sex due to socio-economical, cultural, and personal factors and thus risk being infected by HIV. Depending on who was interviewed, whether it be a foreigner or Thai, a male or female social worker, different and at times, contradictory reasons emerged. First, the social workers interviewed stressed the fact that a Thai is bound by the cultural divisions of power. Thai social workers did not question the fact that a Thai is first and foremost part of a family unit and then an individual, regardless of gender. The foreign social workers found this mentality a hindrance in helping someone take responsibility for their own lives. Secondly, women are considered less spiritually advanced than men. One’s main responsibility lies in how one can pay back the debt to one’s family and be of service to the family unit. Once again, this concept is not western and thus creates problems when the foreign social workers tried to encourage women to demand safe sex. It is her task to obey the man which in itself fossilizes the imbalance of power between the sexes. In the media, we noticed how women were portrayed either as the subservient sex or as an object for pleasure. Yet both the Thai social workers and the foreign social workers feel they have made headway in encouraging condom usage, for example, in brothels. Thirdly, the stigma of having HIV means being ostracized from the family and thus many avoid either being tested or seeking health care as being part of a family unit is paramount. These three reasons are just some of the power dynamics which hinder the use of safe sex.
Within the structure of labor, the Thai social workers could not grasp the concept of inequality. The stereotypical roles and employment opportunities are an engrained part of the society. Women take care of the home and children as well as having the responsibility towards their parents. Foreign social workers looked down upon the gender-based job opportunities and the subservient role women had in society. Yet, both Thai and foreign social workers agree that Thai women are harder workers and Thai men lazier. These findings surprised us. Could this be because of the woman’s entrenched sense of obligation and duty? Or is it more pragmatic that with working so hard is the only way to take care of one’s family? Oddly enough, women could be manual labors or have other physically demanding jobs but we saw only male doctors and female nurses. In general, the sexual division of labor reflects in gender imbalances.

Sex workers are considered, for the most part, to be at the least respected job. It is here that we discovered discrepancies when it comes to practicing safe sex. The male is the dominate partner and thus able to control whether or not a condom will be used. The female social workers agree that in the bars where the customers are foreigners, female employees are pressured into being sex workers. Though the sex workers in bars are supposed to use condoms, unsafe sex is better paid and freelancing better yet. The Thai social workers both condemn prostitution but understand why sex workers seek the financial benefits. The female Thai social worker even admitted that the ultimate goal as a female sex worker is to find a foreign husband in order to establish a steady income for her family. This self-sacrificing attitude is alien to us westerners and clearly emphasizes the gender imbalance. If a sex worker contracted HIV and it became known, she would be ostracized. The Thai social workers were adamant about this and cited it as a leading reason why medical help was avoided. We question why, if being part of a social unit is so essential and having HIV so stigmatized, one would risk getting infected by having unsafe sex?

The structure of cathexis focuses on the social norms, affective attachments, religious and cultural practices which reinforce power and gender imbalances. This area gave us the greatest understanding into the reasons why imbalances exist as it was the Thai social workers who shared their insights. Appropriate sexual behavior differs for men and women. Men have ‘needs’ and thus ‘require’ while women are expected to be virgins until marriage and then monogamous. Women are not ever allowed to deny their husband sex or can demand the use of a condom. Yet, a Thai male is encouraged to have multiple sex partners as to verify his
manliness. Such power abuse was criticized by the foreign social workers. Even the use of condoms has culturally based inconsistencies for example, Thai men cannot infect you. As Thai women in a steady relationship are the fastest growing group of those HIV positive, this falsehood literally harms women.

By understanding Cornell’s concept of affective attachments within his structure of cathexis, we could see the necessity of the Thai mind-set that love and affection differ from having sex. A female Thai social worker explained that if the emotions were not engaged, it was only a physical act and not as damaging. Is this how sex workers cope emotionally, by detaching themselves emotionally? Somehow this explanation makes sense though may just be a justification to normalize the imbalances.

The most consistent clarification of why there exists gender inequality is due to the practices of Buddhism. Though we had not planned to delve into the religious reasons governing the social norms and relationships, the Thai social workers brought it up again and again as to explain why there cannot be equality. Their interpretation of Buddhism states that being a boy is preferable to being a girl. Even the females agreed and spoke of the debt a girl has to her family. The concept of offering this life in hopes of a better one in the next incarnation goes against the fight for a better here and now, a thought so prevalent in the West. Another aspect of being a Thai Buddhist is that of inner shame. It seems that it a greater shame to not give back to the family than in being a sex worker. The foreign social workers never mentioned inner shame and rarely referred to Buddhist principles which surprised us since many had lived in Thailand for years. Somehow the inequalities and power imbalances in Thailand are better understood in light of Buddhism and helps explain why women lack the power and, at times, motivation to demand safe sex.

The power dynamics in Thailand are changing due to globalization. All those we interviewed agree that the patterns and inequalities are less rigid due to more western influxes. Individualization both as a good and bad force in society is challenging the traditions and proxies. One foreign female social worker has established a program to encourage former sex workers to alternative employment. This may not bring in as much money for the family but ensures a healthier life for the individual. On the other hand, one initiative which shows the deep-rooted need to be part of a group is being done by a male Thai social worker. He has created a group home or alternative family for those HIV positive to be after they are shunned.
by their own families. There is obviously no quick fix to right the gender imbalances and the norms which justify unsafe sex behavior, but changes are occurring.

### 6.2. Comparison with earlier research

In the sexual division of power, the findings in this study support the statement from UN Women (2012) which argues that women who are victims of sexual abuse are in greater risk of contracting HIV. It is shown in our findings that women who are working as prostitutes sometimes are forced to unsafe sex and sex with several partners against her will, which indeed is a form of sexual abuse and thus increasing the risk of HIV. An additional comparison to earlier research is concerning the situation of access to HIV education and medical treatment. Avert (2013) addresses that women with limits to education and health care as being in a risk zone for HIV, but our findings are showing that the education regarding HIV as well as availability to health care is good in Thailand, for women as well as men.

The inequalities and risk factors to HIV among women within the division of labor are similar to studies by UNAIDS (2013) showing that women living in poverty or are unemployed are at risk for economic exposure, which affect women’s vulnerability to HIV. We agree in the sense that many poor girls choose prostitution as their occupation since they are under the pressure from parents and siblings to economically support them. Prostitution then becomes the solution which places them in the risk zone of being infected with HIV. This also supports Advert’s (2013) statement that women’s role in the society is one of the reasons to why women are exposed to HIV and that the role the woman has towards the family leads to valuing her safety as less important than the family’s. The findings show that women are seen to work harder. One can make the conclusion that the woman has the advantage in the labor market – not because she is a woman but because she is working harder. However, the reason why she is working the hardest could be since she has no other choice – because she is a woman and has to support the family.

On the subject of the structure of Cathexis, this research shows a similarity to UNAIDS (2010) which is declaring that women within relationships are hindered from asking their partners to use a condom. Condom usage is explained as a sign of mistrust and girlfriends and wives therefore avoid bringing up the subject of safe sex (Horton and Dworkin, 2013). Our findings show the exact same outcome. Furthermore, WHO (2010) argue that the society has
created different norms regarding the appropriate sexual behavior for men and women, which is leading to an increased risk for women to be infected by HIV. The result of this report supports this statement by showing that men are allowed to go to prostitutes and sleep with many women while wives and girlfriends must only have sex with their partner. We would argue that this is one of the key elements to the transmission of HIV.

6.3. Alternative interpretations of the results

This research does only briefly mention the contradictions that arose during the interviews. One could for example compare even more in depth the differences between social workers’ origin from another country with social workers who are ethnical Thai. It could be of interest to study the similarities as well as dissimilarities between the two. One could also look at age and sex and investigate in the differences in answers between the different groups. Perhaps the answers of the younger social workers show a different picture of the situation than those who are older, for example regarding the equality between men and woman or the general view upon the appropriate sexual behavior. As we are from Sweden and colored by our norms, it could be of use to have a Thai listen to the interviews and form conclusions.

6.4. Critical discussion of the methodology

During the analysis of the findings we became aware of how our values, coming from our Christian socialistic background influenced our understanding. The interpretations and assumptions we drew were based on our own beliefs of how a functioning society should be structured, such as social justices and gender inequalities. At some stages we considered their information to be contradictive, such as when as social worker explained that the woman is accountable for the family’s economic and social well-being, but the man has the responsibility for the families living situation. We decided to apply the philosophy of phenomenology to gain a deeper understanding of the challenge to try to understand a reality that is far from our own. The phenomenological approach increased our ability to see that the attitude and behavior of certain experiences originates from the consciousness and the life view.

In finding suitable people to interview, an unforeseeable difficulty arose when we became aware of a social taboo. People in Thailand do not discuss the intimate subjects with those
outside your age group. So as girls in our 20’s, we needed to apologize to those older than us and thoroughly explain our aim, in order to gain their cooperation. Though we were able to find fifteen very helpful social workers, it took time since every interview took at least two visits. Some we asked wondered what they would gain if they participated in our study, whether it be money or public recognition as we could offer neither, we had to abandon our original idea of purposive sampling and resort to the method of snowballing. Due to that we were using the abductive thematic analysis, while having a pragmatic approach we could be flexible throughout the research. This was of advantage to us tremendously. However, the application of snowball sampling limits us to choose the participants ourselves. Thereby, the result was that there were more foreign social workers interviewed than we would have preferred. By applying the abductive thematic network increased the essays credibility, emphasizing on reflexive thinking. In addition, it provided a structural framework during the analyzing process, giving us the possibility to best explain and interpret the findings.

Many of the factors that increase the spreading of HIV in Thailand have been decided and measured using quantitative methods (DiClemente and Wingood, 2000). Our study was based on how the social workers' perceived the challenges of women in the risk zone or already infected by HIV. However, since the pragmatic and phenomenological methods are interwoven into the data collected helped give a more in-depth way of explaining an individual’s perceptions of the impact gender and power has on the spreading of HIV. Similar findings of this research with previous quantitative empirical results have increased the credibility of this paper. It is necessary to mention that the interview guide consists of themes which were in direct reference of the theoretical framework which could have influenced the respondent’s answers. There were strong contradictions between the results among the social workers. Three groups emerged which have similar opinions. The first group is foreign male social workers. They have a very negative view of the Thai men, stating that they are the main source to why HIV is spreading. Furthermore, they use statements such as inequality and women being suppressed. The second group is foreign female social workers, who blames the society as a whole to the reason why HIV is spreading, arguing that the inequalities are imbedded in the core roots of the Thai existence, denying the empowerment of women to engage in safe sex behavior. The third groups are Thai female and male social workers. When interviewing the Thai social workers it was difficult to formulate the questions so they would be understandable and relevant. Using terms as unequal, gender based was seen to be confusing. Rather we reworded the questions by providing scenarios, asking what the woman,
youth or sex worker would do in that situation. To avoid influencing the respondents to refer
the spreading of HIV to issues of gender inequalities, we had very open-ended questions, such
as; why does HIV spread? Nonetheless, it was obvious that the respondents knew that we
were exploring the gender inequalities in Thailand and this affected the answers that were
given. By using a structured interview guide, based on Connell’s theory, it was impossible to
avoid mentioning terms such as gender roles in the society. One may question whether the
formulation of the questions and their possibilities for misinterpretations influenced the
diverse answers among the respondents? Still, it was not revealed to the respondents that the
study is gender and power based in context of structural society. This helped interviewer to
capture their responses in an uninhibited manner, which certainly has led to richer data.

6.5. Critical discussion of the theory

Though the problem of HIV can be addressed in many ways, we chose to address it from a
power and gender perspective. Connell’s theory is helpful as it creates an outline throughout
the research. However, this theory has limits and boundaries as well. The main drawback is
that the theory is rather fixed and we could be blinded by trying to analyze our findings to fit
the framework. The danger is not taking into account other reasons to why HIV is spreading.

Connell’s theory is not enough to explain the matter of religion. The social workers who
participated in the research often mentioned how Buddhism affects and influences the
behavior among their service-users. The theory of gender and power touches the issue of
religious beliefs in the structure of cathexis. Still, since we notice that the weight Buddhism
had in the Thai people’s lives was a red thread throughout the research; our theory did not
address it enough. Payne (2007) argues that many western theories are based on humanism
and existentialism whereas humans are able to make choices freely while gaining the personal
power of seeing the, themselves as both a ‘subject’ and ‘object’. (Payne, 2007; 180) Connell
being Australian, has tried to broaden his theory to encompass non-western societies, there are
still limitations.

During the interviews the social workers were confused when we used the terms equality,
gender and concepts such as self-respect. This required us to rephrase the questions using
other terminology. There may be various reasons to why equality and self-respect are of little
importance among the participants. Connell’s theory does not address this element, which
hindered us to analyze it. Maslow’s Hierarchy of Needs provides a framework of why people who are still struggling to fulfill the first three levels of basic needs and less concerned with self-esteem and self-actualization (McLeod, 2013).

http://www.simplypsychology.org/maslow.html

In summary, Connell’s theory gives us a multi-faceted structure to analyze the information from the interviews. Thus said, there are areas where the theory either stifled us from ignoring other facts or exploring the religious and cultural reasons why HIV is spreading.

6.6. Suggestions for future research

We have only lightly touched the issue of homosexuality, men having sex with men and transgender, and the impact inequalities have on their behavior to safe sex. Still, our findings showed that they were facing different inequalities compare to women. We would suggest a further research in this matter, as many of the interviewees point out this group to be the group in greatest risk of being infected with HIV/AIDS. One of the social workers argues that many transgender are selling their bodies as a self-destructive action. It was explained as a reaction to the lack of support they receive from the society. A research focusing at the stigma transgender are facing would therefore be of great value.
A second suggestion could be to look at the two divisions of sex workers. The participants in this study made it clear that there are two kinds of prostitutes, those catering for foreigners and those catering for Thai men. It was explained that a man from Thailand never would go to the same prostitutes as the foreigners. The social workers describe the girls and women who are working for Thai men as somewhat “invincible”, hiding in the back of local bars but avoiding to be seen in public which is a big contrast from the girls who are selling themselves to foreigners. A hypothesis is that most research concerning HIV conducted from the viewpoint of prostitutes are with girls catering for foreigners, simply because they are easier to identify. A suggestion is therefore to investigate the girls who are working with Thai men, to learn more about their situation. This would be of great interest since our participants argue that there is a difference between these two groups in terms of condom use; prostitutes who are together with Thai men are engaging in safe sex to a lesser extent than those having sex with foreigners. To conduct further research about this would be useful in the struggle to decrease the number of HIV infections. In conclusion, sex will continue to be about love, affection and pleasure. With gender equality and raised consciousness of unsafe sex, there exists hope that HIV will decrease. Yet until societies are willing to critically examine their norms and treat all their citizens equally, HIV and other consequences of gender based inequalities will prevail.
Reference list


Divorce Code of Thailand 2011. (c.5), Bangkok: Thailand Law Forum


Appendix 1 – Interview guide

INTERVIEW GUIDE

Profile of respondent

Sex:
Ethnicity:
City/ State/ Village:
Workplace:
Expertise:
Years of experience:

TOPIC: POWER DYNAMICS IN THE INTERVENTION OF SOCIAL WORKERS’ PROMOTING SAFE SEX BEHAVIOUR IN THE CONTEXT OF RAYONG AND PATTAYA IN THAILAND

Guidelines:

Categories under Sexual division of power:

- **Womens’ right in law**
  - Divorce
  - Widow
  - Children outside of marriage
  - Prostitution
  - In heritage
  - Single mother

- **HIV – Government and legal system**
  - Attitude and influence towards the government
  - Knowledge of the social worker
  - Behavior of the government to HIV
  - Affects to sex workers, women and youth

- **Norms**
  - Relationships
  - Condom usage
  - Prostitution
  - Sex outside of the relationship

- **Medical system**
  - Availability
  - Economical
  - Attitude among the social workers to medical system
- Attitude among the service users to medical system

- **Media**
  - Access
  - HIV
  - Gender
  - Youth
  - Sex workers
  - Attitude and influence

**Categories under Sexual division of labour**

- **Occupation**
  - Allocation of women and met to certain occupations
  - Women at work
  - Men at work
  - HIV
  - Sex worker
  - Financial responsibilities

- **School-education**
  - Availability
  - Attitude among social workers
  - Attitude among their service users
  - HIV
  - Sex
  - Importance

- **Family**
  - Poverty
  - High status jobs versus low status jobs
  - Sex workers
  - Work within the home (unpaid nurturing work)
  - Financial responsibilities
  - HIV
  - Roles in the family

**Categories under Structure of cathexis**

- **Social norms**
  - Appropriate sexual behavior
    - Society
    - Partner
    - Religion
    - Intimacy
    - Relationships
    - Condom
    - Youth
    - Sex workers

- **Affective attachments**
  - Sex
  - Love
  - Intimacy
• **Relationships**
  o HIV
  o Sex
  o Roles
  o Condom
  o Appropriate behavior
• **Buddhism**
  o Influence
  o Attitude

Appendix 2 – Structural framework

ABDUCTIVE THEMATIC NETWORK ANALYSIS WITH ATLAS – TI
Our interpretation of Cornell’s Sexual division of power in accordance to interviewing social workers in Thailand.

Our interpretation of Cornell’s Sexual division of labour in accordance to interviewing social workers in Thailand.
Our interpretation of Cornell’s Structure of cathexis in accordance to interviewing social workers in Thailand.