

Gender and Pleasure:
Exploration of Sex Gadgets, Penile Implants and Related
Beliefs in Thailand

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Stories from the past

Several historical records dating back centuries explain the existence of penis piercing and the implant of foreign bodies to make artificial nodules the genital organs of men in Siam (now Thailand). Chinese explorers to Siam in the fourteenth and fifteenth centuries described the practice:

(in 1392)...In Siam (Hsien-lo) the penis is slit for the insertion of jewels that indicate wealth and position (Ploss 1927 cited in Brown, Edwards and Moore, 1988: 52)¹.

(in 1433)...when a man has attained his twentieth year, they take the skin which surrounds the membrum virile, and with a fine knife... they open it up and insert a dozen tin beads inside the skin; they close it up and protect it with medicinal herbs. The man waits till the opening of the wound is healed; then he goes out and walks about. The [beads] look like a cluster of grapes. There is indeed a class of men who arrange this operation; they specialize in inserting and soldering these beads for people. They do it as a profession.

If it is the king of the country or a great chief or a wealthy man, they use gold to make hollow beads, inside which a grain of sand is placed...When the man walks about, they make a tinkling sound, and this is regarded as beautiful...The men who have no beads inserted are people of the lower classes (Ma Huan 1433 (translated by Mills 1970: 104).

The practice of penile incision may have been continued in Siam for a few centuries. On the basis of the historical records, historians concluded that women desired men to have implants (Purchas 1617; Herbert 1634; Commelius 1646; Fitch, 1905 all cited in Brown, Edwards and Moore, 1988). The oldest written reference to the practice is in the Kama Sutra, the Hindu treatise written in the sixth century. It suggests that men in the Southern countries adopted this practice as these men believed that true sexual pleasure cannot be obtained without perforating the penis. Various substances in a variety of shapes may be put in the perforated penis to increase the penile size and to arouse women (Vatsyayana 1982:180-182). The practice of a penile incision is documented as having occurred in Southeast Asian countries for centuries as shown by penis balls represented in a *linga* of the fifteenth century Hindu temple Candi Sukuh in central Java (Reid, 1988:151). From the existence of a bronze dog with penis pin obtained in Southeast Asia, which may be the oldest reference, this practice may have dated back to the fourth century (Brown, et al. 1988:6).

1. Most of the written histories about this practice are very old documents, and only a few primary sources were seen. An overview by Reid (1988: 146-150) and an annotated bibliography and overview by Brown, Edwards and Moore (1989) give rich information about the historical perspective of the practice. Some photographs of men with penis inserts in Indonesia are shown.

Although the practice probably originated in remote historical times, most of the written evidence of penile operations in Southeast Asia dated from the fourteenth to the seventeenth centuries, the period when many explorers made their first voyage to Southeast Asia. The practice was widely distributed among men in Thailand, Burma, Indonesia, Malaysia, and the Philippines. However, the types of penile operations adopted by men in the Philippines and Indonesia are more traumatic than the one reported as being used among the Siamese or Peguan men. Five forms involved the insertion of objects under the skin of the penis:

(1) the objects may be bells; (2) may be small solid balls, pellets, or spheres; or (3) they may be small, solid non-spherical objects... (4) involves pins or bars inserted crosswise through the penis, often with elaboration on the ends of the bar or pin... (5) also involves a pin or bar through the penis, it holds a ring or rowel-shaped object around the penis (Brown et al., (1988:1).

No historical evidence suggests that Siamese men adopted the last two forms even though the last one was widely practised among some ethnic Indonesian men.

From the historical evidence, it is concluded that the folk surgery to implant a hard object in the penis was common in Southeast Asia between the fourteenth and seventeenth centuries. The historians believed that the practice indicated the strong position of women in sexual relations and that women in the Southeast Asia took a very active part in courtship and lovemaking, reflecting a high degree of autonomy and equality enjoyed by Southeast Asian women along with property rights, high rates of divorce, dominant position in the family and matrilineal kinship. It was thought that men went through painful surgery of the penis to increase the erotic pleasure of women, in contrast to the opposite practice of female genital mutilation in some parts of Africa, where the surgery is done to suppress sexual gratification in women and to increase it in men (see Reid 1988: 147-151; Brown et al. 1988). The conclusion about the high status of Southeast Asian women in sexual relations by a European explorer to central the Philippines and parts of Borneo in the fifteen century:

The males, large and small, have their penis pierced from one side to the other near the head with a gold or tin bolt as large as a goose quill. In both ends of the same bolt some have what resembles a spur, with points upon the ends; others are like the head of a cart nail. I very often asked many, both old and young, to see their penis, because I could not credit it. In the middle of the bolt is a hole, through which they urinate... They say their women wish it so, and that if they did otherwise they would not have communications with them. When the men wish to have communication with their women, the latter themselves take the penis not in the regular way and commence very gently to introduce it, with the spur on top first, and then the other part. When it is inside it takes its regular position; and thus the penis always stays inside until it gets soft, for otherwise they could not pull it out (Pigafetta 1545: 43, cited in Reid 1988: 149).

Most historical reports described the various kinds of penile operations as having occurred only in the past and no longer existing. However, without any link to the historical

knowledge, several reports in present-day medical journals suggest that certain groups of men in Southeast Asia still adopt some forms of the practice.

1.2 Evidence from the present

Our initial interest in exploring penile operations was serendipities, with neither prior literature-based knowledge nor interest in systematically exploring this issue in detail. A study was conducted in the early 1990s to examine the effect of sexual behaviour and partner relations on the potential spread of HIV among men and women in Thailand². The study design was a population-based survey using face-to-face interviews with men and women from 12 villages in Chiang Mai, supplemented by ethnographic case studies of men and women from various backgrounds and focus group discussions carried out before and after the survey. Chiang Mai is in the Upper North region of Thailand; the province has been hard hit by the rapid spread of AIDS since the early 1990s and the prevalence of HIV infection there has been among the highest in the country (Im-em 1996, 1999). The rapid spread of AIDS in Thailand in the early years resulted from several factors including the fact that many Thai men, both married and single, frequently patronize commercial sex workers as part of the male cultural norm (Weniger et al 1991; Im-em 1996)

The initial results from the key informants' interviews in the Chiang Mai study consistently suggest that some men adopt various kinds of penile operations, as they claimed, to sexually please the women. Some of these practices may cause condoms to break; thus, questions about related practices were added to the survey questionnaire and the findings are given in below. The evidence obtained from fieldwork was followed by a review of literature based on historical and medical evidence. This section describes evidence from the medical literature to suggest how widespread the practice is, and the medical concerns at the present time.

Reports about the folk surgery of the penis diminish in the historical literature after the seventeenth century, and it was assumed that the practice no longer existed after that period (Reid 1988:150). Only the fourth and the fifth type of penile inserts are reported as having appeared among ethnic minorities in Indonesia up to the present (Brown et al. 1988: 6-7; Reid 1988: 149). According to a medical survey of about 2,500 men in 1929 between 60 and 90 percent of men in ethnic minority groups in Upper Mahakan (Borneo) used penis pins as aphrodisiacs (Von Kuhlewien 1930 cited in Brown et al. 1988: 45). The second form of penile modification described above still exists among some Southeast Asian men, especially Thai men (Sundaravej and Suchato 1974; Nitidandhaprabhas 1975; Bork and Brauninger 1985; Sawaengdee and Isarabhakdi 1990; Norton 1993).

2. Im-Em's Ph.D., thesis for the National Centre of Epidemiology and Population Health at the Australian National University. Fieldwork was conducted over an eight month period between 1993 and 1994 (Im-em 1996). The research based on the fieldwork at that time is called the Chiang Mai Survey throughout this paper.

In Thailand recognition of the implanting of foreign bodies in the genital organs known as *fang muk* appeared in the research reports describing risky sexual behaviour of men in relation to HIV infection in the early 1990s (e.g. Sawaengdee and Isarabhakdi 1990; Bond 1994).³ Concern was expressed recently by the Minister of Public Health about some high-risk sexual practices including *fang muk* or oil injections to increase penis size (see Appendix A for details).

Most of the evidence about penile modification found in the literature at the present time is in the form of case reports of men with *fang muk* in journals of genito-urology (Grimaldi, 1953; Nitidandhaprabhas, 1975; Cohen and Kim 1982; Lim et al. 1986; Wolf and Kerl 1991), dermatology (George 1989; Gilmore et al. 1983; Sugathan, 1987) and radiology (Sundaravej and Suchato 1974). It has been only recently documented in the sexually transmitted diseases journals (Serour 1993). *Fang muk* has been rarely mentioned outside medical journals although brief reports were found in newspapers, books related to sex in Japan (Bornoff 1991: 158), documentary-based novels about the prisoners in Thailand (Padthaisong 1995; Suttisakorn 1997) and some research conducted in the Philippines (Imperial 1994) and Thailand (Sawaengdee and Isarabhakdi 1990; Bond 1994).

Although it has been suggested that Thai men are most likely to have *fang muk*, the practice is also known and followed by men from other Asian countries: it is known as *bulletus* or bullet in the Philippines (Sugathan 1987) and *chagan balls* in Korea (Lim et al. 1986). Men with *fang muk* include the Japanese⁴ and Chinese (Cohen and Kim 1982; Sugathan, 1987; Bornoff 1991), Singaporeans (Lim et al. 1986), Malaysians (Sharp 1994), Vietnamese and Cambodians (personal communication) and Myanmar (Ohmar 2000). Some recent reports suggest that non-Asian men also adopted *fang muk*, eg. Argentina (Grimaldi 1953), Fijians (Norton 1993), Romanians (Wolf and Kerl 1991) Russians (Serour 1993).

Health consequences of *fang muk*

In the medical area, *fang muk* is known as the 'artificial penile nodule', which has raised two medical concerns: its being mistaken for other pathological conditions, and complications which have occurred following the surgery. Although the prevalence is unknown, but believed to be low, these artificial nodules need to be distinguished from the natural nodules which appear on the penis. An X-ray shadow of the artificial nodules may look similar to that of urethra or vesicle stones or retained bullets so they need to be excluded. Although

3. In nine focus groups and 56 in-depth interviews with military conscripts in Chiang Mai and Maehongson provinces in Upper-North Thailand, *fang-muk* and several kinds of penile operations were regularly mentioned and have been confirmed by interviews with sex workers (Bond 1994: 5). Painful intercourse with men with *fang muk* is one of the main reasons that sex workers may refuse to take such clients (Sawaengdee and Isarabhakdi 1990), and it may cause a condom to burst (Im-em 1996).

4. The bell type is reported to be used by some Japanese men under the name of *rin-no-tama* which is translated from the original Chinese as 'Burmese bells' (Bornoff 1991:157).

complications rarely occurred, some men suffered from infected ulcers corresponding to the puncture sites after implantation of a foreign body (Rubenstein et al. 1964; Sundaravej and Suchato 1974; Nittidandhaprabhas 1975; Cohen and Kim 1982; Gilmore et al. 1983; Lim et al. 1986; Gaffoor 1989; Wolf and Kerl 1991; Serour 1993). Other than the side effects focusing on physical health, the medical report does not pay any attention to the psycho-social aspect to further explain why men adopt the practice.⁵

The earlier finding based on the Chiang Mai study suggests that men and women held conflicting views on *fang muk* and other related practices: men claimed the practice gave sexual pleasure to the women and on the contrary the women claimed that the practice made sexual intercourse painful (Im-em 1996). In this paper, we explore details about *fang muk* and related male and female practices to explain what the practice means to men and women; whether women really want men to adopt it as claimed by the historians; whether there are many forms of genital modifications; what risks are involved; and what can be learned from these findings. We hope to document issues emerging from the discussion of sexual relations and genital modification in relation to myths, beliefs, knowledge and attitudes about gender and sexuality in the socio-cultural context of Thailand.

Research questions

The main objective of this study is to explore how information about male and female genital modifications could be used to interpret gender relations and sexual engagement in the Thai culture. Specifically, this study attempts to answer the following questions.

1. Are there many forms of male and female genital modification? What are they? How common are they? What procedures are involved?
2. Who are the users? What kinds of risk are involved?
3. Are various types of genital modification limited to certain groups of users from different social classes? What do people in general think about these practices?
4. What is the motivation for the use by some men?
5. Is sex perceived to be an important component of marriage among men and women? How do men and women perceive sexual relations within and outside marriage? What sort of sex problems occur between heterosexual couples? How do they handle them?
6. Do Thai women have high autonomy in sexual engagement? What is the evidence?
7. How do male and female genital modification fit in explanation of gender and power relations, and sexual behaviour, in the context of Thai culture?

Objectives: why the study was conducted

This study has the following specific objectives to find out the availability of sex gadgets and related practices of male and female genital modification; to describe the types of sex gadgets

5. In interviews with several physicians in Thailand, most of them described men with penile modifications as 'abnormal', 'weird', 'obsessed with sex', or 'empty minded persons.'

adopted by men and women; to explore information about the users and to learn whether the practices are common among any particular groups; to explore motivations for men and women to adopt genital modification; and to explore the meaning related to the use of sexual gadgets and the adoption of other genital modifications.

METHOD

This study combines a population-based quantitative survey and an ethnographic qualitative approach. The fieldwork was divided into two periods: the first one in 1993-1994 in Chiang Mai focusing on HIV/AIDS and sexual risk behaviour; the second a follow-up over a four-month period in 2002 in the urban areas of Bangkok, focusing on the use of sex gadgets and related practices. Details of the data collection are listed in Table 1.

Table 1 Data collection and information obtained from fieldwork

1. In-depth interview		
Time	Details about key informants	Topics of interest
1st fieldwork	37 key informants (13 men and 24 women) were interviewed: 13 married and single men with multiple sex partners; four of the men are infected with HIV/AIDS; 12 brothel-based sex workers; and 12 single and married women.	<ol style="list-style-type: none"> 1. Information from men who ever adopted any forms of penile modification. 2. Information from women about their experience with men who adopted the practice. Do women adopt any parallel practices? 3. Reasons to adopt such practices. 4. How common are these practices and what are their consequences?
2nd fieldwork	45 key informants (29 men and 16 women) were interviewed: 3 men with <i>fang muk</i> ; 11 men from various social classes, 2 blue-collar workers and 9 mid-level government officials and employees of private companies; 3 female sex workers; 10 women from mixed social classes; 4 hawkers/traders, 3 college students, 3 teachers/office workers; 9 male and 1 female sellers of sex gadgets; 8 health related professionals: 2 nurses, 2 male physicians, 1 drugstore owner, 1 male sex counselor and 2 male sex columnists.	<ol style="list-style-type: none"> 1. To enquire from men with <i>fang muk</i> or related practices their motivation to adopt the practice including: <i>influencing factors</i> – what personal, sexual and socio-cultural factors influencing their decision to adopt the practice; <i>patterns and conditions</i> – what types were available and the purpose the use, any complications involved; and <i>impact</i> – what are the overall motivation and benefits of the practices. 2. From the sellers of sex gadgets: do many men adopt genital modifications, who are they, why do men adopt the practice? Who are the customers and what are their reasons for them to use the products what products are available, the most and the least popular products, and how to get them, any problems, any products used by the women? 3. From general men and women and the health professionals: do they have any knowledge about sex gadgets and related practices? What do they know and what do they think about these practices? Why do some men and women adopt the practices? Who are they? What are the health consequences?

1. Focus Group Discussions		
Time	Details about key informants	Topics of interest
1st fieldwork	12 focus group discussions were conducted: 4 groups of married men and women; 4 groups of single men and women; 3 groups of male and female high school students; and one group of single male wage earners.	To find out about knowledge, attitudes and beliefs of men and women about the problems related to sexual relations between couples; how do couples overcome these problems? knowledge and beliefs related to male and female genital modification.
2nd fieldwork	2 focus group discussions were conducted: 1 group of female government employees with college education and 1 group of female sex workers.	To find out about: knowledge and attitudes about sex gadgets and related practices and sex problems within or outside marriage
3. A random household population-based survey		
Time	Details about key informants	Topics of interest
Only 1 st fieldwork	293 men and 326 women aged 15-49 years from 12 villages of rural Chiang Mai were selected at random for a questionnaire interview; 99 couples included in this sample.	Eight-part questionnaire asking about the respondents and the development of relationship with partners including risk behaviour for HIV and sexual health. The following specific questions were asked. Men: ever heard about any forms of male genital modification? Any friends adopted the practice? Reasons for men to do it, do they use it? Women if: ever heard about any forms of male and female genital modification? Ever adopted any female practices and reasons for doing it?
4. Mapping of the areas where sex gadgets are available		
Time	Details about key informants	Topics of interest
Only 2 nd fieldwork	After one month of in-depth interviews with the key informants, the research team explore the areas where sex gadgets are sold in public places in Bangkok.	Three types of information were obtained: summary sheet to describe the area where sex gadgets were found, numbers of sellers found in the location, surrounding environment (e.g. near sexual establishments or not); detailed information about sellers including their age, background, length of time selling, income, type of customers, motivations of customers to buy, what products are popular or not popular; detailed description of each type of sex gadget including type of customers (male or female and their background) and cost

Interviewers

In the first fieldwork, all in-depth interviews and focus group discussions were conducted by Im-Em and the household survey was conducted by a team of six male and female interviewers. In the second fieldwork, one married couple in their 40s, one married woman and a single man and a single woman conducted the interviews. They were trained to collect sensitive data using qualitative approaches.

Additional information

In addition to fieldwork data, supplementary information was obtained from various sources including:

1. Review of existing studies, literature, evidence and records in the Thai literature
2. Newspaper clippings of related information reported in newspapers and magazines over the study period.
3. Collection of samples of sex gadgets including pictures and materials from various places in Bangkok.

Problems and limitations

In the initial stage of data collection in the second fieldwork, we expected to collect information through snowball referring by the key informants, low and middle-class men and women in selected areas of Bangkok. However, not only were we dealing with a topic which cannot be discussed openly with a stranger, but also it was difficult to identify the right key informants to begin the initial discussion. Rapport with expected informants could not be made adequately to explore the subjects because of the brief time we had for the second fieldwork. Moreover, this area of research is new to our interviewers, thus some strategies were introduced at the end of the first month of the second fieldwork. First, we held a regular weekly meeting with all interviewers throughout the data collection period. The purpose was to create a forum for discussion and information sharing, which would allow everyone to speak out and raise issues of concern. The problems encountered were discussed and new strategies including mapping of the selling areas and interviews with the sellers, sex workers and health professionals were included in the following month of data collection. The interviewers were instructed to follow ethical guidelines while collecting the data including giving respect and doing no harm to the informants.

PENILE IMPLANTS AND MALE GENITAL CUTTING

'Fang muk': penile pearl implants

Description

Fang muk in Thai means '(penile) pearl implant', a form of penis piercing known among men in Southeast Asia for a long time. In contrast to the historical evidence, the practice at the present time is largely known and adopted by men of low socio-economic status such as prisoners, transport drivers, military conscripts, or overseas workers. A piece of pea-sized hard round bead is implanted into the superficial fascia of the penile skin to create a nodule or a small hump at the penis shaft (see Figure 1). The bead is permanently implanted and requires a small excision to remove it. Once implanted the bead should be movable underneath the penile skin during coitus. The fixed bead would lead to painful intercourse and may cause abrasion of the genital organs of both men and women.

Figure 1. Photographs showing *fang muk*

[insert Figure 1 about here]

Source: A picture from <http://www.clinicrak.com> (April, 2002)

Operation

The insertion of a bead in the penile skin is a simple operation, usually done among a group of male friends who may share the instruments.⁶ Although it can be a self-operation, it is preferable to get it done by an experienced person. The procedure entails piercing the penile skin with a sharp instrument (a sharpened toothbrush handle is usually used as a piercing instrument among the prisoners)⁷, followed by inserting beads into the superficial fascia of the penile skin. The site of the implant may take any part of the penile skin even though the dorsum is the most common site.⁸ The wound is left open without stitching but a dressing is applied for a week. A regular massage at the implant site afterwards is crucial to prevent the beads from becoming fixed.

The beads are usually made from a piece of broken solid glass (usually the bottom of a bottle or a glass) cut and polished into the required shapes and sizes. They also can be made from several other kinds of hard material such as artificial pearls, ivory, gems, stones, bullets, grains of rice, plastic beads, and polished pieces of toothbrush handles (Nitidandhaprabhas 1975; Sundaravej and Suchato 1974; Bork and Brauningner 1985; Norton 1993). A Japanese fisherman with a penile pearl said that the nodules made of glass fragments from World War II aircraft had been fashioned because these are particularly suitable for polishing into smooth nodules (Cohen and Kim 1982). A few decades ago the bottom part of 'Tancho', an opaque white bottle of Japanese hair cream, was considered a good material to make the beads; one medical report was based on the Thai cases called *fang muk* 'Tancho nodules' (Nitidandhaprabhas 1975). The polished beads are soaked in antiseptic solution for a few hours before use. Although more than ten beads have been reported by others (Anon 1883 cited in Brown et al. 1988; Sugatham 1987), the maximum was seven beads according to a few sex workers and 20 beads were reported to be implanted for a customer by one sex gadget seller interviewed.

6. Some sellers of sex gadgets also give *fang muk* piercing to their customers. The fees ranged from 200 to 1000 baht (US\$4-25) depending on the social class of the customers.

7. A former prisoner explained that prisoners are not allowed to keep any sharp instruments in jail. A toothbrush is not considered harmful and is easily available, thus they can use it as a piercing instrument.

8. The beads may be implanted in the scrotal sacs as well, as reported among Filipino seafarers (Imperial 1994).

Prevalence

The prevalence of men with *fang muk* is not high among the general male population and the practice is known and adopted only among certain groups of men of low socio-economic status. In a physical examination of 1,672 men visiting a main government STD clinic in Bangkok between July 2000 and August 2001, only eight were found with *fang muk*, a prevalence of 0.5 per cent (personal communication, Erectile Dysfunction Clinic, Bangkok, April 2002).⁹

The Chiang Mai Survey of rural adult men found that seven out of 267 men had *fang muk*, a prevalence of 2.6 per cent. About 40 per cent of these men reported having a friend with *fang muk* and about 7 per cent claimed to have more than five friends with *fang muk*. However, these figures may be over reported because several respondents were from the same village or the same household (all men and women aged 15-49 from the same household were interviewed separately). From the unusual characteristics of the practice, it is likely that men with *fang muk* may be known among their peers and the respondents from the same village or the same household may have cited the same persons. Also, the information obtained is restricted to men living in the rural area of one province which cannot be generalized at the aggregate level. It is likely that rural men have more awareness about the practice than urban men, as they are more likely to be migrant workers or in blue-collar work.

Background characteristics

According to the information obtained from 10 men with *fang muk*, seven from the survey and three from in-depth interviews, it was apparent that *fang muk* is a known practice among men of low social class or those in blue-collar work such as overseas labourers, military conscripts, prisoners, fishermen and transport drivers. The practice is common among prisoners, which is consistent with the reports given by others. Several reasons explain why the prisoners tend to adopt the practice (listed from the most common reasons):

1. The prisoners have a lot of free time so they adopt the practice to escape from boredom.
2. Peer influence.
3. It symbolizes their manhood like the traditional tattoos performed in prison. It also symbolizes the sense of belonging to the group.
4. They believe it will make sex pleasurable to women and they hope to try this when they are out of prison.

Male sex workers are another group of men who adopt the practice, as reported by our key informants but we were not able to interview any of them for detailed information. We gained knowledge from a brief discussion with one homosexual man who is a sex worker

9. Another study gives the prevalence based on the physical examination of 937 men aged 18 years and older during ritual circumcisions of Russian adult immigrants in Israel, a prevalence of 0.64 per cent of men have *fang muk* (Serour, 1993).

suggesting that some homosexuals use *fang muk* to make them different from the others so they will gain attention from the customers.

Low cost sex workers are more likely to have clients with *fang muk* than are those in the higher class. Most of the 15 brothel-based sex workers interviewed in 1993 reported having had clients with *fang muk*; they claimed to have these clients a few times a week. At the interviews in 2002 of street sex workers in Bangkok, most said that they had clients with *fang muk* only once or twice a month. A recent study by Ohmar (2000) reported that 25 per cent of over 600 fishermen migrants from Myanmar working in Ranong province of Thailand use penile oil injections or *fang muk*. Their sex partners are migrant sex workers who worked in either brothels or alcohol shops.

Motivation

A common explanation for men adopting *fang muk* in both medical and historical literature is a psycho sexual reason, to enhance sexual pleasure in women by 'direct mechanical stimulation for partners during sexual intercourse' (Sundaravej and Suchato 1974: 454); 'enhance coital excitement and orgasm of the sexual partner during sexual intercourse' (Lim et al. 1986:124); 'increased potency...because they are the product of the vulviform oyster...enhanced erections' (Bornoff 1991: 158); and 'enhance their attractiveness to the ladies....increase the penis size....a sign of manhood' (Imperial 1994: 11). It is also suggested that *fang muk* probably is part of a common belief about body magic similar to tattooing among many Southeast Asian men. Another suggestion was given that *fang muk* is a type of body piercing which is a mild way to gain pleasure from pain (Chandeeying 1999). However, the lack of information obtained from women in all these claims leaves it unknown whether *fang muk* is really desired by women as men have said. The information obtained from the two rounds of fieldwork in this study concludes that the following are motivations for men to undertake *fang muk*.

1. *They believe that fang muk makes sex more pleasurable to women.* Out of 261 ever married women from the Chiang Mai survey, 44 per cent of them had ever heard about *fang muk*. About half of those who had ever heard had no idea why men use the practice, about 40 per cent believed that men do it because women like it, two per cent believed both men and women like it, three per cent said men like it, and one per cent said that it is a deviant sexual practice of some men. Of seven male respondents who reported having adopted *fang muk*, three said it made them feel a complete man, two men did it from friends' encouragement, one did it because of a belief that women would like it and another said that it would increase sexual pleasure. Some other informants claimed that *fang muk* helps to delay men's ejaculation so the women can reach orgasm more easily.

Although men claimed that *fang muk* would enhance sexual pleasure for women, the information obtained from the women, both sex workers and non-sex workers, suggests that *fang muk* makes intercourse painful. Among sex workers, most refuse to take the clients, especially if several beads are implanted, or they negotiate for a higher fee. Men with *fang*

muk that we interviewed said that some of their female partners asked them to have the bead removed as it makes intercourse painful. A sex columnist reported receiving a similar complaint from several women asking for advice about how to persuade their husbands to have the bead removed without upsetting them.

2. *As a sign of manhood.* Men with *fang muk* claimed that the operation made them achieve a feeling of complete manhood (*paen chai chati tem tua*). One man with *fang muk* said that he had had it done at age 18 right after his first girlfriend rejected him. He was upset, which had become a strong motivation for him to adopt *fang muk* with a feeling that it would allow him to take revenge on women. Seven beads were implanted when he it done with several male friends.
3. *Peer influence.* Most men with *fang muk* had it done while they were with friends or were encouraged to take it together in a group of close friends. However, the sellers of sex gadgets claimed that every month two or three men would see them to get *fang muk* done and they usually came by themselves.
4. *To make up for feeling inferior about their sexual performance.* A few key informants suggested that men adopt *fang muk* to overcome their inferior feelings or lack of confidence about their sexual performance with partners or about the penis size.

Health consequences and other effects

Men with *fang muk* claimed that there is no serious side effect after *fang muk*. Minor acute inflammation after the incision is common. Pain at the incision site persists if the implanted beads become fixed to the penile skin; the fixed beads cause condoms to break as well. For the women, the beads may cause abrasions and a few days of pain inside the vagina.

Concerns by the public and health authorities

Only in 2002 have concerns related to *fang muk* appeared on the front page of the major newspaper a few times. One news item reported that over 100 policemen together with the provincial prison authorities carried out an investigation to explore drug use in the prison. A urine examination was given to 4,500 prisoners as part of the investigation to find out if any prisoners took amphetamines: none of them were positive for the urine examination but the incident became headline news because it was found that a large number of prisoners had *fang muk* and some had several beads implanted. Another item was based on a report by a leading physician that *fang muk* was a problem among men, but no details were given to support his claim. In another news item, the Minister of Public Health expressed her concern about sexual misconceptions among young men: *fang muk* and oil injections were given as examples (see Appendix A).

‘PHA BENZ’, SEGMENTAL FORESKIN CUTTING

Description

Knowledge of this type of male genital modification came from some key informants who explained that this was the highest form of male genital modification in and many men would endure this painful procedure. The word *pha* means 'cut' and *benz* refers to the resemblance of the foreskin cutting into three separated segments to the emblem of the Mercedes Benz car; *pha folk* similarly represents two-segment foreskin cutting like the emblem of the Folk car. A razor blade is used to cut the foreskin into segments followed by wound stitching with needle and thread to prevent heavy bleeding and also to keep apart the segments of the foreskin. Local anaesthetic is required during the operation followed by pain killer tablets. Two men who had both *fang muk* and *pha benz* had it done at age 29 and both were former prisoners; one had it done in the prison and the other did it when he was out. According to one man, his operation took two hours with 38 stitches and he lost about 50 cc of blood. Initially almost ten men expressed an interest in having it done together, but only two actually did so after the first case was done. The wound would heal in two weeks if there was no infection. A hard scar at the foreskin will be formed around the *glans penis*, from which they perceived that the penis size had increased. Later on additional paraffin, vaseline or silicone oils can be injected into the segmented foreskin to enlarge the size as shown in Figure 2.

Figure 2 A drawing of *pha benz* with oil injection

[insert figure 2 about here]

Based on a real case who consented to show his genital modification.

The penile ring or *wong wan* is another foreskin cutting which appears to be less popular. The two sides of the foreskin are cut and rolled up into a ring shape around the *glans penis* with wound stitched to secure the position of the folded foreskin. As with *fang muk* or *pha benz*, it was claimed that this seemed to increase penis size and would facilitate sexual enjoyment in women.

Prevalence and background characteristics of men with *pha benz*

Like *fang muk*, *pha benz* is known among prisoners, manual labourers and men who frequently patronize sex workers. A few questions about *pha benz* were asked in the Chiang Mai Survey, and the result was consistent with the information obtained from the key informant interviews that *pha benz* is less known than *fang muk*. Only 10 per cent of 268 sexual experienced men and three per cent of married women reported having heard about *pha benz*. Among men who had ever heard, three were those adopting the practice giving a prevalence of about one per cent. About half of 28 men reported ever having heard of *pha benz*, saying that they had had friends who had it done. From a physical examination of

1,672 men visiting a main government STD clinic in Bangkok between July 2000 and August 2001, seven men or a prevalence of 0.4 per cent had segmental cutting of the foreskin, *pha benz* or *pha folk* (personal communication, Erectile Dysfunction Clinic, Bangkok, April 2002).

Motivation for men to adopt *pha benz*

The reasons for men to adopt the practice are similar to those given for *fang muk* particularly in regard to their belief that *pha benz* will make sex pleasurable to women.

An additional explanation was that the operation of *pha benz* was superior to any other kind of male genital modification and no foreign body was inserted into the body. Also, the operation can be done only by a skilled person who could not be easily found. One man with *pha benz* claimed that he decided to undergo the procedure while he was in jail because one prisoner who was a college teacher was very good at doing it. The motivation for men to adopt a superior form of male genital modification like this depends on the availability of a trusted skilled operator. In addition, severe restrictions by the prison authorities make it a challenge to risk having it done without their knowledge.

Health consequences

No information was obtained from the health personnel or from the literature about this kind of male genital modification even though some informants claimed that it is not a new operation. Infection and severe bleeding can occur after the operation. Men with *pha benz* said it was difficult to wear a condom over a segmented foreskin. Even though the prevalence of *pha benz* is low, the procedure as described is risky and would increase the risk of HIV infection, as sharing instruments seems to be common.

***KHIP* OR MALE CIRCUMCISION**

While there has been much debate about the role of male circumcision and the spread of HIV infection in Africa, little is known about circumcision among Thai men despite the high prevalence of HIV in the region. The initial interest in exploring male circumcision in the Chiang Mai study was to get a population-based report of circumcised men. However, it was found that a number of men perceived male circumcision as another form of male genital modification because they believed that circumcision would increase penis size and thus would enhance sexual pleasure for women.

Prevalence and Beliefs about Male Circumcision

Circumcision is known in Thai as *khlip* (*hnang hum plai*) which means the surgical removal of the foreskin of the *glans penis*. It is not a known practice for Thai men except among

Muslims.¹⁰ Apart from religious beliefs, circumcision can be performed at a health facility though it is not very common.¹¹ In the survey questionnaire, we asked both men and women their beliefs about the reasons for men to be circumcised and asked male respondents if they were circumcised and women if their husbands were circumcised. Only five per cent or 13 out of 268 men in the Chiang Mai Survey reported being circumcised. The reasons for circumcision among these men were: doctors' advice (n=7); for proper hygiene or to prevent disease (n=3); constricted prepuces (n=2); to enlarge the penis size (n=1). Among circumcised men, about 57 per cent did not know a reason for circumcision, 17 per cent believed that the women like it as it makes the penis bigger, nine per cent said it was because of constricted prepuce, eight per cent because of religion, five per cent for better hygiene, and four per cent doctors' advice.

Of the women, about one-third did not know what circumcision was. Of those who knew, nine per cent (17 out of 182) reported that their husbands were circumcised. Of 156 women whose husbands were not circumcised, five said they wanted their husband to be circumcised and this was mainly because they wanted to take the advice given by the health staff, another 17 were not sure and the rest did not want their husbands to be circumcised at all.

From discussions with people in the villages, it seems that the prevalence of male circumcision can be divided into the operation at birth and the operation when grown up. Some people speculated that the prevalence of circumcision at birth might be higher in the last two decades because of the influence of the physicians in the area. They claimed that during this period a large number of newborns were circumcised by a physician without obtaining any informed consent from the parents, and the reason for circumcision of the newborn infant was not clear to them. One respondent whose newborn son was circumcised without his consent at the hospital six years before the interview complained that his son's sexual ability might be affected by the operation. He observed that when his son urinated, the urine did not go straight and he was worried that this might affect his son's sexual ability as an adult. Many other parents found their newborn sons circumcised at birth without any explanation.

EXPLORATION OF 'MALE COSMETICS' AND SEX GADGETS

Mapping the selling areas

Another main task in the second fieldwork was to conduct a rapid survey and mapping of the public areas where sexual gadgets can be found in Bangkok. Our male interviewers made

10. About 95 per cent of Thais are Buddhists and it is not required by this religion for men to be circumcised.

11. It was further suggested by the key informants that circumcision was not a necessity and that it was rare to have circumcision in hospital except among those with a severely constricted foreskin at an early age. Alternatively, the circumcision can be done by traditional healers or village injecting doctors.

several visits to two areas in Bangkok City known to be where sexual gadgets are sold to the general customers. Through rapport-building with the sellers and other key informants including the customers, 25 sites spread over 15 neighbourhoods of Bangkok were explored between February and March 2002, and nine were found to be sites where sexual gadgets are for sale. Altogether 20 small shops or stalls were found at these sites and the number of shops or stalls per site ranged from two to ten.

Five types of areas were explored: business areas; areas with night entertainment; areas where low-cost love motels or second-class cinemas are located; large public markets; and public open space areas with a large number of pedestrians. We did not find sexual gadgets available in either the business areas or the entertainment places. Figure 3 shows that characteristics of the area where sex gadgets were sold and Figure 4 shows a typical stall.

Figure 3 Example of a place where sex gadgets are available

[Insert figure 3 about here]

Figure 4 Examples of sex gadget stalls found along the streets in Bangkok

[Insert figure 4 about here]

Typically, the sexual gadgets and related 'male cosmetic' products are displayed in a small wooden stall with advertisements for the product shown on the top. The stalls are usually located along the pedestrian walks, to be seen easily by people passing by. The common advertisements used to describe the products as seen from the photos in Figure 3 are given below:

(Most common)

Tattoo erasing

Sell hair growing cream to grow mustache, beard, eyebrows, and body hair

New formula male power hormones

(Less common)

Naam mun jing laen (Lizard oil to enlarge the penis size)

Implant *fang muk*

Eight of nine sellers of sex gadgets were middle-aged men and the other a middle-aged woman. All had sold sex gadgets as their primary source of income over a long period of time (more than 10 years). The number of stalls or shops at each site was kept at minimum not only because it is illegal to sell sex gadgets in a public place but also because the sellers

want to prevent any competitors emerging in the area.¹² Some sellers acted as middlemen to sell the products in large quantity to those who wanted to sell them in other provinces.

Sex gadgets for men

The sex gadgets adopted by men and women can be divided into two major categories non-surgical and surgical, as described in Table 2. The surgical type only applies to men and included *fang muk* and segmental foreskin cutting. The non-surgical type includes several kinds serving different purposes for men and women.

Table 2 Sex gadgets adopted by men and women

Non-surgical types		
For men	For women	For men and women
Endurance cream to prolong the erection Penile rings Pleasure condoms Oil injection or massage oil to enlarge the penis size	Dildos Vaginal insert medicines (traditional and modern) Vaginal sponge Vaginal douching solution	
Minor surgical types		
<i>Fang muk</i> or penile pearl implants <i>Pha Benz</i> or <i>Pha Folk</i> , segmental cutting of foreskin		Body piercing or body jewellery including piercing of sexual organs (nipples, penis, labia)

Endurance Cream for Men

In Thai this is called *yaa ta ton*. Information obtained from the sellers suggests that this is one of the best selling products for men; prices are range from 50 to 70 baht a bottle depending on the quantity (cheaper if bought in a large quantity). The number of bottles sold on average is 30-50 bottles a month depending on the location of the shops; in smaller stalls, about 4-5 bottles are sold per week on average.

The sellers and some male key informants explained that the endurance cream was first introduced to the country over 30 years ago by an Indian, which was well-known for

12. The sellers said that they have to pay a fee to the local authorities to be able to keep in business. Also, to avoid arrest, they advertise the products as a type of male cosmetics, which could be ignored by the authorities. One reason that sex gadgets are displayed on portable stalls is that seller can easily fold them up and walk away if aware that the authorities are targeting them.

traditional medicines. Customers were men of different ages but mostly over 40; some have been regular customers for a long time. From time to time, women would buy it but it was not possible to tell the background of these women.

The sellers had the endurance cream delivered by agents who got them from the manufacturers. The descriptions inside the box describe the product as a male cosmetic to help eliminate erectile dysfunction. There are different brand names all of which are suggestive of men's power.

Superphalanuphab Cream (Super Power Cream)

Applied topically¹³ as an aid to prolong the time of intercourse.

Directions for use: Shake the bottle before use. Apply the lotion to the head of the organ thoroughly and leave for about 10 minutes then wash with water (without soap) and wait for another 20 minutes for action.

In both Thai & English

No manufacturing registration number.

Phalang Rad (Rhino's Power Cream)
no anaesthetic (explained on front of the box)

The lotion for men who have problem giving your partner long and long...pleasure. Just slightly apply the lotion to your penis, the herb ingredients from Thibet mountain would extend long lovely hours and won't do no harm to your beloved rod.

In Thai, English, Chinese.

Has manufacturing registered number.

Figure 5 Examples of Endurance Cream

[Insert Figure 5 about here]

The following are less popular products:

King Kong 77: *To correct nervousness (Thai prasat onn) or fast ejaculation (laang reo).* In Thai only.

13. The English text in italics and the next page was taken directly from the way it appears in the product description, suggesting a likelihood that some products are locally made, not imported as claimed.

Champ: Suit men who would like to have long pleasure (in Thai)

Marathon: *A famous stimulant (stimulant) for every playboys and for all weakness of the male reproductive organ.* A further description in Thai can be translated as 'not causing penile flaccidity before ejaculation. Not leading to impotence in the future. Formula from Paris. Contains anaesthetic.' The description was in Thai, English and Hindi.

2. Penile Rings

Various forms of penile ring can be purchased from the sex gadget stalls as shown in Figure 6. For instance, *kob ta pae* or 'goat's eyelid' penile rings are worn around the glans to stimulate sexual intercourse. The price of the rings range from 20 to 50 baht. The sellers said that the penile rings are not very popular and they sell two to five rings a week on average. An agent delivers the rings to the sellers. Some sellers claim that they can make the penile rings at home themselves if they have time. The other two kinds of penile rings (items b and c in Figure 6) are in less demand.¹⁴ The street sex workers that we interviewed said that these penile rings caused very painful intercourse. On average they have only one or two clients wearing the penile rings; they usually refuse such clients but once in a while they have to take the client because some are their regular clients want a new experience. Some women will accept if the client pays extra money to use the gadgets.

The nurse and physician at a large STD clinic reported that a few years during physical checks of several sex workers and they found penile rings left inside the vagina with or without the knowledge of the women (see Figure 6). However, they said that there had been no cases like that in the past five years; this suggests a declining number of users, that the women know how to remove the rings before coming to see the doctors.

Figure 6 Different kinds of penile rings

[insert Figure 6 about here]

Figure 7 Penile rings found inside the vagina

[insert Figure 7 about here]

14. The same kinds of penile rings as shown in Figure 5 were found around the Indian market in Rangoon where a visit was made in February 2002. The same kind of sex gadget stalls reported in Bangkok streets were found there : several stalls about every half a block.. The sellers tend to be young men in their twenties and thirties. The products include the penile rings, endurance cream, pleasure condoms and other male sex gadgets, some of which are imported from China, Taiwan or Japan.

3 Pleasure condoms

While the main purpose of condom use is to prevent sexually transmitted diseases or pregnancy, the use of condoms to gain sexual pleasure has had little research attention. We found that various kinds of condom with a rough surface as shown in Figure 8 are available in various places including at the sex gadget stalls and some drugstores, though the pleasure condoms purchased from the drugstores tend to be in a milder form with smoother surface. The materials used to create roughness on the condom surface include sponge, faked pearls or horsehair. The sex gadget sellers claimed that these decorative materials can be tied to any regular condoms to make them attractive to some adventurous customers who want to try a new sensation. The sellers claim that pleasure condom is a kind of male cosmetic product which will bring happiness. It is another high-selling product second to the endurance creams : average sales average from five to 20 a week. However, condoms may break although the sellers claim that these are very safe.

Figure 8 Pleasure condoms

[insert Figure 8 about here]

- 4 Penis size, which is one of the most common problems raised by men to the sex columnists. A known practice among men of low social class is to use *nam mun jing len*, 'lizard oil' to massage the penis to increase the size. A more severe form includes the injection of an oil-based solution such as paraffin oil, olive oil or silicone gel into the penis. It was said that the penile oil injection were beginning to be used by teenaged male students although till recently it was a practice restricted to adult men. The Ministry of Public Health expressed concerns about men's misconception about male genital modifications including oil injection and *fang muk* (see Appendix A).

5 Other male sex gadgets

The sex gadgets previously mentioned are cheap and sold in public places in small shops or stalls. The customers tend to be men of low socio-economic class although the sellers said that some customers are men with professional jobs. There are two other ways for men to obtain sex gadgets and related materials, mail orders and Web-based orders. Although the open sale of sex toys¹⁵ is prohibited in Thailand, it is known that the products can be purchased quite easily in response to advertisements in men's magazines or recently in the

15. The term 'sex toys' is used here instead of 'sex gadgets' as we felt that the sex gadgets previously described are cheap small sex devices, which make them a less explicit target to the authorities and explain why they are allowed to be seen in public. However, the sex toys have the explicit appearance of sex devices and are usually expensive, which makes them a prime target for suppression by the authorities.

Thai-language Website offering the products just as sex shops in Western societies do. Men who purchased sex toys through these channels tend to be middle-class or higher and can afford the costs. Recently, news about the web-based sex shops became a headline in a newspaper suggesting that this is a rapidly growing business with very few competitors (Talad Wikraw, 1-15 June 2002: 1-2). The sex toys were first imported into the country less than ten years ago, and they were not very popular in the early years as the customers were too embarrassed to order at that time. However, the products have attracted much interest in the past few years. According to one sex toy Thai web-site, newspaper reports state that more than 30 products are available for men and women, costing 150 to 15,000 baht (US\$4-400), and sale are worth nearly one million baht a month. More than 10 web-based sex shops were reported to be available.

Sex-related women's practices

Apart from the existence of sex gadgets used by men because they claim to make sex pleasurable to women, women also adopt some practices related to coitus. The two main types of vaginal preparations, vaginal tightening and cleansing, are discussed.

1. Vaginal cleansing and douching

Traditionally douching or forcing fluid into the vagina and letting it drain back may be used for several reasons such as to prevent pregnancy, to prevent sexually transmitted diseases, or to promote proper hygiene. In a 1988 national survey of 8,450 women aged 15-44 in the United States, 37 per cent of them reported regular douching and 18 per cent douched at least once a week (Aral, Mosher and Cates, 1992). Douching was found to be common among women of low socio-economic status with less education (Forrest, Washington, Darling, and Sweet 1989; Stock 1989). The number of partners was another factor that differentiated the practice. Women with only one partner and those with ten or more partners were less likely to douche than others (Aral, Mosher and Cates 1992). Despite the high prevalence of vaginal douching, the reason for the practice has not been well studied. Douching is not an effective way to prevent STD: however, it has been used for a long time in the belief that the practice would prevent sexually transmitted diseases:

....From Ming erotic novels, men and women used to wash their genitals both before and after the coitus, and lubricants used such as agar-agar jelly covered up small wounds and abrasions on the genitals and prevented infection. Men used occasionally a cover for the top of their member, called *yin-chia*, though rather to prevent conception of their partner than for hygienic reasons...

Van Gulik 1961:311

Earlier studies in Thailand suggest that the majority of sex workers insert fingers to clean inside the vagina by removing seminal fluid after each sexual encounter. They believe that the practice prevents them from getting STD (Saralamba 1987; Narongrit 1989; Saengyai 1991) as well as cleaning off the lubricant left from lubricated condoms (fieldwork in this

study). It was not known if vaginal cleansing was also common among the married women in general, though a few said they practised it. Thus, some questions were explored in the survey questionnaire. In the 1994 Chiang Mai Survey, 20 per cent of women reported that they always inserted fingers to clean inside the vagina after sex, four per cent did so but not often, one per cent always douche with a commercial solution and another per cent always use tap water connected to a plastic tube to douche after sex. In explanations given in the focus group discussions, some women said that the women adopted the practice to ensure that the seminal fluid was not left inside as it was offensive to them. Some women perceived the seminal fluid to be dirty so they felt unclean after coitus. Some feared that the seminal fluid might lick out and stain their clothes the next day, which would be embarrassing if it was seen by other people.

In another practice by the sex workers, a round sponge about the size of a small ball would be inserted inside the vagina to allow them to take clients during menstruation. This is called *look kai* 'small chick', and can be purchased at some drugstores. The sponge is washed and reused several times until it wears out. Some sex workers also inserted the sponge in the vagina with the intention of preventing pregnancy as well as sexually transmitted diseases. It is not known how commonly the sex workers have sex with their clients while they are menstruating and how many of them regularly use the sponge insert for other purposes.

2 Vaginal tightening

Some studies suggested that African women in Central and Western Zaire, Zambia, Malawi and Zimbabwe insert herbal agents or substances into the vagina to enhance sexual pleasure, or to protect themselves from sexually transmitted diseases (Runganga, Pitts and McMaster 1992; Brown, Ayowa and Brown 1993). This practice is not universal in Africa but is relatively common among rural and poor women and sex workers (Williams 1993). The sex workers in Thailand also use vaginal substances to dry and tighten the vagina. Less than ten years ago it was a known practice for brothel-based sex workers to douche with water containing alum or potassium salt before taking clients as they felt it would make vagina tighten to please their clients or to make them feel like an inexperienced person with a tight vagina. But alum douching is no longer common among the sex workers interviewed in the 2000s.

None of the sex workers interviewed in 2002 said they had ever used an alum douche. They said alum was used only in the former days to dry and tighten the vagina when many clients were taken continuously. In the 1994 Chiang Mai survey, about 60 per cent of men who ever paid for sex reported having had relations with sex workers who used alum. They believed that sex workers applied alum to enhance sexual pleasure (40%), to tighten the vaginal muscles (40per cent), to clean the vagina (12%), or to prevent pregnancy (4%).

A popular method of vaginal preparation used by women in general was to take traditional medicines, which are in the forms of oral or vaginal insert tablets. These medicines were

said to help strengthen the uterus and the vagina as well as to dry off the vaginal secretion. The women's medicine can be purchased from any shop selling traditional medicines or at some modern drugstores.

3. Dildos and women's sex toys

Most of the women's sex-related practices did not serve the purpose of facilitating sexual pleasure for women until the emergence of sex shops through the Internet. Little information was obtained about the use of dildos by women except the claims made by the sellers suggesting that dildos or artificial penises are among the best-selling products for women. They claim that women who purchase them come from various backgrounds but they are not poor, since they have enough cash to make the purchase.

DISCUSSION

Male and female sex-related operations were the focal point of discussions in this paper as we felt that enquiries into this issue would shed some light on the construction of gender and sexuality in modern Thailand. The historical and medical records as well as the fieldwork data suggest that men adopted several kinds of surgical and non-surgical methods to modify their penises to please women or, as they claimed, to increase sexual pleasure for the women. We argue that men and women in Thailand have grown up in the environment of negative attitudes to sex and this has prevented them from gaining proper knowledge and experience of sexual relations and partnerships.¹⁶ The use of genital modifications and sex gadgets among men of low socio-economic status suggests that men lack confidence to be sexually engaged with their partners. The lack of sexual experience of men with non-paid partners probably has led to sex problems within marriage among some men. We offer the following evidence to support the argument.

***Rak nual saguan tua*: Reservation to be good women**

It is known that Thai men regularly patronize commercial sex workers, and before the AIDS epidemic was apparent in Thailand it was very common for men from all social classes to gain their first sexual experience with a sex worker (Thai *khuen khru*)¹⁷. In the Chiang Mai survey it was found that before marriage, 18 per cent of ever-married men were virgins, 77 per cent had ever had sex with sex workers, and 35 per cent had ever had sex with non-paid partners. After marriage, about 57 per cent of the men did not have sexual intercourse with any other women than their wives. However, about 40 per cent of men reported sex with sex workers after they were married and eight per cent had sex with other women. The mean

16. We do not intend to generalize this statement about the negative sex attitudes in Thai society as it is evident that in the last decade we have seen a growing number of newspapers and women's magazines disseminating information about how to make sex pleasurable to both men and women. The information given is similar to that published in women's magazine in the West. However, the dissemination of such knowledge is limited to those with higher education. Thus, we suggest that our arguments are largely based on the experience of men and women of low socio-economic background.

number of women with whom men ever had sex over a lifetime was 34 sex workers (median 20) and two women who were neither wives or sex workers. Men tend to have sex with sex workers instead of girlfriends for a wide variety of reasons (see VanLandingham, Suprasert, Sittitrai and Vaddhanaphuti 1992, 1995; Im-em, 1996).

One of the main reason for men to pay for sex is also that Thai children have been brought up with the belief that good women should be restrained with the opposite sex and they should be virgins at marriage to reflect this good behaviour. Therefore, young girls should *rak nual sagan tua* 'reserve themselves', which can be expressed by the way they dress or how they interact with the opposite sex. In fact one of the questions most frequently asked by women of sex columnists is if men can know if a woman is a virgin or not by having sex with her. This concern is expressed by women with sexual experience who are afraid that their boyfriends might not accept them or that they could not maintain the relationship with the boyfriends if the men found that they were no longer virgins. As a consequence of this strong restriction, sex workers have emerged as the principal means for men to express their sexual needs. However, the sexual engagement that men could learn from the sex workers does not really replicate the passionate relationship between men and women. The strong double standard about sex has led to a lack of confidence in partnership development among both men and women, particularly those of low socio-economic status who tend to be more restricted than others to the traditional values.¹⁸

Tai daan, Rai arom or Keng pen mai: Is sex pleasurable to women?

Although it has been suggested that men adopted genital modifications to sexually please their female partners, we argue that some men did it to make up for the fact that some women were likely to suppress their feelings of sexual desire or response. Focus group discussions and in-depth interviews revealed that some women, particularly those of low socio-economic status, tend to be neither responsive nor communicative with their husbands during sexual intercourse. We could not generalize from this, but Thai phrases such as *keng pen mai* 'lying still like a log', *rai arom* 'no sexual feeling' and *tai dan* 'blunted of sexual desire' are generally known to describe women's lack of response during sexual intercourse. Some women said that their husbands complained about this and they did not know what to do. The attitude of being a 'good woman' may have made some women become too restrictive in trying to control their sexual responses. However, better-educated women and those not totally dependent on their husbands argued that they were able to discuss sex openly with their husbands, so it is unlikely that they would have to restrain themselves during intercourse.

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17. However, an increasing number of men in the younger generation now tend to have their first sex with girlfriends, not sex workers; this may be a consequence of increased awareness about paid sex and HIV infection in the 1990s.
 18. Information from many sources suggests that sex workers in Thailand are women who had been sexually involved with men but the couple did not end up living together. Thus some of them turned into sex work as they no longer perceived themselves to be valuable after losing their virginity to a boyfriend.

***Kuu ka*: Sex buddies - the rising type of sex partner?**

The key informants said that some men used sex gadgets with the women who were their *kuu kaa*, 'sex buddies', the term used by men in referring to the men or women with whom they enjoyed having sex without any restrictive commitment. Men perceived this type of women to be very responsive to sex and fully able to express themselves sexually. Women who are *kuu ka* can be paid partners, casual partners or regular partners but neither partner intends to develop a long-term relationship with the other. The term also implies that both men and women may have open relationships with other sex partners. We found that since HIV infection has become a known problem in Thailand, people's sexual behaviour has changed noticeably. Some men stopped paying for sex, some did so less often; some only go to the sex establishments that they perceive to be 'safer' such as a massage parlour or a cocktail lounge. On the supply side, the sex establishments have been transformed into less explicit forms. Some women became freelance sex workers who may have sex with men with or without fee. Anecdotal evidence suggests that an increasing number of women in the younger generation are sexually involved with a steady boyfriend and a few of them have sex with other men from time to time to earn money. They do not perceive themselves to be prostituting because they do not do it seriously as an occupation. They are likely to become men's sex buddies.

Myths, beliefs and common sex problems

All key informants including men in general, sex workers, sellers of sex gadgets, physicians, sex counsellors and sex columnists similarly claimed that premature ejaculation is the most common sex problem among men and some sex gadgets are used to correct this problem.¹⁹ They thought that to deal with the problem men should spend more time on sexual foreplay before to intercourse. However, many men are not able to develop this skill, as their main sexual engagement tends to be with sex workers who will not allow sexual foreplay with men who are not their lovers. The sex workers said that an easy client to them is one with fast ejaculation with whom they need to spend less time. Sometimes they get a 'difficult' client who uses endurance cream to lengthen the intercourse to last about 15 minutes.²⁰ They think that these clients are taking advantage of them without paying any extra. Generally they do not allow the clients to use the cream but some clients apply the cream before coming to see them.

19. In Thai we called fast ejaculation '*rua lom pak oaw*' or a sinking boat at the bays suggesting that a boat is sunk before it has an opportunity to explore the ocean. Another most common problems are the worries about the penis size and erectile dysfunction.

20. It is a common practice for the sex workers to limit the length of time that the clients can have sex with them. Low cost sex workers tend to limit the time to not more than 30 minutes for the service charged around 200-500 baht as interviewed from street sex workers in Bangkok in 2002.

A stressful sexual relationship within marriage is another reason for some married men to pay for sex. The housing conditions in low-income households may affect the sexual relations of the couples: the 'nature of the house made of bamboo made it impossible to keep sexual relations secret. Being heard by others was a matter of great shame' (Cohen and Wijeyewardene 1984: 258). This accords with to the view raised in the group discussions that some parents need to be careful not to be heard by their children during sexual intercourse, as it is common for the children to sleep next to them until quite a late age. In addition sexual desire by women is perceived as shameful since it should be suppressed even with husbands: women with sexual desire are condemned as dangerous, corrupting and polluting (Thitsa 1980: 20). Some women said they had never experienced orgasm, and a few women did not know what it was although they had been married for many years. Some women did not expect orgasm because they believed only men would have this experience. The lack of knowledge about sexuality has probably led them to certain beliefs about sexuality.

Moderator: It is difficult to say about the feeling. Young men can fly a kite [masturbate] to help themselves, right. How are women?

Everyone: Never, never.

1st wom: Women have no need to masturbate.

2nd wom: Women suppress it.

3rd wom: Never heard a report of women raping men...(laughs)...

Moderator: What happens to women after sex?

1st wom: Sometimes you are left alone, *arom khang* [unfulfilled sexual feeling](laughs)...

2,3rd wom: What? *Arom khang*? What is it? We never experience that. We finish when they [the husbands] finish.

1st wom: After sleeping with women, men fall asleep and snore right away - leave women with unfulfilled feeling. Women cannot complain for anything. You just close eyes and try to sleep.

2nd wom: It never happens to me.

4th wom: It happens. Sometime yes, sometime no.

5th wom: You just grumble to yourself ...(laughs)...

1st wom: You can't [grumble], the children are there. They will peek at you then [if the noise is heard by the children].

Married women aged 35-49

Sexual violence in the Thai culture

The use of sex gadgets and other genital modifications is evidence suggesting sexual violence to women by their husbands or intimate partners. In the WHO Multi-country study on domestic violence against women, a population-based survey of adult women in Bangkok

and one other province of Thailand²¹, it was found that about one-third of the women reported having experienced the following forms of sexual violence by their husbands or intimate partners: (1) physically forced to have sexual intercourse when they did not want to; (2) had sexual intercourse they did not want for fear of what the partner might do; (3) forced to do sexual acts that they found degrading or humiliating. The second form of sexual violence was more than three times more common than the other two forms.

The results of the WHO multi-country study accord with these of the Chiang Mai survey. Sixteen currently-married women interviewed reported some sex-related problems. Half of them complained that they did not feel like having intercourse but could not refuse their husbands. Three women in their early 40s said that their husbands demanded intercourse too often. Two women both aged 36 had painful intercourse. Another was afraid of contracting HIV and refused to have sex with her husband unless he used condoms with her. She lacked trust in her husband who might have had intercourse with other women including sex workers. Two women perceived that the inability to conceive a child was a problem related to their ability to have sex. The statement below explains how the women feel about their sex problem with husbands.

I don't have any desire for sex. I don't want to have sex but my husband never understands me. Last year, our relationship went sour. My husband suspected that I probably kept denying him because I had another lover, but in fact I just didn't feel like doing it and I don't know how to make him understand about this.

Married woman, aged 35

6. Conclusion

Although in Thailand the prevalence of male genital modification may be low and it may only occur among men in certain subgroups, but its existence cannot be ignored as the practice knowledge of the helps in understanding how men and women develop their sexual relationships. We make the following two major recommendations based on our findings.

1. Sex education must be carefully developed to help correct myths and beliefs about sexual relations, particularly among those of low socio-economic status who lack accurate or gender-equitable information on sex. The sex education should help men and women to gain a more positive attitude to sex and also to be able to develop healthy, meaningful and responsible relationships. Existing sex education campaigns often point out the negative consequences of sexual engagement such as abortion or AIDS, and blame either men or women or both for doing something wrong or

21. The data collection was done in the year 2000 with the information obtained from about 3000 women randomly selected from the households. A comparative results of this multi-country study will be released by WHO in November 2002. The preliminary finding suggests that the prevalence of women facing sexual violence committed by their husband or intimate partner in Thailand is high in comparison to other countries including Peru, Brazil, Japan and Bangladesh.

unacceptable. The sexual relationships of younger people have changed significantly since 1990 after the spread of AIDS in Thailand. Young men and women are spending longer periods of their life in a single state. They are exposed to different sexual freedoms than previous generations, so various sources of knowledge should be provided to them. At present, positive sex messages are available only to limited number of better-educated men and women. These messages should be made equally available to men and women of low socio-economic status to help them gain more positive attitudes to sexual relationships.

2. Further research should be conducted to find out about the potentially risky sexual behaviours of men and women in different subgroups, such as prisoners or overseas workers who may have been more involved than others in genital modifications. They tend to live in isolation with only male company friends. In the AIDS epidemic in Thailand, prisoners and military conscripts were among the first groups of men with high prevalence of HIV infection beginning in the late 1980s. Yet little was known about their higher-risk behaviours and obviously the prisoners did not have access to any sex education so they adopted their own myths and practices, which may be harmful to their partners in the future.

References

Anonymous. 1883. *Catalogus der Afdeeling Nederlandsche Kolonien van de Internationale Koloniale en Uitvoerhandel Tentoonstelling te Amsterdam, Groep II*. Leiden: E.J. Brill.

Aral, S.O., W.D. Mosher and W. Cates. 1992. Vaginal douching among women of reproductive age in the United States, 1988. *American Journal of Public Health*, 82, 2: 210-214.

Bond, Katherine C. 1994. Sexual culture of northern Thai men: a preliminary interpretation. Paper presented at the Workshop on Sociocultural Dimensions of HIV/AIDS Control and Care in Thailand, Chiang Mai.

Bornoff, Nicholas. 1991. Lonely hearts column - the way of do-it-yourself. In *Pink Samurai: The Pursuit and Policies of Sex in Japan*. London: Grafton Books.

Bork, K. and W. Brauning. 1985. Artificielle Penisknotchen (Tanco-knotchen) bei Sudostasiatischen. *Hautarzt* 36: 354-355.

Brown, Donald E., James W. Edwards and Ruth P. Moore. 1988. *The Penis Inserts of Southeast Asia: An Annotated Bibliography with an Overview and Comparative Perspectives*. Center for South and Southeast Asia Studies Occasional Paper No. 15. Berkeley: University of California.

Brown, J.E., O.B. Ayowa and R.C. Brown. 1993. Dry and tight: sexual practices and potential AIDS risk in Zaire. *Social Science and Medicine* 37, 8: 989-994.

Chandeeying, Weerapol. 1998. *Pictorial Dictionary of Sex* (in Thai). UNDP supported publication; Bangkok.

Cohen E.L., and S.W. Kim. 1982. Subcutaneous artificial penile nodules. *Journal of Urology* 127: 135.

Cohen, Paul and Gehan Wijeyewardene. 1984. Introduction to spirit cults and the position of women in northern Thailand. *Mankind* 14, 4: 249-264.

Commelius, Isaac, ed. 1646. *Beginnende Voortgang van de Verenigde Neederlandsche Geocroneerde Oost-Indische Compagnie*. Amsterdam.

Fitch, R. 1905. The voyage of Ralph Fitch begun in 1683 and ended in 1591 in Samuel Purchas (ed.), Hakluytus Posthumus or Purchas His Pilgrimage, Vol.10: 165-204. Glasgow: James MacLehose and Sons.

Forrest, K.A., A.E. Washington, J.E. Daling and R.L. Sweet. 1989. Vaginal douching as a possible risk factor for pelvic inflammatory disease. *Journal of the National Medical Association* 81: 159-165.

Friedman Bruno. 1977. Thai phallic amulets. *Journal of Siam Society* 65, 2: 171-178.

Gaffoor, A. 1989. Artificial penile nodules. *Postgraduate Medical Journal* 65: 707.

George, WG. 1989. Papular pearly penile pearls. *Journal of the American Academy of Dermatology* 20: 852.

Gilmore, WA., DA. Weigand and WH. Burgdorf. 1983. Penile nodules in Southeast Asia Men. *Archives Dermatology* 119: 4449-4477.

Grimaldi, AA. 1953. Cuerpos externos do pene: exaltacion del orgasmo conyugal mediante el injerto de cuatro perlos. *Revista Argentina de Urologica* 22: 271-272.

Gulvano, A. 1905. Brief Collections of Voyages, Chiefly of Spaniards and Portugals. Taken Out of Antonie Galvanos Book of the Discoveries of the World. Hakluytus Posthumus or Purchas His Pilgrimes. Vol. 10 ed. By Samual Purchas. Glasglow: James macLehose and Sons, pp: 1-74.

Herbert, T. 1634. *A relation of Some years Travaile, Begunne Anno 1626*. London: W. Stansby and J. Bloome, 1634

Hull, T. and M. Budiharsana. 2001. Male Circumcision and Penis Enhancement in Southeast Asia: Matters of Pain and Pleasure, *Reproductive Health Matters* 9: 18: 60-67.

Im-em, Wassana. 1996. Partner Relations and HIV/AIDS in Chiang Mai villages. Ph.D Thesis Australian National University, Canberra.

Im-em, Wassana. 1999. *Mortality Trends and Levels to Verify the AIDS Epidemic in Thailand: Analysis from Death Registration Statistics, 1984-1997*. Institute for Population and Social Research Publication No. 239. Nakhonpathom: Mahidol University.

Imperial, R.H. 1994. An ethnography of Filipino seafarers: an investigation of their culture and risky sexual behavior. Paper presented at Workshop on Socio-cultural Dimensions of HIV/AIDS Control and Care in Thailand, Chiang Mai.

Lim, K et al. 1996. Artificial penile nodules: case reports. *Genitourinary Medicine* 62: 123-125.

Ma Huan. 1970. *Ying-yai Sheng Lan: The Overall Survey of the Ocean's Sshores*. Translated by J.V.G. Mills from a 1433 manuscript. Cambridge: Cambridge university Press,

Narongrit, Sukanya. 1989. Health beliefs and prevention of venereal diseases: health behaviour among prostitutes. Masters thesis Mahidol University, Bangkok.

Nitidandhaprabhas, P. 1975. Artificial penile nodules: case reports from Thailand. *British Journal of Urology* 47: 463.

Norton, S.A. 1993. Fijian penis marbles: an example of artificial penile nodules. *Cutis* 51, 4, 295-297.

Ohmar. 2000. Assessment of sexual behaviour in two Myanmar migrant populations in Ranong: fishermen and commercial sex workers. Master of Science Thesis in Epidemiology. Prince of Songkla University.

Padthaisong. 1995. *Prison*. Bangkok.

Ploss, Heinrich and Max and Paul Bartels. 1927. *Das Weib in der Natur -und Volkerkunde Anthropologische Studien*. Two vols. Berlin: Stark Vermehrte Auflage.

Purchas, Samuel. 1617. *Purchas his Pilgrimage, or Relations of the World and the Religions Observed in All Ages and Places Discovered, from the Creation unto this Present*. London: William Stansby for Henry Fetherstone.

Reid, A. *Southeast Asia in the Age of Commerce 1450-1680*, Vol.1 The lands below the winds. New Haven: Yale University Press,

Rubenstein, M et al. 1964. Penile nodules as major manifestation of subacute angitis. *Archives of Internal Medicine* 11: 449-452.

Runganga, A., M. Pitts and J. McMaster. 1992. The use of herbal and other agents to enhance sexual experience. *Social Science and Medicine* 35, 8: 1037-1042.

Saengyai, Piyawadee. 1991. Health education program to prevent sexual transmission diseases among prostitutes in Bangkok. Master's thesis. Mahidol University, Bangkok.

Saralamba, Rongkan. 1987. The effectiveness of health education on sexually transmitted diseases by using peer group technique among prostitutes, Sattaheep district, Cholburi province. Master's thesis. Mahidol University, Bangkok.

Sawaengdee, Yothin and Pimonpan Isarabhakdi. 1990. *Exploration of Opportunities to Promote Condom Use in Brothels to Prevent the Spread of AIDS*. Institute for Population and Social Research Publication No. 144. Nakhonpathom: Mahidol University.

Serour, F. 1983. Artificial nodules of the penis: report of six cases among Russian immigrants in Israel, *STD Journal* 20: 61-78.

Sharp, Michael. 1994. Kookaburra (letter). *Sydney Morning Herald* 11 August.

Stock, R.J. 1989. A review of trends in vaginal douching: relationship to changing incidence of PID and tubal ectopic pregnancy. *American Journal of Gynecological Health* 3: 155-161.

Sugathan, P. 1987. Bulleetus. *International Journal of Dermatology*, 1987, 26: 51.

Sundaravej, Kunthon and Chirothana Suchato. 1974. Tancho's nodules. *Australian Radiology* 18: 453-454.

Sutthisakorn, Ornsom. 1998. *Prison*. Bangkok.

Thitsa, Khin. 1980. *Providence and Prostitution: Image and Reality for Women in Buddhist Thailand*. Women and Society Report No. 2. London: Change International Reports.

Van Gulik, RH. 1961. *Sexual Life in Ancient China: A Preliminary Survey of Chinese Sex and society from 1500 B.C. till 1644 A.D.* Leiden: EJ Brill, 1961

VanLandingham, Mark, John Knodel, Chanpen Saengtienchai and Anthony Pramualratana. 1995. *Friends, Wives and Extramarital Sex in Thailand: A Qualitative Study of Peer and Spousal Influence on Thai Male Extramarital Sexual Behaviour and Attitudes*. Report Paper 95-328. Seattle: University of Seattle.

VanLandingham, Mark, S. Suprasert, W. Sittitrai, and C. Vaddhanaphuti. 1992. An analysis of sexual activity among unmarried men in northern Thailand. Paper presented at 1992 Annual Meeting of the Population Association of America, Denver.

Vatsyayana. 1982. *Kama-Sutra of Vatsyayana* (English), Mulk Raj Anand and Lance Dane. New Delhi: Om Prakash Jain.

Von Kuhlewein, M. 1930. Report of a Journey to upper Mahakam (Borneo), February-May 1929. Mededeelingen van den Dienst der Volksgezondheid in Nederlandsche-Indie Foreign Edition 19: 66-152.

Weniger, Bruce G., Khanchit Limpakarnjanarat, Kumnuan Ungchusak, et al. 1991. The epidemiology of HIV infection and AIDS in Thailand. *AIDS*, 5 (supplement 2): S71-85.

Williams, AO. 1993. More on vaginal inflammation in Africa (letter). *New England Journal of Medicine*, 1993, 328, 12: 888-889.

Wolf, P. and H. Kerl. 1991. Artificial penile nodules and secondary syphilis. *Genitourinary Medicine* 67: 247-249.

Appendix A

News about penile pearls from Thai newspaper

From *Matichon* Newspaper (3 February, 2002) or www.matichon.co.th

In February, the Department of Public Prosecution released the reproductive health handbook that cautions about the effect of *fang-muk* or injecting various kinds of solution into the genitals and recommended that Thai traditional massage will help to enlarge the genitals.

On 31 January, Mrs Sudarat Kaeyarapan, a minister of the Ministry of Public Health, said that sex education has been a long-term problem in Thai society because sex is viewed as something shameful, unpleasant and not to be talked about. This increases the risk of earlier age at first intercourse, unintended pregnancy, illegal abortion, and HIV infection. Furthermore, misunderstanding about how genital size could increase sexual sensations makes many people try to insert some matter or inject chemical substances in order to enlarge the genitals. These methods can cause permanent harm to the genitals.

Therefore, to help the parents to teach their children, the Ministry of Public Health has introduced a sexual education program. This program will provided possible means of prevention and reduction of unsafe sexual activity among the young people. The pilot sexual education program will start in 50 zones of Bangkok (50 schools in each zone) and is expected to cover all provinces in two years.

Mr. Pakdee Podhisiri, the director of the Department of Public Prosecution, refers to prior research pointing out parents' lack of comprehension and information about sex. Additionally, more than half of them perceived that sex education is a school's duty. Therefore, adolescents often learn about sex from other sources such as magazines, video, television, internet, their peers or other persons. Their knowledge or experience from these sources may affect their subsequent behaviour. Thus, the parental presence would be an important influence on adolescents' sexual behaviour.

The Department of Public Prosecution in co-operation with the Mental Health Department organized a pilot sex education program focused on training the parents to teach their children from when they are small up to high school age. The Educational Technique Department of the Ministry of Education explored the opinions about sexual discussions between parents and children. They found that 2 out of 3 parents (65per cent) intended to deliver sex education to the children by themselves but they were not confident and did not know how to do it properly. This finding suggests that a sex education program is important to prepare readiness and encourage appropriate sexual attitudes in the parents.

The approaches to preventing sexual activity among young people are provided by educating and exchanging the experiences about the possibilities of facilitating sex education among 60 parents in a day. Moreover, these approaches also focus on creating knowledge and awareness among teachers who may help train parents and discourage adolescents from

unsafe sexual activity. These programs provide information about sexual development, review sexual attitudes of the parents, and guide techniques about how to discuss with children about sex.

Mrs. Nittaya Chanraengmahaphon, the Ministry of Public Health's spokesperson, raised concerns about sex-related myths such as *fang-muk* or oil injection into the genitals. These practices could cause serious infection and harmful consequences, especially among younger adolescents. The procedure should be careful not only in the selection of materials used, but also how to prevent irritation and infection. The practice may lead the genital damage, if there is serious inflammation or the wound is infected. Mrs. Nittaya did not encourage these sexual practices and suggested that teenagers should adjust their self-image to be attractive to the opposite sex. For those who want to enlarge the genitals, traditional Thai Medicine has a recommendation about how to enlarge the genitals without adopting *fang-muk* or oil injection. A massage method called *nakkaraj kuen sheeb* (or revival of a dragon) could increase the size of the genital by pressing at the ankles, the calves and along the shinbones followed by kneading from coccyx to the waist. Then turnover and massage again at 1.5 inches below the navel and continually knead down to the pubis.

Figure 3 Example of a place where sex gadgets are available



Figure 4 Examples of sex gadget stalls found along the streets in Bangkok



Figure 6 Different kinds of penile rings



a. Goat's eyelid penile rings b. Horse hair/pearl penile rings c. Starry mini studs penile rings

Figure 7 Penile rings found inside the vagina



Source: Downloaded from <http://www.clinicrak.com>

Figure 8 Pleasure condoms

