

Prospects for Increased Condom Use Within Marriage in Thailand

By John Knodel and Anthony Pramualratana

The transmission of the human immunodeficiency virus (HIV) from infected husbands to their wives is now an important component of the AIDS epidemic in Thailand. Although the value of condoms in reducing the spread of HIV is well-known among Thai men and women, the rate of condom use for contraception among married couples has never exceeded 2%. Focus groups and individual interviews with both urban and provincial Thai men and women reveal a number of formidable barriers to increasing the rate of marital condom use: Condoms are widely perceived as interfering with male sexual pleasure, and they are primarily considered to be a prophylactic for use with prostitutes. The potential for increasing the use of condoms as a method of marital contraception appears limited, as highly effective alternatives are widely available. Thus, condoms will need to be promoted directly as a prophylactic. Findings suggest that general promotion of condoms for use during extramarital sex, together with advocacy of voluntary HIV testing for individuals at high risk of infection and counseling for those testing positive, are practical recommendations.

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Thailand's AIDS epidemic is among the most studied and best documented of any in the developing world. It is also the epidemic that has probably been addressed most effectively. The Thai government recognized that heterosexual contact with prostitutes was the major vector for the spread of the human immunodeficiency virus (HIV) and focused prevention efforts mainly on commercial sex workers and their clients. The government launched mass media campaigns to raise public awareness and first encouraged, and later required, condom use in brothels or similar commercial sex establishments.¹ (The government also directed specific prevention efforts toward intravenous drug users, the first risk group to show a rapid increase in the rate of HIV infection.) The success of this strategy was evident in a sharp decline in rates of HIV and sexually transmitted disease (STD) infection among military recruits.²

Recent assessments of the epidemic,

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however, indicate that the risk of HIV infection threatens not only the narrowly defined risk groups of commercial sex workers and their patrons, but the general public as well. In particular, women who are married to men who visit prostitutes (or who have done so in the past) are at risk.³ Indeed, both commercial sex patronage and noncommercial sexual contacts are common for married Thai men.⁴ Thus, greater attention needs to be directed toward measures that will reduce the risk of HIV infection among mainstream population groups, particularly among married couples.

Given the government's apparent success in promoting condom use in many commercial sex encounters, one logical strategy to stem the spread of HIV from men infected through commercial sex patronage (or other, noncommercial sex partners) to their wives is to encourage condom use within marriage. This is already being advocated in brochures developed by a prominent nongovernmental organization, the Program for Appropriate Technology in Health. These brochures specifically advise wives to encourage husbands who have engaged in risky behavior in the past or who do so currently to use condoms during marital sex.

This may prove to be a difficult task: Despite the high prevalence of contraceptive use among Thai couples, condoms are seldom the method of choice. While close to 70% of Thai couples of reproductive age

currently use a contraceptive method, less than 2% of couples use condoms.⁵ A somewhat higher proportion have used condoms at some point in their married lives; according to the 1987 Thailand Demographic and Health Survey, the most recent survey providing such information, 13% of currently married women reported that they had ever used a condom.⁶

Assessing and explicating the potential barriers to condom use among married Thai couples is an important step in judging the promise of a strategy for promoting marital condom use. So far, however, little systematic research has been conducted to explore in detail the reasons underlying the low rate of marital condom use or the potential for increased condom use as a response to the AIDS epidemic. This article, which is based on systematically collected qualitative evidence, examines the social, cultural and psychological factors that affect the acceptability of condom use within marriage in Thailand. Where appropriate, comparisons are made with relevant survey data.

Sources of Data

The analysis is based primarily on qualitative data derived from 14 focus groups, held separately with men and women, and 47 in-depth individual interviews dealing with topics related to premarital and extramarital sexual behavior. Data collection took place between September 1993 and February 1994. The focus groups concentrated on determining prevailing norms, attitudes and general observations regarding sexual behavior, while the interviews explored attitudes as well as personal behavior patterns and their underlying rationale. Specific questions regarding condom use and its acceptability were included in the guidelines for both the focus groups and the individual interviews.⁷ A total of 59 men and 55 women participated in the focus groups; an additional 21 men and 26 women were interviewed individually.

The focus groups were held in Bangkok (with factory workers, residents of organized slums, and middle-class occupational groups), in two Central Region provincial towns (Lopburi and Kan-

chanaburi) and in villages in the area surrounding these towns. Interviewees were drawn from the same locations as the focus-group participants. All study participants had been married at least once and all but a few were currently living with their spouse. Nearly all participants were between 25 and 40 years of age.

Recruitment for the study was opportunistic and often involved the aid of intermediaries.⁸ The emphasis on urban sites was deliberate because of the concentration of commercial sex in metropolitan areas. Thus, the sample is neither random nor representative. Nevertheless, the inclusion of rural participants in focus groups and interviews, as well as the inclusion of Bangkok residents from several different social classes, ensures that the views and behaviors of a fairly wide spectrum of Thai society are represented.

All focus groups and individual interviews were recorded and then transcribed in Thai, and the complete set of transcripts was then translated into English. Both Thai and English transcripts were formatted for use with the Ethnograph software program, to expedite our systematic review of the content.⁹

We also refer to selected survey results from two 1990 studies that included questions about attitudes toward and use of condoms; the Knowledge, Attitudes and Practices Study of AIDS (KAP/AIDS), which surveyed a nationally representative sample of 303 male and 471 female married urban adults, and the 1990 Survey of Partner Relations and Risk of HIV Infection in Thailand (PRS), which involved a national survey of 2,801 adults in both rural and urban areas.*

In both surveys, questions about attitudes toward condoms were typically stated in unqualified terms, and these types

of questions offered limited response options. In contrast, the qualitative approach allowed the researcher to elaborate on questions and, more importantly, encouraged study participants to explain their answers more fully. Moreover, the conversational style permitted the development of rapport crucial for addressing sensitive issues like sexual behavior and attitudes. Nevertheless, the survey data remain important for assessing the degree to which findings from our limited and purposive sample can be generalized to the larger Thai population.

Social Context of Condom Use

Analysis of our qualitative data, as well as data from several other studies, reveal that Thai men and women are aware of the commonplace nature of commercial sex in Thai society and view patronage of prostitutes by single men as an unexceptional matter. Views toward continued patronage of commercial sex following marriage are mixed and tend to differ between men and women. Many men see occasional transgressions as tolerable, provided that precautions against STD infection are taken. Some women reluctantly tolerate infrequent commercial sex outings by their husband, but virtually all dislike the idea, and many truly detest it. Since wives almost universally disapprove of their husbands having sex with prostitutes, men who patronize them will normally try to keep it secret from their wives.¹⁰

The majority of Thais recognize that using condoms is the best way to minimize the risk of STD infection associated with patronage of commercial sex. Many undoubtedly recognized this before the onset of the AIDS epidemic, but awareness has grown as publicity about the epidemic, including the explicit advocacy of condom use, has blanketed the country.¹¹ Indeed, both the contraceptive and prophylactic properties of condoms are widely known: In the 1990 PRS, 94% of men and 86% of women agreed that condoms prevent pregnancy well, and 96% of men and 89% of women agreed that condoms can prevent STDs. Similarly, in the 1990 KAP/AIDS survey, 93% of married men and 91% of married women agreed that condom use can prevent venereal disease.

Despite the recognition that condoms can serve as a means of contraception, their primary association is with STD prevention. This is clear from our interviews and focus groups, in which condoms were overwhelmingly discussed in the context of disease prevention and were only occasionally mentioned as a means of contraception.

Barriers to Condom Use

Reduced Sexual Pleasure

The major obstacle to increased use of condoms, whether in the context of commercial or noncommercial sexual relations, is that most Thai men dislike using them. Thai men believe that condoms detract from the pleasure of sexual intercourse. This belief has been documented in numerous studies using both qualitative and quantitative methods. For example, in a 1992 AIDS prevention study, men in three different groups agreed that condoms reduce the pleasure of sex: 63% of male truck drivers, 74% of low-income urban adult men, and 72% of low-income urban male adolescents.¹²

In the 1990 PRS, 62% of men expressing an opinion agreed that "condoms make sex no fun," while in the 1990 KAP/AIDS study, 70% of married men and 64% of single men with opinions agreed that "condoms reduce sexual sensitivity and pleasure." The KAP/AIDS study also found that 66% of married men and 63% of single men with opinions agreed that "during sexual intercourse condoms are an interference."[†]

Dislike of condoms was reported by almost all of the men in the focus groups and by most of the men in the interviews. No man indicated that he liked using condoms, nor did anyone explicitly deny that condoms reduced, at least somewhat, the pleasure of sex. Dissatisfaction with condoms appears nearly universal, evidenced here by Bangkok men:

"Condoms can be a preventive but they slow down the desire."

"They make it so smooth and slippery we hardly feel it."

Provincial urban men made similar comments:

"I don't like to use [condoms]. It's not natural.... Something in between."

"Most think like that."

"For me, it's useless to do it with condoms."

"As if we scratched where we were numb. We will still feel itchy."

If men did use condoms, it was because there was a compelling reason to do so, in spite of the fact that sexual pleasure was reduced:

"In the past, [married men] might not use condoms because there was no AIDS at that time. [We] knew only of gonorrhea or syphilis, which are not hard to cure. So we were not very afraid. But now we have to use condoms."

Women are also well aware that men dislike using condoms, both from hearsay and in many cases from being told directly

*The KAP/AIDS study was conducted for the Academy for Educational Development by the marketing firm Deemar Ltd. Results were issued in the form of detailed computer-generated tabulations (see: *AIDS Research in Thailand. Vol. II: Computer Tabulations*, Deemar Ltd., Bangkok, 1990). The PRS study was carried out by the Program on AIDS, the Thai Red Cross Society and the Institute of Population Studies at Chulalongkorn University. (See: W. Sittitrai et al., "Thai Sexual Behavior and the Risk of HIV Infection: A Report of the 1990 Survey of Partner Relations and Risk of HIV Infection in Thailand," Bangkok Program on AIDS, Thai Red Cross Society and Institute of Population Studies, Chulalongkorn University, Bangkok, 1992.)

†For qualitative and semi-qualitative studies that examine negative attitudes toward condoms among Thai men, see reference 3 and G. Fordham, "Northern Thai Male Culture and the Assessment of HIV Risk," paper presented at IUSSP Seminar on AIDS Impact and Prevention in the Developing World: The Contribution of Demography and Social Science, Annecy, France, Dec. 5-9, 1993.

by their husbands. Men's dislike of condoms was mentioned in all but one of the women's focus groups and in almost half of the interviews. These comments arose spontaneously whenever the topic of condoms was discussed. Women's complaints about condoms were largely that they reduced sexual pleasure for men; while several men suggested in their discussion groups that condoms might detract from a woman's sexual pleasure, the women themselves virtually never mentioned this barrier:

"I don't think [men in general] would use them. I overheard their conversation; they talked about not liking the feeling of wearing condoms."

"Men hate using a condom. They say it doesn't bring sexual satisfaction. [My husband] said it was purposeless to make love like that."

Despite their negative attitudes, men have high rates of condoms use during commercial sex. According to the government's June 1993 semiannual sentinel surveillance survey, interviews with commercial sex workers indicated that condoms were used in 94% of commercial sex acts during the previous night.¹³

Estimates indicate that condoms were used in fewer than 15% of commercial sex encounters prior to the onset of the AIDS epidemic.¹⁴ As numerous comments from study participants suggest, this low rate of condom use occurred despite men's awareness of the risks of STD infection. The risk was deemed worth taking, at least at that moment, relative to the reduced pleasure that would result from condom use. The high rates of condom use currently reported are the combined result of the government's firm policy of requiring condom use at brothels or at similar establishments where commercial sex is available and heightened fear of the consequences of infection with HIV.

Other Contraceptives Preferred

Condoms are rarely used as a contraceptive method within marital unions. Alternative contraceptive methods are readily available, and these methods are perceived to be more effective and to pose less of a barrier to male sexual pleasure. Moreover, alternative methods lack the negative connotation that condoms have acquired from their association with commercial sex.

The fact that the husband's explicit cooperation is required for condom use further contributes to their infrequent use within marriage. Most other methods are largely controlled by the wife and hence

are more compatible with the common Thai view that contraception is primarily a woman's responsibility.¹⁵ Without a compelling reason to choose the condom over other contraceptive methods, most Thai couples will not, as these provincial urban men noted during individual interviews:

"For birth control, [wives] don't need [condoms]. They take pills, get injections, or get sterilized. If they want to have children, they just get children. They don't need condoms."

"Married Thai men and women would mostly not use condoms. When we want to prevent [births], we would use the pill, so we would not use condoms at all."

Consistent use of condoms as a long-term method is particularly rare. Although some respondents reported using condoms as a contraceptive method with their spouse, it seemed to be viewed only as a temporary or back-up method, not as a primary method for use over a long period of time, as these Bangkok factory women observed:

"Sometimes [we would use condoms] when we didn't use contraceptives."

"We used them sometimes, not every time we had sex. We used condoms when I didn't take pills."

"He didn't use condoms every day."

For some Thais, the association of condoms with commercial sex contributes to their image as unsuitable for use as a method of marital contraception. Among married Thai men, use of a condom with one's wife might be considered insulting or demeaning. In the 1990 KAP/AIDS study, 38% of married men and 39% of married women who expressed an opinion agreed that "condoms are offensive to the regular partner." In the same survey, 37% of married men and 35% of married women agreed that "using a condom can be an insult to my partner." Views of this sort arose occasionally among our study subjects, as suggested by these individual respondents:

"[My husband] said that it would be like when he has prostitutes. When men go out to commercial sex, they mostly use condoms. He said it would seem like I am not his wife. That is why he does not want to use it; he will not use it [with me]."

"We normally don't use condoms with our wives. If we use condoms with them, they may think that we humiliate them."

That many Thais do not view condoms as suitable for marital contraception is also evident from responses to survey questions. For example, in the 1992 AIDS prevention study, 89% of male truck drivers, 90% of low-income urban adult men and

93% of low-income urban male adolescents agreed that condoms were only appropriate to use with casual partners. In contrast, 26% of the men in each of these groups agreed that it was appropriate to use condoms with one's wife or regular partner.¹⁶

In the 1990 PRS, 95% of men and women who expressed an opinion agreed that "condoms are most suitable for casual partners," while only 29% of men and 37% of women agreed that "condoms are most suitable with a spouse or regular partner." The study left unclear, however, whether these responses reflected the view that condoms as a prophylactic against STDs were unnecessary in marriage or that condoms were inappropriate as a long-term contraceptive method, or a combination of these and other views.

The very limited appeal of condoms as a method of marital contraception suggests that their use as a precaution against infection needs to be stressed if condom use within marital unions is to be increased. Unless a couple perceives a need for protection against disease, they will see little reason to choose condoms. Indeed, women in our focus groups who expressed an interest in using condoms with their husbands clearly implied that their interest stemmed from condoms' value as a prophylactic rather than as a contraceptive:

"[My husband] preferred not to use them. Whenever I knew he took prostitutes, I would ask him to use condoms when we had sex. I was afraid of getting infected."

Individual respondents made similar comments:

"My husband doesn't use [condoms]... except when I found out that he had been to see a prostitute. Then I would force him to use it."

Men in the study also tended to perceive condoms as a means to avoid disease, rather than as a method of contraception:

"I don't know what I would use [condoms with my wife] for, because I am confident that she has no disease."

Condoms Arouse Suspicion

Since condoms are ordinarily seen as a means to prevent the spread of disease, the suggestion by either spouse to start using condoms during marital sex is likely to raise the suspicion that something is amiss. Such a suggestion implies that there is a risk of infection with STDs (including HIV) and therefore raises questions about the origin of this risk. The typical conclusion will be that the husband has been patronizing prostitutes or has been engag-

ing other extramarital sexual contact.

If a couple is already using a contraceptive method, as are the majority of Thai couples of reproductive age, then the request to start using condoms is all the more likely to arouse suspicion. Moreover, when couples are protected by sterilization—the most frequently used contraceptive method among married Thais—no pretense can be made that condoms are to be used as a contraceptive.*

In the interviews, we asked respondents how each partner would react if their spouse suggested using a condom. The overwhelming response was that such a suggestion would arouse suspicion of extramarital sexual activity by the husband. If the husband was the one suggesting condom use, or if he simply used a condom with his wife without providing an alternative explanation, most wives would suspect either that he was infected or that he feared having been infected from a recent extramarital sexual encounter.

If the wife were to suggest condom use, most husbands would think that she suspected him of being infected. Some respondents mentioned that a wife's suggestion might cast doubt upon her own marital fidelity, but this was less common. Similar views prevailed when the idea of a husband suggesting the use of condoms was raised among women during individual interviews:

"I would say that he was behaving abnormally and went to a prostitute [laughing] and that he was bringing a venereal disease to me."

"We must feel suspicious. We would ask why, since we are sure of ourselves. They couldn't be using it as a preventive means [for STDs] with us."

Husbands voiced identical concerns:

"My wife would feel suspicious [if I used a condom] since I've never done it before. She also uses some means of birth control already....[If she asked me to use a condom], I think someone must have gossiped to her that I visited a prostitute."

Most men will want to avoid raising their wives' suspicions and might refuse a request to use condoms with their wives in order to maintain their denial of extramarital sex. Moreover, some men assume that acceding to their wife's suggestion to use a condom implies admission of extramarital activity:

"Suspicion and reality are different. We've never used them before and she is

suspicious and forces me to do it. I would if she had some photos to show that I had sex with prostitutes."

"If we agree with them, they'll become more suspicious. If we say no, they will remain uncertain."

If a husband suggests or attempts to use a condom with his wife, this might imply that he has visited a prostitute or has had extramarital sex. If a woman is wrong in her suspicion and her husband feels unjustly accused, she risks offending him and making him angry. Even if guilty of the accusations, some men may respond angrily. In either case, an atmosphere of mistrust and conflict may develop within the marriage, as noted here by individual respondents:

"I was angry [when he suggested it]. I wondered whether he got infected since he went on many trips with his truck and now he wants to wear a condom."

"He never [used a condom with me], although sometimes I wanted him to. But he asks why should he, he does not like it and then he gets angry.... Sometimes we quarrel. To even mention that he may get AIDS, he gets angry."

Survey evidence on the implications of suggesting the use of a condom to one's spouse is less clear than this qualitative data. According to the 1990 PRS, 61% of men and 60% of women who expressed an opinion agreed that "a condom is not suitable to use with a spouse or regular partner because it will cause them to feel dislike or distrust." In the 1990 KAP/AIDS study, 45% of married men and 48% of married women who had an opinion agreed that "asking my partner if I could use a condom might suggest I don't trust him/her," while only 36% of married men and 37% of married women agreed that "asking my partner to use a condom might give the impression that I am unclean."

Without specifying the context in which condom use is attempted or requested, it is difficult to interpret the pattern of responses from survey questionnaires. The survey results likely underestimate the extent of suspicion and distrust that can result when condom use is introduced into the marital relationship. The consensus that emerged from the focus groups and in-depth interviews with respect to this issue seems more convincing.

Abstinence Preferred for STD Prevention

For many couples, abstinence from sexual intercourse may be preferable to the use of condoms during marital sex. If a man has symptoms of a venereal disease or if he is worried that a recent contact with a prostitute or casual sex partner may have

infected him, he may choose to refrain from sex with his wife. A husband may choose to abstain out of concern for his wife's health, or he may fear discovery of his extramarital activity if he passes an STD to his wife.

Since symptoms of most STDs (other than HIV infection) appear relatively soon after contact, and because they can be cured fairly rapidly, a man might prefer to wait to have sex with his wife until he is confident that he either did not contract an STD or that he is cured:

"I used to tell her before we got married that I wouldn't have sex with her if I got infected. My wife's cousin got it from her husband. I said that the husband was irresponsible. He should have left the wife alone for a while and got himself cured."

A woman who suspects that her husband might be infected will likewise prefer to avoid sex with him altogether rather than to use condoms. The wife's avoidance of sex may be due to concern for her own health or it may arise from anger and disappointment over her husband's behavior, as this rural woman noted:

"If I don't suspect, think he just went to have a drink, I won't demand the use of condoms. If I feel suspicious, we'll quarrel and I won't let him do it to me [laughs]."

A husband's attempt to use a condom may prompt a wife's refusal to have intercourse, noted here by a Bangkok man:

"If [we] use condoms without telling [our wives] first, they might get suspicious and grill [us], something like 'Where did you go? Did you go see prostitutes?' And they won't let us sleep with them."

Provincial urban women made similar observations:

"If husbands used condoms, wives would question whether they were infected."

"And wives won't let them sleep with them."

It is unclear how frequently couples use temporary abstinence when either the husband or the wife suspects infection with an STD. Short-term abstinence in reaction to the risk of STD infection is both plausible and likely. To the extent that it occurs, it obviates the need for condom use in marriage even when the husband occasionally contracts a venereal disease.

However, abstinence, especially the refusal of intercourse by the wife, could probably not be maintained for long periods of time without serious strain or the threat of dissolution developing in the marital relationship. Thus, avoidance of sex would be an unlikely measure for couples to take in

*According to the 1991 Survey of Population Change, 27% of currently married couples in which the wife was aged 15-49, rely on sterilization (see: National Statistical Office, reference 5).

reaction to the possibility of HIV infection, which would require permanent abstinence from sexual relations.

Lack of Perceived Need

Many married Thais do not perceive themselves to be at risk of HIV or other STD infection, and indeed many are not. Although occasional commercial sex patronage by married men is not unusual, neither is it universal. Many husbands do not visit prostitutes and have no extramarital sexual contacts, and it is presumed to be unusual for married women to engage in extramarital sexual activity. Thus, for many couples, the risk of STD transmission between husband and wife may be virtually absent.

However, couples who are at risk of STD infection may still perceive themselves not to be. Some wives of married men who patronize prostitutes or who have casual sexual contacts are likely to be unaware of their husband's behavior. Thus, the belief that no extramarital sexual activity is taking place, whether correct or not, eliminates the perceived need for condom use within marriage. Indeed, men and women in both the interviews and the focus groups said the following:

"Mostly we don't use condoms because we trust each other."

"[I don't use condoms with my husband], I guess because I think that he is not promiscuous."

"The wife will not want the husband to use condoms because she thinks that the husband hasn't been anywhere. Why bother putting it on, letting it get in the way."

Married women who know that their husbands visit prostitutes assume their risk of infection to be minimal because they believe their husbands use condoms with the sex worker. In some cases, the woman has been reassured by her husband that this is the case, and the couple may even have an "understanding" to that effect. A woman may assume that her husband is involved in extramarital sex, but believe that he will act responsibly toward his family. In either case, the wife may not fear getting infected as a result of her husband's extramarital sexual activity, as these individual respondents indicated:

"No, [I'm] not [afraid] at all. He told me that he had never taken any [prostitute] without condoms. So I trust him."

"My husband always keeps some [condoms] with him in case he is away from home.... He keeps 6-8 at a time.... I don't mind if he does it sometimes since he uses a preventive means. He doesn't mean to be serious with anyone."

Since most commercial sex workers now insist on the use of condoms, men who visit them may not perceive themselves to be at risk. Men who have casual sex with women other than prostitutes may not use a condom in these encounters, but they may feel safe from infection because the woman is not a professional sex worker.¹⁷ While this perception of safety from infection may be wrong, it nevertheless determines men's beliefs about whether it is necessary to take precautions with their wives.

Even a man who has not patronized prostitutes since getting married might have become infected with HIV before marriage and thus, despite marital fidelity, may expose his wife to the risk of infection. In addition, although less likely, some women may have become infected prior to their current marriage through commercial sex work, casual sex or a previous promiscuous husband or other long-term partner. Almost none of the study participants discussed or showed concern about these possibilities.

While some mentioned that HIV testing for persons contemplating marriage would be advisable, none of the study participants appeared to have been tested. In any event, given the dislike most men and some women have for condoms, it is understandable that no respondents advocated or practiced long-term condom use as a precaution against HIV infection arising from premarital behavior.

Discussion

Any general campaign to promote wider condom use among married Thai couples will face formidable barriers that are likely to severely limit its success, at least under present circumstances. Given that condoms lack appeal for marital contraception, promoting their use as a contraceptive method that has the added advantage of being prophylactic does not appear to be a promising strategy; despite extensive publicity, widespread awareness of the AIDS epidemic and knowledge of the prophylactic property of condoms, the rate of condom use for marital contraception remains low. Apparently, few Thai couples perceive the prophylactic advantage of condoms as a sufficiently compelling reason to routinely use them as their contraceptive method of choice.

There are countries where the rate of marital condom use is high. Among the 119 countries for which the United Nations has recently compiled statistics on contraceptive method use, there were 18 in which at least 10% of couples of reproductive age re-

ported currently using condoms. In eight of these countries—including Japan and Singapore¹⁸—the rate of marital condom use was at least 20% among couples of reproductive age.* These examples suggest that increasing the rate of marital condom use in Thailand above the current low level is theoretically possible.

Nevertheless, the widespread perception that condoms interfere with male sexual pleasure, as well as their strong association with commercial sex, suggests that change will be slow. Moreover, given that condoms are a less effective contraceptive method than other methods commonly used by Thai couples, any success in convincing couples to switch to condoms is likely to have the undesirable effect of increasing the overall rate of contraceptive failure. Thus, efforts to increase marital condom use will have to focus primarily on their prophylactic value.

While temporary use of condoms by married couples can be helpful in preventing the spread of STDs, only consistent long-term use can be effective against the transmission of HIV. Few men will be likely to use condoms consistently with their wives, however, unless they see a pressing, concrete need to do so.

Thus, couples who opt for long-term, prophylactic condom use will be those for whom there is a high likelihood of one spouse being HIV-infected. The most effective way to promote prophylactic condom use within marriage, therefore, is to do so selectively, by targeting those couples who are truly at risk. This could be achieved by linking condom use with a campaign promoting voluntary HIV testing and counseling.

Efforts to promote voluntary testing should be directed toward individuals who are at an increased risk of testing positive. This could be accomplished by incorporating into the campaign clear descriptions of risky behaviors, including premarital sexual behavior, that could lead to infection. Previous analysis of the qualitative data described here indicated that the theme of family responsibility had the widest potential for arousing concern about the consequences of risk behavior among married men.¹⁹ A campaign that encouraged married Thai men with a history of risky behavior to seek testing would probably do well to portray receipt of an HIV test as an act of family responsibility, stressing the importance of testing for the well-being of both the spouse and the children.

*High marital condom use in Japan is in part a result of legal restrictions on the availability of other contraceptives.

Additionally, a strategy that could help stem the spread of HIV to married women in the future would be to encourage and facilitate voluntary premarital HIV testing.²⁰ (Since most Thais do not register their marriage at all or do so only years after the fact, there would be little point in making this a mandatory policy.²¹) Determining serostatus prior to marriage could help prevent transmission between spouses; if a potential mate tested positive, this could lead to cancellation of the marriage, or it could provide a strong incentive for the couple to use condoms as the marital contraceptive method of choice. Active promotion of voluntary testing and counseling for couples would appear to be the most sensible route.

The main value of condoms in preventing the spread of HIV between spouses has been their use during extramarital sex with prostitutes or other casual partners. Given the multiple barriers to increased use of condoms within marriage, this situation will probably remain unchanged. Indeed, given the government's success in controlling the HIV epidemic by promoting condom use in commercial sex contacts, the continuation of such a policy should be of the highest priority.

However, more emphasis needs to be placed on the risks of unprotected casual sex with women who are not professional sex workers. Previous research, as well as the findings of this study, confirms that men may often feel a false sense of safety associated with noncommercial casual partners.²² Short of imposing extramarital abstinence, the most effective strategy for protecting married women from the threat of HIV infection may rest in promoting condom use by married men in their extramarital sexual contacts, especially if the effort is linked to a theme of family responsibility. Given the greater acceptability of condom use in the extramarital context, this is probably a more realistic route than advocacy of general marital condom use.

References

1. W. Rojanapithayakorn and R. Hanenberg, "The 100% Condom Program in Thailand," *AIDS*, 10:1-7, 1996.
2. R. Hanenberg et al., "Impact of Thailand's HIV-Control Programme as Indicated by the Decline of Sexually Transmitted Diseases," *Lancet*, 344:243-245, 1994; T. Mastro and K. Limpakarnjanarat, "Condom Use in Thailand: How Much is it Slowing the HIV/AIDS Epidemic?" *AIDS*, 9:523-525, 1995; and C. Mason et al., "Declining Prevalence of HIV-1 Infection in Young Thai Men," *AIDS* 9:1061-1065, 1995.
3. T. Brown and W. Sittitri, "Estimates of Recent HIV Infection Levels in Thailand," Bangkok Program on AIDS, Thai Red Cross Society Research Report No. 9, 1993; and T. Brown et al., "The Recent Epidemiology of

HIV and AIDS in Thailand," *AIDS*, 8:131-141 (Supplement 2), 1994.

4. N. Havanon, A. Bennett and J. Knodel, "Sexual Networking in Provincial Thailand," *Studies in Family Planning*, 24:1-17, 1993; and M. VanLandingham et al., "Friends, Wives and Extramarital Sex in Thailand," Institute of Population Studies (IPS) Publication No. 222/95, Bangkok, Feb. 1995.
5. J. Knodel, A. Chamratrithong and N. Debavalya, *Thailand's Reproductive Revolution: Rapid Fertility Decline in a Third World Setting*, University of Wisconsin Press, Madison, 1987; and National Statistical Office, *Report on the Survey of Population Change, 1991*, Bangkok, undated.
6. N. Chayovan, P. Kamnuansilpa and J. Knodel, *Thailand Demographic and Health Survey, 1987*, Chulalongkorn University Printing House, Bangkok, 1988.
7. M. VanLandingham et al., 1995, op. cit. (see reference 4).
8. Ibid.
9. J. Knodel, "The Design And Analysis of Focus Group Studies in Social Science Research," in D. Morgan, ed., *Successful Focus Groups: Advancing the State of the Art*, Sage Publications, Newbury Park, Ca., 1993.
10. M. VanLandingham et al. 1995, op. cit. (see reference 4).
11. T. Mastro and K. Limpakarnjanarat, 1995, op. cit. (see reference 2).
12. C. Podhisita, U. Kannungsukkasem and A. Pramuaratana, "General Characteristics and Sexual Behavior of Target Population of the Behavioral Research for AIDS Prevention Project in Thailand," No. 12, Institute for Population and Social Research, Mahidol University, Aug. 2, 1994.
13. R. Hanenberg et al., 1994, op. cit. (see reference 2).
14. Ibid.
15. J. Knodel, A. Chamratrithong and N. Debavalya, 1987, op. cit. (see reference 5).
16. C. Podhisita U. Kannungsukkasem and A. Pramuaratana, 1994, op. cit. (see reference 12).
17. N. Havanon, A. Bennett and J. Knodel, 1993, op. cit. (see reference 4).
18. Department for Economic and Social Information and Policy Analysis, United Nations Population Division. *World Contraceptive Use, 1994*, Population Studies No. 143, New York, 1994.
19. M. VanLandingham et al., 1995, op. cit. (see reference 4).
20. T. Brown and W. Sittitri, 1993, op. cit. (see reference 3).
21. N. Chayovan, "Marriage Registration Among Thai Women," in Institute of Population, *Health and Population Studies Based On the 1987 Thailand Demographic and Health Survey*, Demographic and Health Surveys Further Analysis Series, No. 1, The Population Council, New York, and Institute for Resource Development, Columbia, Md., USA, Dec. 1989.
22. N. Havanon, A. Bennett and J. Knodel, 1993, op. cit. (see reference 4).

Resumen

La transmisión del virus de inmunodeficiencia humana (VIH) del hombre a su cónyuge ahora es un importante componente de la epidemia de SIDA en Tailandia. Si bien tanto el hombre como la mujer de Tailandia están bien informados acerca de los beneficios del uso del condón para prevenir el VIH, el índice de uso de este método entre las parejas casadas nunca excedió el 2%. Los resultados obtenidos me-

diante grupos focales y entrevistas personales con hombres y mujeres de las zonas rurales y de los centros urbanos de Tailandia, apuntan a varios impedimentos formidables para incrementar el índice de uso del condón entre las parejas casadas: la mayoría cree que el condón disminuye el placer sexual del hombre y lo considera un profiláctico para el uso con las prostitutas. Se limita el potencial de aumentar el uso del condón como método anticonceptivo entre las parejas casadas, debido a la disponibilidad extendida de otras alternativas sumamente eficaces. En consecuencia, el condón deberá ser promovido directamente como un profiláctico. Los resultados sugieren que son prácticas las siguientes recomendaciones: la promoción general del uso del condón en las relaciones extramaritales, el fomento de los exámenes voluntarios de VIH entre los individuos que se encuentran en alto riesgo de infección, y la prestación de consejería a las personas que han contraído el virus.

Résumé

La transmission du virus d'immunodéficience humaine (HIV) par les maris infectés à leurs épouses représente aujourd'hui un facteur important de l'épidémie du sida en Thaïlande. Bien que le rôle du préservatif dans la lutte contre la transmission du virus soit bien connu des Thaïlandais, le recours à cette méthode de contraception n'a jamais dépassé le taux de 2% parmi les couples mariés. Divers groupes d'étude et entrevues individuelles avec des hommes et des femmes thaïlandais, en milieu urbain et rural, révèlent une série d'obstacles gigantesques à l'accroissement du recours des conjoints au préservatif: le préservatif est largement perçu comme une gêne au plaisir sexuel de l'homme et il est essentiellement considéré comme agent prophylactique dans les rapports avec les prostituées. Le potentiel d'augmentation de l'utilisation du préservatif comme méthode de contraception des couples mariés semble limité, d'autant plus que d'autres méthodes contraceptives très efficaces sont largement disponibles. Le préservatif va par conséquent devoir être promu directement à titre d'agent prophylactique. Les observations semblent indiquer, parmi les recommandations pratiques utiles, la promotion générale du préservatif dans le cadre des relations sexuelles en dehors du mariage, ainsi que l'encouragement des tests volontaires de séropositivité par les individus présentant un risque élevé de contamination et que l'offre de services de conseil à l'intention des séropositifs.