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**WAT PHRA BAT NAM PHU AND
HIV/AIDS EDUCATION**

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ฮิเดกิ ยามาโมโตะ: วัดพระบาทน้ำพุกับการให้การศึกษาเกี่ยวกับโรคเอดส์ (WAT PHRA BAT NAM PHU AND HIV/AIDS EDUCATION) อ. ที่ปรึกษาวิทยานิพนธ์หลัก: รศ. ดร. กนกศักดิ์ แก้วเทพ, 174 หน้า.

วัตถุประสงค์ของวิทยานิพนธ์ฉบับนี้คือ เพื่อศึกษากิจกรรมด้านการดูแลกลุ่มผู้ติดเชื้อเอดส์และการให้การศึกษาเรื่องโรคเอดส์ของพระอลงกต ดิกขปัญโญทั้งที่วัดพระบาทน้ำพุและทั้งในระดับชุมชน และเพื่อสังเกตการณ์และวิเคราะห์บทบาทและอิทธิพลของกิจกรรมของพระอลงกตต่อผู้มาเยี่ยมชมวัดพระบาทน้ำพุในบริบทของการให้การศึกษาเรื่องการป้องกันโรคเอดส์รวมถึงพัฒนาการทั้งในด้านความเห็นอกเห็นใจและความเข้าใจต่อกลุ่มผู้ติดเชื้อ

วัดพระบาทน้ำพุที่จังหวัดลพบุรีเป็นวัดทางพระพุทธศาสนาที่ทำหน้าที่ดูแลผู้ติดเชื้อเอดส์มาตั้งแต่ปี 2535 พระอลงกต ดิกขปัญโญ เจ้าอาวาสวัดพระบาทน้ำพุได้เผยแพร่ความรู้เกี่ยวกับการดูแลผู้ติดเชื้อ โดยมีรากฐานมาจากคำสอนทางพระพุทธศาสนาทั้งที่วัดและชุมชนต่างๆ เพื่อสนับสนุนกิจกรรมที่เกี่ยวข้องกับโรคเอดส์และกลุ่มผู้ติดเชื้อ

งานวิจัยชิ้นนี้ได้ใช้วิธีนอกรอกจากการวิจัยสนามที่ลงพื้นที่แล้วสังเกตการดูแลผู้ติดเชื้อของพระอลงกตทั้งในระดับของวัดพระบาทน้ำพุและระดับชุมชน และสัมภาษณ์ในเชิงลึกพระอลงกต, เจ้าหน้าที่ที่วัดและครู และยังใช้แบบสอบถามสำรวจความเห็นผู้มาเยี่ยมชมวัดพระบาทน้ำพุและนักเรียนชั้นมัธยมศึกษาปีที่ 1-6 ที่ใช้การเยี่ยมชมวัดเป็นส่วนหนึ่งของหลักสูตรการศึกษาทางด้านสังคม

ผลการศึกษาพบว่า กิจกรรมเกี่ยวกับโรคเอดส์ของพระอลงกตส่งผลในทางบวกต่อความเข้าใจของผู้มาเยี่ยมชมวัดพระบาทน้ำพุทั้งในแง่มุมของการป้องกันโรคเอดส์และความเห็นอกเห็นใจผู้ติดเชื้อ นอกจากนี้ผลการวิจัยยังพบว่า บทบาทของพระอลงกตต่อกิจกรรมที่เกี่ยวข้องกับโรคเอดส์นั้นเป็นผลสำเร็จ 1. ในด้านการดูแลกลุ่มผู้ติดเชื้อ 2. ในด้านการเป็นมาตรการป้องกันสำหรับผู้ที่ไม่ได้ติดเชื้อ และ 3. ในด้านการพัฒนาความเห็นอกเห็นใจและความเข้าใจต่อกลุ่มผู้ติดเชื้อ

สาขาวิชา ไทยศึกษา
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ลายมือชื่อนิสิต.....
ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์หลัก.....

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The objectives of this thesis are to study the Buddhist monk, Phra Alongkot Tikkhapanyo's activities in caring for PLHAs (People Living with HIV/AIDS) and providing HIV/AIDS education at Wat Phra Bat Nam Phu and at the community level, and to investigate and analyze the role and the influence of Phra Alongkot's activities on visitors to Wat Phra Bat Nam Phu in terms of education for HIV/AIDS prevention and the development of compassion for and understanding of PLHAs.

Wat Phra Bat Nam Phu, located in Lopburi Province, is a Thai Buddhist temple which has been providing care for PLHAs since 1992. Phra Alongkot Tikkhapanyo, abbot of Wat Phra Bat Nam Phu, actively provides care based on Buddhist teachings for PLHAs at the temple and also goes out to various communities doing advocacy work on HIV/AIDS and PLHAs. Wat Phra Bat Nam Phu is open to the general public, and over 100,000 people visit the temple every year.

In this research, field-based research on Phra Alongkot's HIV/AIDS care at Wat Phra Bat Nam Phu and at the community level and in-depth interviews with Phra Alongkot, lay temple staff, as well as school teachers were conducted. Questionnaire surveys were also conducted with general visitors to Wat Phra Bat Nam Phu and with Grade 7-12 school students visiting the temple as part of their social studies curriculum.

Collected data shows that Phra Alongkot's HIV/AIDS activities have a positive influence on the understanding of visitors to Wat Phra Bat Nam Phu towards the disease from the perspective of HIV/AIDS prevention and development of compassion for PLHAs. The research finds that Phra Alongkot's role in HIV/AIDS activities is effective 1) in caring for PLHAs, 2) as a preventative measure for people who are not suffering from HIV/AIDS and 3) in developing compassion for and understanding of PLHAs.

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This research may contain several limitations since it was conducted by a non-Thai researcher during a rather limited time period. However, I hope that this thesis provides some significant contribution to further discussion about HIV/AIDS education in Thailand. It is my sincerest hope that in the near future no one need suffer and die from a disease as merciless as is HIV/AIDS.

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CHAPTER I

INTRODUCTION

1.1 Rationale of the Research

Since 1984, when a Thai male was diagnosed as the first patient with AIDS (Acquired Immune Deficiency Syndrome) in Thailand, until today, over 650,000 people have died from AIDS in the country (Cameron, 2007: 19, UNAIDS, 2008: 4-5). At the end of 1980s and in the early 1990s, the Thai government, working together with NGOs (Non-Governmental Organizations), succeeded in controlling the infectious epidemic by massive anti-HIV (Human Immunodeficiency Virus) /AIDS campaigns, such as the “100 Percent Condom Program,” which included a large-scale media campaign¹ (Cameron, 2007: 23). Because they decreased new HIV infections, these campaigns drew great attention from other countries faced with similar HIV/AIDS outbreaks and have been considered “success models.” Moreover, epidemiological research on HIV/AIDS has made progress in the development of effective medicines, such as HIV-ARVs (Antiretroviral Drugs), which can delay the onset of AIDS symptoms. As a result, since 2001, the number of those who die from AIDS has significantly decreased in Thailand (UNAIDS, 2008).

Some research, however, indicates that even though those HIV/AIDS campaigns and the HIV/AIDS awareness education programs carried out by the Thai government and NGOs have been a great success as compared with other countries, they have

¹ The Ministry of Public Health started “100 Percent Condom Program” nationwide with NGOs in 1992, which included a large-scale media campaign to promote condom use, distribution of condoms to sex establishments and HIV/AIDS education in schools.

caused negative “side effects” against PLHAs (People Living with HIV/AIDS)². Graham Fordham points out that the negative side effects of such campaigns and programs had in fact encouraged prejudice against and the stigmatization of PLHAs in Thai society (Fordham, 2001: 259-316).

As an oral surgeon who has provided medical treatment to patients infected with HIV in Japan, my personal observations are that these PLHAs tend to have severe mental stress and social problems as well as physical ailments brought on by HIV/AIDS itself. It was extremely difficult for me as an oral surgeon to provide these patients with any real sense of mental peace and a sense of being able to assimilate themselves into Japanese society as a whole with any sort of ease. Since coming to Thailand in 2007, I have observed among Thai PLHAs, many similarities to what Japanese PLHAs experience in Japan, where the number of newly reported HIV infected persons is certainly increasing. According to the data from the Ministry of Health, Labour and Welfare of Japan, the number of newly reported HIV infections in 1998 was 653, the number in 2000 was 976, and the number in 2008 was 1,557 (AIDS Prevention Information Network, n.d.: online). Considering the fact that there is no cure for or a vaccine against HIV/AIDS available at the moment, one of the most important and effective measure for prevention of HIV/AIDS must certainly be through information and education leading to responsible and health conscious behaviours. However, the greatest need is to encourage compassion for and understanding of PLHAs, and these must be also a significant factor of any HIV/AIDS education program.

The fact that prejudice and discrimination do blatantly exist, often causing PLHAs to confront various problems in conjunction with other factors in society, such as poverty, prostitution, and drug abuse, indicates that something is clearly lacking in current HIV/AIDS education programs, that something being education concerning human rights and the encouragement of compassion for and understanding of PLHAs.

² In this thesis, two terms “PLHAs (People Living with HIV/AIDS)” and “AIDS patients” are used. “PLHAs” means HIV-positive people whether they have any AIDS symptoms or not. On the other hand, “AIDS patients” means people who are showing any of several AIDS symptoms.

In light of the above, from the end of the 1980s, many NGOs were established to begin conducting various activities/education programs for the prevention of HIV/AIDS and included in their activities were plans specifically aimed at reducing the discrimination and prejudice against PLHAs in Thai society (Busza, 2001: 441-456). Buddhist temples and monks also began to take steps to help alleviate the sufferings of PLHAs and joined the fight against HIV/AIDS. In Thailand, where 94.6% of population is Buddhist (National Statistical Office of Thailand, 2008: 26), the relationship between Buddhist temples and the communities around them has traditionally been a reciprocal one. The communities support the Buddhist monks materially such as building and maintaining temples, offering food and robes, and making merit. In return, Buddhist temples and monks offer social and spiritual care for the community. The monks provide spiritual leadership and instruction in the Buddhist teachings and mediation as well as counselling. Several projects are being or have been operated by Buddhist monks, such as the Sangha Metta Project³, Wat Hua Rin in Chiang Mai Province and Wat Phra Bat Nam Phu in Lopburi Province and have been very active in the fight against HIV/AIDS by caring for PLHAs in addition to supporting HIV/AIDS education in the country.

An exemplary example of such Buddhist temples and monks' HIV/AIDS care is Wat Phra Bat Nam Phu, a Buddhist temple which has been providing care for PLHAs, including a hospice for AIDS patients. In 1992, a Buddhist monk, Alongkot Tikkhapanyo (Tikkhapañño) turned an upcountry Buddhist temple into a hospice to care for AIDS patients. Many patients suffering from HIV/AIDS, including full-blown AIDS, are currently staying in the temple (Wat Phra Bat Nam Phu, n.d.: online). Phra Alongkot actively provides care for PLHAs and terminal care for AIDS patients presumably based on Buddhist teachings, and he also goes out to various communities to give sermons concerning HIV/AIDS.

³ A project of HIV/AIDS education program for monks and nuns. Launched by instructors and Buddhist monks at Mahamakut Buddhist University in Chiang Mai, Thailand in 1998. The monks engaged in education and counseling, care for PLHAs, meditation and provide scholarships to children affected by HIV/AIDS. (The Sangha Metta Project, n.d.)

Wat Phra Bat Nam Phu is also open to the general public. Approximately 180,000 people visit the temple every year, including many groups of school students with their teachers as part of their social studies curriculum and HIV/AIDS education programs. These visitors have the opportunity to meet and talk with PLHAs, including those who are in serious condition, and, in this way, come face-to-face with the stark reality of HIV/AIDS.

Even though medical progress has succeeded in delaying the onset of AIDS symptoms, this does not mean the “non-existence” of people who are living with HIV/AIDS as the very existence of Wat Phra Bat Nam Phu treating such PLHAs so emphatically illustrates. It is, therefore, imperative to discuss the role of Wat Phra Bat Nam Phu and Phra Alongkot in HIV/AIDS education in Thailand from the perspectives of both the prevention of the disease and the development of compassion for PLHAs.

1.2 Research Objectives

The two main objectives in this research are:

1. To study the Buddhist monk, Phra Alongkot Tikkhapanyo’s activities in caring for PLHAs and providing HIV/AIDS education at Wat Phra Bat Nam Phu and at the community level
2. To investigate and analyze the role and the influence of Phra Alongkot’s activities on visitors to Wat Phra Bat Nam Phu in terms of education for HIV/AIDS prevention and the development of compassion for and understanding of PLHAs

1.3 Research Questions and Hypotheses

Research Questions

Knowing about Phra Alongkot's HIV/AIDS care at Wat Phra Bat Nam Phu and his going out to communities to teach about the care of PLHAs, this research aims to ask the following questions:

1. How do Phra Alongkot's approaches to HIV/AIDS influence the understanding of visitors to Wat Phra Bat Nam Phu towards the disease in their own society, a society in which over one million people are suffering from the disease and discrimination against PLHAs blatantly exists?
2. What can people actually learn concerning HIV/AIDS from Phra Alongkot's HIV/AIDS activities when they visit Wat Phra Bat Nam Phu?

Hypotheses

To answer the above questions, the following hypotheses are proposed:

1. Phra Alongkot's HIV/AIDS activities have had a positive influence on the understanding of visitors to Wat Phra Bat Nam Phu towards the disease from the perspective of HIV/AIDS prevention and the development of compassion for PLHAs.
2. Phra Alongkot's HIV/AIDS activities are effective 1) in caring for PLHAs, 2) as a preventative measure for people who are not suffering from HIV/AIDS and 3) in developing compassion for and understanding of PLHAs.

It is hoped that the results from the collected data in this research project will help to uncover and bring to light the actual influence of Phra Alongkot's Buddhist approach to HIV/AIDS activities on people's understanding of HIV/AIDS and an increased awareness of and compassion for PLHAs, and to further encourage investigation into the roles Buddhist temples and monks have yet to play in HIV/AIDS education in Thailand.

1.4 Literature Review

To date much research has focused on the HIV/AIDS epidemic in Thailand and on Buddhist temples and monks assisting in coping with the epidemic in Thailand. This section reviews the existing literature and is divided into two parts. The first part is an overall literature review of the HIV/AIDS epidemic in Thailand. It involves Thailand's response to the epidemic as well as the discrimination against and the stigmatization of PLHAs generated by this response. The second part of this literature review deals with the roles of Buddhist temples in HIV/AIDS care in Thailand. Several projects including Wat Phra Bat Nam Phu, which are actually operated by Buddhist temples and monks, are actively working for HIV/AIDS care in Thailand. Reviewing the existing literature on HIV/AIDS both from the overall perspective and the perspective of Buddhist activities is imperative for a clear understanding of the background of this thesis topic.

1.4.1 HIV/AIDS in Thailand

The Thai government's public policy response to the HIV/AIDS epidemic in 1990s, called the "100 Percent Condom Program," encouraged the increase of the condom usage and resulted in the decrease of the new HIV infections in the country. This policy and Thai government's anti-HIV/AIDS campaigns evaluated as "success

models” which dramatically decreased new HIV infections, and stressed the important strategic lessons for other countries to learn from the Thai experiment (Ainsworth et al., 2002). UNAIDS (Joint United Nation Programme on AIDS), in its report *Evaluation of the 100% Condom Programme in Thailand*, identifies the essential components in the “100 Percent Condom Programme” and concludes that Thailand’s anti-HIV/AIDS programme successfully contributed to changes in norms regarding condom use by sex workers and sex workers’ clientele in 1990s which resulted in the decrease of new HIV infections in the country (UNAIDS, 2000).

On the other hand, some scholars argue that the HIV/AIDS policies conducted by Thai government have caused negative “side effects” or a “backlash” against PLHAs. Graham Fordham and Chayan Viddhanaphuti, for example, argue that the notion of “high-risk groups,” such as MSMs (Men Having Sex with Men), IDUs (Injection Drug Users) and CSWs (Commercial Sex Workers), were already marginalized and stigmatized groups in Thai society and that Thailand’s anti-HIV/AIDS programs had actually encouraged prejudice against and the stigmatization of PLHAs in Thai society itself (Fordham, 2001: 259-261). Chayan points out that the media helped reinforce this negative image of PLHAs as “dangerous others” and exacerbated the discrimination and social stigmatization against them (Chayan, 1999: 35).

In 1990s, the HIV/AIDS epidemic was extremely serious in Thailand, especially in northern Thailand, and a great number of PLHAs were unable to receive effective and affordable treatments for their illness and were often confronted with severe social handicaps and discrimination. As a result, the early 1990s saw HIV/AIDS self-help groups begin to emerge in Northern Thailand to seek ways for their own survival and societal acceptance (Tanabe, 2003: 161-162). According to Shigeharu Tanabe, this new type of community or association, in which PLHAs acquire knowledge and organize practices for survival given the prevailing social discrimination, intended to overwhelm the influence of the established medical power of the state and its discourse which focused entirely on prevention. Some such groups have acted with the support of NGOs as well as with the support of Buddhist monks in local temples (Tanabe, 2003: 167).

1.4.2 The Role of Buddhist Temples in HIV/AIDS Care in Thailand

As previously mentioned, in Thailand, the relationship between Buddhist temples and the lay communities has traditionally been reciprocal. The teachings and principles of Buddhism have been a major component of Thai culture and are inseparable from Thai values and behaviour. Yoneo Ishii points out that Buddhist temples have traditionally been the hospitals of traditional Thai society and that Buddhist monks traditionally provided spiritual care in the Buddhist teachings as well as medical care to persons who visited the temples seeking assistance (Ishii, 1986: 26-27).

At present, several Buddhist temples and monks are actively working for HIV/AIDS care in Thai society, where many people still suffer from the disease and where discrimination against PLHAs blatantly exists. Some scholars/researchers regard such HIV/AIDS activities conducted by Buddhist temples and monks as movements of “development monks.” Pinit Larphananon defines the term “development monk (*phrasong nak phatthana*)” as “a monk who continuously acts, or has a certain activity for the purpose of improving the lives of people living in rural areas” (Pinit, 1986: 10). Movements of Buddhist monks’ participation in community development began in Northeastern Thailand in 1960s. Those monks put into practice various remedies and development projects for villagers’ lives in order to relieve their hardship (Nozaki, 2003: 93-110). Akira Nozaki and Masayo Urasaki both state that the development monks have endeavoured to promote material development, based on spiritual development, by cultivating the local people’s participation, their cooperation, solidarity, and self-reliance (Urasaki, 2002, Nozaki, 2003: 93-110). In contrast with the conventional definition of the “development monks” which have concentrated on development cases in rural areas, Urasaki uses the monks at Wat Phra Bat Nam Phu, as well as Baan Phuean Cheewit (Friends of Life House) as examples of development monks working at temple-based hospices for AIDS patients, and states that the role of influential persons in society, such as Buddhist monks and teachers, is expected in the prevention of HIV/AIDS (Urasaki, 2002).

Yet other researchers, such as Tomoko Kubotani and David Engstrom, regard the approach to HIV/AIDS care provided by Buddhist temples as alternative and viable models of treatment and terminal care for PLHAs, which do not conform to general western approaches such as the hospice system. By interviewing PLHAs and Buddhist monks at Wat Phra Bat Nam Phu and Wat Thep Charoen located in Chumporn, Kubotani and Engstrom point out that the teachings of the Buddha are used as a tool to assist persons who are living with HIV/AIDS to understand and make sense of what AIDS is and how to cope with the disease (Kubotani and Engstrom, 2005).

A Buddhist temple-based hospice is not the only role of Buddhist monks and temples working against HIV/AIDS and for PLHAs. Several temples have actually undertaken activities which work for providing not only physical/mental support but also financial and social support to PLHAs. HIV/AIDS activities at Buddhist temples also provide opportunities for PLHAs to communicate with each other and other people in the local community (Okabe, 2004). Mayumi Okabe draws attention to Wat Hua Rin in Chiang Mai Province, a Buddhist temple which conducts the “Samue Sewing Project” (which will be explained in detail in Chapter II, Wat Hua Rin), in cooperation with a Japanese NGO and the Jinguji Buddhist temple in Japan in order to provide financial support to female PLHAs living in Wat Hua Rin’s lay community. Okabe thus shows the possibility and the effectiveness of HIV/AIDS activities by Buddhist temples not only at the local community level, but also at the national community level, even up to the international level with NGOs and temples in other communities (Okabe, 2004).

Several Buddhist temples and monks have been actively engaged in HIV/AIDS prevention and working for PLHAs in Thai society where many people are still infected with the disease and discrimination against PLHAs blatantly exists. Concerning the Buddhist approach to HIV/AIDS, however, little discussion from the perspectives of education for the prevention and the understanding of PLHAs has been done, especially on the roles and/or the actual influence of Buddhist monks’ activities on people’s understanding of the disease and PLHAs. As one example in particular, research or articles in general concerning Phra Alongkot Tikkhapanyo’s HIV/AIDS activities tend

to focus on his actual care activities at Wat Phra Bat Nam Phu and do not mention or even discuss what roles, or what influence, if any, his activities have had on people's understanding of HIV/AIDS, notably from the aspect of prevention and increasing awareness of the sufferings PLHAs face on a day-to-day basis.

1.5 Research Methodology

This research project consists of four distinct sections, beginning with documentary research as background investigation/presentation of the topic of this thesis. In the first section, the history of the HIV/AIDS epidemic in Thailand and school education on HIV/AIDS in Thailand as well as HIV/AIDS-related discrimination are reviewed. In addition, research on Buddhist projects and development monks acting to assist PLHAs in Thailand was conducted. Research was carried out in several libraries in Bangkok including Chulalongkorn University libraries and the National Library of Thailand, and gathering data from articles and papers available on the Internet.

The second section of the project consists of field-based research on Phra Alongkot's HIV/AIDS care at Wat Phra Bat Nam Phu in Lopburi Province and the HIV/AIDS activities he has generated at the community level, as well as documented media research on his activities. This field-based research to observe the study setting was conducted from 2 August 2009 to 1 December 2009, which coincides with World AIDS Day, where Wat Phra Bat Nam Phu holds special activities which seemed to be worth observing. This temple is open to the general public, and many people, including school students accompanied by their teachers as part of their social studies curriculum, visit there. This field-based research consists of data from interviews with the lay staff, volunteer staff as well as medical doctors at the temple, and from my personal observations of Phra Alongkot's activities concerning HIV/AIDS. Moreover, field-based research on the monk's second project, the Thammarak Niwet Project 2, a

housing village for PLHAs located in Nong Muang District, Lopburi Province, was also conducted. The data from interviews with staff of this project and one of the teachers at the school built in this village was used for the study. In addition, documentary research consisting of data from published material including that found in Thai newspapers, brochures edited by the temple and data from the temple's website has been used to support the data collected by field-based research. All the data collected in this section provides a more comprehensive understanding of the work of the Buddhist monk Phra Alongkot Tikkhapanyo in caring for PLHAs, in providing HIV/AIDS education at Wat Phra Bat Nam Phu, and the HIV/AIDS activities he has generated at the community level.

In the third section, qualitative research by means of an in-depth interview with Phra Alongkot, the abbot of Wat Phra Bat Nam Phu, was conducted at Lumpini Night Bazaar in Bangkok on 24 October 2009. This research aims to identify how Phra Alongkot views the HIV/AIDS epidemic in Thailand and how and why he takes care of PLHAs based on Buddhist teachings. The interview also aims at identifying what the monk intends to communicate to people through his HIV/AIDS activities. In addition, qualitative interviews with junior high school and high school teachers who take their students to visit Wat Phra Bat Nam Phu as part of their social studies curriculum about HIV/AIDS education were conducted. A total of five teachers were interviewed at the temple in order to identify how the teachers provide HIV/AIDS education in their school programs and what they expect their students to learn at the temple. The data was collected by means of semi-structured interviews which consisted of open-ended questions. All the interviews were conducted in the Thai language. A Thai research assistant who speaks both Thai and English helped in conducting those interviews with the subjects. To identify key points, the collected data was then analyzed for consistencies or inconsistencies.

The final section of this research consists of the collection of data from questionnaire surveys and quantitative analyses of this data. Questionnaire surveys to visitors to Wat Phra Bat Nam Phu were conducted at the temple in order to investigate

and analyze the role and the influence of Phra Alongkot's HIV/AIDS activities on their understanding of the disease from the aspects of education for HIV/AIDS prevention and the development of compassion for PLHAs. For each group, 220 surveys were conducted. However, the data from 14 subjects among general visitors and 12 subjects among the school students was excluded because of the lack of any usable data. As a result, the subjects who actually participated in this research were: 1) 206 general visitors to Wat Phra Bat Nam Phu, and 2) 208 Grade 7-12 junior high school and high school students visiting Wat Phra Bat Nam Phu as part of their social studies curriculum. In addition to the general visitors, the Grade 7-12 school students were selected as participants in the research because they were visiting the temple as part of their education curriculum, and these students also constitute a growing vulnerable segment of the population which could become a driving force for the future spread of a HIV/AIDS epidemic which will be explained in Chapter II. The purpose of this research was explained to all the participants. The questionnaires were prepared as Thai language documents printed in a multiple choice format. The answers were marked on the documents by the participants themselves.

The questionnaire survey for general visitors was conducted over a random six-day period from 10-25 October 2009 while, the questionnaire survey for school students was conducted on 14, 20 October and 12, 13, 16 November 2009, the days when the schools had their field trips. In order to get accurate data according to the two groups of subjects surveyed, the format of each set of questionnaires was different because it was considered that each group visited the temple for different purposes. In addition to the main questions common for all participants, a detailed question on the purpose of their visit was asked for the group 1 participants (the general visitors). Group 2 participants (the school students) were asked what they gained from their visit to the temple as part of the social studies curriculum.

The questionnaires were divided into three sections. The first section dealt with the subjects' profiles which was the independent variable, such as age, sex, religion, occupation, education level, as well as their experience of interaction with PLHAs prior

to visiting the temple. The second section was concerned with their experiences at the temple. In this second section, questions on the visitors' following experience at the temple were asked: 1) to meet or talk with PLHAs, 2) to visit the ward for AIDS patients who are in serious condition, and 3) to visit the "Life Museum," in which bodies of people who died from AIDS at the temple are displayed. In the third section, the visitors were asked about the following feelings, interest and opinions: 1) interest in knowing about HIV/AIDS, 2) awareness of HIV/AIDS prevention, 3) feelings towards PLHAs, and 4) reactions to PLHAs. The data from these questionnaires was cross-analyzed in order to investigate and analyze the influence of the visitors' experience at the temple on their feelings and understanding of HIV/AIDS and PLHAs. Microsoft Office Excel 2003⁴ statistic software for the personal computer was used to analyze all the data from these questionnaire surveys.

All the results of the analyses conducted in the above four sections is comprehensively applied for studying the work of the Buddhist monk, Phra Alongkot Tikkhapanyo in caring for PLHAs at Wat Phra Bat Nam Phu and the HIV/AIDS activities he has generated at the community level, and for considering the role and the influence of Phra Alongkot's HIV/AIDS activities on the understanding of visitors to Wat Phra Bat Nam Phu towards the disease from the aspects of education for HIV/AIDS prevention and the development of compassion for PLHAs.

⁴ Microsoft Corporation, Redmond, Washington, USA. Released in 2003.

CHAPTER II

HIV/AIDS IN THAILAND AND DEVELOPMENT MONKS' PROJECTS SUPPORTING PLHAS

In this chapter, a brief history of the HIV/AIDS epidemic in Thailand and Thailand's response to the epidemic as well as HIV/AIDS education and HIV/AIDS-related discrimination are reviewed for a clear understanding of the background of this thesis topic. Moreover, research on Buddhist projects and development monks acting for PLHAs in Thailand has also been included to illustrate the different approaches to the HIV/AIDS epidemic taken by the Thai government and the Buddhist monastic community.

2.1 The HIV/AIDS Epidemic in Thailand

2.1.1 A Brief History of the HIV/AIDS Epidemic in Thailand

The first identified case of AIDS of Thailand was reported in September, 1984, when a Thai male who had sexual relations with a foreign male developed AIDS symptoms, and was diagnosed as the first AIDS patient in Thailand. In 1985, four more cases were reported: three foreigners who had been infected abroad and one Thai, who was believed to have contracted HIV from a foreigner who visited Thailand (Nakai, 2006: 4). During this period, HIV/AIDS was portrayed as 'a homosexual as well as a *farang* (foreigner) disease' (Cohen, 1996: 328).

In looking at the HIV/AIDS epidemic in Thailand, the concept of largely discrete “risk groups” of the epidemic and the concept of the “sequential spread” of HIV from group to group are popularized. Indeed, the idea that HIV spread sequentially through various relatively discrete groups, the wave model of HIV transmission popularized by Weniger et al. in 1991, has been fundamental to the way in which the spread of the epidemic in Thailand has been conceptualized. Based on this wave model of the HIV transmission, scholars such as Angkarb Korsieporn and Michael P. Cameron explain about the epidemic of HIV/AIDS in Thailand that there were four waves in the spread of the disease (Weniger, 1991, Angkarb, 2003, Cameron, 2007: 19-25).

During the so-called “first wave,” reported cases of AIDS and those infected with HIV had been mostly confined to Thai MSMs (Angkarb, 2003). From 1988, the epidemic of HIV/AIDS had spread in continuous waves (Department of Communicable Disease Control, Ministry of Public Health, 2001: 28). After it became clear that the epidemic was serious enough to warrant closer scrutiny, the national sentinel sero-surveillance of AIDS was introduced in 1989. This surveillance was focused on blood donors, pregnant women attending government antenatal clinics, male patients at sexually-transmitted disease clinics, IDUs and CSWs, and the wave model of HIV/AIDS transmission seemed to have been confirmed.

The “second wave” occurred among IDUs. The prevalence of HIV/AIDS among the IDUs in Bangkok rose from about 1% in January 1988 to 34% by late September of that year. This data clearly indicated that an HIV/AIDS epidemic was spreading among IDUs in Bangkok. In June 1989, the first national sentinel sero-survey revealed similar high rates among IDUs in fourteen other provincial capitals (Pajongsil, 2002: 10, Cameron, 2007: 20).

The “third wave” struck female CSWs, in whom previous sero-survey had detected rates of less than one percent. The first national sero-survey in June 1989 revealed an HIV prevalence of 1-5% in Bangkok and 12 provinces (United Nations Development Programme, 2004: 9). However, an HIV prevalence of 44% was being found among brothel-based female CSWs in Chiang Mai (Nakai, 2006: 7). In addition, the HIV

infection rate rose to as high as 63% among brothel-based sex workers in Chiang Rai in 1991 (Cameron, 2007: 20). These surveys clearly revealed that a severe epidemic was progressing among CSWs in one part of Northern Thailand.

HIV/AIDS rapidly became a generalized epidemic at the start of the “fourth wave” since it spread from female CSWs to their male clients. By 1991, the national median provincial HIV prevalence rate was 5% among male patients at public sexually transmitted disease clinics (Cameron, 2007: 21). The prevalence was over 6% in the Northern region, with most of the infections occurring in the upper Northern provinces (United Nations Development Programme, 2004: 10). In addition, among military conscripts drafted by random lottery into the Royal Thai Army, HIV prevalence rose from 0.5% in 1989 to 3.7% in 1993 (Cameron, 2007: 21). This data suggests that unprotected sex with female commercial sex workers was a primary factor which contributed to the spread of HIV into the general male population, and the epidemic was rapidly spreading especially in the upper Northern provinces.

Extensive sexual relations helped spread HIV from female commercial sex workers to their male clients, and from the clients to their wives and partners with the eventual transmission of HIV from mothers to their newborns. HIV/AIDS became a generalized epidemic characterized by increasing transmission outside the “high risk groups,” and thus spread throughout the country (Cameron, 2007: 21). From 1984, when the first case of AIDS was reported, to 2007, approximately one million people were infected with HIV, and it is estimated that over 650,000 patients died of AIDS in Thailand (UNAIDS/WHO, 2008).

2.1.2 The Response of Thailand to HIV/AIDS

At the beginning, the government of Thailand disregarded the threat of HIV/AIDS epidemic. They were more concerned that the information about the spread of HIV/AIDS in Thailand might have a major negative impact on foreign investment and the developing tourism industry, or create a widespread panic among Thai citizens.

During 1980s, international tourism became an important source of foreign currency for Thailand. In the Fourth National Economic and Social Development Plan (NESDP, 1979-1981), the government specified that tourism required less investment than other industries, creating jobs and increasing local income. The Land of Smiles campaign was promoted during this era. In 1987, the Thai government launched a tourism promotion campaign called 'Visit Thailand Year' (Nakai, 2006: 5).

During this period, most Thai people did not have a clear understanding of HIV/AIDS because of lack of accurate information about the disease, that is, initially the disease was seen as spreading among MSMs, IDUs, CSWs and sexually active men (Chayan, 1999: 35). In the late 1980s, facing increasing public and media pressure, the government began to release accurate information about the epidemic. In 1988 and 1989, the Ministry of Public Health introduced short-term and medium-term plans for the prevention and control of HIV/AIDS (Cameron, 2007: 22).

In 1989, the National HIV Sero-surveillance Program was established to monitor progression and evaluate control measures in both high risk persons and in the general public. The first round of the sentinel surveillance in 1989 raised HIV/AIDS awareness and transformed public perception (Punpanich et al., 2004). Faced with an unprecedented challenge that threatened the very fabric of Thai society, the HIV/AIDS policy was finally given top priority by the government, and the National AIDS Prevention and Control Committee was brought under the co-ordination of the Office of the Prime Minister, with the Prime Minister as chairperson by 1990 (World Bank, 2000: 1). In 1989, both the Thai government and the NGOs started informing the general public of the existence of the HIV/AIDS epidemic. The government and those NGOs promoted preventative measures against HIV infection among brothel-based female CSWs and their male clients. Condoms were distributed free of charge at hospitals and government-run STD (Sexually Transmitted Disease) clinics. A large number of posters, stickers and billboards for promoting condom usage were produced and distributed throughout the country (Nakai, 2006: 12).

The Thai government conducted a nationwide “100 Percent Condom Campaign” with NGOs in 1991-1992, following the successful program implementation in Rachabui province in 1989 and thirteen other provinces in 1990 (Punpanich et al., 2004). This program included a large-scale media campaign to promote condom use, the distribution of condoms to brothels and other sex establishments, rigorous enforcement to ensure compliance, and a vast increase in the availability of treatment for sexually transmitted infections. Massive public education and information campaigns were launched via the media across the country. Radio and television started launching programs focusing on HIV prevention, including a mandatory 30 to 45 second AIDS education spot every hour (Nakai, 2006: 12). These messages emphasized prevention, behaviour change and condom use (Ainsworth et al., 2002). All ministries were actively involved in providing education and training to their staff and population groups with whom they work. In addition, every school was required to teach HIV/AIDS education in its classes (Nakai, 2006: 12).

Public health officials, brothel owners, the local police, and female CSWs collaborated at provincial and local levels to implement the program. It ensured compliance in all sex establishments. Compliance was monitored through Thailand’s extensive network of STD treatment clinics and the public health service’s list of sex establishments. Sex workers were screened for STD weekly or semi-weekly at government clinics. Condoms were distributed free to sex establishments, and sex workers and their clients were required to use them. Compliance could be checked by tracing male STD patients back to the brothels where they presumably were infected. Health workers could then follow up with visits to the brothels, providing additional information and condoms (Ainsworth et al., 2002).

These safe sex campaigns including massive media campaigns were widely regarded as responsible for the dramatic reduction in new HIV infections. While condoms had been used only in approximately 14% of sex acts with brothel-based female commercial sex workers before 1988, it rose to almost 70% by December in 1994 (Department of Communicable Disease Control, Ministry of Public Health, 2001).

In addition, the HIV/AIDS epidemic among female commercial sex workers in the Central and Northern regions fell from 30% in 1994 to 13% in 1999. The number of new infections was estimated to have peaked during the period 1995 to 1996 (Nakai, 2006: 15).

In the mid-1990s, a number of pilot programs with a HIV-antiretroviral drug (ARV), AZT (azidothymidine), were initiated in Thailand. Randomized controlled trials were carried out to evaluate the effectiveness of providing short-course AZT prophylaxis to prevent mother-to-child HIV transmission. The Thai Government Pharmaceutical Organization successfully launched the first low-cost generic AZT into the market in 1997 (Punpanich et al., 2004). In 2000, a new treatment using combinations of three or more ARVs started to be used to treat PLHAs in Thailand. This therapy, known as HAART (Highly Active Antiretroviral Therapy), can effectively prevent the virus from progressing to AIDS and prolong the lives of PLHAs (Ainsworth et al., 2002, Punpanich et al., 2004). Although Thailand established universal public health insurance coverage, the “30 Baht Healthcare Scheme,”⁵ in 2001, HAART was not included in its benefit package. However, the universal public outcry to include HAART in the benefit package, regardless of a patient’s economic status, was overwhelming. Thus, in 2004, the government announced that HAART would be covered under the public healthcare scheme (Punpanich et al., 2004, Nakai, 2006: 20).

In 2003, the Thai government made an official commitment to ensuring adequate treatment for all PLHAs and set a target to improve treatment access (UNAIDS, 2006). In addition, the new national plan for the prevention and alleviation of HIV/AIDS (2002-2006) aimed at reducing HIV prevalence and providing access to care of and support for more PLHAs (UNAIDS, 2006). As a result, the number of people treated with HAART greatly increased. It is estimated that in 2007, 153, 000 PLHAs received HIV-antiretroviral therapy in Thailand. Thailand succeeded in reducing the number of

⁵ The health care system which covers the middle or low income population in Thailand. The system, introduced in 2001, aims to provide the same quality of service as those covered by other forms of insurance. Under this scheme dubbed the “30 Baht Healthcare Scheme,” people buy a gold card that entitles the holder to medical care and treatment for a single fee of 30 baht (Towse, n.d.: online).

people who died of AIDS with the peak in the number of deaths from HIV/AIDS coming in 2001. The national HIV prevalence declined down from 1.7% in 2001 to 1.4% by 2007 (UNAIDS/WHO, 2008).

2.2 School Education on HIV/AIDS in Thailand

School education on HIV/AIDS was initiated in 1990 in Thailand. The Ministry of Education has collaborated with several non-governmental organizations in developing and implementing in-school HIV/AIDS education activities. Several orientation courses for teachers and educational administrators have been conducted in various parts of the country. The Ministry of Education launched peer education programs⁶ among students and held an annual national competition for schoolchildren to write essays about HIV/AIDS, which was able to raise their level of awareness of HIV/AIDS (Porapakkham et al., 1996, Punpanich et al., 2004, Yamamoto and Itoh, 2006: 256).

In Thailand, school-based HIV/AIDS education is incorporated into the primary level schools as “Life Experience” and “Character Development.” Positive attitudes and solving personal and social problems are addressed. At the secondary school level, the focus is on HIV/AIDS information and on teaching students how they can protect themselves from STD (Finger, 1993, Punpanich et al., 2004). The curriculum permits the inclusion of more details on AIDS-related issues. For instance, the health and physical education curriculum deals with infectious diseases, sexual adjustment, mental health, and the prevention of drug abuse. Some of the science and social studies subjects have allowed the integration of material relating to HIV/AIDS and its prevention into the curriculum (WHO/UNESCO, 1990: 50).

⁶ Peer education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers. Rather than health professionals educating members of the public, the idea behind peer education is that ordinary lay people are in the best position to encourage healthy behavior to each other.

HIV/AIDS knowledge was included into compulsory subjects, elective subjects and activities, such as sports, art, boy/girl scouts, Red Cross and girl guides (UNESCO, 1990: 27). The strategies of the HIV/AIDS education evolved to include life skills empowerment in Thai youth rather than just behaviour modification so that their culture, peer pressure, and norms would promote safer sex behaviour (Finger, 1993).

2.3 HIV/AIDS-Related Discrimination and Stigmatization

Since its appearance in 1984, negative images of HIV/AIDS have become firmly rooted in Thailand. These images made deep-rooted HIV/AIDS-related discrimination and social stigmatization and have had serious negative impacts on PLHAs and their families throughout the country.

As previously mentioned, some scholars such as Graham Fordham and Chayan Viddhanaphuti argue that the negative social image of HIV/AIDS and PLHAs, the wave model of HIV transmission, the notion of “high-risk groups” and the particular focus on prostitutes as an “amoral other” in Thai society were particular social constructs which seemed effective and reasonable explanatory devices largely because they resonated with and reinforced pre-existing images and prejudices about peripheral social groups, particularly women such as prostitutes. Fordham indicates that “negative side effects” of Thailand’s anti-HIV/AIDS programs had actually encouraged prejudice against and the stigmatization of PLHAs in Thai society itself (Fordham, 2001: 259-316). The initial victims of HIV/AIDS were already marginalized and stigmatized groups in Thai society, such as MSMs, IDUs and CSWs (Chayan, 1999). The HIV/AIDS campaign with the concept of “high-risk group” also legitimated and reinforced existing social prejudices about such groups defined as “dangerous” and “deviant populations,” and which became the target of reformist interventions (Fordham, 2001: 259-316). Once they are infected with HIV/AIDS, they are considered to be the “reservoir” which breeds and passes the virus to other groups and/or ordinary people. They are even more

stigmatized as “sexually promiscuous” groups whose behavior is sinful according to Buddhist norms. Such a perception toward PLHAs prevails in Thai society where the majority of the people are Buddhist and has led to the view that they deserve to be punished by their own “*karma*” (Chayan, 1999, Bangkok Post, 29 July 1987: 4).

In 1989, both the government and the NGOs started informing the general public of the existence of the HIV/AIDS epidemic in Thailand. They promoted preventative measures against HIV among brothel-based female CSWs and their male clients. The educational campaign using posters, stickers and billboards, which showed graphic images of various symptoms and included warning slogans such as “*AIDS pen leo tai: raksa mat hai* (Once you get AIDS, there is no way to cure it)” and “*Samson thangphet, mua khem chitya, AIDS rai tam ma, chiwit tueng tai* (promiscuity and sharing needles for illicit drug use, dangerous AIDS will follow you to death)” were distributed nationwide (Nakai, 2006: 8).

The National HIV Sero-surveillance Program was established to monitor progression and evaluate control measures in 1989. The monitoring approaches included the changing trends of behaviour, HIV infection, and infection with other STDs. The system had been tailored to the corresponding phases of the epidemic. By identifying high-risk groups and behavioural trends as a high priority, the program had provided a rational basis for resource allocation and evaluation of the control programs (Punpanich et al., 2004). However, mandatory reporting of names and addresses of PLHAs to Ministry of Public Health breached human rights and created stigmatization (Yamamoto and Itoh, 2006: 257).

In 1991, the government launched a massive information campaign via television and radio spots, and using documentaries, handbooks, pamphlets, posters, audiovisuals, training manuals, slide sets, and cartoons (Boonchaluksi et al., 1995). Graphic images of the diseased bodies of AIDS patients appeared in leaflets, posters video, public announcements on television, at exhibitions and in booklet form. Those campaigns also identified certain groups of people, such as MSMs, IDUs and CSWs, as “high-risk groups” and helped reinforce the negative image of PLHAs as “dangerous others”

(Chayan, 1999, Nakai, 2006: 13). The media spread this perception throughout society and sometimes compared PLHAs to murderers or to an enemy which should be repressed entirely. A cartoon depicting a figure with bloody fangs and a sword and a statement describing AIDS as a “disaster” or “silent danger” were used in the government’s AIDS campaign. This further depicted PLHAs as “others”, and exacerbated the discrimination and social stigmatization against them in Thailand (Chayan, 1999). Although the Thai public eventually started to gain knowledge of HIV/AIDS prevention, an uncontrollable fear of casual contagion also became firmly established in the minds of many. Thai people in general were fearful about physical contact with PLHAs because they believed that HIV/AIDS could be transmitted through casual contact. Some PLHAs were abandoned by their families, who were traditionally regarded as primary providers of caring for the sick persons in Thai society, and some were fired from their jobs and suffered financial problems (Nakai, 2006: 9).

In light of the above situation, from the end of the 1980s, many NGOs were established to exchange experiences and information, and to reduce duplication of work and assemble a stronger, more unified front for advocacy campaigns. Many of these NGOs were working among stigmatized social groups, developing participatory forms of AIDS education and client-centred counselling and support services, as well as campaigning for a human rights-based approach (United Nations Development Programme, 2004: 26-27). In the early 1990s, several AIDS hospice projects were started by some religious organizations and NGOs to provide palliative care for abandoned PLHAs (Nakai, 2006: 16-17). HIV/AIDS self-help groups also began to emerge in Northern Thailand, where the HIV/AIDS epidemic was extremely serious, in order to seek ways for their own survival and societal acceptance (Tanabe, 2003: 161-188). These groups and their counterparts elsewhere in the country were offering peer support and community AIDS education activities, and trying to offset the stigma and discrimination surrounding the epidemic (United Nations Development Programme, 2004: 26-27).

At the national level, the Thai government required mandatory reporting of HIV infections and passed regulations which sought to isolate and detain PLHAs. However, these measures to control the epidemic were opposed by NGOs who successfully lobbied for the abolition of such mandatory regulations. The principle of voluntary, anonymous, confidential counselling and testing for HIV/AIDS was then established in 1991 (Yamamoto and Itoh, 2006: 257). The Centre for AIDS Rights was established in Bangkok in 1993. Business executives formed the Thailand Business Coalition on AIDS (TBCA) to prevent discrimination against PLHAs in the workplace. After 1994, both NGOs and the government started making more conscious efforts to reduce the negative impact of the fear tactics they had initially used. TBCA offers business sector training courses and technical assistance, encouraging non-discriminatory programs in the workplace (Nakai, 2006). In the National Plan for Prevention and Alleviation of HIV/AIDS for 1997–2001 (the Plan of 1997–2001), guidelines for Legal Measures were developed for the government attorney, NGOs, and the community in order to create a positive attitude among the general public and to protect the human rights of PLHAs. Funds were allocated to support social welfare and assistance for PLHAs and their families (Yamamoto and Itoh, 2006: 259-260).

Viewed in light of the above efforts, it would seem that the circumstances concerning PLHAs have been improving in Thailand. However, deep-rooted prejudice and discrimination against PLHAs still exist in the country. There is still no end of cases of workers who are discharged only for the reason that they are PLHAs, or that children infected with HIV are forced to transfer to other schools. For example, the Bangkok Post's May 27, 2009 issue reports that some schools are forcing children from a child welfare organization, Baan Home Hug⁷ in Yasothon Province, Northeastern Thailand, to leave after learning they are infected with HIV. Three HIV-infected children from this child welfare organization were asked to leave a kindergarten in a northeastern province, and another HIV-infected boy who was about to start Grade 7 was rejected by the

⁷ Baan Home Hug, founded in 1989 and also known as the Suthasinee Noi-In Foundation for Children and Juveniles, takes care of abandoned children, including those infected with HIV and victims of sexual abuse.

school because of his medical condition. Chuanchom Sakonthawat, the director of the AIDS Institute at Khon Kaen University, said that “despite the policy to eradicate discrimination against PLHAs, the problem still exists and that public health authorities in the provinces must urgently tackle the discrimination faced by HIV-infected children.” The Bangkok Post also quotes Suthasinee Noi-In, the founder of Baan Home Hug, as saying that “the discrimination against HIV-infected children shows the failure of the Public Health Ministry’s campaign to create better public understanding of HIV/AIDS, and that many people, even knowledgeable people such as teachers and directors of schools, still lack understanding of HIV/AIDS” (Bangkok Post, 27 May 2009: 1). These cases clearly illustrate that many PLHAs still face tremendous social difficulties in Thai society even today, some 25 years after the first HIV/AIDS case was reported.

2.4 The Threat of a New HIV/AIDS Crisis Among the General Public

Even though Thailand has succeeded in stemming HIV/AIDS epidemic with the vigorous campaigns by Thai government and NGOs in the early 1990s and the following various anti-HIV/AIDS programs, and the medical situation of PLHAs has dramatically improved with such treatments as HAART, composed of multiple HIV-ARVs, it is estimated that 15,000-20,000 persons are still becoming HIV positive each year (Roberts, 2008: 78-79), and that 30,000 patients died from HIV/AIDS in 2007 alone in Thailand (UNAIDS/WHO, 2008).

At present, Thailand has data which suggests contributing factors to the growth of a new HIV/AIDS crisis. Despite of a sharp decline in the new HIV infection rate in the general population, HIV prevalence rates are growing among young people, women, migrants and ethnic minorities (UNDP, 2004: 47). This increase in HIV prevalence rates among women and youth, who are not “high-risk groups” but the average man on the street, is very disturbing because of the possible impacts such a resurgence of

HIV/AIDS among the population at large may have on Thai society itself. However, the above data seems to confirm the disturbing possibility of a resurgence of a new HIV/AIDS crisis together with the ugly social issue concerning HIV/AIDS as well as the continuance of discrimination against and stigmatization of PLHAs in contemporary Thailand once again rearing their ugly heads.

2.4.1 Increase of the HIV Prevalence Rate Among Women

It is estimated that approximately one-third of adults living with HIV/AIDS in Thailand are women and almost a half of new adult infections in Thailand occur among women, most of whom have been infected by their husbands or boyfriends. According to the data from the Department of Disease Control, the rate of female infection in 2001 to all new AIDS patients due to sexual transmission was 31.5%, and in 2007 the rate rose to 40.7% (Epidemiological Information Section, Ministry of Public Health of Thailand, n.d.- a.: online). This data seems to indicate that women lack any say in condom use in order to protect themselves from HIV in sexual intercourse. This is evidenced by the rapid spread of HIV from male clients of commercial sex workers to their wives. One reason may be the traditional submissive role of women in relationships with their husbands or partners especially in rural areas.

In addition, violence is another factor that puts women at greater risk of HIV infection. Using condoms is almost non-existent in such incidents, and the threat of violence often prevents women from negotiating for safe sex.

2.4.2 The Changing Trend of HIV/AIDS Risk Behaviours Among Young People

Recent evidence suggests that there has been resurgence in unsafe sexual behaviours among the younger generation whose sexual behaviour has been undergoing

change. Available data on sexual risk behaviour among Thai young people indicates an increase in the levels of premarital sex, the majority of which is unprotected sex.

According to the data researched thus far, the percentage of eleventh grade students in 2003 who have had sexual experience increased from 9.5% in 1996 to 15.8% among male students, and from 3.5% in 1996 to 5.7% in 2003 among female students (Joint United Nations Programme on HIV/AIDS in Thailand, 2004: 14-15). Moreover, the data concerning the rate of sexual experience of eleventh grade male students with commercial sex workers during the last twelve months shows that the trend is continuously increasing from 1.6% in 2000 to 2.6% in 2003⁸ (Joint United Nations Programme on HIV/AIDS in Thailand, 2004: 14-15). This data may suggest that sexual behavior among young people has been changing in a wave of sexual freedom brought about by the rapid modernization or Westernization which is occurring in Thailand. Sense of values among the young generation has also been rapidly changing. Indeed, according to the data from the Department of Disease Control, Ministry of Public Health of Thailand, the rate of the AIDS patients among young people aged between 15 and 19 years old from 2005 to 2008 has been gradually, but certainly increasing although the total number of AIDS patients has been greatly decreasing during this same period (Epidemiological Information Section, Ministry of Public Health of Thailand, n.d.- b: online).

In addition, according to the data from ABAC Poll⁹, investigating sexual behaviour of Grade 7-12 students living in Bangkok, conducted from 4-12 February 2009, 13.2% of the 1,843 students replied that they had already had sexual experience. Moreover, the data shows that 84.3% of the students who have had sexual experience have had unprotected sex (Siam Rath, 2009: 11).

These facts suggest that the change of sexual behavior among young people is to be one of the significant contributing factors to the growth of a new HIV/AIDS crisis in contemporary Thai society.

⁸ Remark: A non-probability sample was used to select 20 provinces and simple random sampling was used to select schools and 350 students per province for this research.

⁹ Polls conducted by the ABAC Poll Research Center, Assumption University.

It appears that Thailand still has significant issues contributing to the continued growth of the HIV/AIDS epidemic. Attitudes towards HIV/AIDS have certainly been changing. Although important successes have been achieved, there are still gaps in the existing campaigns. The HIV/AIDS epidemic is not yet over, and it is no longer a disease among specially categorized “high-risk” groups in Thailand. At present, Thailand faces a threat of a future HIV/AIDS epidemic among the general public. From the perspective of education for the prevention of HIV/AIDS, any efforts must include the general public, and specifically the young generations, who will form the base of the future society. The above data strongly suggests that HIV/AIDS education must begin with school-aged children/adolescents before they become sexually active. The general public must also be included because they have forgotten that HIV/AIDS even exists because of other more pressing outbreaks of diseases such as avian influenza, swine influenza (2009 flu), and so on. To effectively deal with the HIV/AIDS crisis using only the former approaches, which have focused on condom usage will certainly be difficult indeed.

2.5 Buddhist Projects and Development Monks Supporting PLHAs in Thailand

In Thailand, the temple was the centre for life in the traditional village community. The Buddhist monk played the leading role not only as a spiritual leader, but also as a teacher, a doctor, and an advisor for the villagers’ daily life. However, these roles disappeared during Thailand’s modernization since the reign of King Rama V. A new infrastructure was built, education was modernized and provided by the state, and government hospitals were built during this period. Through this modernization, Buddhist monks lost their traditional “secular functions”, and became engaged exclusively in studying Buddhist scriptures, practicing Buddhist teachings, and

performing rituals (Ishii, 1986: 26-27, Nozaki, 2003: 105).

New movements of Buddhist monks' participation in community development can be traced back to the 1960s in Northeastern Thailand, which is known as an economically less developed area (Nozaki, 2003: 94, Okabe, 2004). Those monks put into practice various remedies and development projects for villagers in order to relieve their hardships and improve their lives. Akira Nozaki states that the "development monks" have endeavoured to promote material development, based on spiritual development, by cultivating the local people's participation, their cooperation, solidarity, and self-reliance (Nozaki, 2003: 94-98).

Although Buddhist temples in Thailand have traditionally played a role in caring for sick people, most monks in the epidemic areas were not eager to take care of PLHAs and some still see the plight of the infected as "deserved," that is, according to the law of karma or "as ye sow, so shall ye reap." As recently as late 1995, a well-known senior monk in Bangkok in a sermon said that "AIDS patients need not be pitied" (Porapakkham et al., 1996). Despite such attitudes by some monks, there are a few Buddhist temples led by monks who have been able to convince communities of the need to provide care and support for PLHAs based on the Buddhist teachings of loving-kindness (*metta*) and compassion (*karuna*) for all beings. Increasingly, these temple-based programs are being integrated into the local community.

Buddhist temples and monks who have been actively working for HIV/AIDS care in various ways have been divided into two groups: 1) monks who operate temple-based hospices for PLHAs, and 2) monks who emphasize HIV/AIDS advocacy and living together with PLHAs. This section introduces examples of Buddhist temples and monks who are actively caring for AIDS patients and undertaking activities for PLHAs in Thailand.

2.5.1 Buddhist Temples as an AIDS Hospice

Baan Phuean Cheewit

Baan Phuean Cheewit (Friends of Life House), which closed its doors in 2004, was a hospice adjoining Wat Mai Huay Sai Buddhist temple established by a Thai Buddhist monk, Phra Phongthep Dhammagaruko in 1993. It was located in the suburb of city of Chiang Mai in Chiang Mai Province. This hospice, established as a temple hospice for AIDS patients living in Chiang Mai, assisted PLHAs who had been abandoned by their families and instructed the families in how to care for PLHAs (International Association for Hospice & Palliative Care, n.d.: online, Urasaki, 2002).

Phra Phongthep emphasized that this hospice was a model which showed that it was possible for PLHAs to live together with people in the community around the hospice. He tackled HIV/AIDS problem, which is still a serious social issue, on the basis of recognition that it was important also for Buddhist monks to play a role in solving social problems. When PLHAs entered the hospice to stay, the temple asked their families' consent and strongly insisted on their families' cooperation in caring for them. In addition, when their condition got better, going home was strongly recommended. This temple also trained willing family members on how to properly take care of AIDS patients.

A building constructed with the cooperation of the Japanese Embassy was located in the hospice as a base for HIV/AIDS education at the community level. This building contained a library which had various books dealing with HIV/AIDS and a visual aids room to introduce people to the actual condition of PLHAs. Moreover, the hospice created a manual for helping PLHAs, which provided information concerning HIV/AIDS symptoms and the details of various opportunistic infections. Meals and health care for PLHAs were also described in detail in this manual for the PLHAs and their families (Urasaki, 2002).

In the daily life in the hospice, the patients chanted with the monks. Moreover, the monks invented the meditation method named “kam-bee vipassana (close-and-open-hands meditation)” and practiced it in daily care in the hospice. This method consisted of simple movements of closing and opening the hands. Closing the hands means “attachment” or “clinging to” and is the symbol of “suffering” according to Buddhist Four Noble Truths, and opening the hands means “release” from suffering and is the symbol of “peace” or Nirvana. This practice aimed to make the patients gain some measure of release from “suffering” produced by clinging to “life” (Urasaki, 2002), in their case, the physical suffering being caused by HIV/AIDS and the suffering from discrimination and/or stigmatization because of being PLHAs.

Although this hospice closed in 2004, they had provided care for a total of about 1,400 PLHAs until their closing. Most importantly, this hospice and the monk certainly made great effort to live with PLHAs and contributed to providing knowledge concerning HIV/AIDS and the way to care for PLHAs to their families and people living around them.

Other temples associated with temple-based hospices are also caring for PLHAs, such as Wat Thep Charoen, located north of the city of Chumporn in Chumporn Province, and Wat Phra Bat Nam Phu in Lopburi Province. The Wat Thep Charoen hospice program was founded by a Buddhist monk, Phra Khruu Wilard, in 1996 (Kubotani and Engstrom, 2005).

2.5.2 HIV/AIDS Advocacy and Living Together with PLHAs

Wat Doi Saket

Wat Doi Saket is located in a rural setting on a hill overlooking the village of Doi Saket to the northeast of Chiang Mai. The chief monks of this temple have been involved in community development from the second half of the 1970s. They have been

involved with the local community by means of several projects such as establishing a training centre for youth in the temple, founding a meeting place for elderly people and a vocational training centre.

These projects have been overseen mainly by two chief monks of the temple, Phra Khru Mongkhongsinwong and Phra Khru Soponpariyatsuthi (Chiranuch, 1999: 40-42). One of the activities of Phra Khru Soponpariyatsuthi which attracted people's attention is the "Doi Saket Group of Widows (*Klum Maemai Doi Saket*)", which was set up in the compound of the monastery Wat Doi Saket, Chiang Mai in 1989. This group consisted of widows who were themselves infected with HIV/AIDS from their husbands and who were faced with discrimination in the community and severe difficulties in bringing up and educating their children. The "coming-out" on their HIV-positive status of these AIDS widows stimulated the movement through which isolated PLHAs began to gather to meet in order to share their experiences with each other and to appeal for people's understanding of the social and medical problems that confronted them within the society (Tanabe, 2003: 166). These HIV/AIDS widows approached the government, who helped them to get support from NAPAC (Northern AIDS Prevention and Care Program), an Australian donor agency. The widows have set up a co-operative making handicrafts to support themselves and their children. Phra Khru Soponpariyatsuthi offered them space in the temple grounds for their projects. It must be emphasized that this is not an HIV prevention program but is a way for HIV/AIDS widows to survive the loss of their husbands, to deal with discrimination, and to build solidarity with each other (Beyrer, 1998: 122).

In the early 1990s, following the lead of the Doi Saket Group, many similar PLHAs self-help groups united and have developed plans for their own survival, improvement in their health, and their social acceptance (Tanabe, 2003: 167).

Wat Hua Rin

Wat Hua Rin is a Buddhist temple located in San Pa Tong District in Chiang Mai Province. This temple is an example of Buddhist temples actually undertaking activities which work for PLHAs in the community in Thailand. Wat Hua Rin has provided PLHAs with free of charge training in tailoring and has conducted the “Samue Sewing Project.” As a result of these programmes, many youths are now able to earn extra money to support their families in their time of need.

The “Samue Sewing Project,” “Samue” being traditional Japanese clothing worn by country people in Japan, is promoted by Wat Hua Rin in cooperation with a Japanese NGO and the Jinguji Buddhist temple located in Nagano Prefecture, Japan, in order to provide financial and moral support to female PLHAs living in Wat Hua Rin’s lay community. The Japanese NGO exports the Samue clothing sewn by the PLHAs at Wat Hua Rin to Japan, and sells them at the Jinguji temple. Such activities at this temple provide opportunities for PLHAs to communicate with each other and other people in the local community, as well as provide physical, mental and financial support to PLHAs, and illustrates the effectiveness of HIV/AIDS activities by Buddhist temples and monks not only at the local community level, but also at the national and the international community level by working with NGOs and temples in other communities and foreign countries such as Jinguji temple in Japan (AIDS Support Project ACCESS 21, n.d.: online, Okabe, 2004).

Sangha Metta Project

The Sangha Metta Project, a project dealing with HIV/AIDS education program for Buddhist leadership initiative all over East Asia and the Pacific, was launched by instructors and Buddhist monks at the Lanna Campus of Mahamakut Buddhist University in Chiang Mai in 1998 (Maund, n.d.: online, UNICEF, 2003.).

The Sangha Metta Project encourages monks and nuns to offer practical and spiritual help to PLHAs and to assist their communities to be more understanding of and caring for PLHAs. The project provides specialized training and support to a network of monks and nuns. The training covers awareness-raising, education for prevention, participatory social management skills and tools, encouraging tolerance and compassion for PLHAs in the community, and provides direct spiritual and financial support to PLHAs and their families. Back in their local communities, the monks and nuns apply these skills in a way that fits in with local needs and makes use of the available local resources (Maund, n.d.: online, UNICEF, 2003).

To date, the Sangha Metta Project has educated more than 3,000 monks and nuns in Thailand, and has also provided training and advice for monks and nuns in Cambodia, China, Viet Nam, the Lao PDR and Myanmar through UNICEF (UNICEF, 2003).



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CHAPTER III

PHRA ALONGKOT

AND

HIS HIV/AIDS ACTIVITIES

The objective of this chapter is to study Phra Alongkot Tikkhapanyo's activities in caring for PLHAs and providing HIV/AIDS education at Wat Phra Bat Nam Phu and at the community level. The chapter consists of field-based research on Phra Alongkot's HIV/AIDS activities at Wat Phra Bat Nam Phu and at the community level, and of the interview with the monk himself, conducted at Lumpini Night Bazaar in Bangkok on 24 October 2009. The interview with the monk is listed in Appendix B.

Documentary research consisting of data from published material and data from various websites has been used to support the data collected by the field-based research. The field-based research was conducted from 2 August 2009 to 1 December 2009, and collected data from my own personal observations and from interviews with the temple's lay staff, a volunteer staff, medical doctors, a nurse, and a teacher at the temple and at the Thammarak Niwet Project 2 (a project constructing a housing village for PLHAs), located in Nong Muang District, Lopburi Province.

3.1 Phra Alongkot Tikkhapanyo and Wat Phra Bat Nam Phu

Located on a hill in a small rural town in Lopburi Province, 120km north of Bangkok, Wat Phra Bat Nam Phu is a Buddhist temple which has been providing care for PLHAs and includes a hospice for AIDS patients. In 1992, Buddhist monk, Alongkot Tikkhapanyo turned an ordinary upcountry Buddhist temple into a small

hospice to care for AIDS patients who were in serious condition (Wat Phra Bat Nam Phu, n.d.: online).

Alongkot Phonlamuk was born in the northeastern Thai town of Nong Khai in 1955. He was schooled in Bangkok, and then studied for a Bachelor of Engineering Degree at Kasetsart University. In 1979, he went to Australia to study for a Masters Degree in Engineering at the Australian National University, Canberra. Soon after returning to Thailand in 1984, he worked in the Thai civil service as an academic in the Ministry of Agriculture and Cooperatives. Then, he was ordained as a monk, which many young Thai men traditionally do for a short time to make merit for their parents. After having received the monastic name, Alongkot Tikkhapanyo, he moved to Wat Phra Bat Nam Phu, a small temple in Lopburi Province in 1990 (Wat Phra Bat Nam Phu, n.d.: online).

It was while visiting a hospital in the area in 1992 that Phra Alongkot met a dying AIDS patient and had his first experience of the reality that PLHAs lived with in society¹⁰. In the interview with Phra Alongkot, he said, “The patient’s family and friends had shunned him. Society had shunned him. It was a moving experience, and one that got me thinking.” It was this experience of seeing for himself a dying AIDS patient who had been abandoned and deserted by his family and relatives that moved him to commit himself to helping PLHAs and thus start the temple-based hospice at Wat Phra Bat Nam Phu.

Phra Alongkot decided to set up a temple-based hospice in Wat Phra Bat Nam Phu. The hospice started out as a small hospice with only eight beds to care for AIDS patients who had been shunned by society. Initially the monk encountered opposition when he brought AIDS patients to the run-down temple, set against a mountain and overlooking the cornfields of Lopburi. Other monks said it was not the role of Buddhist monks to care for PLHAs¹¹. In the interview with Phra Alongkot, he said, “Everybody said, ‘Don’t be repelled by PLHAs. We should be compassionate and should support

¹⁰ Phra Alongkot Dikkapanyo, interview, 24 October 2009.

¹¹ Phra Alongkot Dikkapanyo, interview, 24 October 2009.

PLHAs.’ However, people could not understand why it had to be done at a temple. They think that caring for PLHAs should be solely the responsibility of medical doctors. When we provide care based on loving-kindness (*metta*), humanitarianism (*manussayatham*) does not conflict with religion.” What Phra Alongkot seemed to be saying was that talk is cheap, so people talk about the way things should be, but in the end they do nothing except talk. Let somebody else do it.

Even though Phra Alongkot’s intention to help PLHAs can be viewed as a worthy endeavour, he encountered obstacles from local people who lacked appropriate knowledge of HIV/AIDS, and as such, the local community was also strongly opposed to the idea of having a group of PLHAs living in their own backyard, so to speak (Wat Phra Bat Nam Phu, n.d.: online). Phra Alongkot said, “At first, I felt strange because I did not dare tell others that those people were PLHAs. I had to conceal it although I had not intended to do so. This was because I was afraid that it would cause a strong negative effect on the PLHAs. Even the monks in the temple didn’t know about the PLHAs who were then staying there.” After learning that PLHAs were being cared for at the temple, repercussions were such that some local villagers refused to offer food (*sai baat*)¹² to Phra Alongkot on his morning alms round because of fear that the simple act of putting food into his bowl might infect them with AIDS¹³. Once a delegation of corn growers approached the temple because they feared that the run-off water used at the temple would run down into their fields, thus infecting their corn with AIDS, and their corn would be unable to be sold at any of the local markets (Wat Phra Bat Nam Phu, n.d.: online). These incidents show clearly the dark cloud of ignorance concerning HIV/AIDS that existed at that time. The above-mentioned experience may have given Phra Alongkot a taste of what the PLHAs had experienced in their own communities, and this experience could be the reason why he became more sympathetic with the PLHAs and made it the driving factor to devote his life to changing Thai society’s attitude towards HIV/AIDS and PLHAs.

¹² The practice of lay people putting food into the monks’ bowls as an offering when they walk on their morning alms round.

¹³ Ms. Manirat Chahong, interview, 14 October 2009.

Despite such opposition, Phra Alongkot persisted in taking care of the PLHAs then at the temple and has been providing HIV/AIDS care activities for over 17 years. According to data from Wat Phra Bat Nam Phu, when this present research was conducted, 130 patients suffering from HIV/AIDS, including those in the final stages, were residing in the temple (October, 2009). Ten of them are Buddhist monks who became monks under the Abbot, Phra Alongkot, after having come to the temple. The resident patients receive food, medicine and housing and a safe supportive community. The patients who are in less serious condition and who are strong enough to work help maintain the temple grounds, as well as help other staff in the hospital wards, offices, shops or kitchen. Some patients, after treatment and rehabilitation, choose to leave the temple, but in the end they often find themselves returning to the temple for refuge¹⁴.

Moreover, many family members of the PLHAs staying in the temple were also faced with economic problems. They have to work hard in order to earn living expenses for their families and hence have no time to take care of the patients whose intensive care became an additional financial burden¹⁵. Some of the PLHAs in Wat Phra Bat Nam Phu had lived alone in rented houses or rented rooms before coming to the temple. They had been evicted by their landlords when it was discovered they were suffering from HIV/AIDS. Landlords still tend not to allow PLHAs to live in their establishments because few other tenants want to live in the same building with them or even in a house close to the patient's house because of fear of becoming infected. Therefore, patients who found themselves homeless and alone came to the temple to ask for a place to live¹⁶. After several years, such deep-rooted prejudice and discrimination against PLHAs still exist in society today.

Phra Alongkot's HIV/AIDS activities are not limited to only caring for PLHAs at Wat Phra Bat Nam Phu. He established the Thammarak Foundation in 1994 as an umbrella organization, of which Wat Phra Bat Nam Phu is a part, for the purpose of encouraging HIV/AIDS prevention, supporting HIV/AIDS research and HIV/AIDS

¹⁴ Ms. Manirat Chahong, interview, 14 October 2009.

¹⁵ Mr. Chalin Khonman, interview, 25 October 2009.

¹⁶ Phra Alongkot Dikkapanyo, interview, 24 October 2009.

education, caring for patients suffering from other severe diseases, the handicapped, the elderly, sick monks, as well as for PLHAs within and/or outside the temple based on the Buddhist way of compassion and loving-kindness. At present, several projects are being undertaken by this foundation. The following two projects are core projects under auspices of the Thammarak Foundation: Thammarak Niwet Project 1 and Thammarak Niwet Project 2. Thammarak Niwet Project 1 is responsible for HIV/AIDS care and education activities at Wat Phra Bat Nam Phu, and Thammarak Niwet Project 2 is a project constructing a housing village for PLHAs, AIDS orphans and other people who face various social difficulties as explained above.

3.2 Wat Phra Bat Nam Phu and HIV/AIDS

3.2.1 HIV/AIDS Care

Facilities

Wat Phra Bat Nam Phu consists of several structures, including a large Buddha image standing on the crest of the hill. There are two main hospital ward buildings to care for AIDS patients. One of the buildings, named “Baan Walailak (Walailak Home),” founded in 1995, includes a ward which has 32 beds to care for AIDS patients who are in serious condition and who are no longer capable of taking care of themselves due to AIDS complications. The ward is partitioned into sub-units, each sub-unit containing 3-6 beds. Four beds allocated for AIDS patients suffering from tuberculosis are separated from the other sections in the ward.

The second building is a four-storied structure, named “Akhan Mettatham (The Loving-kindness Building),” and contains treatment rooms and has 28 beds to care for AIDS patients who are in less serious condition. This building also houses an ART (Antiretroviral Treatment) centre for PLHAs, named the “Centre of Hope.”

In addition, the temple compound contains 84 single and double-occupancy bungalows for PLHAs who are capable of self-care. There are also 86 larger bungalows for PLHAs who can live together with their families. These bungalows were built surrounding the other buildings, and they also serve as accommodations for volunteers coming from outside.

A kitchen and a cafeteria are located in the centre of the temple. Meals are provided to all patients three times a day free of charge. A small grocery store, which sells snacks and drinks, is also located in the temple. The patients can relax and have meals at tables and chairs placed around the cafeteria and the store. This atmosphere gives these patients a feeling of “normalcy.”

In the temple, several kinds of recreation are provided for the patients. The patients in not so serious condition enjoy playing several kinds of sports, such as table tennis, volleyball and football. A gymnastic room is also available for patients’ recreation and rehabilitation. In addition, some patients enjoy making handicrafts, and their works are sold at the temple to visitors. Physical exercise and doing something constructive with their time helps boost the morale of PLHAs by taking their minds off their condition.

The temple has a funeral hall and a gas compressor crematorium which can cremate up to six bodies at one time. During these past 17 years, the bodies of over 10,000 HIV/AIDS victims have been cremated at the temple¹⁷. In this temple-based hospice, death is seen by all and is an integral part of their everyday lives. More will be said below about death and mindfulness of death (*maranasati*) as an integral part of the temple’s philosophy.

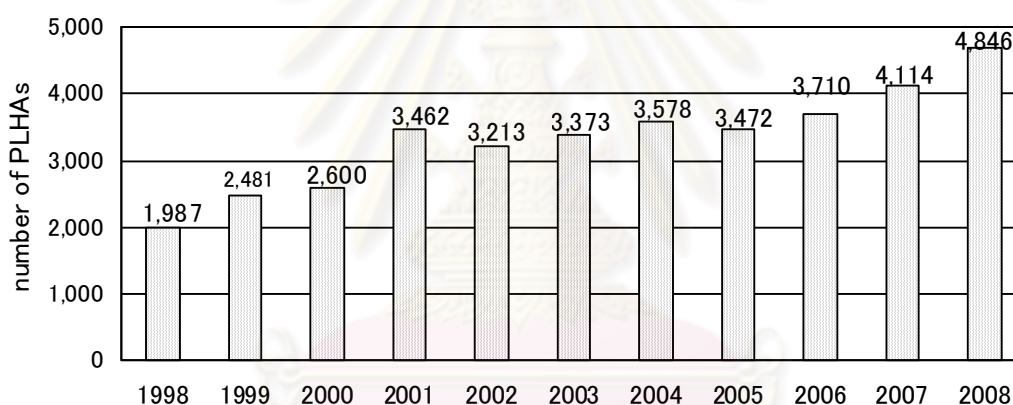
Even though Wat Phra Bat Nam Phu is a Buddhist temple and provides HIV/AIDS care based on the Buddhist teachings, religious background is not an obstacle for PLHAs to be admitted for care at the temple. Muslims and Christians have alike been provided care at the temple¹⁸. According to data from Wat Phra Bat Nam Phu,

¹⁷ Phra Alongkot Dikkapanyo, interview, 24 October 2009.

¹⁸ Ms. Manirat Chahong, interview, 14 October 2009.

since the hospice was established in 1992, the temple has provided care for more than 40,000 PLHAs. In 2008, 4,846 PLHAs stayed at the temple (Thammarak Niwet Project 1) or at a housing village for PLHAs called Thammarak Niwet Project 2 where they were cared for. This number of PLHAs being cared for at these two projects has been steadily increasing these past 17 years because of the increased residence capacity and improved facilities for more PLHAs in the temple and in the new project, Thammarak Niwet Project 2 (Chart 3.1).

Chart 3.1 The Number of PLHAs Receiving Care at Thammarak Niwet Project 1 and 2



(From data provided by Wat Phra Bat Nam Phu)

“Centre of Hope”

At present, effective generic HIV-ARVs, which can delay the onset of AIDS symptoms, are supplied by the Thai government, and are given to the patients. The Thammarak Foundation-Wat Phra Bat Nam Phu has joined hands with the Lopburi provincial government and AIDS Healthcare Foundation (AHF), which is a non-profit, Los Angeles-based (U.S.A.) global organization which provides HIV/AIDS treatment in 22 countries (AIDS Healthcare Foundation, n.d.: online), to provide a joint ART project and to create a community model for the delivery of HIV/AIDS treatment and care services for PLHAs in Lopburi Province. These partners established a model ART

centre, the “Centre of Hope,” which provides holistic and innovative medical treatment and care service, non-medical intervention, such as psychosocial counselling, and a training program for HIV/AIDS treatment service providers¹⁹. When the present research was conducted, 28 patients were being cared for in the centre (October, 2009).

Staff and Volunteers

Currently, 38 lay staff are working in Wat Phra Bat Nam Phu (October, 2009)²⁰. Some PLHAs who are not in serious condition and are well enough to work help these staff within and outside the wards. In addition, several volunteers from the outside, including foreigners, come on an irregular basis according to their free time to the temple and help care for the patients with other temple staff in the hospice. Some of them are students who stay in the temple as volunteers for short periods. According to data from Wat Phra Bat Nam Phu, from 1 January to 1 December in 2009, 83 volunteers from the outside, aged between 17 and 68, came to the temple to help care for PLHAs, 43 of them being foreign volunteers from various countries, such as the U.S.A, Japan, the Netherlands, Germany, the U.K., India, Switzerland and the Lebanese Republic. A Japanese volunteer, aged 47, said, “I have visited this temple to help AIDS patients as a volunteer several times so far. Even though my Thai is not enough, I can communicate with the patients through performing massage. This may be an opportunity for me re-evaluate my own life.” For these volunteers, the temple is a place to learn about the reality of HIV/AIDS as well as the importance of helping other people.

Care for PLHAs at Wat Phra Bat Nam Phu

Currently there are no medical doctors who hold Thai medical licenses and serve as resident physicians in Wat Phra Bat Nam Phu. One Thai doctor comes from Bangkok

¹⁹ Dr. Jutti Rattarasiri, a Thai doctor, interview, 12 November 2009, and from an information board in “Akhan Mettatham” building.

²⁰ The temple’s 38 lay staff consists of eight male staff, and 27 female staff, and 3 Thai nurses. Orawan Kaewpadcha, interview, 14 October 2009.

once a week, every Thursday or Friday to check the patients and prescribe medication. Three Thai nurses are working to care for the patients at the hospice. The patients periodically go to a local hospital, Lopburi Hospital, located seven kilometres from the temple for treatment and medications²¹. Basically, generic HIV-ARVs produced in Thailand are prescribed for the patients at this hospital because of the Thai governmental policy that those ARVs should be prescribed by government hospitals²². In addition, one Cambodian volunteer doctor and one Indian volunteer nurse, both of whom are supported by AHF, are staying in the temple. They provide basic medical care, following up ART and providing psychosocial counselling for the patients. Eight staff and several volunteers work on a rotating schedule helping the doctors and nurses care for the patients 24 hours a day.

The Cambodian doctor also provides HIV/AIDS education in conjunction with Lopburi Province and the temple as one of the services provided at the “Centre of Hope.” The doctor, who speaks basic Thai, visits schools and universities located in the province together with Lopburi provincial employees and the temple staff to provide HIV/AIDS education from the medical science perspective. They also visit groups/communities of migrant workers who come from neighbouring countries such as the Lao PDR, Myanmar and Cambodia²³. In addition, they sometimes visit public places, such as local train stations, bus stops and local markets, to distribute handbills with condoms in order to encourage HIV/AIDS awareness among the general public. The Cambodian doctor said, “One of the important things in HIV/AIDS education is to teach people on a person-to-person basis. Even though many local people may have information about HIV/AIDS provided by the government or any other media, some people, including the immigrants from outside Thailand, have fewer opportunities to get HIV/AIDS education. The temple provides HIV/AIDS education in the Buddhist way, and I provide HIV/AIDS education as a doctor and according to medical science.”

²¹ Mr. Chalin Khonman, interview, 25 October 2009.

²² Dr. Jutti Rattarasiri, interview, a Thai doctor, 12 November 2009. Dr. Vin Samnang, interview, a Cambodian doctor from AIDS Healthcare Foundation, 16 November 2009.

²³ Dr. Vin Samnang, interview, 16 November 2009.

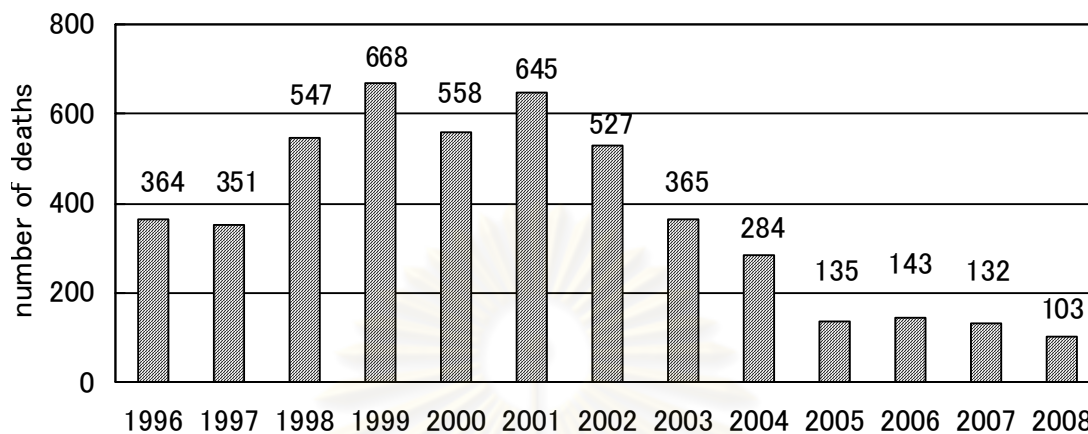
Face-to-face education provides the opportunity for questions to be asked and answers given, which printed information or other media cannot do. Thus, Wat Phra Bat Nam Phu is the place of dispatching of HIV/AIDS education based on both the medical science perspective and the Buddhist way of companion and loving-kindness.

In the ward for patients who are in serious condition, the nurses mainly change diapers, serve meals, provide consultation, and assist in medical treatment, such as intravenous drips and medicinal management for the patients, as well as helping with arrangements for those who have died in the ward. Other volunteers perform massage therapy by putting a compress on the affected part of the patients who complain of pains with medicinal herbs wrapped in gauze warmed in a steamer. In addition, they offer the patients assistance in drinking water, bathing, and cleaning up their excretions.

At present, effective generic HIV-ARVs, which can delay the onset of AIDS symptoms, are supplied to the patients by the Thai government. Fewer patients therefore die from AIDS than before in the temple, and many get well enough to take care of themselves and live on their own outside the temple²⁴. It can be said that this temple-based hospice is not a “hospice” as such any more, but has become an HIV/AIDS centre involved with all aspects of HIV/AIDS from caring for PLHAs, to disseminating information to the general public about the reality of HIV/AIDS and what they can do about it both in the way of caring for PLHAs and HIV/AIDS prevention. Indeed, according to data from the temple, the number of patients who die of AIDS at the temple has been decreasing since 2001, when 645 patients died (Chart 3.2). In 2008, 103 people died at the temple because they had come there already in very serious condition beyond the help of ART. It was the usual case that many of them had been made homeless because their families refused to care for them any longer, and they also did not have the financial means to go to a hospital for treatment before coming to the temple, but in their case their HIV/AIDS condition was too far advanced²⁵.

²⁴ Dr. Chalermpon Ponmuk interview, 21 November 2009.

²⁵ Mr. Chalin Khonman, interview, 25 October 2009.

Chart 3.2 The Number of AIDS-Related Deaths at Wat Phra Bat Nam Phu

(From data provided by Wat Phra Bat Nam Phu)

As for religious care for the patients, chanting and meditation practice are scheduled every day, as well as offering food to the monks (*sai bat*) on their morning alms round in the temple on any Buddhist holy days²⁶. Patients who are not in so serious condition also chant with the monks in the meditation hall, and some patients habitually practice meditation there as well and/or in their rooms¹². On Sunday mornings, Phra Alongkot visits patients' rooms to talk with them and/or gathers patients who are not in so serious condition outside of the ward to chat with them or to give them a sermon²⁷.

The patient's stage of the disease, his family situation, as well as financial condition are considered to determine eligibility for admission to the hospice. At present, it is estimated that at least 20,000 patients are waiting to stay in the temple²⁸. However, according to temple staff, it is difficult for the temple to accept more patients to provide care for them because of lack of space²⁹. Therefore, the temple is carrying out a new project, the Thammarak Niwet Project 2, to create a community village, including houses, schools and a hospital, for PLHAs, AIDS orphans, the elderly,

²⁶ Mr. Chalin Khonman, interview, 25 October 2009.

²⁷ Ms. Neerapa Wadwong, interview, 20 October 2009.

²⁸ Dr. Chalermpon Pomruk interview, 21 November 2009.

²⁹ Ms. Manirat Chahong, interview, 14 October 2009.

homeless, and other people who have less opportunity in society, in a place located in Nongmuang District, Lopburi Province

3.2.2 HIV/AIDS Education Activities for Visitors

Large Number of Visitors to Wat Phra Bat Nam Phu

Wat Phra Bat Nam Phu is open to the general public. In addition to caring for PLHAs, the temple provides information about HIV/AIDS for the visitors not by means of formal HIV/AIDS education such as found in schools, but by means of providing “experience” of the reality of HIV/AIDS which can be seen everywhere at the temple. According to data from Wat Phra Bat Nam Phu, approximately 180,000 people visited the temple in 2008, and it is estimated that over two million people have visited the temple during these past 17 years. An estimated 100,000 general visitors come to the temple every year from various places for their own purposes.

In addition to general visitors, 825 groups such as high schools, universities, companies and armed forces, totalling 76,866 people, visited the temple for HIV/AIDS education as part of their social studies curriculum in 2008. Of the 825 visitor groups, 207 groups consisting of 26,365 high school students with their teachers visited the temple as part of their social studies curriculum in that year (Chart 3.3).

According to the interview with Phra Alongkot, these schools approached the temple on their own with regards to bringing their students. They in turn bring the next group of students to visit the temple, and so on.

Chart 3.3 The Number of Groups and People Visiting Wat Phra Bat Nam Phu as Part of Their Education Curriculum in 2007 and 2008

	Year	Groups	Visitors
Junior High / High Schools	2007	242	34,233
	2008	207	26,365
Universities	2007	122	6,903
	2008	123	8,310
Governmental	2007	326	32,528
	2008	336	29,321
Companies	2007	95	6,222
	2008	53	3,642
The Armed Forces	2007	47	5,192
	2008	35	5,245
Others	2007	132	12,130
	2008	71	3,983
Total	2007	964	97,208
	2008	825	76,866

(From data provided by Wat Phra Bat Nam Phu)

Two large meeting halls in the temple are used to provide HIV/AIDS education for visiting groups. One hall named “Sun Kansuksa 2 (The Education Centre 2),” which has a seating capacity for 500, is mainly used for seminars for groups which visit the temple as part of their social studies curriculum. A large parking space is also provided near the entrance to accommodate large groups of visitors.

When visiting groups inform the temple in advance of their intention to visit, the temple staff arranges the schedule of their field trip at the temple and guides them around. Groups which consist of many members are divided into several sub-groups consisting of around 80-100 members, and each sub-group is guided around by the temple staff. These groups visit the wards, the museums, and a small open pavilion, called *sala* in Thai, in which bones and ashes from AIDS patients who died and were cremated at the temple are kept as well as the “Bone Art Garden” which will be

explained in detail below. Some groups which are not so large visit inside the wards. In the Education Center 2, a video concerning HIV/AIDS and the temple's activities is shown to the visitors. In addition to the video, performers who are PLHAs at the temple perform dances and appeal for HIV/AIDS awareness by telling their experiences as PLHAs.

General visitors other than the above-mentioned groups of visitors also have the opportunity to visit such museums and wards, and look around inside the temple. In addition, all visitors have the opportunity to meet and talk with the patients in the temple. Some visitors sit with one of the patients on a bench by the grocery store and chat with them. Some visit the wards and talk with the patients who are bed-ridden. By visiting the temple and meeting PLHAs, the visitors actually come face-to-face with the reality of HIV/AIDS. It is no longer the case of “out of sight, out of mind” and they may realize the patients they are talking to could very possibly have been them under different circumstances. This personal contact with PLHAs shows visitors that these PLHAs are just normal everyday people like themselves.

Museums

Two small museums are open to the public in the temple. One of them, named “Phiphithaphan Chiwit (Life Museum),” contains 19 embalmed or formaldehyded bodies, including three children's bodies, donated by the patients themselves who died from AIDS at the temple or by their families³⁰. Each display has a small board on which the photograph, the name, date of birth, date of death and the occupation of the dead person, and how he or she was infected with HIV, written in both Thai and English. Some of them were prostitutes and some were drug addicts. The other museum, named “Phiphithaphan Awaiyawa AIDS (Human Body Part Museum),” contains formaldehyded human body parts, such as internal organs, hands and feet donated by patients who died from AIDS at the temple. Those body parts were also donated by the

³⁰ Phra Alongkot Dikkapanyo, interview, 24 October 2009. Dr. Chalermpon Ponmuk interview, 21 November 2009.

patients themselves³¹.

In the “Life Museum,” several boards display explanations concerning this museum as well as poems concerning “life” and “death” based on Buddhist teachings, which are written in both Thai and English. Some of them are sermons of Thai Buddhist monks. Below is one of the poems displayed on one of the boards.

Life Museum

The spirit of those who have died here teach us how to think
 about our life and in the future.
 We understand that life is all around us.
 But sometimes we forget that we are connected to all of life.
 Death is a part of life and we forget to accept this truth.
 Death leads to the birth of new life.
 We invite all of you
 Who come to this place
 To be silent
 As you experience what you see here.
 This museum has many bodies
 That shows how death affects all of us,
 Leading us to the truth
 That in life we must do good for others.

(From a board displayed in the Life Museum, translation provided by the temple)

Another board posts the sermon of the well-known Thai Buddhist monk, Buddhadasa Bhikkhu³² concerning “no attachment” or “no clinging,” which is one of

³¹ Dr. Chalermpon Ponmuk interview, 21 November 2009.

³² Buddhadasa Bhikkhu (1906-1993) was a Thai Buddhist monk. Known as an innovative reinterpreter of Buddhist doctrine and Thai folk beliefs, Buddhadasa fostered a reformation in conventional religious perceptions Thailand as well as abroad. He went forth as a Buddhist monk in 1926, at the age of twenty. After a few years of study in Bangkok, he was inspired to live close with nature in order to investigate the Buddha-Dhamma. He worked painstakingly to establish and explain the correct and essential principles of what he called “pristine Buddhism,” that is, the original realization of the Lord Buddha before it was buried under commentaries, ritualism, clerical politics, and the like (Buddhanet.net, n.d.: online).

the basic Buddhist teachings because “dependent on clinging (*upadana*) arises becoming” and “dependent on becoming arises birth” (Payutto, 2003: 252-253).

There’s No “Me”!

“Me” myself doesn’t really exist,
 So where will you find “my wife and kids”?
 Not to mention “my wealth” or “my stuff”
 Because I don’t even have a “self” of my own!

If those are the facts, then whatever is it that
 Excites and sends body-mind moving around?
 It’s just body-mind, haven’t you noticed?
 Don’t you know that body-mind is not “self”?

It’s merely wonderful, profound natural change
 That thinks, feels, speaks, and acts according to causes
 Just ordinary blind aggregates and elements
 Don’t idiotically assume that “Me” exists.

(From a board displayed in the Life Museum)

Buddhadasa Bhikkhu inspired most of the monks involved in nature conservation and community development, and provided the link between the scriptural tradition and engaged Buddhist practice today. Progressive elements in Thai society, especially the young, were inspired by his teaching and selfless example. Since the 1960s, activists and thinkers in areas such as education, ecology, social welfare, and rural development have drawn upon his teaching and advice. Most of the monks involved in nature conservation and community development were inspired by him. He provided the link between the scriptural tradition and engaged Buddhist practice today (Buddhanet.net, n.d: online). The fact that Buddhadasa Bhikkhu’s poem is displayed in this museum suggests that Phra Alongkot has received a great deal of influence from Buddhadasa Bhikkhu’s example as a Buddhist monk working to relieve people’s hardship in society.

In the interview with Phra Alongkot, he said, “When I enter that museum, I feel the realization that when anyone dies, he cannot take anything with him. All that is left here is only our body. We have to have awareness (*sati*) and to live our lives without carelessness. We have to take care of ourselves and do good things for others.”

These poems confront the visitors with the message concerning this museum based on the Buddhist teachings. The dead bodies the visitors face are not fake ones but real ones, and they are those who died from AIDS. No one can escape the truth that death is part of life. All of us should have loving-kindness and compassion for others because all of us share suffering and illness in common, and death awaits all of us. These two teachings are integral to Phra Alongkot’s work.

In addition, the important Buddhist concept of “*maranasati*” is also written on another board, on which the personal history of a dead person is also written. According to P.A. Payutto and the *Maranasati Sutta* (translated by Thanissaro Bhikkhu), “*maranasati*” is “mindfulness of death” or “contemplation of death” and explains that mindfulness of death is for the purpose of realizing that death comes to us all and can come at anytime or in any form. It is an inescapable fact of life. Mindfulness of death will help us keep away from unwholesome deeds and encourage us to be aware of death and therefore no longer fear death. Mindfulness of death will encourage us to hasten to do good deeds (Payutto, 2003: 336, Thanissaro Bhikkhu, 2007: online). In the interview with Phra Alongkot about this museum and “*maranasati*”, he said, “To know the truth of life is, to realize that life means being born, experiencing old age, sickness and death. Realization of death is a good thing because it stops us feeling sad when the body rots away. Even though people passed away, they still think about this body that ‘it is mine.’ Buddhism explains one reason for rebirth is that we cling strongly to the idea that ‘it is our bodies,’ ‘it is mine,’ so we have to face the infinite agony of getting old, getting hurt, getting separated, losing a loved one, and so on. If you would like to be free from rebirth, you should not cling so strongly to this concept that ‘this body is mine’.”

Phra Alongkot explained that this museum is a “place for learning” or a “place for gaining knowledge and truth,” where visitors come to know that these bodies are

those of people who died from AIDS and that their deaths are real things, not the “stuff” of lectures at school or any other academic media. These museums tell us the importance of knowing the facts and the reality of sickness and death as an inescapable part of life.

Buddhist teaching stresses the importance of the realization of the truth of all compounded existence/life. “When Prince Siddhattha (the Buddha-to-be) set out from the royal gardens of his palace, he encountered the Four Great Signs: an old man, a sick man, a corpse and a monk, none of which he had ever seen before. When he thus learned of old age, disease and death, his mind became agitated by the miseries of the world” (Herbert, 2005: 24). This incident, seeing the truth of human existence, was one of the factors which lead him to take the path to become Buddha. Indeed, in the interview with Phra Alongkot, he explained that the temple displays those bodies in order to make people realize the truth of sickness as part of the human condition and impermanence (*anicca*) in this life and the problems concerning HIV/AIDS. “We can see this reality [of sickness, death, and impermanence] clearly in this museum,” the monk added. Not knowing the truth or ignorance is one cause of suffering. Buddhist teachings also explain about “dependent arising” (*paticcasamuppada*), which states that phenomena arise together in a mutually interdependent relation of cause and effect (Piyadassi, 1996: 45-46). The bodies displayed in the temple museum together with Buddhist teachings and the teaching of “dependent arising” make people think hard about cause and effect in relation to suffering from HIV/AIDS.

Some may say that displaying those bodies is an affront to human rights and human dignity even though they were donated by the persons who died. It is quite natural that people do not want to see such bodies, and that they do not want to die such a death. Indeed, the British newspaper the Sunday Times (April 13, 2008) carried Andrew Marshall’s article, “Is the temple of Buddha’s footprints the temple of doom?” which criticizes Wat Phra Bat Nam Phu. In this article, Marshall insists that this museum is successful in attracting thousands of tourists with its displays of mummified corpses in order to ask for donations (The Sunday Times, 13 April 2008:

online).

In the interview, Phra Alongkot explained, “Sometimes it [this displaying of dead bodies] causes some misunderstanding with foreigners and with non-Buddhists. For example, some who believe in other religions think that this violates human rights or human dignity, in view of rights and dignity according to the constitution. However, we think ‘this is a museum.’ The objective of museums is to give knowledge and truth to people for their benefit.” He also stressed that the temple does not have the intention to pillory PLHAs, but has a clear objective. “We have the intention to make it be good for others. We put the displays in the museum with the clear understanding that this museum is for the education of others.”

Since the “Life Museum” stands close to the main entrance of the temple, it is the first thing visitors see when they enter the temple. Large groups of visitors come into this museum. Most visitors look at the exhibits and read the boards without saying anything. These museums provide the visitors with Phra Alongkot’s clear message and that of the temple that the museums bear witness to the truth of Buddhist teachings and raise awareness about HIV/AIDS with its overwhelming presence at the temple as well as mindfulness of death.

“Sala of the Unwanted” and “Bone Art Garden”

At a small open pavilion, called *sala* in Thai, in Wat Phra Bat Nam Phu, countless bags made of white cloth which contain bones and ashes are stacked in front of a Buddha statue. These bones and ashes are from AIDS patients who died and were cremated at the temple during the last 17 years since the temple started caring for AIDS patients, and their weight is estimated to be over a ton³³. Phra Alongkot said, “AIDS patients have become the obligation of the temple. The relatives who send family members to the temple don’t want them to return home. Therefore, when the patients die, the temple carries out their funeral rites, cremations, and then packs up their ashes to be returned to their relatives. However, their ashes have often been sent back to the

³³ Ms. Manirat Chahong, interview, 17 October 2009.

temple because the relatives don't even want to keep their ashes" (Khom Chad Luek, 2003: 38). According to the data from the temple staff, about 70% of bones and ashes from people who died at the temple have been refused by their families or have not reached their families for any number of other reasons during these past 15 years.

In a small garden in the temple, 55 sculptured statues made from those unwanted bones and ashes from AIDS patients have been mixed with resin and are displayed as art to emphasize the HIV/AIDS problem. These statues were created by a relative of an AIDS patient who stayed at the temple with the cooperation of many other PLHAs staying there³⁴. On some statues, patients' bones and ashes are visible through the transparent resin which coats them. Some statues are abstract objects, and some form AIDS patients crying, screaming or dying. Indeed, many AIDS patients have died at the temple, many of whom were disowned by their relatives. Even though all that remains of them are their bones and ashes, the relatives still do not want to bring them back home, so the temple has to store them here. These AIDS patients' statues clearly illustrate that "Sickness and dying are suffering," which is the Buddha's teaching in his very first sermon, "The Turning of the Wheel of the Law," in which he expounded the Four Noble Truths concerning suffering, its cause, its cessation, and the way to its cessation.

When Phra Alongkot was asked about this garden, he explained, "After thinking that there is a garden in the temple, I had the idea to use the ashes mixed with resin to make sculptures such as statues of AIDS patients. These statues are put in the garden at the temple for visitors to see. Visitors are interested in those statues. Some visitors are brought to tears because they see ashes and bones in these statues as a warning of the continuing presence of the HIV/AIDS problem" (Khom Chad Luek, 2003: 38).

Thus, many visitors have the opportunity to see those countless bags containing bones and ashes and the statues in the garden at the temple and to perceive the reality of HIV/AIDS. Those visitors can then see that even the unwanted ashes of AIDS patients are not useless. Phra Alongkot said, "Something 'useless' can be made into something

³⁴ Ms. Neerapa Wadwong, interview, 20 October 2009.

beneficial such as the unwanted ashes of AIDS patients. The temple turns them into art which cannot be found anywhere else” (Khom Chad Luek, 2003: 38). These statues may be a frightening or ghoulish form of art, but when it is considered how splendidly they reflect the HIV/AIDS problem, which surely is “suffering” in modern society, and clearly shows the enormity of the reality of the problem just by the sheer amount of ashes unwanted by their own family members, it is a strong warning to visitors to the temple, to the patients’ relatives and to society itself about the sufferings endured by PLHAs and the lack of compassion and understanding PLHAs face, even at the hands of their own families, which is still so deeply ingrained in the general public’s thinking.

“HIV BAND”

Some PLHAs in Wat Phra Bat Nam Phu have organized a music band named the “HIV BAND.” Phra Alongkot had the idea to create this band in 1993 in order to send the message that people should have compassion for each other and realize that PLHAs can live together with others in society, as well as to ask for donations to help PLHAs³⁵. The band also gives these young PLHAs a chance to lead a “normal” life even for a short time enabling them to be creative and to have some sort of “fame” or recognition in their short lives, instead of facing nothing but discrimination and rejection by society at large.

Phra Alongkot would like PLHAs at the temple to participate in any activity they can in order to concentrate on something other than the feeling of suffering from HIV/AIDS and the decimation and social rejection they have faced. Even though every member of the band does not have any background in music³⁶, the band has played at the temple and has accompanied Phra Alongkot to his seminars concerning HIV/AIDS in order to liven up the atmosphere of these seminars and to bring these PLHA youngsters into the public eye.

³⁵ Dr. Chalermpon Ponmuk interview, 21 November 2009.

³⁶ Mr. Chalin Khonman, interview, 25 October 2009.

At first, the band experienced difficulties from society. The Thai Post newspaper's August 30, 2000 issue reports in an interview with the leader of the HIV BAND at that time, that at first, he recognized that when he helped with different activities in the temple, some felt disgusted by his condition. Nevertheless, "although some don't accept us, some do understand us and even came to touch our hands and tried to encourage us." He also said, "Phra Alongkot does not want us to give up. If we have something to do, any activity, we can forget the bad things. This idea can make us feel alive and be happy. We think we still have a chance to do something good for society. We are proud that we can do something to help others" (Thai Post, 2000: 34).

Phra Alongkot stresses that through the activities of the HIV BAND, PLHAs concentrate on doing something, and it should provide them with a "normal life" which may help them forget their "sufferings" for the time being (Thai Post, 2000: 34). In addition, through this band, the monk sends a clear message to people that PLHAs are just as normal as any other people and can live together normally with others in society and that people should have compassion and loving-kindness for each other.

More than 40 members of this band have died since its formation and new members have joined to replace them since it was established³⁷. Currently, there are only five members and they teach AIDS orphans living in Thammarak Niwet Project 2. These orphans were infected with HIV from their mothers or were orphaned when their parents died from AIDS³⁸. At present, some of these orphans have formed another band of their own called the "HIV BAND Junior". They play music and perform dances at the temple every Sunday to welcome visitors to the temple and to delight, encourage and give hope to PLHAs staying there.

³⁷ Ms. Manirat Chahong, interview, 25 October 2009.

³⁸ Dr. Chalermpon Pomuk interview, 21 November 2009.

3.3 Phra Alongkot's Activities at the Community Level

Frequent Visits to Communities at Large

Phra Alongkot makes it a point to visit Bangkok almost every Saturday morning to preach to people who have few opportunities to visit Wat Phra Bat Nam Phu, and to make more people aware of the real situation PLHAs are facing in their daily lives. He also publicizes his activities at the temple and Thammarak Niwet Project 2, which is to build a village for PLHAs. He asks people for donations to help care for PLHAs in the temple and for the temple's other projects. In addition to Bangkok, Phra Alongkot visits many places around Thailand, such as Chiang Mai, Chiang Rai, Nakhon Ratchasima, Phuket, Khon Kaen to inform people of the situation of PLHAs, to give sermons concerning HIV/AIDS and the Buddha's teachings as well as to ask for donations for his projects³⁹.

“White Heart Project”

Phra Alongkot has tried to reach the young generation to promote HIV/AIDS awareness. The Thammarak Foundation established the “White Heart Project” as an education project and as the guide line to help young people improve the quality of themselves. The main target of this project is young people aged between 15-22, students/scholars in schools or universities. Phra Alongkot hopes that this project can provide the power to change our society to be better in any direction (Khaosod, 1999: 32, Khaosod, 2001: 32). The foundation established this project to be the symbol of trust in and compassion of people for one another in society as fellow human beings, and hopes that it can be a vehicle to solve such social problems as HIV/AIDS and drug abuse by using the Buddhist philosophy of loving-kindness (*metta*) and the universal concept of humanitarianism (*manussayatham*)⁴⁰.

³⁹ Ms. Banlang Nanthivatrino, interview, 24 October 2009.

⁴⁰ Dr. Chalermpon Pomuk interview, 21 November 2009.

This project started when a school visited Wat Phra Bat Nam Phu. The school wanted the temple to support the school's HIV/AIDS education program. Therefore, the Thammarak Foundation-Wat Phra Bat Nam Phu started to provide an educational program in the way of making use of both Buddhist teachings and science at the school. The temple staff provided HIV/AIDS education from the scientific perspective, such as how to use a condom, while Phra Alongkot provided young people with character/behavior improvement based on Buddhist teachings⁴¹.

The ways to conduct this project are as follows: to get leaders or volunteers to sponsor activities according to the project's objectives, to make boards and posters for HIV/AIDS awareness within and outside schools, to make white piggy-banks to distribute in schools for donations and to remind students of compassion, and to prepare venues for activities of the project, such as for seminars, talk shows, and concerts by the HIV BAND (Khaosod, 1999: 32) or other artists such as a well-known Thai music group, Carabao⁴². At musical concerts, the performers provide information concerning HIV/AIDS prevention and promote HIV/AIDS awareness to the audience with their message such as "When you go out, use a condom!"⁴³

Joint Activities

The Thammarak Foundation is supported by donations from various organizations, including the Thai government, companies and the general public⁴⁴. At present, various projects aimed at supporting Phra Alongkot's HIV/AIDS activities are being operated at the community level. The Thammarak Foundation also has supported and/or joined with various projects or organizations which intend to help PLHAs and to promote HIV/AIDS awareness in Thai society⁴⁵.

⁴¹ Dr. Chalermpon Ponmuk interview, 21 November 2009.

⁴² Dr. Chalermpon Ponmuk interview, 21 November 2009. Carabao is a Thai rock band which is popular in Thailand and other Asian countries. The word carabao is Tagalog meaning "buffalo", a symbol of fighting, hard working and patience. They are known for their *phleng phuea chiwit* or "songs for life."

⁴³ Dr. Chalermpon Ponmuk interview, 21 November 2009.

⁴⁴ Ms. Orawan Kaewpadcha, 17 October 2009.

⁴⁵ Dr. Chalermpon Ponmuk interview, 21 November 2009.

For example, a joint concert which focused on promoting HIV/AIDS awareness among young Thais was held on 10 February 2007 by the World Bank Thailand Youth Club, which has been focusing on HIV/AIDS awareness among young people. In February, the month of love for many young people around the world, the Youth Club organized the “Concert in the Park”, held at the Benjakitti Park in Bangkok, to encourage youth dialogue on HIV/AIDS and raise HIV/AIDS awareness and to explain the temple’s message about the disease. It also aimed to raise funds for the HIV/AIDS care at Wat Phra Bat Nam Phu. This concert was a joint effort of the World Bank with two other NGOs promoting HIV/AIDS awareness as well as gay and lesbian’s rights, and also with the Thammarak Foundation. The Youth Club presented the donations collected at the park concert, at schools and universities around Bangkok, as well as at the Jatujak Weekend Market and in Siam Square, both of which are very popular among young Thais, to the temple. The concert was well attended and the audience included students from several universities and colleges, as well as park visitors (World Bank, 2007: online).

Phra Alongkot appears to be focusing on reaching the young generation to raise HIV/AIDS awareness. In the interview of the World Bank with Phra Alongkot, he said, “This youth event presents a great opportunity for young people to take part in social development. Almost 100,000 HIV patients in Thailand are young people. It is very important to keep young people involved. Otherwise, the HIV/AIDS problem will never be solved” (World Bank, 2007: online). Phra Alongkot’s HIV/AIDS activities promote HIV/AIDS awareness to the young generation, the change of whose sexual behavior to one of free and unprotected sex is considered to be one of the most significant contributing factors to the threat of a new HIV/AIDS crisis in Thailand. As a result of Phra Alongkot’s activities, more and more Thai young people sympathize with and support his activities.

In addition, on 8 November 2007, an HIV/AIDS event called “Rangsit University for Wat Phra Bat Nam Phu” was held by students of Rangsit University in Bangkok. Many student clubs of the university campaigned promoting HIV/AIDS awareness,

asking for donations and selling T-shirts to help PLHAs and AIDS orphans at the Thammarak Foundation and Wat Phra Bat Nam Phu.

As part of this event, after a meal provided by Phra Alongkot, a Dharma seminar concerning “Dharma and Young People” was held with Phra Winai Thorachat, a Buddhist monk from the “Dharma Delivery” program. This “Dharma Delivery” program, organized by a 31-year-old monk, Phramaha Sompong Talaphutto, is capturing audiences by making Dharma fun and easy to understand by citing daily life, new trends, teenage heart-throbs, popular songs, and even soccer stars as examples through their website, preaching albums under the title “Dharma Delivery,” seminars at schools and workplaces and so on (Bangkok Post, 2007: 1, Thai Post, 2007: 5).

In addition to the seminar, several activities such as a concert were held at the campus. Many student clubs such as a cheerleading club, sport clubs and music clubs also went outside the campus and campaigned promoting HIV/AIDS awareness and asking for donations from the general public (Thai Post, 2007: 5). A member of the cheerleading club said to the reporter of the newspaper, “I am so happy to have a chance to help in this way. Everybody was so kind and supported us. The most impressive incident was that a blind lottery seller also donated money. Although he could only hear what we said, he was moved to donate. I think this is exactly loving-kindness (*metta*) of human beings” (Thai Post, 2007: 5).

These events show that some young people are really interested in HIV/AIDS problems and are trying to find any way to help PLHAs. In the interview with Phra Alongkot, when he was asked about the recent situation that the number of young people infected with HIV is on the increase, he said, “I try to tell young people to think about themselves, their self-esteem. If they don’t think about themselves or value themselves, I think nothing can help because they have nothing to protect them,” and stressed that it is important to have young people themselves raise HIV/AIDS awareness among their peers. Indeed, Phra Alongkot intends to promote HIV/AIDS awareness to the young generation through such events collaborated with young people themselves and his education project the “White Heart Project”, and his activities

certainly influenced some young people. Those young people tell their message concerning HIV/AIDS problems and promote its awareness, young people to young people. This can be more correctly considered to be “peer education” concerning HIV/AIDS among the young generation. In addition, such information and experience should continue its dissemination person-to-person among the general public.

Thammarak Niwet Project 2 (Construction of a Housing Village for PLHAs)

Currently, at least 20,000 PLHAs are on the waiting list to move into Wat Phra Bat Nam Phu because the temple lacks the capacity to take them in and to care for them. Therefore, in order to provide a place for these people, the Thammarak Foundation/Wat Phra Bat Nam Phu is carrying out a new project to create a community village, including houses, schools and a hospital, as a model community based on Buddhist teachings for PLHAs who can take care of themselves and AIDS orphans in a rural setting located 85km north from the temple in Nong Muang District, Lopburi Province⁴⁶. This village is also for the handicapped, the elderly, people suffering from serious diseases such as cancer, and those faced with social difficulties, such as poverty and being homeless. The project, which started in 1997, is in progress. At present, approximately 1,500 people are currently staying there⁴⁷.

In this village, two AIDS orphans homes, Baan Dek Thammarak and Baan Gerda, are operating both for orphans infected with HIV from their mothers and for orphans whose parents died from AIDS. Baan Dek Thammarak is supported by the Thammarak Foundation, and Baan Gerda is a project of the Children’s Rights Foundation, a Bangkok-based non profit organization (Baan Gerda, n.d.: online).

In addition to the AIDS orphans homes, a government school, Racha Prachanukhro 33 School was established in 1999 with the cooperation of the Thammarak Foundation, the Ministry of Education, and the Racha Prachanukhro Foundation under the royal patronage of H.M. the King which provides continuing

⁴⁶ Dr. Chalermpon Ponmuk interview, 21 November 2009.

⁴⁷ Mr. Phanthip Thippraphan, interview, 20 September 2009.

educational support for children who have less opportunity to learn at school, such as children whose parents have financial problems or orphans, including AIDS orphans. Currently, 960 students, including 189 AIDS orphans, are studying at this school (September, 2009)⁴⁸.

According to an interview with Mr. Somyod Pramulasin, the principal of Racha Prachanukhro 33 School, conducted on 20 September 2009, every student is aware of who is infected with HIV in the school. Even though no one says anything about who is infected, the students easily get to know who PLHAs are because students infected with HIV are living in the AIDS orphans homes or a house with their family in the village. The school provides all students with AIDS education not only for HIV/AIDS prevention but also to emphasize that those students can play and take part in sports together without any accidental infection. In addition, this school has an exchange program called Thammarak Samphan (Dharma Relationship) with 10 other local schools located nearby to have educational activities, such as seminars and to hold sports games competitions. Basic HIV/AIDS education activities are also given to people living in surrounding the villages. At present, there are only two schools which openly accept many children living with HIV/AIDS; Racha Prachanukhro 33 School and Racha Prachanukro 30 School located in Chiang Mai Province⁴⁹. This school is thus a model showcase to show other schools and people in society at large how people can live together with PLHAs without fear of infection or discrimination against them.

Activities on World AIDS Day

World AIDS Day, established by the World Health Organization (WHO) in 1988, is observed every year on 1 December. World AIDS Day provides governments, national AIDS programs, faith organizations, community organizations, and individuals with an opportunity to raise HIV/AIDS awareness and focus attention on the global AIDS epidemic (WHO Regional Office for South-East Asia, 2007: online). On this day,

⁴⁸ Mr. Somyod Pramulasin, interview, 20 September 2009.

⁴⁹ Mr. Somyod Pramulasin, interview, 20 September 2009.

various activities are held in many places to provide great opportunities for raising HIV/AIDS awareness around the world. Wat Phra Bat Nam Phu has also have held special HIV/AIDS events on World AIDS Day.

Since 1997, Wat Phra Bat Nam Phu has held HIV/AIDS event in the city of Lopburi itself and in the city of Khok Samrong, located near the city of Lopburi on 1 December, World AIDS Day to raise HIV/AIDS awareness and explain the HIV/AIDS problem. On 1 December 2009 while this research was being conducted, the special ceremony named “The Campaign Event World AIDS Day 1 December 2009” was held at the provincial government hall in Lopburi under the slogan of “Universal Access and Human Rights”⁵⁰ with an attendance of 500 consisting of the general public and students from five local schools including Phra Alongkot and the Governor of Lopburi Province. In addition, on the main street in the city of Khoksamrong, the staff and PLHAs from Wat Phra Bat Nam Phu and Project 2 staged a showy demonstration and paraded with other citizens who are interested in promoting HIV/AIDS awareness and making the HIV/AIDS problem known to the local public in Lopburi. Moreover, in the annual winter festival in Lopburi, held in the center of the city of Lopburi from 31 November to 6 December 2009, which coincided with World AIDS Day, Wat Phra Bat Nam Phu had a booth to explain their activities and to raise HIV/AIDS awareness, and a Thai nurse working at the wards in the temple provided medical information on the disease. At this festival, free condoms with pamphlets emphasizing prevention of HIV/AIDS and other STDs were distributed to the audience to promote condom usage. In the interview with the nurse, she said, “This is a great opportunity to provide knowledge concerning HIV/AIDS prevention to people in Lopburi. Many people come to this festival. I hope many young people visit this booth and they become more interested in HIV/AIDS prevention.” The temple makes good use of events such as World AIDS Day and the winter festival to continue promoting HIV/AIDS awareness and telling more people at the local community level about HIV/AIDS problem.

⁵⁰ WHO’s theme for World AIDS Day 2009 (UNAIDS 2009).

In addition, these events also had another purpose: to establish communication between PLHAs and the local people in Lopburi. The local people have an opportunity to mix with and communicate with PLHAs through these events such as in the parade. Indeed, when Phra Alongkot started the AIDS hospice at Wat Phra Bat Nam Phu in 1992, the local community did not welcome them. In the interview with Phra Alongkot, he recalled his feelings when he first accepted AIDS patients to stay at Wat Phra Bat Nam Phu that he felt strange because he did not dare tell others that those people were PLHAs. The monk said, “I don’t want Thai society to look at the PLHAs like they are something alien or something bad, something that will destroy the fabric of the society. When PLHAs can live normally like the rest of society such as staying in their own homes, working with others without any suspicion about AIDS, this feeling is the important objective.” Thus, Wat Phra Bat Nam Phu and Phra Alongkot had to actively deal with the society in order to remove the barrier of fear and prejudice between the temple and the local community, and between PLHAs and others at the local level. This clearly demonstrates that the monk focuses on people interacting with PLHAs in order to get them to understand each other and to accept each other, and tells that those PLHAs themselves should actively go out into society in order to be understood by others through such events as World AIDS Day.

3.4 Phra Alongkot and the Mass Media

Phra Alongkot’s HIV/AIDS activities are widely reported by the mass media, such as television and radio broadcasts, newspapers as well as the internet. In modern society, the mass media is one of the most effective means of communication because of the sheer numbers of people they can reach. This section shows several examples of Phra Alongkot’s HIV/AIDS activities using the mass media and also how the mass media such as newspapers cover his activities.

TV Programs

Phra Alongkot has made much effort to reach a larger audience via television. Currently, every Sunday, and Tuesday, three TV programs explaining the current HIV/AIDS situation and introducing his HIV/AIDS activities as well as his sermons concerning HIV/AIDS and the Buddhist teachings are on the air on two TV stations, NBT and Thai PBS⁵¹. For example, one TV program on “*Thammarak*” broadcast on Thai PBS reported about an AIDS orphan who lives and studies hard without being disheartened by his adverse circumstances.

In addition, some of these programs are released as VCD (Video Compact Disc) and are distributed at Wat Phra Bat Nam Phu and other places where the monk conducts HIV/AIDS activities to people who have fewer opportunities to access them. Although these programs are on air as “short programs” or even in the early morning or at midnight, Phra Alongkot has continued his effort to make more people aware of the real situation of HIV/AIDS and his activities via television.

Newspapers

Since Phra Alongkot’s started his care for PLHAs at Wat Phra Bat Nam Phu in 1992, Thai newspapers, both in Thai and in English, have reported his activities. Some of these articles introduce the history of Phra Alongkot’s HIV/AIDS activities at the temple as well as his personal history. Some report his HIV/AIDS activities outside the temple.

In 15 September 2007, Abhisit Vejjajiva, who has been the leader of the Democrat Party since 2005 and who became the 27th and current Prime Minister of

⁵¹ “*Thammarak*” broadcast on Thai PBS from 5:30 to 6:00 AM every Sunday, “*Huachai Si Khau*” broadcast on NBT from 8:55 to 8:58 AM every Tuesday, and “*Rak Manut*” broadcast on NBT from 0:20 to 0:40 AM every Sunday. NBT: National Broadcasting Services of Thailand, formerly Radio Thailand and Television of Thailand is a national public service broadcaster in Thailand, owned and operated by Government's Public Relations Department. Thai PBS: The Thai Public Broadcasting Service is a public broadcasting service in Thailand, which operates TV Thai, a public television station broadcasting in UHF Channel 29. The station was established according to the Public Broadcasting Service Act of 2008.

Thailand on 15 December 2008, visited Wat Phra Bat Nam Phu in order to encourage PLHAs staying in the temple and to talk with Phra Alongkot (Khom Chad Luek, 2007: 3). In addition, visits by well-known personalities such as singers, actors or actresses, as well as politicians to the temple have also been reported in the newspapers. Indeed, according to the temple staff, many well-known people visit the temple to encourage the PLHAs and/or to donate money every year. Some of those well-known visitors are accompanied by the mass media such TV and newspaper reporters and in this way the general public's attention is continually drawn to the HIV/AIDS problem.

The Thai newspaper *Matichon*'s July 13, 2004 issue reports the visit to Wat Phra Bat Nam Phu of Jennifer Hawkins, an Australian beauty queen who held the title of Miss Universe 2004, when she travelled around Thailand as part of her Miss Universe duties. This article reports her visit to the ward for AIDS patients at Wat Phra Bat Nam Phu and introduces her comments about her experience there. "This is my first time to get close to PLHAs. In fact, PLHAs were not as frightening as I thought they would be. I got close to them, touched their hands and hugged them," said Hawkins (*Matichon*, 2004: 24). In addition, the Thai newspaper *Thairath*'s July 13, 2004 issue reports that Coco Lee, a Chinese pop singer/actress, and Ashley Judd, a Hollywood actress, visited Wat Phra Bat Nam Phu, and interacted with PLHAs, hugging them, kissing them on their cheeks, and even singing together with them (*Thairath*, 2004: 20).

Matichon's October 7, 2005 issue reports Russian Canadian beauty queen Natalie Glebova's visit to Wat Phra Bat Nam Phu and the PLHAs and five pictures of her visit show her interacting with PLHAs and holding their hands (*Matichon*, 2005: 38). Glebova was crowned Miss Universe 2005 at the Miss Universe pageant held in Bangkok in June 2005 (*Matichon*, 2005: 38), and thus she drew much attention from Thai people at that time. Indeed, her visit to the temple was reported in at least five articles in four Thai newspapers, such as *Matichon*, *Daily News*, *Khaosod* and *Khom Chud Luek*. In addition, the English-language newspaper *Bangkok Post*'s September 9, 2006 issue printed a picture of Natalie Glebova receiving a kiss from an AIDS patient at the temple with the caption "Welcome Kiss" (*Bangkok Post*, 2006: 4).

These reports and pictures have the worthy meaning to appeal to or to provide any influence on the general public that the significant first step to understand PLHAs must be to meet and come in contact with each other by using examples of well-known persons' visits to the temple as exemplary examples. In the interview with Phra Alongkot, he made an appeal about the anxiety caused concerning HIV/AIDS in Thailand as follows; "In Thailand, there are always new problems which obscure AIDS, such as the new influenza epidemic this year [2009] and the recent bird flu epidemic. We don't know where AIDS is any more. Some think that AIDS has already disappeared, and that there is no longer any AIDS problem. No one continues the campaign on a continuous basis. In one year, there is just one day dedicated to AIDS news, which is World AIDS Day." The monk also explained the difficulty and importance of continuing HIV/AIDS activities as well as continuing to appeal to people in society. "We at Wat Phra Bat Nam Phu carry on the campaign every day," said the monk. Phra Alongkot tries to continue reaching out to people in the society at large by his giving seminars, talks, and TV broadcasts.

According to the data from 34 Thai newspapers⁵² and online newspapers in both Thai and English, collected on 17 October 2009 by using Matichon's internet news search system, Matichon e-library⁵³, 27 articles in 2006, 69 articles in 2007, and 31 articles in 2008 reported news concerning Wat Phra Bat Nam Phu and Phra Alongkot's HIV/AIDS activities. In addition, the number of articles reported about Wat Phra Bat Nam Phu and Phra Alongkot in 2007 was 6.1% of all of 1,140 articles which reported news concerning HIV/AIDS in the same year. These facts show that the mass media continuously reports Phra Alongkot's HIV/AIDS activities to the Thai people.

⁵² Bangkok Post, Business Day, The Nation, Krungthep Thurakit, Khaosod, Khaohoon, Khom Chad Luek, Thanserttakit, The Interest Business News, Dailynews, Dailynews Online, Telkom Journal, Thai Post, Thairath, Thairath Online, Nation Weekend, Naewna, Bangkok Today, Banmuang, Prachachat, Manager, Manager Weekly, Manager Online, Pim Thai, Post Today, Matichon, Matichon Weekend, Daily World Today, Wattajuk, Siam Sport, Siam Turakij, Siamrath, Siamrath Weekly, and Thai Local Admin News.

⁵³ The newspaper database can be downloaded from the electronic library of Matichon at website <<http://www.matichonlibrary.com/>>. This library is a collection of data concerning articles from 34 newspapers from 1996 to the present. "Wat Phra Baht Nam Phu" and "Alongkot" or "Alongkod" both in Thai and English were used as key-words to search the data.

Considering the fact that the media initially spread and helped reinforce the negative image of PLHAs as “dangerous others” at the end of 1980s and in the early 1990s, it can be said that the mass media, including news concerning visits to the temple, now are certainly having an effect not only on catching people’s attention towards Phra Alongkot’s activities but also on providing information and awareness of HIV/AIDS to the general public. The mass media is considered to have one of the largest influences on the society today and therefore its importance cannot be underestimated, downplayed or ignored.

Phra Alongkot has generated various HIV/AIDS activities based on Buddhist teachings in caring for PLHAs and for providing education to create HIV/AIDS awareness and the development of compassion for and understanding of PLHAs at both Wat Phra Bat Nam Phu and at the community level. In addition, large numbers of people, including groups for HIV/AIDS education, visit the temple every year. This suggests that Phra Alongkot’s role in calling for loving-kindness and compassion has drawn great attention from many people in Thai society.

In light of the above, what do people actually learn concerning HIV/AIDS from Phra Alongkot’s HIV/AIDS activities when they visit Wat Phra Bat Nam Phu? In his role as an “activist” who has taken a strong stance on the issue of HIV/AIDS and the stigmatization of PLHAs by society, how do his approaches to HIV/AIDS actually influence the understanding of visitors to the temple towards the disease in their own society, a society in which over one million people are suffering from the disease and open discrimination against PLHAs still exists?

In the next chapter, this thesis will analyze the role and the influence of Phra Alongkot’s activities on visitors to Wat Phra Bat Nam Phu in terms of education for HIV/AIDS prevention and the development of compassion for and understanding of PLHAs by using qualitative data from the interviews with Phra Alongkot himself and with school teachers who take their students to visit the temple as part of their social studies curriculum, and quantitative data from questionnaire surveys distributed to visitors who come to the temple.

CHAPTER IV

THE ROLE AND INFLUENCE OF PHRA ALONGKOT'S ACTIVITIES IN HIV/AIDS EDUCATION

This chapter consists of the analyses of both the quantitative questionnaire surveys distributed to general visitors and the school students who come to Wat Phra Bat Nam Phu and the qualitative interviews conducted with school teachers who take their students to visit the temple as part of their social studies curriculum on HIV/AIDS. In surveying the school students, the format of the questionnaires was different from the questionnaires survey for the general visitors because it was considered that each group visited the temple for different purposes: general visitors go to the temple for their own personal reasons, whereas school students were accompanied by their teachers as part of their schools' required education curriculum. All the collected data is analyzed and divided into the following three sections: 1) Analysis of the Questionnaire Survey for General Visitors, 2) Analyses of Interviews with School Teachers Accompanying Students as Part of Education Curriculum, and 3) Analysis of the Questionnaire Survey for School Students. At the end of this chapter, the results of the research are summarized and discussed in order to investigate and analyze the role and the influence of Phra Alongkot's HIV/AIDS activities on visitors' understanding of the disease from the aspects of education for HIV/AIDS prevention and the development of compassion for PLHAs.

4.1 Analysis of the Questionnaire Survey for General Visitors

This section shows the research results from the questionnaire survey for general visitors to Wat Phra Bat Nam Phu. The questionnaire survey was conducted from 10-25 October 2009 on six days chosen at random. The data was collected from 206 general

visitors to the temple after they had completed their visits.

The quantitative analysis of this survey is divided into three sub-sections: 1) independent variable or background of the subjects as part of their profiles, 2) their experience at the temple, and 3) their interest in HIV/AIDS as well as reactions/feelings towards PLHAs. The questionnaire form is listed in Appendix C.

4.1.1 Profiles of Subjects

Sex and Age

The subjects include both men and women. The ratio of men to women was 53: 47 (Table 4.1). The subjects' ages were divided into the following six groups: under 20, 20-29, 30-39, 40-49, 50-59, 60 and over. The age group with the most respondents was 20 to 29 (34.0%), followed by 30 to 39 (29.6%), 40 to 49 (21.4%), and 50 to 59 (9.2%), under 20 (4.4%), and the over 60 age group was 1.5% (Table 4.2).

Table 4.1 Sex of People Surveyed

	Number	Percentage
Male	109	52.9%
Female	97	47.1%
Total	206	100%

Table 4.2 Age Groups

	Number	Percentage
Under 20 years	9	4.4%
20-29 years	70	34.0%
30-39 years	61	29.6%
40-49 years	44	21.4%
50-59 years	19	9.2%
Over 60 years	3	1.5%
Total	206	100%

School students were excluded because another survey was conducted specifically for Grade 7-12 school students, and children under Grade 7 age were considered to be too young to participate in this research because the topics covered in these surveys are inappropriate for their age group. Therefore, the collected data is from a comparatively well-balanced age group. In addition, this data also suggests that Wat Phra Bat Nam Phu was not visited by any specific age group but supports the assumption that people from all age groups come to the temple.

Occupation and Educational Background

Table 4.3 displays the occupations of the subjects surveyed. Of the total interviewees, 50.0% were company employees. Most of the others were working people whose occupations were businessmen including merchants (14.6%) and government officials (13.6%). In addition, 11.2% of the subjects were university students. From this data, it can be seen that visitors to Wat Phra Bat Nam Phu come from all walks of life.

Table 4.3 Occupation

	Number	Percentage
Company Employee	103	50.0%
Own Business	30	14.6%
Government Officials	28	13.6%
Student	23	11.2%
Housewife	5	2.4%
Medical Worker	1	0.5%
Agriculture	0	0.0%
Other	12	5.8%
Unemployed	4	1.9%
Total	206	100%

Table 4.4 concerns the educational background of the subjects and shows that the educational level of the subjects was comparatively high: 67.0% had a Bachelor's Degree or higher. This high education level could prove to be significant in conducting

this survey. The collected data concerning occupation and educational background suggests that many people with comparatively high educational backgrounds are interested in visiting Wat Phra Bat Nam Phu.

Table 4.4 Educational Background

	Number	Percentage
Elementary School	3	1.5%
Secondary School	34	16.5%
Vocational School	31	15.0%
Bachelor's Degree	116	56.3%
Above Bachelor's Degree	22	10.7%
Total	206	100%

Religious Background

The matter of religious background was also taken into consideration during the collection of data. Of the total number of subjects, 98.5% were Buddhist, and only three people had Christian affiliations (Table 4.5). However, considering the fact that an Islamic school also visits the temple as part of its education curriculum, it can be said that visitors to the temple are not only Buddhist but also people with other religious faiths.

Table 4.5 Religious Background

	Number	Percentage
Buddhism	203	98.5%
Christianity	3	1.5%
Islam	0	0%
None	0	0%
Other	0	0%
Total	206	100%

Home Province: “What province are you from?”

Table 4.6 details what province the subjects came from to visit Wat Phra Bat Nam Phu. Provinces were divided into the following categories: 1) Bangkok and its vicinity: Nakhon Pathom, Nonthaburi, Samut Prakan, Pathum Thani, Samut Sakhon, 2) Lopburi and nearby provinces (Phetchaburi, Nakhon Sawan, Ayutthaya, Nakhon Ratchasima, Chaiyaphum, Sing Buri, Ang Thong, Nakhon Sawan, Saraburi), and 3) other provinces. This question was formulated in order to investigate whether visitors mainly come from specific areas: whether they mainly come from Bangkok and the surrounding areas; Lopburi, where the temple is located, and provinces nearby it; or various other provinces in Thailand.

Table 4.6 Home Province

	Number	Percentage
Bangkok and Vicinity	85	41.3%
Lopburi and Nearby Provinces	81	39.3%
Other Provinces	40	19.4%
Total	206	100%

The results show that 41.3% of the subjects came from Bangkok and its vicinity, and 39.3% came from Lopburi and nearby provinces. In addition, 19.4% of the subjects came from the following other provinces: Uttaradit, Chiang Mai, Chiang Rai, Phitsanulok, Nan, Phetchabun, Tak, Phrae, Mae Hong Son, Kamphaeng Phet in the northern region, Chonburi, Rayong, Nakhon Nayok, Suphan Buri in the central region, Nong Khai, Ubon Ratchathaini, Maha Sarakham, Sakon Nakhon, Khon Kaen, Surin in the northeastern region, and Trang, Phatthalung, Nakhon Si Thammarat in the southern region.

According to the statistics from the National Statistical Office of Thailand, approximately 16% of the Thai population are living in Bangkok, which has the largest population, and its surrounding communities (National Statistical Office of Thailand 2008: 17), so these people live in rather close proximity to Wat Phra Bat Nam Phu in

Lopburi Province, and according to Table 4.6, people from Bangkok and vicinity and Lopburi and nearby provinces visit the temple in almost equal numbers. Those people living farther from the temple, such as in the northern, northeastern, and southern areas, may have less opportunity to visit Wat Phra Bat Nam Phu. This data reveals that visitors coming from these three regions are fewer in number (approximately 50% less) but that visitors do come from all over Thailand. This survey was conducted on random days and therefore supports the supposition that Phra Alongkot and Wat Phra Bat Nam Phu are known far and wide throughout Thailand, and thus visitors come from both near and far specifically to visit the temple.

Purpose of Visits

Since 1992 when Wat Phra Bat Nam Phu first began caring for PLHAs, increasing numbers of people have been visiting the temple every year. The question about the purpose on their visit was asked as a multiple-answer-based question, and as such, subjects may give more than one response. Table 4.7 indicates for what purpose the subjects visited Wat Phra Bat Nam Phu.

Table 4.7 Purpose of Visits to the Temple (Multiple Answers, N=206)

	Number	Percentage
To Make Merit	173	84.0%
To Take Relatives/Friends for HIV/AIDS Education	77	37.4%
Interest in HIV/AIDS and/or PLHAs	73	35.4%
Sightseeing	66	32.0%
As Social Activities	39	18.9%
Other	7	3.4%

The data shows that most respondents (84.0%) visited Wat Phra Bat Nam Phu to make merit, which is part of Buddhist religious practice (Table 4.7). Considering the fact that 98.5% of the subjects are Buddhists (Table 4.5) and that most Thai Buddhists visit Buddhist temples to make merit, this response by the subjects was expected. At the

same time, however, 35.4% of the subjects marked the choice “interest in HIV/AIDS and PLHAs,” and 37.4% marked the choice “to take relatives or friends to get HIV/AIDS education” (Table 4.7). It is interesting to note that according the collected data concerning “purpose of visits,” 57.3% of the subjects’ purpose for visiting Wat Phra Bat Nam Phu was for “education” for themselves and/or for their relatives/friends. This data clearly suggests that the temple is not only a Buddhist temple where Thais visit to make merit and/or to go and see, but also is a place for HIV/AIDS education.

The Number of Visits

Table 4.8 indicates the number of times those surveyed have visited Wat Phra Bat Nam Phu. For 57.8% of the subjects, this visit to the temple was their first visit. At the same time, 42.2% of the subjects have visited the temple more than twice, which suggests that many people come to the temple again (Table 4.8). This is interesting and needs to be looked into much more deeply since slightly less than half of the total number surveyed has returned two times or more. One reason for these multiple visits could be that October-November is the traditional “Tod Kathin” after the Buddhist monks’ Rains Retreat (Buddhist Lent) where groups or Buddhists collect money and other requests to donate to different temples to make merit.

Table 4.8 The Number of Visits to the Temple

	Number	Percentage
Once	119	57.8%
2-5 Times	76	36.9%
6-10 Times	7	3.4%
More than 10 Times	4	1.9%
Total	206	100%

According to data from a cross-analysis of the question concerning “the number of the times of visits” and the question concerning “purpose of visits,” 51.7% of the subjects who visited the temple more than once had the purpose of taking their relatives

or friends to get HIV/AIDS education (Table 4.9). This is almost double that of 26.9% of the subjects who visited the temple for the first time for the same purpose (Table 4.9). This data clearly suggests that those visitors recognize or were impressed by the fact that this temple is a suitable place to visit for HIV/AIDS education for their relatives/friends based on their own experience at the temple.

Table 4.9 Cross-Analysis: The Number and Purpose of the Visits to the Temple (Multiple Answers)

The Number of Visits	Purpose	Number	Percentage
Once (N=119)	As Social Activities	21	17.6%
	Interest in HIV/AIDS and/or PLHAs	42	35.3%
	To Make Merit	98	82.4%
	Sightseeing	42	35.3%
	To Take Relatives/Friends for HIV/AIDS Education	32	26.9%
	Other	0	0%
More than Once (N=87)	As Social Activities	18	20.7%
	Interest in HIV/AIDS and/or PLHAs	31	35.6%
	To Make Merit	75	86.2%
	Sightseeing	24	27.6%
	To Take Relatives/Friends for HIV/AIDS Education	45	51.7%
	Other	7	8.0%

“How did you learn about Phra Alongkot’s HIV/AIDS activities?”

Phra Alongkot has provided care for PLHAs at Wat Phra Bat Nam Phu and has generated HIV/AIDS activities at the community level. The media continuously reports Phra Alongkot’s HIV/AIDS activities to the general public. In light of the above, how do people actually learn about Phra Alongkot’s HIV/AIDS activities?

Table 4.10 details how the visitors to the temple learned about Phra Alongkot’s HIV/AIDS activities. The question was asked as multiple-answer-based, so more than one answer was accepted. 83.5% of the subjects indicated that they got to know Phra Alongkot’s HIV/AIDS activities via television. The mass media, especially television,

has one of the largest influences on society at present, so this response may seem to be quite naturally expected. These answers also conclude that TV programs such as TV news concerning Phra Alongkot's HIV/AIDS activities and his own TV programs introducing his activities as well as his televised sermons concerning the disease and the Buddhist teachings have certainly reached large audiences.

**Table 4.10 “How did you learn about Phra Alongkot's HIV/AIDS activities?”
(Multiple Answers, N=206)**

	Number	Percentage
Television	172	83.5%
Newspapers	121	58.7%
Social Activities	83	40.3%
Friends or the Family	76	36.9%
Radio	51	24.8%
The Internet	49	23.8%
Magazines	46	22.3%
Billboards	39	18.9%
Class at School	23	11.2%
Other	10	4.9%

In addition, it is interesting to note that 36.9% of the subjects answered that they learned about Phra Alongkot's HIV/AIDS activities through their friends or families. This fact suggests the existence of person-to-person dissemination of information about Phra Alongkot's HIV/AIDS activities among the general public.

Experience of Interaction with PLHAs Prior to Visiting the Temple

The question “Have you ever met or talked with people infected with HIV/AIDS prior to visiting the temple?” was asked to investigate the visitors' experience of interaction with PLHAs prior to their visit. 61.7% of the subjects answered that they had no prior experience of meeting or talking with PLHAs (Table 4.11). In addition, to investigate the visitors' interaction with PLHAs, “Do you have any friend or relatives infected with HIV/AIDS?” was also asked. It is interesting to note that only 10.2% of

the subjects answered in their affirmative that they have a friend and/or a relative infected with HIV/AIDS (Table 4.12). These responses reveal that rather few subjects had previous interactions with PLHAs before visiting the temple.

Table 4.11 “Have you ever met or talked with PLHAs prior to visiting the temple?”

	Number	Percentage
Yes	79	38.3%
No	127	61.7%
Total	206	100%

Table 4.12 “Do you have any friends or relatives infected with HIV/AIDS?”

	Number	Percentage
Yes	21	10.2%
No	185	89.8%
Total	206	100%

4.1.2 Experience at the Temple

At Wat Phra Bat Nam Phu, visitors are given the opportunity to meet and talk with PLHAs. Patients who are well enough walk around the temple because the temple is now their home and some are seen chatting sitting around tables and chairs. The hospital wards for the patients are open to visitors. Some visitors enter the wards and talk with the patients, including those who are in serious condition. In addition, visitors have an opportunity to experience several activities and/or facilities which convey the temple’s message concerning HIV/AIDS to raise awareness about the disease based on the Buddhist teachings, such as the “Life Museum” in which the bodies of people who have died from AIDS at the temple are displayed.

The following section of the questionnaire survey for general visitors concerns visitors’ interaction with PLHAs in the temple, visits to the ward for AIDS patients who are in serious condition, and visits to the “Life Museum” in order to evaluate the visitors’ experience at the temple.

Interaction with PLHAs in the Temple: “Have you met or talked with PLHAs in the temple?”

The question “Have you met or talked with PLHAs in the temple?” was asked to determine the visitors’ level of interaction with PLHAs within the temple. Out of a total of 82.0% who answered they have met and/or talked with PLHAs, 38.8% of the subjects only met PLHAs, and 43.2% have talked with PLHAs within the temple (Table 4.13).

Table 4.13 “Have you met or talked with PLHAs in the temple?”

	Number	Percentage
Yes, and talked with PLHAs	89	43.2%
Yes, but did not talk with PLHAs	80	38.8%
No	37	18.0%
Total	206	100%

Comparing this data with that of the experience of interaction with PLHAs prior to visiting the temple, the percentage of visitors who have met or talked with PLHAs within the temple is more than twice the percentage of those who met or talked with them prior to their visit (38.3% to 82.0%) (Table 4.11 and Table 4.13).

In addition, Table 4.14 shows the percentage of the visitors who have met or talked with PLHAs within the temple out of all the visitors who have no prior experience of meeting or talking with PLHAs. Data cross analysis of the questions “Have you ever met or talked with PLHAs prior to visiting the temple?” and “Have you met or talked with PLHAs in the temple?” reveals that 76.3% of the visitors who have no prior experience of meeting or talking with PLHAs have met or talked with them in the temple. These results show that for these visitors who have met or talked with PLHAs at the temple, it was their first experience. They also clearly suggest that for people who have no prior experience in meeting or talking with PLHAs, Wat Phra Bat Nam Phu is the place to meet and/or talk with PLHAs face-to-face with clear knowledge that they are meeting and/or talking with PLHAs for the first time.

Table 4.14 Cross-Analysis: Experience of Meeting or Talking with PLHAs Prior to and Inside the Temple (Out of the visitors who have never met PLHAs prior to visiting the temple, N=127)

Prior to visiting Temple	Inside the temple	Number	Percentage
No Prior Experience	Yes, and talked with PLHAs	37	29.1%
	Yes, but don't talk with PLHAs	60	47.2%
	No	30	23.6%
Total		127	100%

Visit to the Hospital Ward: “Have you visited the ward for AIDS patients who are in serious condition?”

According to Table 4.15, 45.6% of the subjects surveyed visited the hospital ward in which patients in serious condition are cared for. Considering the fact that the ward is located behind the other facilities in the temple and is therefore not as easy to get to, or the fact that 32.5% of the subjects surveyed said that they visit the temple only to make merit and/or for sightseeing, it cannot be said that this number is low. In the ward, those visitors had an opportunity to meet and/or talk with the patients and to learn the real situation of HIV/AIDS and PLHAs.

Table 4.15 “Have you visited the ward for AIDS patients who are in serious condition?”

	Number	Percentage
Yes	94	45.6%
No	112	54.4%
Total	206	100%

Visit to the Museum: “Have you visited the ‘Life Museum’?”

94.2% of the subjects answered they have visited the “Life Museum” in which the bodies of people who have died from AIDS at the temple are displayed (Table 4.16). Since this museum stands close to the main entrance of the temple, it is the first thing

visitors see when they enter the temple. This is the main reason that accounts for the high rate of visitors to this museum. However, it is also assumed that those impressive displays with the temple's clear message based on Buddhist teachings of the inevitability of illness, death, development of loving-kindness (*metta*) and compassion (*garuna*), and making merit attract many visitors' attention.

In the interview with Phra Alongkot, conducted in Bangkok on 24 October 2009, he said, "This [museum] is the 'case study' [for visitors] to know that they are people who died from AIDS and that their deaths are real things. You can see the reality [of death by HIV/AIDS]." The museum provides the place and opportunity for such large numbers of visitors to think deeply about the HIV/AIDS problem as "real," and it is assumed that the museum and the temple's message based on the Buddhist teachings have a definite influence on their thinking about and understanding of HIV/AIDS and PLHAs.

Table 4.16 "Have you visited the 'Life Museum'?"

	Number	Percentage
Yes	194	94.2%
No	12	5.8%
Total	206	100%

4.1.3 Interest in HIV/AIDS and Reactions to PLHAs: Before and After

In the final section of this survey for the general visitors to Wat Phra Bat Nam Phu, the subjects were asked questions to determine their interest, feelings, and opinions before visiting and after visiting the temple to discover changes, if any, in the following: 1) interest in knowing about HIV/AIDS, 2) awareness of HIV/AIDS prevention, 3) feelings towards PLHAs and 4) reactions to PLHAs. In asking number 1 and 2 above, it was necessary to separate knowledge of HIV/AIDS from HIV/AIDS prevention on the assumption that people might not know exactly what HIV/AIDS is or

what it can do but that they do know about HIV/AIDS prevention through condom usage. Number 3 was included to determine their thought about PLHAs prior to meeting, if any, and number 4 to discover their reactions to PLHAs when coming into contact or seeing them at the temple. The collected data was used to analyze the role and the influence of Phra Alongkot's HIV/AIDS activities on the understanding of visitors to Wat Phra Bat Nam Phu towards HIV/AIDS from the aspects of education for HIV/AIDS prevention and the development of compassion for PLHAs.

Interest in Knowing about HIV/AIDS

To investigate the visitors' interest in having knowledge of before and after visiting the temple, visitors were asked to choose one from the following four choices and these choices were scaled Level 1 to Level 4 in order to discover any change in their interest as follows: Level 1) I had no desire at all to learn about HIV/AIDS, Level 2) I was not so interested in learning about HIV/AIDS, Level 3) I wanted to learn about HIV/AIDS, if I had the chance, and Level 4) I really wanted to learn more about HIV/AIDS. These levels were valuable in evaluating the subjects' interest in knowing about HIV/AIDS from the least to the most.

Chart 4.1 Interest in Knowing about HIV/AIDS: Before and After N=206 (100%)

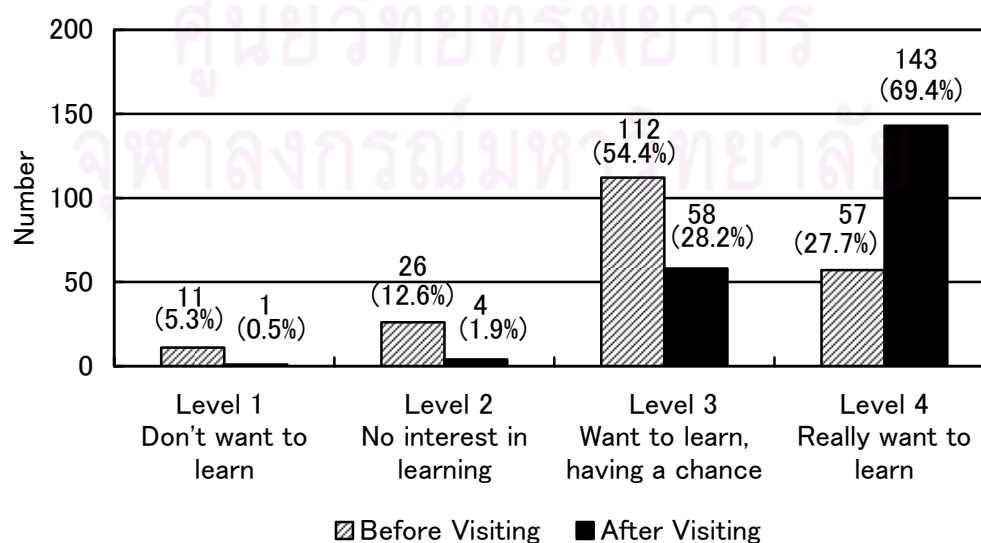


Chart 4.1 reveals that regarding interest in knowing about HIV/AIDS before visiting the temple, 54.4% of the subjects answered “I wanted to learn about HIV/AIDS, if I had a chance” as the second highest level (Level 3), and this answer was the majority response. As for their interest in knowing about HIV/AIDS after visiting the temple, 69.4% of the subjects chose the answer “I really want to learn more about HIV/AIDS” as the highest level (Level 4), and this was the majority response. This number increased from 27.7% of the subjects who chose same level answer about wanting to have knowledge about HIV/AIDS before visiting the temple.

The data concerning change of interest in knowing about HIV/AIDS was analyzed in another way as indicated in Table 4.17. Depending on the change of their answers before and after visiting the temple, the subjects were categorized into the following three groups: “Up”, “Same” and “Down”. “Up” means that the level of their interest in knowing about HIV/AIDS “before visiting the temple” changed to higher “after visiting” the temple. “Same” means that the level of their interest “before visiting” and “after visiting” showed no change, and “Down” means that the level of their interest “before visiting” decreased “after visiting” the temple.

Table 4.17 Change of Interest in Knowing about HIV/AIDS: Before and After

	Number	Percentage
Up	108	52.4%
Same	88	42.7%
Down	10	4.9%
Total	206	100%

The change to higher level from “before visiting” to “after visiting” was seen in 52.4% of the subjects. In 42.7% of the subjects, no change in their attitude was found, and the attitude of 4.9% of the subjects changed to a lower level “after visiting.” It would seem that half of the subjects realized their lack of knowledge about HIV/AIDS after their experience at Wat Phra Bat Nam Phu and slightly less than half experienced no change. It is interesting that this temple experience caused 4.9% of the subjects to experience not wanting knowledge of HIV/AIDS, and when asked why, one replied that

what he had learned was enough for him before visiting the temple, that he did not want any more information. In other words, he was satisfied with what he had learned.

Awareness of HIV/AIDS Prevention

With regards to visitors' awareness of HIV/AIDS prevention and its change before and after visiting the temple, visitors were asked to choose one of the following four answers and these choices were scaled to detect any change as follows: Level 1) I never thought about HIV/AIDS prevention or infection risk, Level 2) I did not care about HIV/AIDS prevention or infection risk, Level 3) I sometimes thought about HIV/AIDS prevention and infection risk, and Level 4) I always paid attention to HIV/AIDS prevention and infection risk. These answers were evaluated as the subjects' awareness of HIV/AIDS prevention from the least to the most.

60.7% of the subjects chose "I always paid attention to HIV/AIDS prevention and infection risk" as their answer concerning their HIV/AIDS awareness "before visiting," and 93.2% of the subjects chose the same level for the answer about their awareness "after visiting," and these answers were the majority for each question (Chart 4.2). In addition, another analysis of the data concerning change of the visitors' awareness of HIV/AIDS prevention before and after visiting the temple reveals that no change in their reaction for HIV/AIDS prevention was found among 61.7% of the subjects (Table 4.18). This data suggests that HIV/AIDS prevention was a highly recognized topic among the visitors, and that most visitors possessed a certain degree of awareness of the disease prior to visiting the temple. It should be noted that 67.0% of these subjects were those who hold a Bachelor's Degree or higher (Table 4.4). It can be considered that these people, because of their high academic background, possess some knowledge and information about HIV/AIDS, especially from the perspective of basic science/health education.

However, it is interesting to note that the data reveals that 36.4% of the subjects experienced a change to a higher level in their awareness concerning HIV/AIDS prevention from "before visiting" to "after visiting" (Table 4.18), and that after visiting

the temple, the number of the subjects who chose the three lower level answers decreased from 39.4% to 6.8% (Chart 4.2). This result suggests that the visitors' experience at the temple had a high degree of impact concerning awareness of HIV/AIDS prevention among these visitors who had previously not had a high level of awareness of HIV/AIDS prevention.

Chart 4.2 Awareness of HIV/AIDS Prevention: Before and After N=206 (100%)

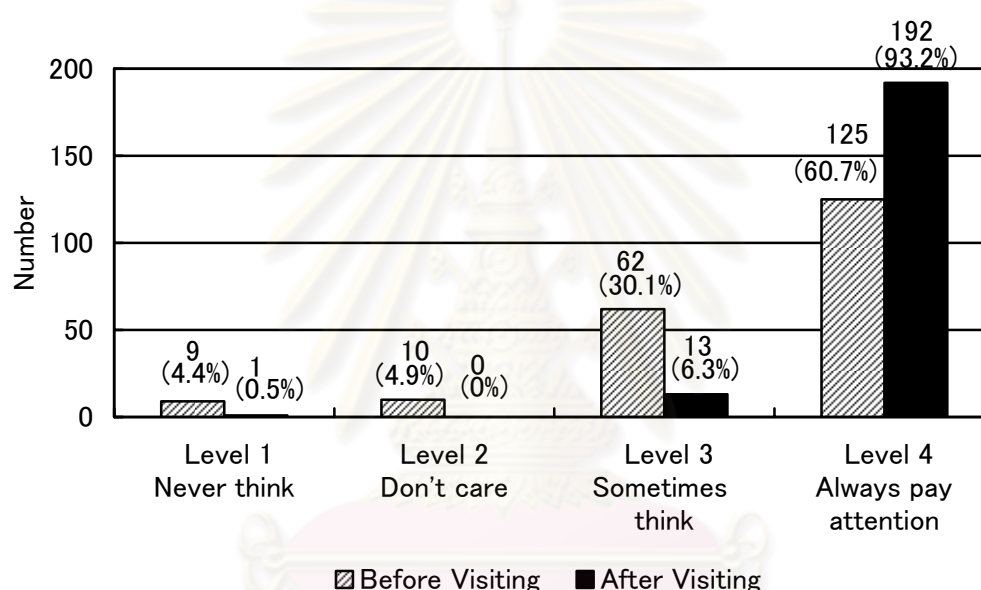


Table 4.18 Change of Awareness of HIV/AIDS Prevention: Before and After

	Number	Percentage
Up	75	36.4%
Same	127	61.7%
Down	4	1.9%
Total	206	100%

Feelings Towards PLHAs

Questions about feelings towards PLHAs and its change before and after visiting the temple were also asked. The subjects chose one answer each from the following five answers as their feelings before and after their visits, and these answers were scaled as followed: Level 1) I disliked PLHAs / I felt fear towards PLHAs, Level 2) I slightly

disliked PLHAs / I felt some fear towards PLHAs / I would have nothing to do with PLHAs, if I could, Level 3) I had no special feeling about PLHAs, Level 4) I felt some compassion/sympathy for PLHAs, and Level 5) I felt a great deal of compassion/sympathy for PLHAs. These answers were evaluated as the subjects' feelings by level towards PLHAs from the least to the most.

Chart 4.3 shows that the answers concerning their feelings towards PLHAs before visiting the temple are inconsistent. No one level is prominent. In contrast, 84.5% of the subjects answered that "I feel a great deal of compassion/sympathy for PLHAs" after their visit. Moreover, in another analysis concerning the change of their feelings towards PLHAs before and after visiting the temple, the change to higher level from "before visiting" to "after visiting" was found among 62.6% of the subjects (Table 4.19). In addition, it is interesting to note that although 18.9% of the subjects answered "I disliked PLHAs / I felt fear towards PLHAs" (Level 1) or "I slightly disliked PLHAs / I felt some fear towards PLHAs / I would have nothing to do with PLHAs, if I could" (Level 2) before visiting, only 1.5% of the subjects gave answers on the same levels after visiting (Chart 4.3). These results clearly suggest that the visitors' experience at the temple had a significant positive influence on their feelings towards PLHAs.

Chart 4.3 Feelings Towards PLHAs: Before and After N=206 (100%)

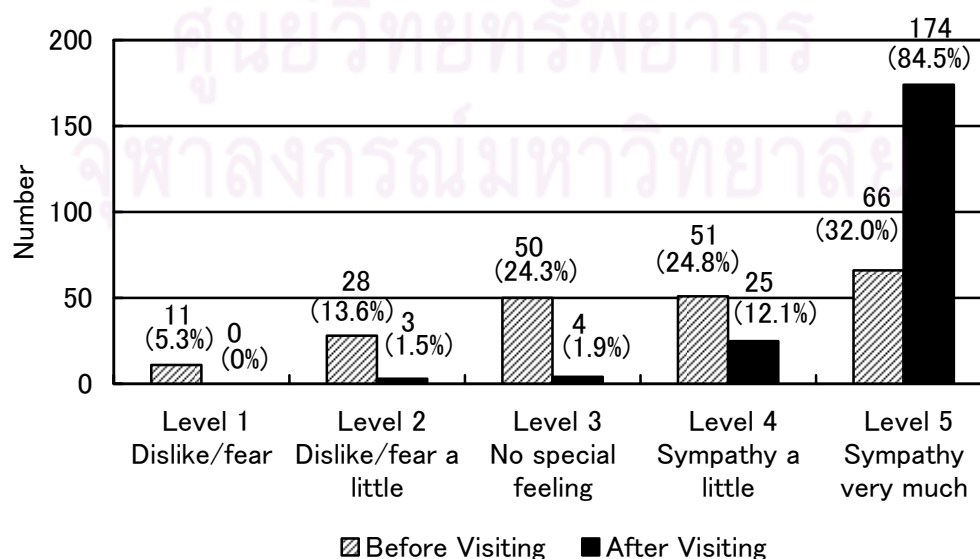
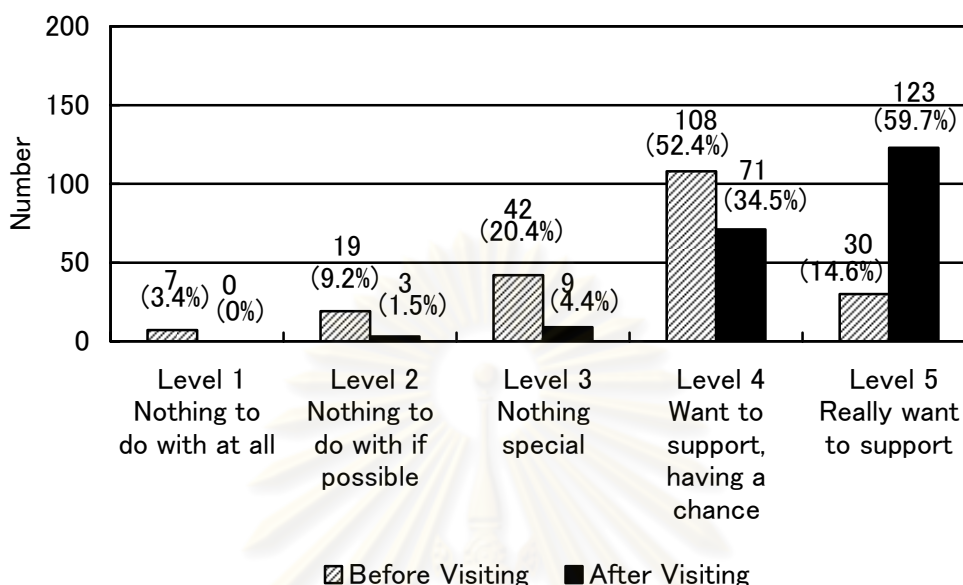


Table 4.19 Change of Feelings Towards PLHAs: Before and After

	Number	Percentage
Up	129	62.6%
Same	76	36.9%
Down	1	0.5%
Total	206	100%

Reactions to PLHAs

The final question was asked to the general visitors to determine whether a change has taken place that would influence positive/supportive reactions to PLHAs. The subjects were provided with the following five choices, and these choices were scaled as follows: Level 1) I had nothing to do with PLHAs at all, Level 2) I would have nothing to do with PLHAs, if I could, Level 3) I thought nothing special about my reactions to PLHAs, Level 4) I would like to support PLHAs, if I had a chance, and Level 5) I really would like to support PLHAs. These answers were evaluated the subjects' reactions to PLHAs from the least to the most. For "before visiting," 52.4% of the subjects answered "I would like to support PLHAs, if I had a chance" as the second highest level (Level 4), and this answer was the majority. On the other hand, for "after visiting," 59.7% of the subjects chose the answer "I really would like to support PLHAs" as the highest level (Level 5), and this was the majority (Chart 4.4). Chart 4.4 visually indicates that the peak of the level moved from the second highest level (Level 4) to the first highest level (Level 5). In addition, in analysis concerning the change of their reactions before and after visiting the temple, the change to higher level from "before visiting" to "after visiting" was found among 59.2% of the subjects (Table 4.20). This data suggests that the visitors' experience at the temple had a positive influence on the possibility of change in reactions to PLHAs on their part.

Chart 4.4 Reactions to PLHAs: Before and After N=206 (100%)**Table 4.20 Change of Reactions to PLHAs: Before and After**

	Number	Percentage
Up	122	59.2%
Same	82	39.8%
Down	2	1.0%
Total	206	100%

In comparing this result to the results concerning “feelings towards PLHAs” after visiting the temple, 59.7% of the subjects chose the highest level (Level 5) “I really would like to support PLHAs” for this question, but 84.5% of those chose the highest level (Level 5) “I felt a great deal of compassion/sympathy for PLHAs” (Chart 4.3 and Chart 4.4). This suggests that the temple’s activities had an especially strong influence on the visitors’ feeling towards PLHAs, and some visitors feel a great deal of compassion/sympathy for PLHA but lack any strong motivation to support or help PLHAs. This gap between feeling of compassion for PLHAs and the lack of any strong desire to actually reach out and help is one puzzling result of the survey. It appears that in this case something may be lacking in Wat Phra Bat Nam Phu’s activities or in the schools’ social studies curriculum.

4.2 Analyses of Interviews with School Teachers who Accompany Students as Part of Education Curriculum

According to the data from Wat Phra Bat Nam Phu, in 2008, 207 groups consisting of 26,356 junior high and high school students (Grade 7-12) accompanied by their teachers visited the temple as part of their social studies curriculum. These schools approached the temple on their own to bring their students as part of their education curriculum, and they in turn bring the next group of students to visit the temple, and so on⁵⁴. In light of the above, how do these teachers actually provide HIV/AIDS education in their school programs? What do they expect their students to learn concerning HIV/AIDS from these field trips?

In this research, qualitative interviews with junior high and high school teachers who take their students to visit Wat Phra Bat Nam Phu as part of their social studies curriculum about HIV/AIDS education were conducted. A total of five school teachers were interviewed at the temple between 14 October and 16 November 2009 to identify how the teachers actually provide HIV/AIDS education in their school programs and what they expect their students to learn at the temple. The data was collected by interviews which consisted of open-ended questions. (See Discussion Guide for Teacher Interviews listed in Appendix D.) This section intends to analyze the collected data from the interviews with the school teachers and to discuss the role and the influence of Phra Alongkot's activities on HIV/AIDS education for junior high and high school students, who also constitute a growing vulnerable segment of the population and who could become a driving force for the future spread of an HIV/AIDS epidemic.

⁵⁴ From an interview with Phra Alongkot Dikkapanyo.

4.2.1 School Teacher Interviewees

Chart 4.5 lists all five teachers who were interviewed. The subjects were selected based on their sex and age group. One Muslim teacher who teaches at an Islamic school for Muslim students was selected as one of the subjects to investigate the reason why non-Buddhist schools visit this Buddhist temple as part of their education program. Concerning the subjects' sex, two were male and three were female. With regards to age group, two were in their 30s, one was in his 40s, and the other two were in their 50s.

Chart 4.5 School Teacher Interviewees

Teacher	School Name	Location	Sex	Age	Religion
Teacher A	Sasana Business School	Bangkok	M	46	Islam
Teacher B	Assumption Convent School Lopburi	Lopburi	F	34	Buddhism
Teacher C	Amphon Phaisan School	Nonthaburi	F	54	Buddhism
Teacher D	Phachi Sunthonwitthayanukun School	Ayutthaya	M	58	Buddhism
Teacher E	Silachan Phiphat School	Bangkok	F	31	Buddhism

4.2.2 Findings and Analyses

The answers from five different teachers who visited Wat Phra Bat Nam Phu with their students were grouped by topics or common questions from the interview guide. The collected data from the interviews was analyzed under the following categories: 1) HIV/AIDS education at their schools, 2) purpose of their field trips to Wat Phra Bat Nam Phu, and 3) experience at the temple.

HIV/AIDS Education at School

In HIV/AIDS education provided at the junior high and high school level, it is necessary to know what is actually taught with regards to HIV/AIDS. Therefore, the interviews were formulated to answer the following main questions: What is actually taught in HIV/AIDS education? How do teachers provide education concerning HIV/AIDS to their students? The collected data suggests that there are limitations in providing HIV/AIDS education in schools. According to the interviews with the school teachers who take their students to Wat Phra Bat Nam Phu, there are few regular classes for HIV/AIDS education in their schools, and a variety of material is not used in their HIV/AIDS education classes, but some materials such as textbooks or videos concerning HIV/AIDS are used. Mostly the teachers themselves talk about HIV/AIDS to the students. Some schools also invite lecturers to lecture the students concerning the disease.

In one interview, a 46-year-old teacher said, “Books in the school and library are not interesting because they have a lot of text. The students don’t like to read books like this.” In other words, a textbook is just a textbook and does not impress the students about the seriousness of HIV/AIDS nor does it even motivate them to want to learn more. Therefore, such materials may not be so effective or even sufficient to provide adequate HIV/AIDS education. At another school, AIDS education is done solely by the teachers themselves. According to a 31-year-old teacher interviewed, she said, “There is no education media in our school. On World AIDS Day, the school creates some program to provide HIV/AIDS knowledge. I, as the biology teacher, also teach the students about HIV/AIDS symptoms and how to prevent it because in my class we study the immune system.” At school, knowledge about HIV/AIDS, such as how HIV/AIDS happens and how to prevent it, is taught to students in a biology class, not a specific class for HIV/AIDS. Sometimes, HIV/AIDS education at the schools consists of focusing on HIV/AIDS prevention from the scientific field such as a biology class. In addition, providing HIV/AIDS education, especially concerning HIV/AIDS prevention and the morals of sexual behaviour to school-aged adolescents who are becoming

sexually active, seems to be difficult in schools and/or at home because the students cannot see for themselves those who have contracted HIV/AIDS. At the same time, such education is vital to the young generations who may become one of the significant contributing factors to the growth of a new HIV/AIDS crisis in contemporary Thai society because of their ignorance of what the reality of HIV/AIDS actually is. In an interview with a 58-year-old teacher, he said, “If our students experiment with sex, they should have a solid plan for HIV/AIDS prevention. However, young people don’t have very effective results because they don’t like to use condoms.” These interviews imply that classroom HIV/AIDS education does not work.

Considering the difficult situation surrounding HIV/AIDS and PLHAs, however, it is clear that providing HIV/AIDS education is given using limited materials in limited ways. It is considered, therefore, that some schools take their students to Wat Phra Bat Nam Phu as part of their social studies curriculum about HIV/AIDS education because what is taught in the classroom is not only insufficient but also “academic” and not the reality of HIV/AIDS. Indeed, the data from Wat Phra Bat Nam Phu mentioned above supports this supposition, because many of the schools continue their visits to the temple. Three of the five schools whose teachers were interviewed for this research have continued visiting Wat Phra Bat Nam Phu, and another school which visited for the first time is planning to continue the visits.

Purpose of Field Trips

According to the interview with Phra Alongkot, these schools had not been invited by the temple but approached the temple on their own about the possibility of school field trips as part of their HIV/AIDS education curriculum. Phra Alongkot said in his interview, “Why do the schools like to bring their students here? It is because the teachers cannot teach them. Parents bring their children here because they cannot teach them. They have to bring them to me to see the reality of HIV/AIDS at this temple.” A 54-year-old teacher confirmed this when he said, “The most important point in HIV/AIDS education in our school is to let the students come to Wat Phra Bat Nam Phu

to see the reality of HIV/AIDS.” From the information provided by these teachers, it is can be concluded that teachers feel they are limited in being able to provide adequate HIV/AIDS education at school. The necessity of the visits to the temple strongly suggests that the teachers themselves feel the need to let their students actually witness for themselves the reality of HIV/AIDS, that the classroom situation cannot and does not teach students about the reality of HIV/AIDS and the situation of PLHAs because the students are unable to see and experience it for themselves. Thus, the visits to Wat Phra Bat Nam Phu.

Phra Alongkot in his interview also stressed the difficulty to reach young people when providing HIV/AIDS prevention education and morality concerning sexual behaviour. He said, “I try to tell young people to think about themselves, their self-esteem. If they don’t think about themselves or value themselves, I think nothing can help because they have nothing to protect them.” The monk added, “Whatever is said will never reach to their hearts or minds.” Therefore, Wat Phra Bat Nam Phu intends to provide an education program concerning HIV/AIDS not just using printed materials or videos, but also by providing the experience of the “reality” of HIV/AIDS.

Considering the schools’ purpose of visiting Wat Phra Bat Nam Phu, the following four major reasons were found in the collected data from the interviews with the school teachers: 1) knowledge about HIV/AIDS, 2) awareness of HIV/AIDS prevention, 3) compassion for and understanding of PLHAs, and 4) making merit.

In the interviews, most teachers stressed awareness of HIV/AIDS prevention as one purpose for their visits to Wat Phra Bat Nam Phu. A 34-year-old teacher said, “We would like the students to know about HIV/AIDS and how to prevent HIV/AIDS when they have sex because they are young people, and they are at the dangerous age where they face the risk of exposure to HIV/AIDS.” The teachers interviewed are teaching Grade 7-12 school students who are becoming sexually active and are therefore becoming one of the significant contributing factors to the growth of a new HIV/AIDS crisis because they face the risk of contracting HIV/AIDS in their every day lives. Therefore, the teachers stressed awareness of HIV/AIDS prevention in their classes. In

the interviews with the teachers, “to have knowledge of HIV/AIDS” and “to see the reality of HIV/AIDS” were also given as reasons for their visits to Wat Phra Bat Nam Phu by letting them see for themselves just what happens to people who contract HIV/AIDS. The 54 year-old teacher worried about the sexual behaviour of modern day young people and said, “I feel that the students don’t see the reality of HIV/AIDS, so they are not afraid. After seeing the reality of HIV/AIDS, when parents talk with their children about sex, the children may be more careful about sex [because of their experience at Wat Phra Bat Nam Phu].” To see the reality of HIV/AIDS at the temple is perhaps the most important experience the students have during their visits in order to develop awareness of HIV/AIDS prevention.

In addition, development of compassion for and understanding of PLHAs was also emphasized as one reason for their visits. In the interviews, the 58-year-old teacher said that they hope the students would learn about goodness, loving-kindness (*metta*), compassion (*garuna*) and to understand PLHAs. The students’ experience at Wat Phra Bat Nam Phu is expected to encourage the development of compassion for and understanding of PLHAs. The 31-year-old teacher mentioned, “Most importantly, we want them to feel sympathy for PLHAs and to bring this experience back with them to tell their friends, parents, and to campaign to have less HIV/AIDS in society.” She stressed the importance of developing compassion for and understanding of PLHAs as part of the temple visit and expressed the hope that peer education concerning HIV/AIDS among the students and people in society at large would prove to be more valuable and make more of an impression than any kind of academic approach could, simply because academics is divorced from reality concerning the horrors of HIV/AIDS.

Two of five teachers mentioned making merit or offering donations to the temple as a reason for their visits. However, according to my observation, all these schools donated money to the temple although the other three teachers did not mention making donations as one of their reasons for visiting Wat Phra Bat Nam Phu in their interviews. In Thai society, most people follow Thai Buddhism and believe in rebirth,

so making merit or donations to the temple means gaining merit to ensure a better rebirth in the next life. It is quite natural, therefore, that the schools, whose students are almost all Buddhist, provide students the opportunity of making merit by donating to the temple. It should be noted that one school selected as a subject for this research was an Islamic school where all students are Muslim and the teacher who was interviewed is also Muslim. Islam does not teach rebirth but does teach giving charity and visiting the sick as the duty of every Muslim. When being asked his expectation about what the students would learn from the temple trip, the Muslim teacher answered, “We expect the students to learn how to help one another. In present day Thai society, we are lacking in deep human interaction with one another.” It can be said that donations to the temple to care for PLHAs may provide the students the opportunity to think about helping each other and establishing relationships with each other in society. By providing students with an opportunity to make donations to Wat Phra Bat Nam Phu, the schools and Wat Phra Bat Nam Phu itself are teaching the students that they can do something to help, and that they can make a difference.

Experience at the Temple

In visiting Wat Phra Bat Nam Phu, the students experience being faced with the stark reality of HIV/AIDS. The temple staff arranges the schedule of their field trip at the temple and guides them around. The students’ tour includes a visit to the “Life Museum” in which bodies of people who died from AIDS are displayed, the *sala* which displays bones and ashes from AIDS patients who died and were cremated at the temple, as well as the “Bone Art Garden” in which sculptured statues made from those unwanted bones and ashes from AIDS patients have been mixed with resin are displayed. Some student groups which are not so large visit inside the wards caring for AIDS patients in serious condition. In the education hall, students also have the opportunity to interact with PLHAs and to listen to their experiences as PLHAs. What do the teachers think about the temple’s HIV/AIDS activities and the students’

experiences at the temple? How do they plan to make use of those experiences? In the interviews with the teachers, “interaction with PLHAs” and the “Life Museum” were selected and asked as the students’ experiences at the temple.

New experiences often bring new knowledge and new realizations. As for the students’ experience of interacting with PLHAs, the 46-year-old teacher said, “This temple tries to give students the chance to talk with PLHAs. There is one part of seminar in the hall which teaches about interaction with PLHAs, that HIV/AIDS will not be contracted just by touch. The students gained this knowledge and they can use it in the future.” Direct experience or face-to-face experience is what the students get during the temple trip, and this experience may provide or create new knowledge about HIV/AIDS or reinforce what the students learned more about the disease at school and/or elsewhere. Indeed, Phra Alongkot hopes and expects that the visitors get such experiences at the temple, and in the interview with the monk, he said, “To those who come to temple, I try to explain as much as I can and give them some experience, such as telling them, ‘Try to touch them, try to embrace them.’” He stressed the importance of direct interaction or physical contact with PLHAs to understand both HIV/AIDS and PLHAs. Considering the teachers’ expectations for their students, it can be said that the monk’s intention in HIV/AIDS education at the temple is well understood and applied in these school field trips. In addition, their experiences at the temple may be brought back to their own lives and also to their families and friends and finally to people in society. In an interview with the 31-year-old teacher, she said, “We want them to know how to protect themselves, to feel sympathy for PLHAs and to bring this experience back to their every day lives.” After careful examination, it can be seen that Phra Alongkot’s hopes and expectations were the same as the teachers’ and that Wat Phra Bat Nam Phu is providing real HIV/AIDS education to help these young people realize just what HIV/AIDS can do and that PLHAs are living proof of this. Classroom education using just textbooks, videos, or lectures could never provide this type of education.

The “Life Museum” in which the bodies of people who have died from AIDS at the temple are displayed is one of the main HIV/AIDS education facilities the temple provides. Most students who visit the temple as part of their social studies curriculum are guided through the museum by the temple staff. What do these school teachers expect the students to learn from this experience at the museum? In the interviews with the teachers, most of them firmly stressed their expectations that the students’ experience at the museum would be used for the prevention of HIV/AIDS. The 31-year-old teacher said, “The students learn from the museum displays and get to know what behaviour is risky for contracting HIV/AIDS. This is very good because the students are afraid of ending up like those PLHAs who donated their bodies for display and will be more careful about risky behaviour.”

Some may say that the displays in the museum are an affront to human rights and human dignity or that this kind of approach to HIV/AIDS education leads to education by “threat” or “coercion” that “you will become like these dead bodies if you contract HIV/AIDS.” All the teachers interviewed, however, have a very positive impression of the museum as the place where their students can really see or experience the reality of what they have not studied about HIV/AIDS in the classroom. The museum will teach them things about HIV/AIDS that textbooks never could. When interviewed about the museum displays and human rights/human dignity, most teachers stressed the fact that these bodies were donated by the PLHAs themselves who died at the temple. The 58-year-old teacher answered that “PLHAs intended to donate their bodies, so it is not an abuse of any human rights. After someone dies, his body is a useless thing. However, these bodies can teach others how to live. I think this is a good way to teach everyone about the reality of HIV/AIDS. It is a very good way to gain knowledge of HIV/AIDS from the corpses of PLHAs. This will also benefit the next generation.” Phra Alongkot and the teachers share the same view concerning the museum as a teaching tool.

In addition, the temple’s message based on the Buddhist teaching of suffering (*dukkha*) as found in the first of the Four Noble Truths that with birth comes the inevitability of old age, sickness and death was pointed out by the 34-year-old teacher.

In her interview, she mentioned, “I think the museum lets others know about life, that we all have to die whether we get HIV/AIDS or not. We have to accept that each and every person must die. There are no exceptions.” This teacher clearly expressed in her own words Wat Phra Bat Nam Phu’s intention concerning the museum, that it be based on the Buddhist teaching of mindfulness of death. Thus, Phra Alongkot’s HIV/AIDS education activities at the museum are well understood by the teachers, and the teachers hope to bring home to the students the inevitability of death and that death by HIV/AIDS is a death that they should want to avoid. The “Life Museum” is an effective way to teach these young people the necessity of HIV/AIDS prevention.

Moreover, peer education concerning HIV/AIDS is also expected of the students from their experience at the museum. The 54-year-old teacher emphasized this point in his interview. “Direct experience is better than talking to the students or letting them see a video. The students may feel afraid after seeing what is in the museum and they will talk about it to their friends, parents or their siblings. Moreover, when they go back, they may talk about how they felt after seeing the reality of HIV/AIDS, or they may talk with their friends in other schools about how awful HIV/AIDS is,” said the teacher. In the interview with Phra Alongkot, he explained about the museum that “death” can give awareness to others. The museum experience made a deep impression on the students and reminds them to be aware of HIV/AIDS and the agony of dying from the disease. Thus, they remember the experience at the museum much more deeply and for a much longer time and talk about it to people around them. Such peer education can be much more valuable than actual classroom education because it is no longer academic or just another subject to be studied. It is the students’ own experiences about what they saw and learned about HIV/AIDS. Such peer education after visiting Wat Phra Bat Nam Phu is considered by the teachers interviewed to be one important key factor to preventing the possibility of a new outbreak of HIV/AIDS among young people.

4.2.3 Summary of Interviews

In their interviews, the teachers who take their students to Wat Phra Bat Nam Phu unanimously agreed that HIV/AIDS education in their schools was not adequate and it was found that all felt visiting the temple was necessary to complement what was taught in the classroom. Some materials such as textbooks or videos concerning HIV/AIDS are made use of, but the teachers considered such materials to be insufficient for providing adequate HIV/AIDS education in their classes. The teachers feel the need to let their students actually see and “experience” the reality of HIV/AIDS and the situation of PLHAs, which the classroom situation cannot and does not teach students about by using just printed materials or videos. The temple visits force their students to confront this “reality” which is impossible to provide in the schools concerning HIV/AIDS prevention education. The students need to see for themselves what the textbooks, videos, and lectures are talking about. It can be said that experience is the best teacher and that a single picture is worth more than a thousand words. At Wat Phra Bat Nam Phu, students meet PLHAs and see the disease as it really is when contracted by actual people. Classroom education can never provide such an education because the classroom approach is academic and therefore cannot “reach” the students. Wat Phra Bat Nam Phu can, therefore, be called a “life classroom.”

With regards to HIV/AIDS prevention, such education as provided by the temple is expected to have a beneficial effect on the young generations, who may become one of the significant contributing factors to the growth of a new HIV/AIDS crisis in contemporary Thailand. Therefore, peer education concerning HIV/AIDS among the students was one expected goal. The teachers hoped that their students’ experience would not be limited to themselves. Peer education is considered to be very effective as a tool in HIV/AIDS education among the students, their friends, their families, and even among people in society. Such peer education is deemed by the teachers to be one of the significant keys to stressing the importance of HIV/AIDS prevention education, even to developing compassion for and understanding of PLHAs.

Phra Alongkot has generated HIV/AIDS activities based on Buddhist teachings not only in caring for PLHAs but also for providing education to create HIV/AIDS awareness and the development of compassion for and understanding of PLHAs. From the interviews with the school teachers, it can be concluded that the teachers intend to take full advantage of Wat Phra Bat Nam Phu to provide HIV/AIDS education to their students. Considering the fact that over 200 groups consisting of more than 26,000 junior high and high school students together with their teachers came as part of their social studies curriculum about HIV/AIDS education in 2008 and many of the schools continue their visits to the temple, and from the data gathered from teacher interviews, it can be said that Phra Alongkot's activities continue to assert a positive influence on HIV/AIDS education at the junior high and high school level, and on the school teachers who provide HIV/AIDS education to students about the understanding of the disease from the perspective of HIV/AIDS prevention and the development of compassion for PLHAs.

4.3 Analysis of the Questionnaire Survey for School Students

It was then necessary to determine what the school students themselves actually learned concerning HIV/AIDS by visiting Wat Phra Bat Nam Phu, and how Phra Alongkot's approaches to HIV/AIDS actually influenced the understanding of the students towards the disease and PLHAs. In this section, this study attempts to investigate and analyze the actual influence of Phra Alongkot's HIV/AIDS activities on the school students themselves from the data gathered in the questionnaire survey for the students.

This survey for the school students visiting Wat Phra Bat Nam Phu was conducted at the temple on 14, 20 October and 12, 13, 16 November 2009. The data was collected from a total of 208 Grade 7-12 students from six junior high and high schools listed in Chart 4.6 below.

This section shows the research results from the questionnaire survey for the school students and its quantitative analysis is divided into the same three sub-sections as the survey for the general visitors: 1) independent variable or background of the subjects as part of their profiles, 2) their experience at the temple, and 3) their interest in HIV/AIDS as well as reactions/feelings towards PLHAs. For the school students, the subjects were also asked to indicate what they had gained from their field trip to the temple to investigate their impressions on their visit to the temple as part of the social studies curriculum. The questionnaire form is listed in Appendix C.

Chart 4.6 Schools Participating in the Questionnaire Survey

	School Name	Location	Grade	Number
School 1	Sasana Business School	Bangkok	G 10-12	33
School 2	Assumption Convent School Lopburi	Lopburi	G 7-9	20
School 3	Assumption School	Bangkok	G10-12	19
School 4	Amphon Phaisan School	Nonthaburi	G 8	48
School 5	Phachi Sunthonwitthayanukun School	Ayutthaya	G 7	49
School 6	Silachan Phiphat School	Bangkok	G 9-12	39

4.3.1 Profiles of Subjects

Sex and Grade of Education

The ratio of male to female students was 39:61 (Table 4.21). The fact that Assumption Convent School Lopburi is a school only for female students contributed to this result. This survey for school student visitors to the temple was not aimed at those in a specific grade but covers all six grades from Grade 7 to Grade 12 (Table 4.22). This group constitutes a growing vulnerable segment of the population which could become a driving force for the spread of a future HIV/AIDS epidemic which was explained in Chapter II above.

Table 4.21 Sex of People Surveyed

	Number	Percentage
Male	81	38.9%
Female	127	61.1%
Total	208	100%

Table 4.22 Grade of Education

	Number	Percentage
Grade 7	56	26.9%
Grade 8	49	23.6%
Grade 9	11	5.3%
Grade 10	36	17.3%
Grade 11	19	9.1%
Grade 12	37	17.8%
Total	208	100%

Religious Background

Table 4.23 shows 80.8% of the subjects were Buddhist, 16.3% were Muslim and 2.4% were Christians. One of the schools which participated in this survey, Sasana Business School, is an Islamic school for Muslim students. Even though Wat Phra Bat

Nam Phu is a Buddhist temple, students from non-Buddhist religious schools also visit this temple for as their education program.

Table 4.23 Religious Background

	Number	Percentage
Buddhism	168	80.8%
Islam	34	16.3%
Christianity	5	2.4%
None	0	0%
Other	1	0.5%
Total	208	100%

The Number of Visits

Table 4.24 deals with the number of times each student who has visited Wat Phra Bat Nam Phu. 92.8% of the subjects answered that this visit to the temple was their first visit. This data clearly indicates that these field trips to the temple as part of their social studies curriculum provide the majority of students with their first opportunity to visit the temple.

Table 4.24 The Number of Visits to the Temple

	Number	Percentage
Once	193	92.8%
2-5 times	15	7.2%
6-10 times	0	0%
More than 10 times	0	0%
Total	208	100%

Experience of Interaction with PLHAs

The question “Have you ever met or talked with people infected with HIV/AIDS prior to visiting the temple?” was asked in the same way as the survey for the general visitors in order to investigate the school students’ experience of any interaction with PLHAs prior to visiting the temple. 74.5% of the subjects answered they had no experience of meeting or talking with PLHAs (Table 4.25). The question “Do you have any friend or relatives infected with HIV/AIDS?” was also asked. Only 4.3% of the subjects answered that they have a friend and/or a relative infected with HIV/AIDS (Table 4.26). These results clearly reveal that the school students had few prior interactions with PLHAs with the clear understanding that they are PLHAs.

Table 4.25 “Have you ever met or talked with PLHAs prior to visiting the temple?”

	Number	Percentage
Yes	53	25.5%
No	155	74.5%
Total	208	100%

Table 4.26 “Do you have any friends or relatives infected with HIV/AIDS?”

	Number	Percentage
Yes	9	4.3%
No	199	95.7%
Total	208	100%

4.3.2 Experience at the Temple

Interaction with PLHAs in the Temple: “Have you met or talked with PLHAs in the temple?”

Table 4.27 shows the results of the question concerning interaction with PLHAs within the temple. “Have you ever met or talked with people PLHAs in the temple?” was asked to find out the school students’ experience of interaction with PLHAs within

the temple. A total of 96.6% of the subjects answered that they met or talked with PLHAs in the temple (Table 4.27). Out of that total, only 16.8% of the subjects answered that they talked with PLHAs in the temple. Comparing these results with those of the survey for the general visitors (43.2%), this number is less than half (Table 4.13 and Table 4.27). It is considered that this is because these students had less freedom of movement than general visitors since they were guided by the temple staff on their tour of the temple. Other possible explanations for their not talking with PLHAs within the temple are shyness, immaturity or uncertainty as to how to approach and begin a conversation with them. The possibility of feeling afraid of the PLHAs also cannot be ruled out.

Table 4.27 “Have you met or talked with PLHAs in the temple?”

	Number	Percentage
Yes, and talked with PLHAs	35	16.8%
Yes, but did not talk with PLHAs	166	79.8%
No	7	3.4%
Total	208	100%

Cross-analysis of meeting or talking with PLHAs prior to and inside the temple was also conducted in the same manner as for the general visitors. Table 4.28 indicates the percentage of the school students who have met or talked with PLHAs within the temple out of all the students who have no prior experience of meeting or talking with PLHAs outside of the temple. This cross analysis data of the questions “Have you ever met or talked with PLHAs prior to visiting the temple?” and “Have you met or talked with PLHAs in the temple?” reveals that 82.6% of the students who have no prior experience of meeting or talking with PLHAs have met or talked with them within the temple. This data indicates the temple encounter was the first experience for these students to meet with or talk to PLHAs, and this certainly suggests that these field trips as part of their social studies curriculum provide students with their first opportunity and place to meet and/or talk with PLHAs with full knowledge that they are PLHAs.

Table 4.28 Cross-Analysis: Experience of Meeting or Talking with PLHAs Prior to and Inside the Temple (Out of the visitors who have never met PLHAs prior to visiting the temple, N=155)

Prior to visiting Temple	Inside the temple	Number	Percentage
No Prior Experience	Yes, and talked with PLHAs	20	12.9%
	Yes, but don't talk with PLHAs	128	82.6%
	No	7	4.5%
Total		155	100%

Visit to the Hospital Ward: “Have you visited the ward for AIDS patients who are in serious condition?”

Table 4.29 shows the school students' experience of visiting the hospital ward in which patients in serious condition are cared for. Groups which are not so large visit inside the wards on a schedule arranged by temple staff guides. According to the interview with one of the temple staff, a group which basically consists of over 60 people is not allowed to enter the ward to visit the patients. The staff explained that because the space capacity is limited inside the ward and it might take a long time for all members of the group to visit inside⁵⁵, the guide or staff generally explained about the ward in front of the ward building.

Table 4.29 “Have you visited the ward for AIDS patients who are in serious condition?”

	Number	Percentage
Yes	26	12.5%
No	182	87.5%
Total	208	100%

In this research, only 12.5% of the subjects have visited the hospital wards for PLHAs in serious condition. The reason for this may be that five of the six school groups surveyed consisted of over 60 people. Time was also insufficient for such large

⁵⁵ From an interview with Ms. Chankesom Muangsiri, one staff member of Wat Phra Bat Nam Phu.

school groups to visit the ward even though they were divided into several small sub-groups.

Visit to the Museum: “Have you visited the ‘Life Museum’?”

Table 4.30 shows the school students’ visit to the ‘Life Museum’ in which the bodies of people who have died from AIDS at the temple are displayed. 98.6% of the school students visited the museum. All six schools surveyed were supposed to visit the museum with the guides provided by the temple. However, according to the interview with a 46-year-old school teacher, students who did not want to go into the museum were excused on their own free will. Therefore, the percentage of subjects who have visited the museum was not 100%.

Table 4.30 “Have you visited the ‘Life Museum’?”

	Number	Percentage
Yes	205	98.6%
No	3	1.4%
Total	208	100%

4.3.3 Interest in HIV/AIDS and Reactions to PLHAs: Before and After

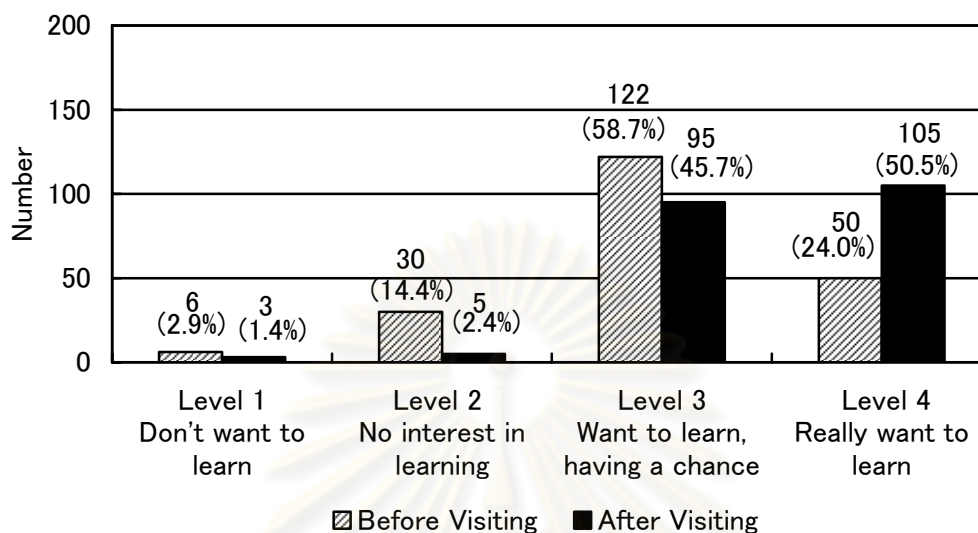
In the final section of the survey for the school students, their interest in HIV/AIDS and reactions/feelings towards PLHAs were asked. In this section, the subjects were asked about the following to investigate any changes “before visiting” and “after visiting the temple”: 1) interest in knowing about HIV/AIDS, 2) awareness of HIV/AIDS prevention, 3) feelings towards PLHAs, and 4) reactions to PLHAs. Their responses were asked and evaluated in same way as the survey for the general visitors to the temple mentioned in the above section. The collected data was used to analyze

the role and the influence of Phra Alongkot's HIV/AIDS activities on the understanding of the school students to Wat Phra Bat Nam Phu towards the disease from the aspects of education for HIV/AIDS prevention and the development of compassion for PLHAs.

Interest in Knowing about HIV/AIDS

Regarding knowing about HIV/AIDS before visiting and after visiting Wat Phra Bat Nam Phu, school students were asked to choose one of four answers for before and after their visits in the same way as the survey for the general visitors to detect any change in their interest in knowing more about HIV/AIDS.

Chart 4.7 shows that with regards to the question concerning interest in knowing about HIV/AIDS before visiting the temple, 58.7% of the subjects answered that "I wanted to learn about HIV/AIDS, if I had a chance" as the second highest level (Level 3) among the answers, and this answer was the majority. On the other hand, as for their attitude after visiting the temple, 50.5% of the subjects chose the answer "I really want to learn more about HIV/AIDS" as the highest level (Level 4), and this was the majority. In addition, Table 4.31 shows the change of subject's attitude towards having knowledge about HIV/AIDS before and after visiting the temple. The change to higher level from "before visiting" to "after visiting" was seen among 44.7% of the subjects. Among 48.1% of the subjects, no change of attitude was seen, and 7.2% of the subjects had dropped to a lower level from "before visiting" to "after visiting." These results suggest that the students experience at the temple had some certain influence on the school students' interest in knowing about HIV/AIDS.

Chart 4.7 Interest in Knowing about HIV/AIDS: Before and After N=208 (100%)**Table 4.31 Change of Interest in Knowing about HIV/AIDS: Before and After**

	Number	Percentage
Up	93	44.7%
Same	100	48.1%
Down	15	7.2%
Total	208	100%

Awareness of HIV/AIDS Prevention

The students were also asked about their awareness of HIV/AIDS prevention in order to calculate their awareness of HIV/AIDS prevention and its change before and after visiting Wat Phra Bat Nam Phu. Four choices were prepared for the subjects to choose from before and after their visits to the temple, and these choices were scaled Level 1 to Level 4 in the same way as the survey for the general visitors.

Chart 4.8 indicates that on the whole, the level of the subjects' answer about their HIV/AIDS awareness increased from before visiting to after visiting. 39.9% of the subjects chose "I always paid attention to HIV/AIDS prevention and infection risk" as their answer concerning their HIV/AIDS awareness before visiting as the highest level (Level 4). On the other hand, 78.4% of the subjects chose the same level for the answer

about their awareness after visiting, and this rate is almost twice of the rate of the subjects who chose the same leveled answer for before visiting. Comparing with the data concerning awareness of HIV/AIDS prevention in the survey for the general visitors, the rate of the student subjects who chose this highest level (Level 4) is lower in both before and after visiting the temple. In their response for before visiting, 39.9% of the students marked this highest level (Level 4) although 60.7% of the general visitors chose this answer (Chart 4.2 and Chart 4.8).

In addition, another analysis of the data concerning change of the students' awareness of HIV/AIDS prevention before and after their visits shows that the increase of the level of their attitudes towards HIV/AIDS prevention was found among 42.8% of the subjects even though no change of their attitudes was found among 55.8% of the subjects (Table 4.32).

This data suggests that compared with the data from the survey for general visitors, HIV/AIDS prevention is considered to be a well recognized topic among the general visitors, but it is not a highly recognized topic among the school students. The data also suggests that their visits to Wat Phra Bat Nam Phu raised their awareness of HIV/AIDS prevention.

Chart 4.8 Awareness of HIV/AIDS Prevention: Before and After N=208 (100%)

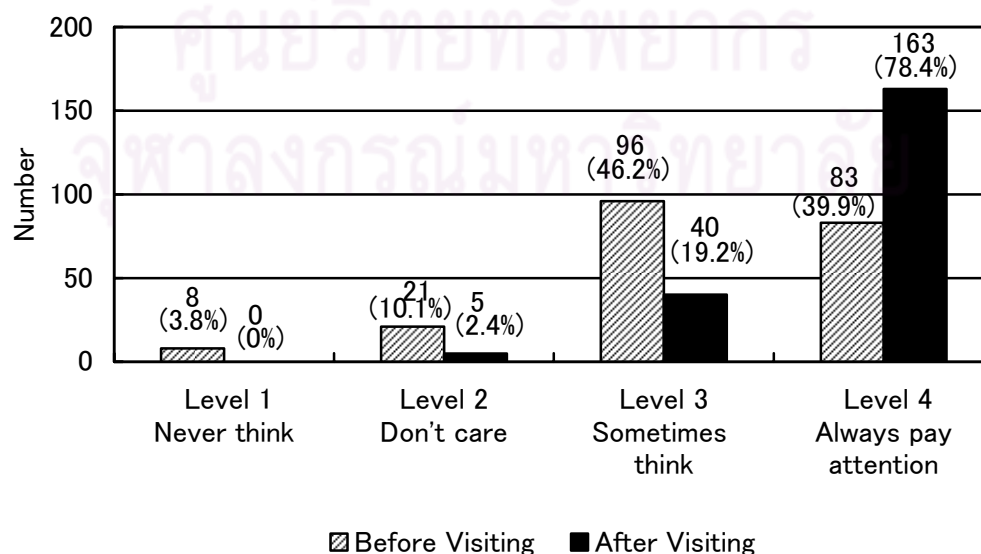


Table 4.32 Change of Awareness of HIV/AIDS Prevention: Before and After

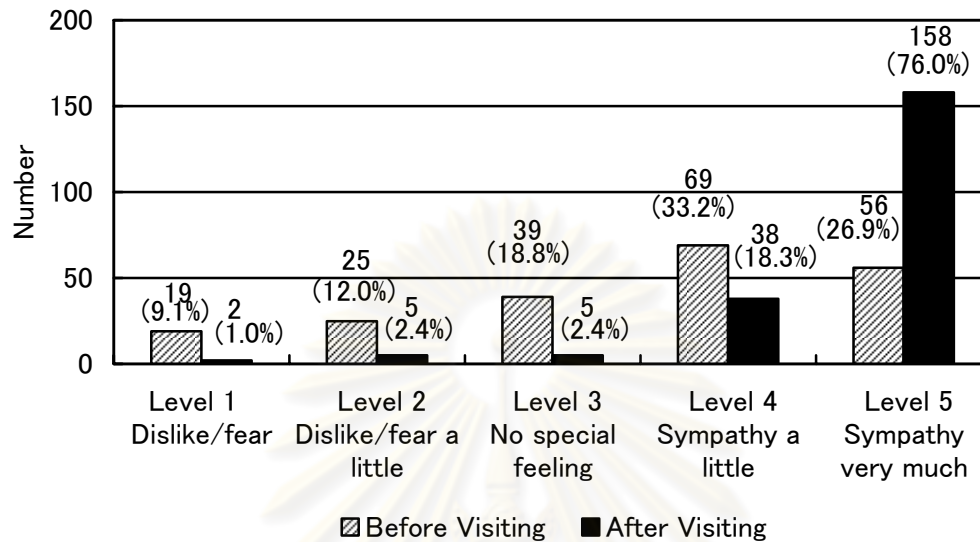
	Number	Percentage
Up	89	42.8%
Same	116	55.8%
Down	3	1.4%
Total	208	100%

Feelings Towards PLHAs

The school students were asked about their feelings towards PLHAs and its change before and after visiting Wat Phra Bat Nam Phu and evaluated by level in the same way as the survey for the general visitors.

Chart 4.9 reveals that their answers concerning their feelings towards PLHAs before visiting the temple are inconsistent in the same way as the survey for the general visitors. No level is prominent in their response of their feelings before visiting the temple. On the other hand, from the answers concerning their feelings after visiting, 76.0% of the subjects answered that “I feel a great deal of compassion/sympathy for PLHAs” as the highest level (Level 5), and this percentage increased from 26.9%.

In another analysis concerning the change of the students’ feelings towards PLHAs before and after visiting the temple, the change to higher level from “before visiting” to “after visiting” was seen among 62.5% of the subjects (Table 4.33). Although 21.1% of the subjects answered “I disliked PLHAs / I felt fear towards PLHAs” (Level 1) or “I slightly disliked PLHAs / I felt some fear towards PLHAs / I would have nothing to do with PLHAs, if I could” (Level 2) as their feelings towards PLHAs before visiting the temple as answers on the lowest two levels, only 3.4% of the subjects selected the same level answers as their feelings after their visits. These results suggest that the students’ experience at the temple had made a positive impact on their feelings towards PLHAs, and it is interesting to note that this data is very similar to the data collected from the survey for the general visitors (Chart 4.3 and Table 4.19).

Chart 4.9 Feelings Towards PLHAs: Before and After N=208 (100%)**Table 4.33 Change of Feelings Towards PLHAs: Before and After**

	Number	Percentage
Up	130	62.5%
Same	75	36.1%
Down	3	1.4%
Total	208	100%

Reactions to PLHAs

The school students were also asked the question concerning reactions to PLHAs and its change before and after visiting Wat Phra Bat Nam Phu just as in the survey for the general visitors.

As answers for “before visiting,” 51.9% of the subjects answered “I would like to support PLHAs, if I had a chance” as the second highest level (Level 4), and this answer was the majority. On the other hand, the majority response of the students’ reactions to PLHAs for “after visiting” was “I really would like to support PLHAs” as the highest level (Level 5), and 48.1% of the subjects chose this answer. This rate of the students who chose the highest level (Level 5) answer increased over five times from 9.1% “before visiting” to 48.1% “after visiting” (Chart 4.10).

Moreover, in analyzing the change of their reactions before and after visiting the temple, the change to higher level from “before visiting” to “after visiting” was seen among 63.9% of the subjects (Table 4.34). This data also clearly suggests that for the school students, their experience at the temple had a positive influence on their reactions to PLHAs.

Chart 4.10 Reactions to PLHAs: Before and After N=208 (100%)

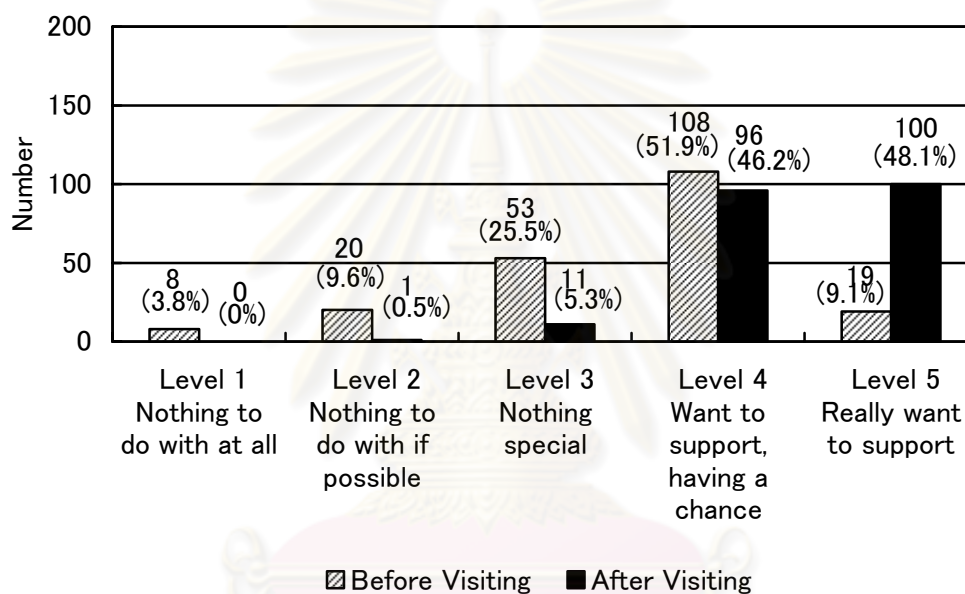


Table 4.34 Change of Reactions to PLHAs: Before and After

	Number	Percentage
Up	133	63.9%
Same	74	35.6%
Down	1	0.5%
Total	208	100%

Comparing this data concerning “feelings towards PLHAs” after visiting the temple (Chart 4.9) and the data concerning “reactions to PLHAs” after visiting the temple (Chart 4.10), 48.1% of the subjects chose the highest level (Level 5) “I really would like to support PLHAs” for “reactions to PLHAs,” but 76.0% of those chose the highest level (Level 5) “I feel a great deal of compassion/sympathy for PLHAs” for

“feelings towards PLHAs.” This result was the same as the survey for general visitors to the temple and suggests that the temple’s activities indeed have a strong influence, especially on the students’ feeling towards PLHAs, and some students feel a great deal of compassion/sympathy for PLHAs, but as with general visitors, they did not have strong motivation to support PLHAs.

What School Students Gained from Their Field Trip

The school students surveyed visited Wat Phra Bat Nam Phu as part of their social studies curriculum. At the temple, they had many experiences such as some students had an opportunity to see the reality of HIV/AIDS in the “Life Museum,” and some met and talked with PLHAs. The school students were asked about what impressed them most and their feelings during their field trip to the temple about the following topics: “information of HIV/AIDS crisis in Thailand,” “knowledge about HIV/AIDS,” “motivation for HIV/AIDS prevention,” “compassion/sympathy for PLHAs,” and “desire to help PLHAs.” The subjects were asked in a way to indicate what they had gained from their field trip from the most to the least on a scale of 1 to 5: 1 meaning the most, 5 meaning the least. This question was not asked in the survey for the general visitors, but was only included in this survey for the school students because all of the students visited the temple as part of their education curriculum and thus the purpose of their visits was very clear. Therefore, these school students are more appropriate to survey by asking this question to discover the influence of Phra Alongkot’s HIV/AIDS activities at Wat Phra Bat Nam Phu from the point of HIV/AIDS education with regards to young people in particular since they can be considered to be one of the significant contributing factors to the growth of a new HIV/AIDS epidemic because of changes in their attitudes towards sex and social morals.

In Table 4.35 and Chart 4.11, which show the results of this survey question, the data from the subjects who indicated from the most to the least on each topic is categorized from “Rank 1” to “Rank 5”. For example, the number of the subjects who thought what they had most gained from the temple trip was “information of HIV/AIDS

crisis in Thailand” was 27, or 13.0% of all the subjects (N=208) and are indicated as Rank 1. For another example, the number of the subjects who thought what they had least gained from the temple trip was “compassion/sympathy for PLHAs” was 9, or 4.3% of all the subjects and are indicated as Rank 5 (Table 4.35, Chart 4.11).

In order to analyze the results from this survey and to understand it more easily, the “Point” system is used. In this point system, Rank 1, 2, 3, 4 and 5 are counted as 10, 8, 6, 4 and 2 Points. Each Point is multiplied by the number of subjects who indicated each rank, and then averaged by the total number of all the subjects (N=208) to calculate the Point for each topic. Table 4.35 illustrates the Point of each topic, and reveals that “compassion/sympathy for PLHAs” was the topic which the school students thought they gained most from their field trip to the temple, and the second was “knowledge about HIV/AIDS,” third was “motivation for HIV/AIDS prevention,” fourth was “desire to help PLHAs,” and least was “information of HIV/AIDS crisis in Thailand.”

These results suggest that the school students who visited Wat Phra Bat Nam Phu made gained not only information and/or knowledge concerning HIV/AIDS but also some compassion and/or sympathy for PLHAs, and that Phra Alongkot’s HIV/AIDS activities at the temple do provide a positive influence on the students’ feelings towards PLHAs.

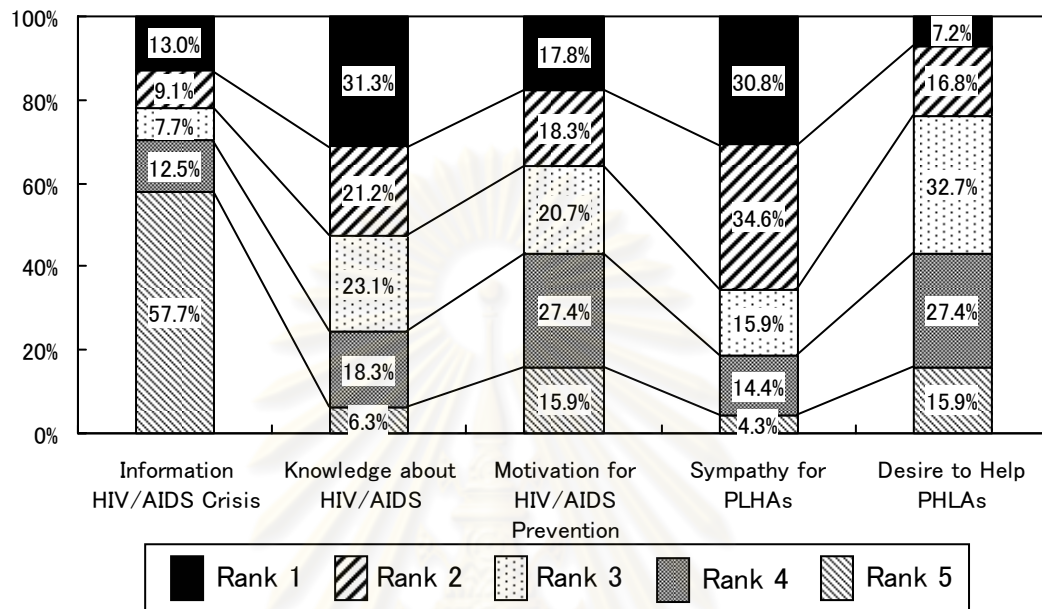
ศูนย์วิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

Table 4.35 What School Students Gained from Their Field Trip (Indicate from the most [Rank 1] to the least [Rank 5]) N=208

	Rank	Number (%)	Point
Information of HIV/AIDS Crisis in Thailand	Rank 1	27 (13.0%)	4.14
	Rank 2	19 (9.1%)	
	Rank 3	16 (7.7%)	
	Rank 4	26 (12.5%)	
	Rank 5	120 (57.7%)	
Knowledge about HIV/AIDS	Rank 1	65 (31.3%)	7.06
	Rank 2	44 (21.2%)	
	Rank 3	48 (23.1%)	
	Rank 4	38 (18.3%)	
	Rank 5	13 (6.3%)	
Motivation for HIV/AIDS Prevention	Rank 1	37 (17.8%)	5.89
	Rank 2	38 (18.3%)	
	Rank 3	43 (20.7%)	
	Rank 4	57 (27.4%)	
	Rank 5	33 (15.9%)	
Compassion/Sympathy for PLHAs	Rank 1	64 (30.8%)	7.46
	Rank 2	72 (34.6%)	
	Rank 3	33 (15.9%)	
	Rank 4	30 (14.4%)	
	Rank 5	9 (4.3%)	
Desire to Help PLHAs	Rank 1	15 (7.2%)	5.44
	Rank 2	35 (16.8%)	
	Rank 3	68 (32.7%)	
	Rank 4	57 (27.4%)	
	Rank 5	33 (15.9%)	

จุฬาลงกรณ์มหาวิทยาลัย

Chart 4.11 What School Students Gained from Their Field Trip (Indicate from the most [Rank 1] to the least [Rank 5]) N=208



Buddhist Students and Non-Buddhist Students

Although Wat Phra Bat Nam Phu is a Buddhist temple, non-Buddhist students including students from other religious schools also visit this temple as part of their social studies curriculum. Among the school students surveyed, 80.8% of the subjects were Buddhist, 19.2% were non-Buddhist (Table 4.23). This study attempts to investigate the difference of reactions towards HIV/AIDS and PLHAs between Buddhist and Non-Buddhist students.

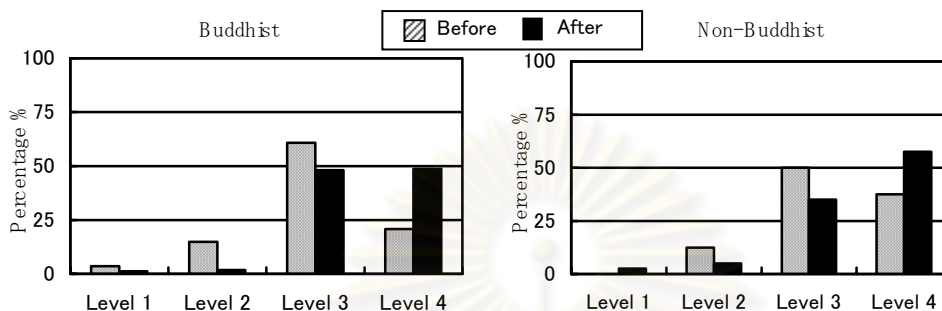
Chart 4.12 compares interest in HIV/AIDS and reactions to PLHAs between Buddhist and non-Buddhist students before and after visiting Wat Phra Bat Nam Phu in the following four aspects: interest in knowing about HIV/AIDS, awareness of HIV/AIDS prevention, feelings towards PLHAs, and reactions to PLHAs. This data was analyzed from the data used in the above analyses of the students' reactions towards HIV/AIDS and PLHAs. In Chart 4.12, "Level 1-4 or Level 1-5" shows the level of the

subjects' interest/reactions depending on the answer chosen by the subjects as explained above. The chart reveals that the patterns of the students' interest/reactions before and after visiting the temple are very similar to each other regardless of Buddhist or Non-Buddhist groups in every aspect. It should be noted that the questionnaire was not concerned with Buddhist teachings or concepts nor did it make use of Buddhist terms because the survey was structured for everyone regardless of religious affiliation. Therefore, it can be said that this very little difference between Buddhist and Non-Buddhist groups is "natural" from the perspective of just being human.

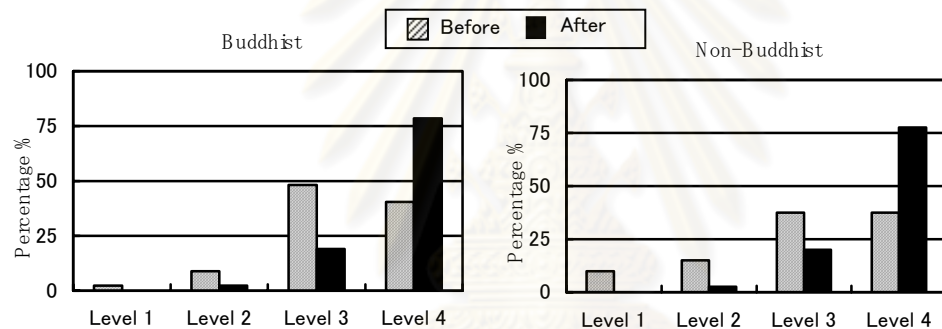
In his interview, Phra Alongkot mentioned this when he was criticized that caring for PLHAs should not be the responsibility of temple because it would ruin the religion (Buddhism) but the responsibility of medical doctors as follows, "when we provide care based on loving-kindness (*metta*), humanitarianism (*manussayatham*) does not conflict with religion." As a religious leader who works to help people in society, he has tried to convey this message to many people in various communities around the country by his giving seminars, talks, and TV broadcasts. Even though Wat Phra Bat Nam Phu has provided HIV/AIDS care and education activities based specifically on Buddhist teachings, it can be said that this survey supports Phra Alongkot's opinion that there is no difference in the influence of the temple's HIV/AIDS activities on anyone based on their religion because the temple stresses compassion and humanitarianism which are universal concepts for all human beings.

Chart 4.12 Interest in HIV/AIDS and Reactions to PLHAs: Buddhist and Non-Buddhist Students

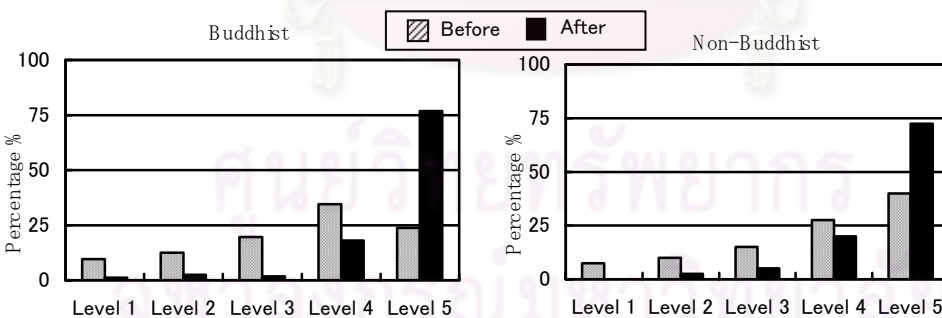
Interest in Knowing about HIV/AIDS: Before and After



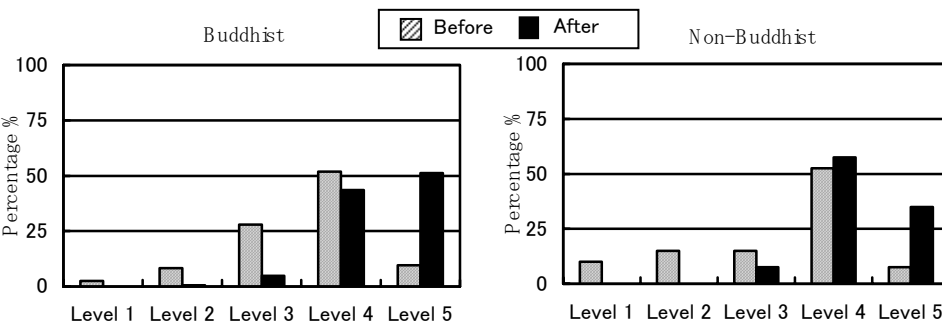
Awareness of HIV/AIDS Prevention: Before and After



Feelings Towards PLHAs: Before and After



Reactions to PLHAs: Before and After



4.4 Summary and Discussion

Phra Alongkot has generated various HIV/AIDS activities based on the Buddhist teachings in caring for PLHAs and for providing education to create HIV/AIDS awareness and the development of compassion for and understanding of PLHAs at both Wat Phra Bat Nam Phu and at the community level. The data presented in this chapter reveals important information about the role and the influence of Phra Alongkot's activities on visitors to Wat Phra Bat Nam Phu in terms of HIV/AIDS education, HIV/AIDS prevention and compassion for PLHAs.

Approximately 180,000 people visited Wat Phra Bat Nam Phu in 2008, including over 76,000 people who visited the temple for HIV/AIDS education as part of their social studies curriculum, and it is estimated that over two million people have visited the temple during these past 17 years since Wat Phra Bat Nam Phu opened its doors to care for PLHAs. These visitors are not only Buddhist but also people who have other religious affiliations. They come not from any specific regional area but from all over Thailand, from both near and far, to visit the temple. Therefore, it can be said that Wat Phra Bat Nam Phu and Phra Alongkot's HIV/AIDS activities are known far and wide throughout Thailand. The mass media such as TV news concerning Phra Alongkot's HIV/AIDS activities and his own TV programs introducing his activities as well as his sermons concerning the disease and the Buddhist teachings is considered to have played a significant role in his being able to reach large audiences.

In summary, from the data in the interviews with school teachers and the results of the questionnaire surveys with their school students and the general visitors to Wat Phra Bat Nam Phu, it is considered that Phra Alongkot's HIV/AIDS activities have had a powerful impact on the understanding of the visitors to the temple towards the disease and PLHAs. The collected data suggests that the visits had a strong positive influence on visitors' feelings, interest and opinions towards HIV/AIDS and PLHAs concerning all the following four topics investigated in this research: interest in having knowledge about HIV/AIDS, awareness of HIV/AIDS prevention, feelings towards PLHAs, and

reactions to PLHAs, and that this positive influence is considered to be effective not only on students who visit Wat Phra Bat Nam Phu as part of their education curriculum, but also on general visitors who visit the temple for their own various purposes. It can be concluded that Phra Alongkot's HIV/AIDS activities have had a strong positive influence on the visitors to Wat Phra Bat Nam Phu towards HIV/AIDS from the perspective of both HIV/AIDS prevention and development of compassion for and understanding of PLHAs.

In particular, the study suggests that the visitors' experience at the temple had a high degree of impact on them with regards to increased feelings of compassion for and understanding of PLHAs. This is also supported by the data which reveals that "compassion/sympathy for PLHAs" was the topic which the school students thought they gained most from their field trip to the temple. Phra Alongkot has established his HIV/AIDS activities based on the Buddhist teachings of loving-kindness (*metta*) and compassion (*garuna*), and on the universal concept of humanitarianism (*manussayatham*), and the monk's activities have borne fruit by a change in feelings of the visitors whether Buddhist or non-Buddhist towards PLHAs from one of repulsion to having some degree of compassion and sympathy for them. Moreover, the data also suggests the possibility of additional influence of Phra Alongkot's role in his HIV/AIDS activities on the understanding of people in society towards HIV/AIDS by means of the mass media, such as TV and news media, and "peer education" carried out by visitors to the temple when they return to their families and friends, to society in which over one million people are suffering from the disease and discrimination against PLHAs blatantly exists. However, although the data shows that temple's activities had an especially strong influence on the visitors' feelings towards PLHAs, and some visitors feel a great deal of compassion/sympathy for PLHA, a lack of any strong motivation to support or help PLHAs was found among both the general visitors and the school students. A follow-up investigation should be made concerning this gap between feelings of compassion for PLHAs and the lack of any strong desire to actually reach out and help.

With regards to HIV/AIDS prevention, the visitors' experience in talking with PLHAs and seeing the "Life Museum" is considered to have a powerful impact on the visitors and is expected to have a beneficial effect, especially on the young generations, who will form the base of the future society and who may also become one of the significant contributing factors to the possibility of a new HIV/AIDS crisis in contemporary Thailand. For the first time in their young lives, Wat Phra Bat Nam Phu presented them with the opportunity not only to learn about HIV/AIDS first hand but also to see the pain and anguish which PLHAs experience before their deaths. This will certainly make these young people think twice before experimenting with sex or having unprotected sex.

Considering the factors of Phra Alongkot's role and the influence of his HIV/AIDS activities on the visitors to Wat Phra Bat Nam Phu in terms of HIV/AIDS education, the following key concepts stood out: 1) a place to meet PLHAs for the first time and to interact with them, 2) direct experience of the reality of HIV/AIDS, 3) peer education, and 4) the importance of actively continuing HIV/AIDS campaigns.

Firstly, the study suggests that Wat Phra Bat Nam Phu is a place to meet PLHAs for the first time and to interact with them. The data collected in questionnaire surveys shows that 61.7% of the general visitors and 74.5% of the school students answered that they had had no experience of meeting or talking with PLHAs prior to their temple visit. On the other hand, 82.0% of the general visitors and 96.6% of the students answered they met and/or talked with PLHAs during their time in the temple. In addition, a cross-analysis of the collected data reveals that 76.3% of the general visitors and 95.5% of the school students who had no experience of meeting or talking with PLHAs prior to their visit met or talked with them in the temple as their "first experience." Some visitors entered the wards for AIDS patients in serious condition and some talked with PLHAs in the temple grounds. These results show that Wat Phra Bat Nam Phu provided those visitors with their first experience in meeting and talking with PLHAs.

Secondly, in addition to the interaction with PLHAs at Wat Phra Bat Nam Phu, the visitors have “direct experience of the reality of HIV/AIDS” by meeting PLHAs and experiencing HIV/AIDS education activities provided by the temple such as the “Life Museum” in which the bodies of people who have died from AIDS are displayed. Indeed, the collected data shows that 94.2% of the general visitors and 98.6% of the school students visited the museum in the temple. Those visitors had the opportunity to face the stark reality of death by HIV/AIDS through the heartbreaking displays.

Large numbers of school students visit Wat Phra Bat Nam Phu as part of their education curriculum. According to the data from the interviews with school teachers who accompanied their students to the temple as part of their education curriculum, the reason for these visits is that their teachers consider HIV/AIDS education in their schools to be insufficient and all felt that visiting the temple was necessary to complement what was taught in the classroom. The teachers felt that the classroom situation, being academic, cannot and does not teach students about the reality of HIV/AIDS and the situation of PLHAs by using just printed materials or videos.

In the interview with Phra Alongkot, he said, “This [museum] is the ‘case study’ [for visitors] to know that they are people who died from AIDS and that their deaths are real things. You can see the reality [of death by HIV/AIDS].” The temple visits force visitors to confront this “reality” which is impossible to provide in the schools concerning HIV/AIDS prevention education. At Wat Phra Bat Nam Phu, visitors meet PLHAs and see the disease as it really is when contracted by actual people. Classroom education can never provide such an education because the classroom approach is academic, and therefore cannot “reach” the visitors personally or on the human level. Wat Phra Bat Nam Phu can, therefore, be called a “life classroom.”

Thirdly, “peer education” is also considered to be one key factor concerning the influence of Phra Alongkot’s HIV/AIDS activities in terms of HIV/AIDS education. According to the collected data, 57.3% of the general visitors’ purpose for visiting Wat Phra Bat Nam Phu was for “education” for themselves and/or education for their relatives or friends, and 37.4% answered specifically “to take relatives or friends to get

HIV/AIDS education.” In addition, 36.9% of the general visitors answered that they got information concerning Phra Alongkot’s HIV/AIDS activities from their friends or families.

In the interviews with teachers who take their students to Wat Phra Bat Nam Phu, some teachers expressed their hope that their students’ experience would not be limited to just themselves, but that they would in turn tell their friends. Such peer education is considered to be effective as a tool in HIV/AIDS education among the students, their friends, their families, and even among people in society. Thus, peer education is considered to be one of the significant key factors of the influence of Phra Alongkot’s HIV/AIDS activities on the visitors in terms of education for HIV/AIDS prevention and also for developing compassion for and understanding of PLHAs.

Finally, “the importance of actively continuing HIV/AIDS campaigns” is also considered to be another key factor of the influence of Phra Alongkot’s HIV/AIDS activities on visitors to Wat Phra Bat Nam Phu. Since 1992, Wat Phra Bat Nam Phu has continued providing HIV/AIDS care and HIV/AIDS education based on Buddhist teachings. In his interview, Phra Alongkot emphasized the importance and difficulty of continuing activities to cope with HIV/AIDS: “Some think that AIDS has already disappeared, and that there is no longer any AIDS problem. No one continues the campaign on a continuous basis. In one year, there is just one day dedicated to AIDS news, which is World AIDS Day. We at Wat Phra Bat Nam Phu carry on the campaign every day. We have been taking care of PLHAs for a long time with loving-kindness (*metta*) and accepting it as part of our responsibility. We are still here with the heart to help, to do our best and to make every effort to improve [our care and HIV/AIDS activities].” HIV/AIDS may be largely forgotten by society at large except on World AIDS Day, but Wat Phra Bat Nam Phu has continued to make known to all visitors the reality of HIV/AIDS and the terrible plight of PLHAs and also warns of the ever-present threat of a new HIV/AIDS epidemic.

From the above analysis, Wat Phra Bat Nam Phu can be said to play an important role for keeping HIV/AIDS in the foreground in terms of HIV/AIDS prevention and emphasizing compassion for PLHAs both among general visitors to the temple and school students who visit the temple as part of their social studies curriculum. Many visitors, whether the general public or students, leave the temple with some positive influence from their temple experience on their interest in and opinions about HIV/AIDS and feelings towards PLHAs, and they, in turn, relate their experiences to their friends and relatives. Some may take their friends and relatives to the temple to share with them the experience of the reality of HIV/AIDS at the temple, and new visitors may have their first experience there to interact with PLHAs. Therefore, Wat Phra Bat Nam Phu can be considered to be fulfilling one important role in Thai society with regards to awareness of HIV/AIDS prevention and the development of compassion for and understanding of PLHAs by making every effort to impress upon people that the HIV/AIDS epidemic is not yet over, that it is not a problem to be remembered just on World AIDS Day, but that HIV/AIDS still exists and that there is the real possibility of a new outbreak of HIV/AIDS among the young generations. For Phra Alongkot and Wat Phra Bat Nam Phu, the campaign against HIV/AIDS is carried on each and every day.

CHAPTER V

CONCLUSION

5.1 The Role and Influence of Phra Alongkot's HIV/AIDS Activities

In 1991, the Thai government launched a massive HIV/AIDS information campaign. Although Thailand succeeded in controlling the HIV/AIDS epidemic, the negative images of HIV/AIDS have become firmly rooted in the public's mind and have caused deep-rooted discrimination against and social stigmatization of PLHAs. At present, HIV/AIDS is no longer considered to be a disease among specially categorized "high-risk" groups in Thailand. The general public's awareness of a future HIV/AIDS threat must also be addressed because they have forgotten that HIV/AIDS even exists due to other more pressing outbreaks of life-threatening diseases such as avian influenza, swine influenza (2009 flu), and so on.

Phra Alongkot had his first experience when he saw a patient dying from AIDS when visiting a hospital. Moved by this experience, in 1992, he began caring for PLHAs at Wat Phra Bat Nam Phu despite strong opposition by local people who themselves lacked appropriate knowledge of HIV/AIDS. Since then, the temple has cared for more than 40,000 PLHAs and approximately two million visitors have been to Wat Phra Bat Nam Phu.

The two objectives of this thesis are: 1) to study Phra Alongkot's activities in caring for AIDS patients and providing HIV/AIDS education at Wat Phra Bat Nam Phu and at the community level, and 2) to investigate and analyze the role and the influence of Phra Alongkot's activities on visitors to Wat Phra Bat Nam Phu in terms of education for HIV/AIDS prevention and the development of compassion for and understanding of PLHAs.

Data collected by questionnaire surveys with school students and general visitors to Wat Phra Bat Nam Phu has been analyzed in Chapter IV and reveals a positive level of change of visitors' feelings, interest and opinions towards HIV/AIDS and PLHAs concerning all the following four topics investigated in this research before and after visiting the temple: interest in knowing about HIV/AIDS (See pages 82-84 and 108-109), awareness of HIV/AIDS prevention (See pages 84-85 and 109-111), feelings towards PLHAs (See pages 85-87 and 111-112), and reactions to PLHAs (See pages 87-88 and 112-113). It can, therefore, be concluded that Phra Alongkot's HIV/AIDS activities based on Buddhist teachings have had a strong positive influence on the understanding of visitors to Wat Phra Bat Nam Phu towards the disease from the perspective of both HIV/AIDS prevention and development of compassion for PLHAs. In particular, the study suggests that the visitors' experience at the temple had a high degree of impact on the visitors with regards to the development of increased feelings of compassion for and understanding of PLHAs.

The concept of "Buddhist teachings" is the central axis around which all activities at Wat Phra Bat Nam Phu revolve. Buddhist teachings are seen everywhere around Wat Phra Bat Nam Phu in caring for PLHAs and providing HIV/AIDS education activities, specifically in the "Life Museum." In his interview, Phra Alongkot explained about the "Life Museum" that the temple displays those bodies in order to make people realize the truth of sickness as one aspect of suffering (*dukkha*) as explained by the Buddha in the First Noble Truth. Another important Buddhist teaching encouraged by the museum displays is "mindfulness of death" (*maranasati*) to drive home the realization that death comes to us all and can come at anytime or in any form. In the museum, one board posts the sermon of the well-known Thai Buddhist monk, Buddhadasa Bhikkhu, concerning "attachment" or "clinging" (*upadana*). The idea of "no clinging" is one of the basic Buddhist teachings because "dependent on clinging arises becoming" and "dependent on becoming arises birth" (Payutto, 2003: 252-253). In the interview with Phra Alongkot, he emphasized the importance of not clinging to our lives too much, and explained that the end of desire (*tanha*) is the end of

suffering (*dukkha*). Compassion (*karuna*) and loving-kindness (*metta*) are also fundamental concepts in Buddhism. Fear, prejudice, discrimination and hate, most of which come from people's ignorance, exist in society, and as a result, PLHAs tend to be denied understanding, generosity and love by other people. In his interview, Phra Alongkot emphasized compassion and loving-kindness as necessary qualities that society needs to develop towards PLHAs in their sufferings.

With regards to HIV/AIDS education, this thesis clearly indicates that Phra Alongkot has played a significant role in that Wat Phra Bat Nam Phu fulfills several important functions. Firstly, the study suggests that Wat Phra Bat Nam Phu is a place to meet PLHAs for the first time and to interact with them. Phra Alongkot himself openly embraces PLHAs to show visitors there is nothing to fear. This is perhaps one of his most important roles of encouraging visitors to interact with PLHAs by example. A cross-analysis of the collected data in the questionnaire surveys reveals that 76.3% of the general visitors and 95.5% of the school students who had no experience of meeting or talking with PLHAs prior to their visit met or talked with them in the temple as their "first experience."

Secondly, in addition to the interaction with PLHAs at Wat Phra Bat Nam Phu, the visitors have "direct experience of the reality of HIV/AIDS" by meeting PLHAs and experiencing HIV/AIDS education activities provided by the temple. 94.2% of the general visitors and 98.6% of the school students visited the "Life Museum" and faced the stark reality of death by HIV/AIDS through the heartbreaking displays there.

Thirdly, "peer education" is considered to be one key factor concerning the influence of Phra Alongkot's HIV/AIDS activities in terms of HIV/AIDS education. 37.4% of the general visitors answered "to take relatives or friends to get HIV/AIDS education," and 36.9% answered that they got information concerning Phra Alongkot's HIV/AIDS activities from their friends or families.

Finally, "the importance of actively continuing HIV/AIDS campaigns" is also considered to be a key role Phra Alongkot plays in continuing HIV/AIDS activities for visitors to Wat Phra Bat Nam Phu. Phra Alongkot emphasized the importance and

difficulty of continuing activities to cope with HIV/AIDS campaigns. Since 1992, Wat Phra Bat Nam Phu has continued to make known to all visitors the reality of HIV/AIDS and the terrible plight of PLHAs and also warns of the ever-present threat of a new HIV/AIDS epidemic. Phra Alongkot himself tirelessly goes out to give sermons, talks, and TV broadcasts to keep the HIV/AIDS campaign alive throughout the entire year.

Since Phra Alongkot started the hospice at Wat Phra Bat Nam Phu, he has steadfastly provided HIV/AIDS care for PLHAs. The temple has already provided care for more than 40,000 PLHAs. The number of PLHAs being cared for has been steadily increasing these past 17 years. In addition to HIV/AIDS activities at Wat Phra Bat Nam Phu, the Thammarak Foundation/Wat Phra Bat Nam Phu is carrying out their second project to create a community village in a rural setting in Lopburi Province, including houses, schools and a hospital, as a model community for PLHAs who can take care of themselves as well as for AIDS orphans. In this village, two AIDS orphans' homes are operating to house and care for orphans infected with HIV from their mothers and those whose parents died from AIDS. It can, therefore, be said that Phra Alongkot has played a significant role in HIV/AIDS activities in caring for PLHAs and AIDS orphans.

In addition to HIV/AIDS care activities, another of Phra Alongkot's roles has been to provide facilities and opportunities for HIV/AIDS education in terms of HIV/AIDS awareness and the development of compassion for and understanding of PLHAs both at Wat Phra Bat Nam Phu and at the community level based on Buddhist teachings. It is estimated that over two million people have visited the temple during these past 17 years. The temple continues to provide these visitors with experiencing the "reality" of HIV/AIDS through the "Life Museum," interaction with PLHAs and so on. Teachers intend to take full advantage of Wat Phra Bat Nam Phu to provide HIV/AIDS education to their students who visit the temple as part of their education curriculum because the classroom situation cannot and does not teach about the reality of HIV/AIDS and the humanity of PLHAs.

The research shows that Phra Alongkot's HIV/AIDS activities have a significant positive influence on the understanding of visitors to Wat Phra Bat Nam Phu towards disease from the perspective of HIV/AIDS prevention and development of compassion for PLHAs. Moreover, the data in this research also suggests the possibility of additional influence of Phra Alongkot's HIV/AIDS activities on the understanding of people in society towards HIV/AIDS by means of the mass media and "peer education" carried out by visitors to the temple when they return to their families and friends. It can, therefore, be concluded that Phra Alongkot's role in HIV/AIDS activities is effective 1) in caring for PLHAs, 2) as a preventative measure for people who are not suffering from HIV/AIDS and 3) in developing compassion for and understanding of PLHAs in their own society, a society in which over one million people are suffering from the disease and discrimination against PLHAs blatantly exists.

However, it should be mentioned that some, such as the Sunday Times (April 13, 2008) the British newspaper which carried Andrew Marshall's article, "Is the temple of Buddha's footprints the temple of doom?," are of the opinion that displaying the bodies of people who have died from AIDS at the temple in the "Life Museum" is an affront to human rights and human dignity and might cause a backlash against the families of the deceased and might also increase discrimination against PLHAs.

On the other hand, all the teachers interviewed in this research have a very positive impression of the museum as the place where their students can really see or experience the reality of what they have not studied about HIV/AIDS in the classroom. When interviewed about the museum displays and the issue of human rights/human dignity, most teachers stressed the fact that these bodies were donated by the PLHAs themselves who died at the temple.

In his interview, Phra Alongkot explained that the objective of museums is to provide knowledge and truth to people for their benefit. He also stressed that the temple does not have any intention to pillory PLHAs, but has a clear objective: "We have the intention to make it be good for others. We put the displays in the museum with the

clear understanding that this museum is for the education of others.” Research data supports Phra Alongkot’s statement. The data shows that the temple visits had a strong positive influence on the visitors, among whom 94.2% of the general visitors and 98.6% of the school students visited the museum in the temple, particularly concerning feelings towards PLHAs.

Therefore, from the perspective of human rights/human dignity and the privacy of the family members of the PLHAs who donated their body to the museum, whether all the family members agreed with their donations or not, the temple should be more sensitive to their feelings by not revealing the real names and displaying photographs of the deceased. By using anonymous personal data and by not using photographs, it is considered that this museum will still have a very powerful impact on visitors by imparting the stark reality of HIV/AIDS. Making use of anonymity in the “Life Museum” may help alleviate the controversy of human rights abuse and affront to human dignity felt by some visitors to the museum due to different personal/cultural values and different religious backgrounds, especially among non-Thai people.

In Thailand, the Buddhist temple was the centre for life in the traditional village community. The communities support the Buddhist monks materially. In return, Buddhist temples and monks offer social and spiritual care for the community. The Buddhist monk played the leading role not only as a spiritual leader, but also as a teacher, a doctor, and an advisor for the villagers’ daily life. However, many Buddhist monks lost their traditional “secular functions” with the introduction of the modern medical and educational systems and became engaged exclusively in studying Buddhist scriptures, practicing Buddhist teachings, and performing rituals (Nozaki, 2003: 105). In Northeastern Thailand in the 1960s, however, a movement of Buddhist monks’ participation in community development was initiated. Monks began development projects to improve villagers’ lives in order to relieve their hardships, and they are so-called “development monks” (Nozaki, 2003: 94, Okabe, 2004). With regards to “development monks,” a definite link exists between them and Buddhadasa Bhikkhu

whose philosophy was “to work is, in itself, to practice *Dhamma* [the Buddha’s teachings]” (Nozaki, 2003: 95).

When the HIV/AIDS epidemic began in the mid-1980s, it was Phra Alongkot who openly undertook caring for PLHAs at Wat Phra Bat Nam Phu in 1992. In his bold project undertaken at a time when PLHAs were abhorred by society, Phra Alongkot encountered strong opposition from local people, but he persisted in his efforts to provide care for PLHAs as well as educate the public about the reality of HIV/AIDS always in the spirit of loving-kindness (*metta*) and compassion (*karuna*). Thus, Phra Alongkot, through his work with HIV/AIDS awareness and prevention activities and energetically caring for PLHAs, can be called a worthy example of a true “development monk.” He also has succeeded in returning the Buddhist temple to its traditional role in Thai life, and Wat Phra Bat Nam Phu can be considered an “HIV/AIDS centre” for caring for PLHAs and for providing information concerning HIV/AIDS in the same way as the temple was the traditional centre for life in the village community in Thailand.

Compared with development monks of the 1960s who began local rural development projects to improve villagers’ lives in Northeastern Thailand, Phra Alongkot’s HIV/AIDS activities, which started by turning an upcountry Buddhist temple into a hospice to care for AIDS patients in 1992, can be considered to be active nationwide, the reason being that in the 1990s, HIV/AIDS epidemic was an extremely serious problem and was rapidly becoming a significant social issue in Thai society as a whole. Since then, Phra Alongkot/Wat Phra Bat Nam Phu has continued caring for PLHAs from all over Thailand and provides information of the reality of HIV/AIDS to visitors to the temple and to society at large via the mass media.

In addition, the development monks have endeavoured to promote material development, based on spiritual development, by cultivating the local people’s participation, their cooperation, solidarity, and self-reliance (Urasaki, 2002, Nozaki, 2003: 93-110). In contrast with the conventional definition of the “development monks”

who have concentrated their efforts on development projects in villages in rural areas, Phra Alongkot, as an example of a development monk, is working at a temple-based hospice for AIDS patients to provide physical and mental care, as well as financial support. Since the number of people dying from AIDS has decreased due to medical progress which has succeeded in delaying the onset of AIDS symptoms, Thai society now looks to him as a Buddhist monk in the traditional role of a teacher, but in his case, he is looked to as a source to provide information concerning HIV/AIDS, HIV/AIDS awareness and compassion for PLHAs.

It can be assumed that Phra Alongkot's vision for Thai society is related to socially engaged Buddhism as stated by Sulak Sivaraksa in his book *A Socially Engaged Buddhism* that "The Buddha taught that when you see 'ills' (*dukkha*) in itself or society, you should look for the cause and then try to find the way to overcome it. This is the essential teaching of Buddhism and this is relevant in facing our current crisis. We must have a resurgence of our traditional spiritual and cultural values, in rebuilding and renewing a sense of integrity in who we are, and in addressing the ills that we find in our society" (Sulak, 1988: 196-197). Phra Alongkot has continuously worked to eliminate discrimination against and fear of PLHAs and to remove ignorance concerning HIV/AIDS itself. According to his interview, Phra Alongkot hopes that through his work, Thais will accept PLHAs back into Thai society based on the Buddhist Teachings of loving-kindness (*metta*) and compassion (*karuna*), that PLHAs will be cared for by their families instead of being turned out into the streets with no place to go. His dream is that Wat Phra Bat Nam Phu as an HIV/AIDS hospice will no longer be necessary. Phra Alongkot works tirelessly to achieve his dream, to make this vision become a reality.

5.2 Limitations of Study

Even though this study was conducted with maximum effort, the research has several limitations caused by the following factors: topic factor, language factor, and time factor.

Topic Factor

One of the purposes of this thesis is to investigate and analyze the influence of Phra Alongkot's activities on visitors to Wat Phra Bat Nam Phu in terms of HIV/AIDS education. The questionnaire surveys conducted in this research were concerned with subjects' feelings, interest and opinions. Therefore, the percentage of each data from the surveys may not be able to be evaluated accurately, and therefore, the possibility of some margin of error does exist. However, at the very least, any tendency or change in their understanding of HIV/AIDS from the perspective of HIV/AIDS prevention and the development of compassion for PLHAs can be deduced.

Language Factor

Language also proved to be a limiting factor in this research because the research was conducted by a Japanese researcher who is not a native Thai speaker. A Thai research assistant who speaks both Thai and English proved invaluable in conducting the interviews. Language was an obstacle in conducting interviews with the subjects because they involved translating from Thai into English the subjects' feelings or emotions and it proved to be quite difficult to find a satisfactory equivalent word in English that captured it exactly.

Transcribing Thai terms or names into the Roman alphabet also proved to be a difficulty. This thesis basically follows the system recommended by the Thai Royal Institute. However, transcriptions do not always follow this system because they are transcribed according to the source, for example, the major English-language

newspapers, or even the subjects' transcriptions of their own names. Therefore, some systems are intermingled in transcribing Thai into the Roman alphabet in this thesis.

Time Factor

This research was conducted from August to December in 2009. With regards to the questionnaire surveys for visitors to Wat Phra Bat Nam Phu, the surveys were conducted over a limited period from October to November. This period fell within the traditional "Tod Kathin" after the Buddhist monks' Rains Retreat (Buddhist Lent) where groups of Buddhists collect money and other requisites to donate to different temples to make merit. Therefore, the surveys for the visitors, especially for the general visitors, may have the possibility of some deviation of subjects' answers concerning the subjects' personal profiles, the numbers of visits or the purposes of their visits although the surveys were conducted on random days to obtain a more accurate sample.

5.3 Future Research Suggestions

Concerning HIV/AIDS education provided at the junior high school and high school level, this thesis has attempted to identify how school teachers provide HIV/AIDS education in their school programs and what they expect their students to learn at the temple. The data from the interviews conducted with the teachers who take their students to visit Wat Phra Bat Nam Phu revealed that they felt the need to let their students actually "see and experience" the reality of HIV/AIDS because the classroom situation cannot and does not teach students about the reality of HIV/AIDS and the situation of PLHAs just by using printed materials or videos such as those used in their school HIV/AIDS programs. However, this thesis did not attempt to investigate how the teachers apply the experiences of their students at the temple to their HIV/AIDS education programs in their classrooms. Attempting any follow-up with regards to

general visitors to determine the effect of the temple visit on them would be difficult if not impossible. School students, however, provide the ideal possibility of a very effective research laboratory because they remain in their group. Further research at junior high and high school levels concerning HIV/AIDS education to identify how the teachers apply the temple experiences to their classes or any other school educational activities concerning HIV/AIDS would provide a clearer perspective of the role and influence of Phra Alongkot's work with HIV/AIDS and PLHAs at the temple. This would entail observing the normal classroom activity before the temple trip and immediately following their field trip to record how the experience was applied at the classroom level. These results could then be compared with schools which do not go to Wat Phra Bat Nam Phu and assessed as to the changes brought about by the temple field trip.

In Chapter IV, the results of this research suggest that visitors to Wat Phra Bat Nam Phu gained not only information and/or knowledge concerning HIV/AIDS but also some compassion/sympathy for PLHAs, and that Phra Alongkot's role and his HIV/AIDS activities at the temple do provide a positive influence, especially on the visitors' feelings towards PLHAs. However, the results suggest that although some visitors felt a great deal of compassion/sympathy for PLHAs, they did not have any strong motivation to support or to help PLHAs. One explanation for this may be that they do not know how to help PLHAs or because suitable volunteer programs available at schools, companies or other organizations' education facilities to actually assist PLHAs other than by donations may be very limited or non-existent. The next logical step, then, would be for schools to form volunteer groups on a regular basis to assist the work being done at Wat Phra Bat Nam Phu. The formation of such volunteer groups would be invaluable to further researchers to assess just how far-reaching Phra Alongkot's efforts to reach people's hearts have been.

Thus far, there has been little research from the perspectives of education for HIV/AIDS prevention and the understanding of PLHAs, especially on the roles and/or the actual influence of Buddhist monks' activities on people's understanding of the disease and PLHAs, and one example in particular, the research or articles in general tend to focus on Phra Alongkot's HIV/AIDS activities from the perspective of care provided at Wat Phra Bat Nam Phu and do not mention or even discuss what roles Buddhist monks play, or even what potential influence they can have. It is hoped that this study by means of listening to "real voices" of Phra Alongkot, temple staff, school students and teachers, and visitors provides a significant contribution in discussing the role of Buddhist monk Phra Alongkot and the actual influence of his HIV/AIDS activities on people's understanding of the disease and PLHAs. Furthermore, it is hoped that more detailed research concerning HIV/AIDS education in terms of prevention and the development of compassion for and understanding of PLHAs will be generated by this initial attempt, especially since the threat of a new HIV/AIDS epidemic among the younger generation is a very real possibility in the Kingdom.



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APPENDICES

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APPENDIX A

LIST OF INTERVIEWEES

Monk

Phra Alongkot Tikkhapanyo (Interviewed on 24 October 2009)

Doctors

Jutti Rattarasiri, M.D. (Interviewed on 12 November 2009)

Vin Samnang, M.D., a Cambodian Doctor from AIDS Healthcare Foundation (Interviewed on 16 November 2009)

Nurses

Ms. Nujanath Seaya, a nurse at Thammarak Niwet Project 1: Wat Phra Bat Nam Phu (Interviewed on 30 December 2009)

School Teachers

Mr. Somyod Pramulasin, the principal of Racha Prachanukhro 33 School (Interviewed on 20 September 2009)

(The following teachers were interviewed at Wat Phra Bat Nam Phu. Their details are listed in Chart 4.5 on page 108.)

Teacher A, a teacher at Sasana Business School (Interviewed on 14 October 2009)

Teacher B, a teacher at Assumption Convent School Lopburi (Interviewed on 12 November 2009)

Teacher C, a teacher at Amphon Phaisan School (Interviewed on 12 November 2009)

Teacher D, a teacher at Phachi Sunthonwitthayanukun School (Interviewed on 13 November 2009)

Teacher E, a teacher at Silachan Phiphat School (Interviewed on 16 November 2009)

Lay Staff

Chalermpon Ponmuk, PhD, Manager of Thammarak Niwet Project 1 and 2, Secretary of The Thammarak Foundation (Interviewed on 5 September and 21 November 2009)

(The following staff were interviewed on 8 August, 5 and 20 September, 10, 14, 17, 20, and 25 October, 12, 13, 16, 21 and 30 November, and 1 December 2009.)

Mr. Chalin Khonman, Vice Chief of Thammarak Niwet Project 1, Chief of Secretariat

Mr. Chaankesom Muangsiri, Chief of Education Division

Ms. Manirat Chahong, Chief of Administration

Ms. Orawan Kaewpadcha, Chief of Accounting and Finance Division

Ms. Neerapa Wadwong, Officer of Education Division

Ms. Banlang Nanthivatrinit, the Staff of the Thammarak Foundation

Mr. Phanthip Thippraphan, Vice Manager of Thammarak Niwet Project 2

Volunteer

A Japanese Volunteer aged 47 who wished to remain anonymous (Interviewed on 25 October 2009)

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APPENDIX B

INTERVIEW WITH PHRA ALONGKOT

This interview was conducted with Phra Alongkot Tikkhapanyo at Lumpini Night Bazaar in Bangkok on 24 October 2009. The monk visits this place almost every Saturday morning with the permission of the Night Bazaar to make Thai people more people aware of the real situation PLHAs are facing in their daily lives, and to ask people for donations to help care for the AIDS patients and for the temple's other projects.

* * *

What was the reason why you opened the hospice for AIDS patients in Wat Phra Bat Nam Phu in 1992?

Phra Alongkot: AIDS is a disease that the public doesn't understand. The society is afraid of AIDS and doesn't accept the PLHAs (people living with HIV/AIDS). From the point of view of society in general towards PLHAs, PLHAs are the bad people because they are considered to be sexually promiscuous or drug addicts of the injection type. Because of such images, PLHAs have been judged to be bad people. Add this to the aversion and fear of AIDS and that makes HIV/AIDS to be a hot topic among the general public. Then followed the discrimination against PLHAs. Society wanted to separate PLHAs from the rest of society and banish them. PLHAs lost their basic rights. For example, an AIDS tenant had to move out of his apartment/housing because the lessor knew he was a PLHA. Otherwise, because of the PLHAs, other tenants would move out. PLHAs at that time were deserted, loathed and condemned. I have witnessed those situations, so I felt interested to study more deeply about AIDS. At that time, I had no intention to make the temple to be a hospice for PLHAs.

Before opening the AIDS hospice in 1992, a problem arose, that is, how to take care of PLHAs. As a national policy and based on Buddhist ethics, we should support care for PLHAs, and temples should be a place for PLHAs in critical condition. However, that is not the reason that I made this temple into an AIDS hospice. I had the chance to have a field trip to visit a hospital and see for myself the PLHAs who had been abandoned and deserted by their families and relatives. Even doctors and nurses used protective gear such as rubber gloves, glasses and so on, like astronauts. There were PLHAs who died

during my visit. That made me have the intention to help these people. So I made several visits there. During these visits, I learned the problems PLHAs had and formed a deep relationship with them. PLHAs knew who I was and where I came from. Some PLHAs had died but some had recovered enough and were able to return to their homes. Even then, their families didn't accept them and they were rejected by others in addition to their families. That pushed PLHAs to find new places where they could stay peacefully. Many of them thought that they had no place to go so it would be better to visit me. That is the reason for the connection between AIDS and Wat Phra Bat Nam Phu. Because PLHAs didn't have a place to go, and I as a Buddhist monk could not say that that temple would be in trouble or the villagers would abhor them, I would show loving-kindness (*metta*). Thus, we began living together. At first, I felt strange because I did not dare tell others that these people were PLHAs. I had to conceal it although I had not intended to do so. I had to conceal it because I was afraid that it would cause a strong negative effect on the PLHAs. Even the monks in the temple didn't know about the PLHAs who were then staying there.

Up to 1992, there were seminars to find a temple which would be an AIDS hospice in Thailand. At first, some looked to Phra Payom⁵⁶, but it didn't materialize for some reason. We understood the situation and scenarios, that is, how about the reaction from lay people visiting a temple with a lot of PLHAs staying there. For sure, there would be pressure from outside. Finally, no temple wanted to be an AIDS hospice. At that time we had some HIV patients at our temple and I just thought, "Is it possible that we could take this project to my temple?" Since this project expected such a temple should be in Bangkok or quite nearby such as in Nonthaburi or Pathum Thani, distance-wise Lopburi was far from their expectation, but there was no other temple willing to openly declare itself to be an AIDS hospice. It was therefore necessary to adapt the project to Wat Phra Bat Nam Phu only by amending the area of the project. I was neither dejected nor joyful. I only thought this project was good. I only wanted to help PLHAs. At first, I didn't think that this project was a project which I would like to do because I am not a doctor or a nurse or even a social worker. But I have a doctor's mind and I would like to support PLHAs like social workers do. When PLHAs stay with us, we take care of them and give them housing, food, boost their morale and offer them the chance to practice Dharma.

In the end, Wat Phra Bat Nam Phu became the AIDS hospice in Thailand. In 1992, we had to do our duty to officially open the temple to receive the PLHAs. Before doing that, there were several seminars organized by different organizations in the province, and it seemed that everybody agreed with the project based on loving-kindness (*metta*). In fact, it was something easy to talk about, but in reality it was not something that it was so easy to do. Everybody said, "Don't feel disgusted with PLHAs. We should be compassionate and should support PLHAs." However, the public couldn't understand

⁵⁶ Phra Payom Kalayano, the abbot of Wat Suan Kaew, is a well-known Thai Buddhist monk who has conducted various social activities.

why it had to be done at a temple. Thais sometimes have a negative bias, such as why the temple has to take care of PLHAs. They think that caring for PLHAs should be the responsibility of medical doctors. “Don’t bring AIDS into the temple! It will have an effect on the religion.” Buddhism would be ruined. Normally, when we provide care based on loving-kindness (*metta*), humanitarianism (*manussayatham*) does not conflict with religion. That is the reason why Wat Phra Bat Nam Phu has become an AIDS hospice. From that time, Wat Phra Bat Nam Phu was the first and main organization to take care of PLHAs.

* * *

Wat Phra Bat Nam Phu is open to the general public. Many people including school students have visited Wat Phra Bat Nam Phu during past these fifteen years, and they may have had opportunities to meet and talk with the patients including some patients who are in serious condition. By allowing the general public to visit, what message do you wish to communicate to these visitors?

Phra Alongkot: We understand that the integration of PLHAs and the general public is brought about under a good atmosphere, that is, we all have made it better. In the past, when we knew who PLHAs were, we didn’t want any close contact with them. For example, if PLHAs rode on a bus, the bus conductor didn’t want to collect money from them. He would like to have driven them off the bus but he couldn’t. I think the general public doesn’t have any knowledge of and experience with PLHAs, so they are afraid and thus lack understanding. It is hard to find somebody to give them clear knowledge and experience. I think opening this hospice is the best way to make the general public understand the situation by teaching them and providing them with the experience to live together with PLHAs peacefully. To those who come to temple, I try to explain as much as I can and give them some experience, such as telling them, “Try to touch them, try to embrace them.” In the past, nobody dared. Now, however, we can touch each other. Medical doctors try to give knowledge concerning HIV/AIDS, but the general public still doesn’t have much confidence in it.

That is the reason which makes us to be the main organization for the general public to come and learn. In one year, there are 200-300 thousand people visiting Wat Phra Bat Nam Phu. Students and the general public, together with official visitors, number more than 100 thousand. In general, there are also a lot of non-official visitors. In summary, there are at least 2-3 million who have had the real experience that this temple isn’t the awful place they imagined it was. They have brought their experience back with them and given it to others. From one million to two million, from two million to twenty million. The atmosphere in society was changed. I don’t say that I am good, but I would say this is the appropriate way for Thais. Everybody likes to come to visit here. Why do the schools like to bring their students here? It is because the teachers cannot teach them. Parents bring their children here because they cannot teach them. They have to bring them to me to see the reality of this temple. There are a lot of parents who bring

their children to the temple because they would like to let this knowledge protect their children from AIDS. For 15 years, in my opinion and in most Thais' opinion, this is good. There may have been some bad points. We admit it. However, we should do more. Let us think that if there were no Wat Phra Bat Nam Phu from the beginning [what would have happened to PLHAs in society?]. We have cremated more than ten thousand PLHAs. Where would these PLHA have gone [if there had not been a Wat Phra Bat Nam Phu]? More than one thousand orphans stay with us. How about their futures? We should also look at the good side.

Are we doing our best right now? No, not yet. There are still a lot of problems. Sometimes we also didn't understand. Sometimes, some problems are problems that we have to solve by ourselves. We have to do so because it is our problem. On the one hand, it is our duty to take responsibility for each other. On the other hand, we do it because we love and empathize with those such as the children. We could let these children go, but if we think about the futures of these children, how could we in good conscious do so? They don't have parents and they have to live by themselves. In fact, a lot of normal students who have graduated cannot find the jobs. These AIDS orphans after graduating, what can they do? That is a very hard topic. These children don't have parents, so who will take responsibility for their education? If they are in the government system, it is hard to reach the goal. We must think of them as "special". This "special" doesn't mean that they are different from others from the point of view of their level. "Special" means that we have to prepare them be able to live by themselves. So, they are "special" so that they are skillful enough to depend on themselves, they are "special" to be good enough to be able to live with others.

* * *

What do you expect those students to learn from their education trip to Wat Phra Bat Nam Phu?

Phra Alongkot: In truth, we have never asked anyone to come here. They have approached us and asked us if they could bring somebody to Wat Phra Bat Nam Phu. It is not like we say "Come! Come!" Each school has its own way to bring the students here. Many agents have to investigate any project as to whether it is good or not. They have to come and find information about "what the students would get if they came." It is the school's decision. More than 97% of the schools which have visited the temple think it is a good project. They also bring the next group of students to come again. That's why we believe that what we are doing is a good thing and that it has a useful role.

* * *

You visit many places around Thailand. You have also made a great effort to reach larger audiences via the mass media such as television. What message do you want to get across to people in Thai society?

Phra Alongkot: I have many things that I would like to communicate to Thai society. First, I hope to see a peaceful society. I don't want Thai society to look at the PLHAs like they are something alien or something bad, something that will destroy fabric of the society. When PLHAs can live normally like the rest of society such as staying in their own homes, working with others without any suspicion about AIDS, this feeling is the important objective. I don't want anybody staying at Wat Phra Bat Nam Phu. I would like them to stay with their families, with their fathers, mothers and relatives. Second, such a thing is impossible for orphans infected with HIV or orphans whose parents died from AIDS and who don't have any relatives. This is the new question for society. It is the same question as to what to do with normal orphans, but AIDS orphans feel great pressure because of AIDS. If anybody knows or finds out that they are PLHAs or that their parents died from AIDS, it will have a very bad effect on them. I would like to let them live normally in society.

* * *

Why do you display the bodies of people who have died from AIDS in the “Life Museum” at Wat Phra Bat Nam Phu? What is the purpose of this museum?

Phra Alongkot: To be honest, this was not my decision. It is a part of the project for caring for AIDS patients. The manager of the project had this idea and I liked it very much. When I enter that museum, I feel the realization that when anyone dies, he cannot take anything with him. All that is left here is only our body. We have to practice mindfulness (*sati*) and to live without carelessness. We have to take care of ourselves and do good things for others. I feel this realization, but for others it may or may not be the same. Some think it is a scary place or they shiver in fright, or we display these bodies to condemn PLHAs. They have the right to think like that, but I think from the religious point of view that these museum displays clearly teach everyone to think about the impermanence of our bodies. We are born, get old, get ill and die. Therefore, we should not cling to the body. That's why I agreed with this project. Second, I think “death” can give awareness to others. Someone comes suddenly and dies suddenly. We want to see the dead such as in a car accident. There is the dead! But, who is it that died? No one wants to see it clearly. This is the nature of humans. We want to see. We want to know. How dose the death occur? Who is the unlucky one? I have no intention to violate human rights. A dead body is a dead body even that of someone who dies from AIDS. Every dead body is dried until only skin and bones are left. But, this is the case study to know that they are people who died from AIDS and that their deaths are real things. You can see the reality. And, the important thing is that each one donated his or her body. They willingly gave their bodies to be studied by others, so that everybody would be more aware of HIV/AIDS after seeing their dead bodies. It is as if they are

using their bodies to protect the lives of others. This is the intention of the PLHAs, not the temple.

This temple has agreed to undertake this project, and even now, there are a lot of people who are willing to see this museum. However, sometimes it causes some conflict with foreigners and with people of other religions. For example, other religions think that this violates human's rights or dignity, in view of rights and dignity according to the constitution. However, we think 'this is a museum.' The objective of museums is to give knowledge and the truth to people for their benefit. We don't have the intention to display those dead bodies to humiliate PLHAs, not like in the past, where people were executed by hanging and made a public spectacle of. This was seen everywhere. We have a clear objective. We have done it for ten years, and we think it is good. If it conflicts with human rights by referring to the constitution, we will be the first to admit it. Second, it must be proven that this museum is wrong by informing the human rights committee or getting a court order to stop us. We will agree to stop, but, at the same time, we will use other ways of exhibition to counter their claims such when our parents or teachers die, they are often put in glass coffins. Some temples have the corpses of their teachers on display. Their dead bodies do not decay. Is it still wrong? We put bodies into glass coffins. We always respect them, and the Buddhist funeral rites for them after their deaths are held. How is this violating the human rights? It is only the point of view of some who think so. Everybody or every religion can have any idea they wish. However, when thinking about our rights, firstly, we have the intention to make it be good for others. Secondly, the PLHAs donated their bodies to us, and we put them in the museum with the clear understanding that this museum is for the education of others.

* * *

What is the meaning of “*maranasati*”, which is written on one of the boards in the “Life Museum”?

Phra Alongkot: One of the objectives is for others to know the truth of life, to realize that life means being born, experiencing old age, sickness and death. Realization of death is a good thing, because it stops us feeling sad when the body rots away. One thing that we are worried about is that “this body is mine”. Even though they have passed away, they still think about this body that “it is mine”. In Buddhism, this is the big issue because whoever still thinks “This body is mine” will have to be reborn. However, other religions don't have the same idea. After they die, where do they go and who do they live with? Our religion explains one reason for rebirth is that we cling strongly to the idea that “it is our bodies,” “it is mine,” so we have to face the infinite agony of getting old, getting hurt, getting separated, losing a loved one, and so on. If you would like to be free from rebirth, you should not cling so strongly to this concept that “this body is mine.”

* * *

It is considered that deep-rooted prejudice and discrimination against PLHAs still exists in Thai society today, and such discrimination and prejudice, together with poverty, form a serious social problem in Thailand. Indeed, according to interviews with lay staff at Wat Phra Bat Nam Phu, many AIDS patients who have stayed in the temple have experienced many forms of discrimination by society. What do you think about this situation? What can be done to prevent such situations from recurring?

Phra Alongkot: There are three types of PLHAs. The first group is the group of PLHAs whose families maltreated them before they even contracted AIDS. They drank, used drugs, stole, were in jail, and were ruffians. Their families didn't like them because they caused nothing but trouble from their childhood. When they became PLHAs, their families thought they deserved it. This is like the case of their families having loathed them even before they got AIDS. For example, when someone has an accident, everybody thinks they deserve it that it is better that they die. There are a lot of PLHAs of this type because they grew up in dysfunctional families, families which have a lot of problems. When they got AIDS, the emotions became ever worse. Families wanted them go and die some place else. Their staying home caused the family trouble. "Go to Wat Phra Bat Nam Phu!" It was as if their families were ordering them to leave. Sometimes their families brought them here. This is the first group.

The second group of PLHAs doesn't have this conflict, but when they contracted AIDS, somebody in the family had to take care of them, feed them, bathe them, and so on. They become a big burden at home. In addition to the stress, there is the expense involved, such as for transportation to the hospital and for food even though they don't have to pay for the medicine. In fact, most Thai families don't have much money. It is difficult for them to find the money to live day to day, month to month. When someone in the family gets HIV/AIDS, it is a big burden for everyone in the family. That family will be unhappy and fed up with the PLHAs. It is a normal reaction for anybody who has to take care of PLHAs for one or two years. They are fed up and think "Why I should do this? Why don't PLHAs just die?" It becomes the problem that no one wants to care for PLHAs, so PLHAs don't want to be a burden to anybody. PLHAs don't want to live anymore.

The third group is one that the family has love. For example, the PLHA is the only one son in the family. He is a good boy but he made a mistake and contracted AIDS. It is sure that nobody dislikes them. The family helps to take care of them. This is no problem for the temple. In this group, their family has money, a good character and a good education. Looking at these three groups, it is only the first and second groups who come to Wat Phra Bat Nam Phu.

* * *

Recently, the number of young people infected with HIV is on the increase. What do you think about this situation? What can be done to prevent a second HIV/AIDS epidemic in Thailand?

Phra Alongkot: We cannot stop it or suppress it. This is a problem related to the behaviour of young people. In the past 4-6 years, we have been faced with the social phenomenon that young people become sexually active from an early age, and stranger still is that there is competition among girls that they have to have a lot of boyfriends, so they hunt boys. This cannot be called “culture”. It is not the way leading to good. It is the cause for the break down of culture. When girls have this behaviour, they have sex with their boyfriends. It is this phenomenon which is related to the epidemic and the exponential spread of AIDS in Thailand among young people aged 13-16 years old which is the hardest hit group. This is information from the government, not from the temple. Young people aged 11-13 years old lose their virginity. Some girls hunt for boys from when they are 12-13 years old. It is like a competition. After their competition, they boast to others that “that boy has already been deflowered by me.” On the other hand, some boys are gay. It is a complex problem. Gays will have sex with the same sex. For example, there are many gays infected with HIV/AIDS in Bangkok. This is information from government, not from the temple. And the new generation of young people is getting AIDS more than usual. If we look back, it is strange like a disaster. Instead of the man being strong, they show their weakness because of an incomplete family life. Their parents don’t give them much love, only money. The family has no time to show love to their children. So the children have to go outside the family to find it. They have to be weak to ask for care to get protection from the stronger boyfriend.

That is the reason why there are a lot of weak men. At last, they try to make the stronger men love them. On the other hand, the women behave in a masculine manner and become women who protect other women. They compete with men. This strange behaviour in the society brings the problem of AIDS. Women who have sex with women don’t have much of a problem, but men who have sex with men is one way to spread AIDS, especially among 13-16 year old, who have already had sex. I would like to tell you an awful story about some girls. In one night one girl can have sex with 6-7 boys. She does it like “sex social work”. Sometimes, two girls have sex with 5-7 boys. It is as if this has become the value for the young generation. They don’t care about the kind of sex they have. They don’t think of their own value. They don’t think about it because they don’t have it. They only want to have fun. They don’t think about their parents. They think they are good and they would like to be accepted by their friends. That is the issue that I most concerned about. I am afraid that we will be unable to stop the AIDS epidemic. And as for the future? I can truly say that I don’t know. I don’t know what I should do. I try to tell young people to think about themselves, their self-esteem. If they don’t think about themselves or value themselves, I think nothing can help because they have nothing to protect them. What should I do? Should I tell

them, “You should protect yourselves, you should feel ashamed of your shameful and unwholesome behaviour (*baap*), you should have gratitude for your parents”? This young generation will not listen to such things. Whatever is said will never reach to their hearts or minds.

* * *

Thailand succeeded in controlling the infectious spread of HIV/AIDS by massive campaigns in the early 1990s. However, it is said that these campaigns focused on HIV/AIDS prevention and seemed not to have had enough education about compassion for and understanding of PLHAs. What is your opinion about HIV/AIDS education in Thailand?

Phra Alongkot: It was a mistake from the first. We campaigned only to make everybody afraid of AIDS. People responded to that fear by cutting off drugs and sex tours, but as far ethics was concerned, we campaigned for it later after everybody had already become afraid of AIDS. We have just started talking to each other to have sympathy for PLHAs, to have loving-kindness (*metta*) for PLHAs, but it is already too late. Who was responsible for it? First, responsibility for the AIDS campaign belonged to the Ministry of Public Health. They considered AIDS as just another disease, so in this way, they spread their thinking to every ministry. In each ministry, no one was a professional in this field. The abhorrence for and denial of PLHAs was established from the beginning. All the ministries used the same method. The result was not perfect because no one cooperated. Plus, the structure of the Thai government is easily open to corruption. The budget was used in the wrong direction. About compassion and sympathy, I and other Buddhists tell others to be compassionate and I do it as an example for them. I touch the PLHAs, embrace the children, and help prepare the dead bodies without any feeling of disdain or disgust. Just doing that has a big influence on others. We have to have sympathy. At first, some didn't agree with it, couldn't accept it, but, recently whenever anyone sees me, they come to help me. They don't care about reason or loathing or fear the PLHAs. There are around 200-300 thousand visitors to Wat Phra Bat Nam Phu. They are afraid but a part of their hearts has loving-kindness (*metta*) and enough bravery to come, I think a lot of mistakes have been made in the past, but I am unable to summarize them even briefly. Everybody helped each other to make the mistakes.

* * *

During these past fifteen years, have you yourself noticed any change in Thai society as a whole towards HIV/AIDS prevention and compassion for and understanding of PLHAs due to your activities?

Phra Alongkot: There are two points. The first one is prevention. This should be the duty of Government, but personally I think the officials haven't yet done much. In Thailand, there are always new problems which obscure AIDS, such as the new influenza epidemic this year [2009] and the recent bird flu epidemic. We don't know where AIDS is any more. Some think that AIDS has already disappeared, and that there is no longer any AIDS problem. No one continues the campaign on a continuous basis. In one year, there is just one day dedicated to AIDS news, which is World AIDS Day. The related people go out and do their activities like it just another social duty, and so those people think they are good. We at Wat Phra Bat Nam Phu carry on the campaign every day. There are visitors to Wat Phra Bat Nam Phu who come to study, to make merit and to help cheer up the patients. Wat Phra Bat Nam Phu has been the active organization continuing the effort against HIV/AIDS and caring for PLHAs since it started. 80% of AIDS organizations have closed their doors because it is hard and tiring work. We have been taking care of PLHAs for a long time with loving-kindness (*metta*) and accepting it as part of our responsibility. It is very hard work, even to continue it for 15 years, 17 years, 18 years and for 20 years up to now. We are still here with the heart to help, to do our best and to make every effort to improve ourselves. Not every organization can do it. If these organizations are not strong enough, they cannot survive and so they give up the fight.

* * *

Are there any ways to break down prejudice against and stigmatization of PLHAs through social interaction? If so, what would you suggest?

Phra Alongkot: It is that we should do our best to have many social activities and to encourage PLHAs to go out and join these activities with other people in society. It should be a case study for us taught by PLHAs, that eating together, going anywhere together and sleeping together with PLHAs is normal. If we have a lot of these kinds of case studies, this problem will be nothing out of the ordinary. There must be PLHAs who are brave enough to come out and declare themselves. It is not a "deception" or just for "show" but a "real" interaction proving that we can live with PLHAs everyday without encountering any problems at all.

4. What religion do you believe in?

1. Buddhism 2. Islam 3. Christianity 4. None
5. Other

5. What is your occupation?

1. Government officer 2. Company employee 3. Agriculture
4. Own business 5. Medical worker 6. Student
7. Housewife 8. Other 9. Unemployed

6. What is your highest level of education?

1. Elementary school 2. Secondary school 3. Vocational school
4. Bachelor's degree 5. Above bachelor's degree

**7. How many times have you visited Wat Phra Bat Nam Phu so far?
(Including this visit)**

1. Once 2. 2 - 5 times 3. 6 - 10 times 4. More than 10 times

**8. How did you learn about Phra Alongkot's HIV/AIDS activities?
(Multiple answers are OK)**

1. Television 2. Radio
3. Newspapers 4. Magazines
5. Billboards 6. The internet
7. Class at school 8. Friends or family
9. School, company or any organization's social activity
10. Other

9. What was the purpose of your visiting Wat Phra Bat Nam Phu?

1. A field trip as part of social activity of schools, companies or any organizations
2. Interest in HIV/AIDS and PLHAs
3. To make merit
4. Sightseeing
5. To take your relatives or friends for HIV/AIDS education
6. Other

10. Have you ever met or talked with PLHAs prior to visiting the temple?

1. Yes
2. No

11. Do you have any friend or relative who is infected with HIV/AIDS?

1. Yes
2. No

SECTION 2**12. Have you met PLHAs in Wat Phra Bat Nam Phu?**

1. Yes, and talked with PLHAs.
2. Yes, but did not talk with PLHAs.
3. No

13. Have you visited the ward for AIDS patients who are in serious condition?

1. Yes
2. No

14. Have you visited the “Life Museum” at Wat Phra Bat Nam Phu, in which bodies of people who died from AIDS are displayed?

1. Yes
2. No

SECTION 3

15. What did you think about the following topics before visiting and after visiting Wat Phra Bat Nam Phu?

15.1 Interest in Knowing about HIV/AIDS

Before visiting

1. I had no desire at all to learn about HIV/AIDS.
2. I was not so interested in learning about HIV/AIDS.
3. I wanted to learn about HIV/AIDS, if I had a chance.
4. I really wanted to learn more about HIV/AIDS.

After visiting

1. I have no desire at all to learn about HIV/AIDS.
2. I am not so interested in learning about HIV/AIDS.
3. I want to learn about HIV/AIDS, if I have a chance.
4. I really want to learn more about HIV/AIDS.

15.2 HIV/AIDS Prevention

Before visiting

1. I never thought about HIV/AIDS prevention or infection risk.
2. I did not care about HIV/AIDS prevention or infection risk.
3. I sometimes thought about HIV/AIDS prevention and infection risk.
4. I always paid attention to HIV/AIDS prevention and infection risk.

After visiting

1. I never think about HIV/AIDS prevention or infection risk.
2. I do not care about HIV/AIDS prevention or infection risk.
3. I sometimes think about HIV/AIDS prevention and infection risk.
4. I always pay attention to HIV/AIDS prevention and infection risk.

15.3 Feelings Towards PLHAs

Before visiting

1. I disliked PLHAs / I felt fear towards PLHAs.
2. I slightly disliked PLHAs / I felt some fear towards PLHAs / I would have nothing to do with PLHAs, if I could.
3. I had no special feeling about PLHAs.
4. I felt some compassion/sympathy for PLHAs.
5. I felt a great deal of compassion/sympathy for PLHAs.

After visiting

1. I dislike PLHAs / I feel fear towards PLHAs.
2. I slightly dislike of PLHAs / I feel some fear towards PLHAs a little / I would have nothing to do with PLHAs, if I can.
3. I have no special feeling about PLHAs.
4. I feel some compassion/sympathy for PLHAs.
5. I feel a great deal of compassion/sympathy for PLHAs.

15.4 Reactions to PLHAs

Before visiting

1. I had nothing to do with PLHAs at all.
2. I would have nothing to do with PLHAs, if I could.
3. I thought nothing special about my reactions to PLHAs.
4. I would like to support PLHAs, if I had a chance.
5. I really would like to support PLHAs.

After visiting

1. I have nothing to do with PLHAs at all.
2. I will have nothing to do with PLHAs, if I can.
3. I think nothing special about my reactions to PLHAs.
4. I would like to support PLHAs, if I have a chance.
5. I really would like to support PLHAs

Thank you very much for your cooperation.

Type 2: A Questionnaire Survey for School Students Visiting Wat Phra Bat Nam Phu as Part of Social Studies Curriculum

Notes:

This survey is aimed at researching about HIV/AIDS education and the influence of Wat Phra Bat Nam Phu and Phra Alongkot Tikkhapanyo's HIV/AIDS activities in Thailand. This survey is conducted by Hideki Yamamoto, a student of Master's Degree Program at Thai Studies Center, Chulalongkorn University. Results of this survey will be used only for academic research and will not be used for any other purposes.

Please put a check (✓) in the appropriate .

SECTION 1

- 1. What is your sex?** 1. Male 2. Female

- 2. What is your grade?**
 1. Grade 7 2. Grade8 3. Grade9
 4. Grade10 5. Grade11 6. Grade12

- 3. What religion do you believe in?**
 1. Buddhism 2. Islam 3. Christianity 4. None
 5. Other

- 4. How many times have you visited Wat Phra Bat Nam Phu so far? (Including this visit)**
 1. Once 2. 2 - 5 times 3. 6 - 10 times 4. More than 10 times

- 5. Have you ever met or talked with PLHAs prior to visiting the temple?**
 1. Yes 2. No

- 6. Do you have any friend or relative who is infected with HIV/AIDS?**
 1. Yes 2. No

SECTION 2

7. Have you met PLHAs in Wat Phra Bat Nam Phu?

1. Yes, and talked with PLHAs.
2. Yes, but did not talk with PLHAs.
3. No

8. Have you visited the ward for AIDS patients who are in serious condition?

1. Yes
2. No

9. Have you visited the “Life Museum” in Wat Phra Bat Nam Phu, in which bodies of people who died from AIDS are displayed?

1. Yes
2. No

SECTION 3

10. What did you think about the following topics before visiting and after visiting Wat Phra Bat Nam Phu?

10.1 Interest in Knowing about HIV/AIDS

Before visiting

1. I had no desire at all to learn about HIV/AIDS.
2. I was not so interested in learning about HIV/AIDS.
3. I wanted to learn about HIV/AIDS, if I had a chance.
4. I really wanted to learn more about HIV/AIDS.

After visiting

1. I have no desire at all to learn about HIV/AIDS.
2. I am not so interested in learning about HIV/AIDS.
3. I want to learn about HIV/AIDS, if I have a chance.
4. I really want to learn more about HIV/AIDS.

10.2 HIV/AIDS Prevention

Before visiting

1. I never thought about HIV/AIDS prevention or infection risk.
2. I did not care about HIV/AIDS prevention or infection risk.
3. I sometimes thought about HIV/AIDS prevention and infection risk.
4. I always paid attention to HIV/AIDS prevention and infection risk.

After visiting

1. I never think about HIV/AIDS prevention or infection risk.
2. I do not care about HIV/AIDS prevention or infection risk.
3. I sometimes think about HIV/AIDS prevention and infection risk.
4. I always pay attention to HIV/AIDS prevention and infection risk.

10.3 Feelings Towards PLHAs

Before visiting

1. I disliked PLHAs / I felt fear towards PLHAs.
2. I slightly disliked PLHAs / I felt some fear towards PLHAs / I would have nothing to do with PLHAs, if I could.
3. I had no special feeling about PLHAs.
4. I felt some compassion/sympathy for PLHAs.
5. I felt a great deal of compassion/sympathy for PLHAs.

After visiting

1. I dislike PLHAs / I feel fear towards PLHAs.
2. I slightly dislike of PLHAs / I feel some fear towards PLHAs a little / I would have nothing to do with PLHAs, if I can.
3. I have no special feeling about PLHAs.
4. I feel some compassion/sympathy for PLHAs.
5. I feel a great deal of compassion/sympathy for PLHAs.

10.4 Reactions to PLHAs

Before visiting

1. I had nothing to do with PLHAs at all.
2. I would have nothing to do with PLHAs, if I could.
3. I thought nothing special about my reactions to PLHAs.
4. I would like to support PLHAs, if I had a chance.
5. I really would like to support PLHAs.

After visiting

1. I have nothing to do with PLHAs at all.
2. I will have nothing to do with PLHAs, if I can.
3. I think nothing special about my reactions to PLHAs.
4. I would like to support PLHAs, if I have a chance.
5. I really would like to support PLHAs

11. Please indicate what you gained from this field trip from the most to the least on a scale of 1 to 5 (1 means the most, 5 means the least).

___ Information of HIV/AIDS crisis in Thailand

___ Knowledge about HIV/AIDS

___ Motivation for HIV/AIDS prevention

___ Compassion/sympathy for PLHAs

___ Desire to help PLHAs

Thank you very much for your cooperation.

APPENDIX D

DISCUSSION GUIDE FOR TEACHER INTERVIEWS

Qualitative interviews were conducted with junior high and high school teachers who took their students to visit Wat Phra Bat Nam Phu as part of their social studies curriculum about HIV/AIDS education. A total of five school teachers were interviewed at the temple between 14 October and 16 November 2009. Leading questions were asked to encourage more open dialogue during the interviews.

* * *

Discussion Guide

What grade students are you leading today?

How long has your school included visiting this temple as part of its social studies curriculum?

What do you teach your students in HIV/AIDS education class about HIV/AIDS prevention and about compassion for and understanding of PLHAs in your school in addition to this temple trip?

What materials (books, video, etc.) do you use for HIV/AIDS education in your school?

Do you think those materials are effective and adequate for HIV/AIDS education?

What is the purpose of today's temple trip?

What do you expect your students to learn from this temple trip?

How do you use this temple's activities in your education program at your school?

The students may have opportunities to meet and talk with the patients including some patients who are in serious condition. What do you expect your students to learn from this experience?

The students may also have the opportunity to visit the "Life Museum" in this temple in which bodies of people who have died from AIDS are displayed. Do you think this experience might be too shocking for some school students? What do you think about this experience? What do you hope the students will learn from the "Life Museum" experience?

Nowadays, some people say that those displays are an affront to human rights and human dignity even though they were donated by the persons who died. What do you personally think of this opinion?



ศูนย์วิทยุทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

APPENDIX E
PHOTOS OF WAT PHRA BAT NAM PHU
AND PHRA ALONGKOT'S HIV/AIDS ACTIVITIES

Included below are photos of some of the facilities at Wat Phra Bat Nam Phu and various activities, such as the parade conducted at Khok Samrong, Lopburi Province on 1 December, World AIDS Day in 2009.



The entrance of Wat Phra Bat Nam Phu.



Bungalows for PLHAs who are capable of self-care.



“Baan Walailak”: the hospital ward building to care for AIDS patients who are in serious condition.



A ward in “Baan Walailak” containing 32 beds to care for AIDS patients.



“Akhan Mettatham”: The hospital ward building to care for AIDS patients who are in less serious condition.



A group of high school students visiting the “Human Body Part Museum” containing formaldehyded human body parts donated by AIDS patients who died at the temple.



The front view of the “Life Museum.”



Inside view of the “Life Museum.”



Visitors viewing displays in the “Life Museum.”



A photo of Buddhadasa Bhikkhu and his poem *There's No “Me”!* in the “Life Museum.”

ภัทรพยากร
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A small open pavilion (*sala*): countless bags which contain unwanted bones and ashes of AIDS patients who died and were cremated at the temple.



Statues made from unwanted bones and ashes of AIDS patients mixed with resin at the “Bone Art Garden.”



A group of high school students viewing countless of bags which contain the unwanted bones and ashes and a temple staff guide.



High school students viewing the “Bone Art Garden.”



A group of high school students watching a video at the education hall, “Sun Kansuksa 2.”



The “HIV BAND Junior” welcoming visitors to Wat Phra Bat Nam Phu.



The parade conducted at Khoksamrong, Lopburi Province on 1 December, World AIDS Day in 2009.



Phra Alongkot with AIDS orphans parading on World AIDS Day in 2009.

BIOGRAPHY

Hideki Yamamoto was born in Osaka, Japan. He graduated from Osaka Dental University with a degree of Doctor of Dental Surgery in 1987. In 1994, he received Doctor of Philosophy in Medical Dentistry from Osaka Dental University. He joined Thai Studies Program of Faculty of Arts at Chulalongkorn University in June, 2008, and devoted himself to the study of HIV/AIDS in Thailand from a sociological perspective.



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