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ROYAL UNIVERSITY OF PHNOM PENH

Kamma as a Concept in Addressing HIV/AIDS

A Thesis

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In Partial Fulfillment of the Requirement for the Degree of
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by
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***Kamma* as a Concept in Addressing HIV/AIDS**

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**for the degree of
Master of Arts in Cultural Studies**

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ABSTRACT

We are facing a social crisis caused by the HIV/AIDS epidemic, which is having a very serious effect on Cambodian society. There were 186,000 persons infected in 2000 and more Cambodians are becoming infected everyday, indicating that Cambodia has the most serious epidemic in Asia. The aim of this research was an attempt to identify Buddhist perceptions and to connect these with HIV/AIDS and the Buddhist concepts of *kamma* in daily life; to investigate and analyse an orthodox interpretation of the concept in daily practice and the social reality of contemporary Khmer society, and to investigate the utility of Buddhism to everyday life with its social crises.

The main research site was Phnom Penh city, where crucial sub-sites were utilised related to the characteristics and significance of the information required for this study. There were 34 people interviewed, of which 15 were Buddhist monks and nuns (including monks from the two sects and monks who are involved with NGOs in HIV/AIDS issues), 10 people living with HIV/AIDS (PLWA), 5 NGO members and 4 others. The research took fifteen days to conduct semi-structured interviews and participant observation on-site.

In this study, people still believed in the definition of *kamma* in which deeds in a previous life can bear fruit in this life when people suffer. Infected people blamed *kamma* for their HIV infection, some regarding this infection with a kind of fatalism. The majority of women and children who were infected by men were tempted to blame *kamma* for many reasons. They said that they were harvesting the result of others' misconduct or that they themselves had done something bad (not knowing the causes but living with the result). They did not want to blame their husbands, as this was the best way to console themselves. Apart from people who were educated in Buddhism, the majority of people rarely understood the concept, attempting to interpret it in different ways. Only educated people perceived that HIV/AIDS infection (in the case of men) is a result of *kamma*, meaning intentional action, one's actions in the present life. One's bad *kamma* (unwholesome actions) bear fruit not only with oneself but impact on others (wife or husband and children) in the family. Understanding *kamma* by doing only wholesome acts (keeping the precepts or prevention) is the best way to decrease the HIV/AIDS epidemic. Buddhism is effective in HIV/AIDS prevention, treatment and care, but this effectiveness has been limited due to the monks' education in Buddhism and their

experience in working on HIV/AIDS issues, and the knowledge and practice of Buddhism in Cambodia.

This study might help as a tool for related matters. My study recommends that educators and healthcare providers be aware of the cultural assumptions of those who are infected, but they must also help to clarify *dhamma* confusion when necessary. There is a need for further study to examine the obstacles, advantages and disadvantages of the monks' approach and to further extend the Buddhist response to the HIV/AIDS crisis.

CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
A. N	Anguttara Nikāya
ANLWC	Association of Nuns and Lay Women of Cambodia
ARV	Anti-retroviral (Treatment)
BSS	Behavioral Surveillance Survey
CHEC	Cambodian HIV/AIDS Education and Care
CPN+	Cambodian People Living with HIV/AIDS Network
DN	Digha Nikāya
DSW	Direct Sex Workers
HIV	Human Immunodeficiency Virus
HSS	Sentinel Surveillance Survey
ISW	Indirect Sex Workers
KHANA	Khmer HIV/AIDS NGO Alliance
KHOSER	Key of Social Health Education Road
M. N	Majjhima Nikāya
MoCR	Ministry of Cult and Religions
MTCT	Mother-to-Child Transmission
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGOs	Non –governmental organisations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children’s Fund
UNICEF EAPRO	United Nations Children’s Fund East Asia Pacific Regional Office
PLWA	People Living with AIDS
SCC	Salvation Centre Cambodia
STD	Sexual Transmitted Disease
STI	Sexual Transmitted Illness
TB	Tuberculosis

CHAPTER 1 INTRODUCTION

1.1 Background to the Study

Theravada Buddhism is the dominant religion in Cambodia. It has been the religion of the majority of the Cambodian people since the fourteenth century (Ling 1993: 137). The Buddhist Law of *Kamma* is also known and has been popular in Buddhist Southeast Asia since the thirteenth century (Keyes 1995: 89). The Law of *Kamma* in particular and Buddhist teaching in general guide people in choosing their way of life. But from generation to generation this concept has been interpreted and misconceptualised in diverse ways according to individual perception and social understanding (Sam, 1987: 34-5).

Some people think that Buddhism is interested only in very high ideals, high moral and philosophical thought and ignores the social and economic welfare of people. This is a misunderstanding of Buddhist teaching or the *dhamma*, which is concerned with human prosperity and welfare and in reducing suffering as well. As Rahula states, however noble and pure Buddhism may be it would be useless if people could not follow it in their daily life in the contemporary world. But it certainly can be practiced in daily life if we understand and practice it correctly (1974: 76). Moreover, Buddhism is a rational doctrine based on practice. As Einstein realised, only Buddhism amongst the major religions emphasises the scientific outlook in dealing with the problem of morality and belief (Sona Kanti: 1987: 66).

Therefore, Buddhism and its key concept of *kamma* has significance and a necessary role in individual existence, and society, leading to peace and sustainable development in the world. Being objective about the concept and understanding it rationally are requirements for a prosperous life. Misconceptions can lead people to a pessimistic view of life. The problems and crises of the world cannot be solved or even improved unless the causes are found and destroyed. Cutting off the branches is a useless exercise and a waste of time, finding and killing the roots are the only effective means which align with the Four Noble Truths of the Buddha.

1.2 Problem Statement

There are several types of Buddhist teaching that can be applied to day-to-day life to help us banish the misery and crises we are facing. People's suffering can be reduced

or eradicated through applying Buddhist principles. To solve doubt and problems, the best approach is to practice and experience *dhamma*. When the *dhamma* is realised, all doubts dissolve (Plamintr 1998: 189-90). Whenever the noble principles of Buddhism are not observed by those who profess to practice it, the values of society change (Goonatilake, 1995: 4)¹. Plamintr went further, the lack of a true religion in peoples' hearts is the root of all problems (1998: 191).

Several decades of war have taken their toll in Cambodia on the Khmer family and on religious values. Now we face another social crisis, one caused by the HIV/AIDS epidemic which is having very serious effects on an already weakened social structure and on Cambodian culture itself. The AIDS pandemic disease has generated a most severe crisis. It is a deadly disease that has recently affected the life, mind and spirit of individuals, society and economy of the country.

A total of about 186,000 Cambodians were already infected in 2000 and more are becoming infected everyday (NCHADS & NAA 2001: 11). In addition, HIV prevalence among all 15-49 year olds was 2.8 % in 2000. Again, HIV/AIDS infection in Cambodia makes it one of the worst affected countries, the other two being Thailand and Uganda (ibid: 12). The majority of HIV transmissions are through sexual contact.

If one is infected with HIV/AIDS is it his or her *kamma*? Why does one consider that it is one's *kamma*? How might Buddhism deal with this crisis? According to Sivaraksa, Buddhism has been concerned with both all along, the wheel of righteousness (*Dhammacakka* or *Buddhacakka*) must have influence on the wheel of power (*anacakka*). So Buddhism can play a vital role in this social crisis. In contrast, how can we reach such a high goal? Even the two patriarchs in the *sangha* had a disagreement on the Buddhist monks' role and approach in fighting HIV/AIDS and involving Buddhism in prevention and care. "If we help sick people then we will only encourage them not to be afraid of catching the virus...It is the mistake of the people who get AIDS...They do not have good morals. Everyone should unite and punish the people who have lost their good morals" said the Mohanikay's Tep Vong (O'Connell and Chea 2000: 5). These statements emerged while another sect's leader attempted to show compassion and was willing to try and eradicate the spread of the virus. So what is the appropriate response we should make to this pandemic and to AIDS patients? Or do we just let it go as their *kamma*?

5/3/2005_____

¹ Regional Conference: *Image of the future: The clergy in community work for women and children*. Bangkok: July 1995

1.3 Aim and Objective of this Research

This study was undertaken to fulfill part of the academic qualification of a Master's degree at the Buddhist Institute. The aim of this research was to investigate and analyse the differences between an orthodox interpretation of Buddhist philosophy and the actual daily practice and social reality in contemporary Khmer society. This study was particularly interested in the relevance and perceived relevance of the doctrine of *kamma* to HIV/AIDS. We attempted to identify Buddhist perceptions and to connect this with HIV/AIDS and the Buddhist concepts of *kamma* in daily life. To investigate the utility of Buddhist doctrine we need to apply it to the everyday world with its social crises.

The purpose of this study is not to determine whether or not *kamma* has caused any particular case of HIV infection, or whether or not *kamma* is the cause of the pandemic in general. That is a speculation that I am not pursuing here, nor is it clear how one could determine such a causal link with any sense of certainty. The point of this study is to analyse the ways that Cambodian people use and misuse the ideas of *kamma* with regard to HIV/AIDS. This turns out to be a very complex issue and we will find a wide variety of *kamma*-based explanations for the disease.

In the first part of my study (Chapters I-V), I try to situate the reader in the context of the Cambodian AIDS crisis, and also offer some orthodox scripture based explanations of the concept of *kamma*. This scripture based analysis (together with analysis of secondary source literature) is vitally important for understanding the complexities of the philosophy of *kamma*. In trying to understand what the Buddha actually taught about *kamma*, we will be setting a standard by which to evaluate the different uses and abuses of *kamma* by a variety of Cambodian people (some of whom, like monks, may know the *dhamma* well, and others do not). For example, we discover that one of the central meanings of *kamma* in the suttas is “action”, and this plain idea of causality (bad action produces bad fruit, etc.) is less popular in public consciousness than the idea that *kamma* represents consequences from past lives. Also, philosophical analysis reveals that karmic causality (confined to conscious motivated choices) can be consistent with other forms of causality (e.g., purely physical/scientific, etc.). These sorts of insights justify the conceptual work in the early chapters.

In Chapter VI, I present data that details some divergent understandings and applications of *kamma* in the Cambodian sangha and lay public. In some cases these subjects, who I interviewed, reveal a clear grasp of the idea of *kamma*, and in some cases the concept is confused. Furthermore I am interested, in this part of my study, in the way

that HIV sufferers and care providers use the concept of *kamma* to explain their own condition. Among the many discoveries, I find that women who have become infected by their cheating husbands will often blame their misfortune on their previous life's sins, whereas men who have contracted it (e.g., in a brothel) will use *kamma* in the more common plain sense of causality) immoderate sexual behaviour, deceitful "action", led to bad fruit in this lifetime). Again, it is not my goal to determine who is correct in the sense of knowing whether or not *kamma* from a previous life really caused the current infection. I am more interested in seeing how Cambodians use this cultural concept (*kamma*) to make sense of their own AIDS experiences, and to see whether it is a helpful concept in the prevention and treatment of the disease. I discover, among other things, that the idea of *kamma* can bring great comfort to some but it can also be a form of discrimination against women.

In Chapter VII, I move beyond the focus on *kamma* specifically and examine the ways that other parts of the *dhamma* can be relevant to the AIDS crisis. My basic assumption is that, in addition to medical treatment and scientific explanation, Buddhism has a role to play in the prevention and care of this new form of suffering (AIDS). The goal of Buddhism is to overcome suffering. AIDS is a new and powerful form of suffering, so it is crucial for Cambodians to apply the *dhamma* to this damaging problem. I examine a series of essential aspects of the *dhamma* (e.g., the Four Noble Truths, the Eightfold Path, the Five Precepts, in addition to *kamma* reconsidered in 7.2.3). I show that these ideas are relatable to the issues of AIDS prevention and care. In this way, I seek to show the current relevance of Buddhism to a modern health crisis. In some cases, applications of the idea of *kamma* to AIDS may not be as helpful in prevention or treatment as other *dhamma* concepts like "The Middle Way" and so on. Educators and healthcare providers should be open and flexible to the most effective uses of the *dhamma* when relating to AIDS. These considerations lead me to my final conclusions and recommendations.

In this closing part of my study I try to assess the value of my findings. First, I demonstrate the complexity and variety of Cambodian understandings of basic Theravada concepts like *kamma*. This complexity must be appreciated by educators, who seek to improve *dhamma* understanding in the public. Secondly, my study demonstrates the divergent ways in which the idea of *kamma* is employed by those infected by HIV, by those treating HIV, and by those in the general public. Thirdly, my study makes a start at systematically applying other aspects of *dhamma* (besides *kamma*) to the AIDS crisis.

And fourth, my study recommends to the educator and health-care provider that they should use a multiple strategy approach (sometimes *kamma* discussion/explanation will be helpful to ease the patient, and sometimes other aspects of *dhamma* will be more helpful). Educators and healthcare providers must be aware of the cultural assumptions of those who are infected, but they (educators) must also help to clarify *dhamma* confusions when necessary.

1.4 Rationale of the Study

The AIDS pandemic disease has generated a most severe crisis, it is a national crisis. Cambodia may have cultural tools, in the form of Theravada Buddhism, to help stop and treat AIDS. There is no single work discussing the issues of *kamma* in connection with a specific crisis such as HIV/AIDS. Therefore, the author is willing to undertake this study in order to explore the application of *dhamma* (specifically *kamma*) to this contemporary health crisis.

1.5 Research Questions

This research attempted to find the answers to the following questions:

- Has Buddhism any relevance in addressing the HIV epidemic?
- How is Buddhism used in addressing the HIV/AIDS epidemic?
- What are the approaches of Buddhists working in HIV treatment and prevention towards Buddhist concepts, *kamma* in particular, and their applicability to HIV?

We also aimed to illustrate some perspectives among Buddhists, reflecting the location of their practice. Moreover, we aimed to demonstrate the inter-relationship between different Buddhist responses to this social issue, which might lead to a diminution of the problem based on a combination of religious, scientific and medical approaches.

1.6 Limitation of the Study

This is the first time such a study has been conducted. Therefore, as an initial study in this field of research, it should be useful for further exploration and understanding of this important area. Due to financial and time constraints, there were only two weeks for fieldwork with limited sites. The main research site was in Phnom Penh, which has significance and relevance to the information and sample as well. Doing

fieldwork on this topic was difficult because there were diverse categories of informants who had different status and significant characteristics. Informants needed to be approached after thoughtful consideration of what was required from them. The results of the analysis may be not representative across Phnom Penh, but it provides a view of the people in that region. Even less can it be said to represent other regions' experience. Participant observation and semi-structured interviews were done on a small sample of informants in the numerous target groups.

It was a difficult two weeks doing fieldwork, with complicated issues which were difficult to communicate or discuss, and a sensitive research topic. Moreover, we were grappling with a new idea, trying to link a complex and difficult concept in Buddhist doctrine with a social health problem. In other words, even collecting and analyzing data from primary and secondary sources was arduous and finally led to urgent time pressures.

Another limitation of this study was the difficulty of accessing people for interview. The interview timetable was changed and amended according to the availability of respondents and changing circumstances. Only the key informants directly involved in this research could be interviewed. In addition, a small sample was included as a control group.

Regarding the second target group, for ethical and practical reasons, the finding of this research is limited to those PLWA (people living with HIV/AIDS) who were known and disclosed in the community, and who were interviewed after giving their permission. This access was facilitated by NGO staff who work in the community, and also the leader of the support group who was a key person there. This process worked smoothly due to the good relationship of the researcher and those institutions involved.

The final issue which added some difficulties to this study is the English translation from the Khmer language because the whole process of fieldwork was done in Khmer. Converting information from one language to another raised the issue of preserving original themes or meaning in the process of interpreting data.

CHAPTER 2

LITERATURE REVIEW

2.1. Existing Studies on *Kamma*

Although the term *kamma* plays a very important role in Buddhism, most scholars devote just a short section of their works to this subject. There are some works that associate *kamma* with women, cancer, history (victims of war) and so on. *Kamma* is the law of moral causation, a fundamental doctrine in Buddhism which was prevalent in India even before the advent of the Buddha (Narada 1956: 255). *Kamma* is not fate or predestination; it is one's own action regarding oneself. Narada mentions that the individual is the only cause of his or her own *kamma* without any intervention of an external independent ruling agency. Regarding the question of the law of *kamma* being fatalistic, Luang Suriyabongs has answered that nothing happens by chance nor is anything unchangeably determined; otherwise, we would be the slaves of our past *kamma* (1954: 310). On the contrary, we can change our present and future *kamma* for better or for worse because we have the free will to do good or evil. In addition, in agreeing with Luang, Francis Story's work shows that the cause of *kamma* is desire. It has an aim, an objective. One wishes for something specific to happen as the result of it. Story adds that no one can interfere with the *kamma* of another person; yet it often happens that numbers of people are associated with the same activity and thus do exert mutual influence (1982: 125-127).

The word *kamma* has assumed a variety of meanings and is often therefore very different from the textual usage of the word. Peter Harvey argues that ordinary lay people and untrained monks do not generally understand the detailed psychological theory underlying the notion of *kamma*, the notion of the correlation between intentions, actions, and their consequences in the life of an individual (2001: 181). Moreover, the concept of *kamma* plays a role in the development of diseases. According to our *kamma* we can become infected by a disease and this disease can develop rapidly because of our *kamma* too. Story has analyzed the doctrine of *kamma* in the case of cancer (Story 1975: 56). He said that unless the *kamma* of the individual was a predisposing factor, cancer would not develop. He added that the situation could be readily understood once the factor of *kamma* was known. The same was said of many other diseases beside cancer. He claimed *kamma* as one of many factors causing disease.

We cannot regard it as the sole reason for disease because of the philosophical interpretation of the origination of cause and effect. Hema Goonatilake states that the theory of *Kamma* is one of the significant contributions of the Buddha's doctrine, which teaches the conditionality and dependent nature of all physical and mental phenomena that constitute existence (2001: 121). She has studied women's perception of *kamma* by interviewing Cambodian and Sri Lankan women. Through these interviews, it was noted that the issues raised by all the women were similar, but their interpretations and their acceptance of the implications were different (ibid: 123). Her descriptive analysis illustrated that the women's background, individual education and economic status, would reflect their different comprehension, understanding, and explanation of the Buddhist doctrine, including misinterpretations as well. At the end of her work she posed the following question: Why not popularize the original teachings of *kamma*? (ibid: 125).

The doctrine of *kamma* has been studied by scholars throughout the history of Buddhism. In Cambodia, Sam Yang studied the relationship between Buddhism and politics from 1954- 1984. He stated at one point in his study on the Khmer interpretation of Buddhist doctrine, that Buddhist concepts including *kamma* were interpreted in diverse ways, both negative and positive, by educated and less educated people (1984: 34). He found that *kamma* was understood to be a negative repercussion from a previous bad deed. *Kamma* can be interpreted as the Law of Cause and Effect whose interpretation differs, based upon an individual's background. Moreover, the Khmer belief of *kamma* can persuade people to avoid committing evil deeds and instead perform good and charitable deeds due to the fear of karmic consequences in future lives. These doctrines in general guide people in choosing their way of living (ibid: 35).

Kamma is perceived, explained and interpreted in terms of daily suffering or painful events as well. For example, Son Sann stresses the issue of *kamma* in terms of fate in politics. He relates it to the bad fate which Cambodians experienced in Democratic Kampuchea and to their suffering under the yoke of foreign aggressors. These were blamed on bad fate which was the result of our ancestors attacking and conquering neighbouring countries. So perhaps this led to bad *Kamma* from which Cambodia still suffers (1986: 158). Although we may accept this result, we must not think that it is unchangeable (ibid). He possibly used this term in order to console people when they were suffering while also trying to make them understand that nothing is unchangeable or inevitable. Thus, collective *kamma* might affect us as much as our individual acts.

Again, Herbert Fingarette's plea is for an understanding of *kamma* as a means to overcome suffering, and his approach is along much the same lines as that taken by Buddhism (Story 1975: 57). The more serious consequences that developed with misunderstandings of *kamma* is reflected by Phorn Ratanasuwan (1983: 276). He argues that believers of *kamma* tend to attribute whatever diseases they are suffering to *kamma* (in their past lives). Because of such misunderstanding, they conclude that diseases are incurable by conventional medicine or treatment. Thus, one resigns one's self to fate, thinking that the disease must cure itself in time or else one must die.

Further, Peter A. Jackson has claimed that Buddhadasa also indirectly shows the need for Buddhists to help others progress and be involved in social welfare activities by avoiding talking of suffering and poverty in terms of kammic retribution (1988: 255). Buddhadasa regarded some of the major sources of physical suffering, such as hunger, disease and ignorance, to be amenable to eradication, or at least to amelioration. Then such suffering was no longer included within the category of inevitable and unavoidable suffering due to kammic determinants. We should remember that the Buddha is the one who earned for himself the title of "the incomparable physician". In the finest Indian tradition, the Buddha considered health as essential to a good life (Crawford 1990: 168).

I will use the theoretical views of *kamma* as mentioned above to develop further discussion based on my research. I begin by discussing the original Buddhist teaching on *kamma* and how it influences the Khmer cultural perception about HIV/AIDS in the context of contemporary Cambodian society.

2.2 Buddhism, *Kamma* and HIV/AIDS

Not much work has been done on the subject of Buddhism and HIV. Ian Harris, in his 'Buddhist *Sangha* Group in Cambodia' addresses briefly the contradiction of Cambodian patriarchs regarding the involvement of monks toward HIV/AIDS issues and people (2001: 87). However, Stephen O'Connell and Chea Sotheacheath interviewed both the top monks in this dispute, showing that there is a contradiction between the Mohanikay and the *Dhammayut* patriarchs' perception of the role of the *sangha* in fighting against AIDS. Moreover, for Ven. Tep Vong, AIDS is a form of karmic sentence and monks are required not to take any role in calming the patients. Meanwhile, Ven. Bour Kry, argues that monks should be involved in terms of moral support and compassion by assisting in people's peaceful death without recalling their misconduct (2000: 5).

In a different study, [Raymond Zepp], “Cultural Aspects of the Battambang Monks/HIV project”, discusses Buddhist monks’ participation in visiting people living with HIV/AIDS. He also discusses some Buddhist concepts such as: “*kamma*” and “*life is suffering*” and he discusses the effectiveness of monks’ encouragement to people with HIV/AIDS, treatment, and care. For him, *kamma* means the Buddhist doctrine, the belief that one’s deeds are harvested either in the present life or in future lives. He stresses that even with this concept it is important to understand the consequences because not all situations are considered as the results of *kamma* (previous deeds) (2001: 63). Furthermore, in case of wives who contract the HIV virus from men, their *kamma* is blamed for this transmission (ibid).

There is a study of monks’ involvement in the fight against HIV/AIDS based upon the Cambodian supreme patriarchs’ experience in Thailand (UNICEF EAPRO² 2001: 10-2). It demonstrates the *Sangha Metta Project*, in which monks identified three aspects of the duties of the Buddhist monks, as taught by the Buddha, that spoke directly to their role in responding to HIV/AIDS in the community. It also addresses HIV/AIDS from a Buddhist perspective. In addition, what is interesting to notice in this field is that Cambodia became the first country in East Asia and the Pacific³ to develop a detailed national policy for the Buddhist response to HIV/AIDS in 2000, with multi faceted support and assistance from related carers in the same field (ibid).

There are a few other sources of HIV/AIDS research in Cambodia. The National AIDS Authority, *A Situation and Response Analysis of the HIV/AIDS Epidemic in Cambodia* (2001), discusses the status of the HIV/AIDS epidemic, the vulnerability to HIV/AIDS in Cambodia and the nation’s response. Again, KHANA⁴, *When you are ill you always hope* (2001), explores the role of traditional healers in HIV/AIDS care and prevention in Cambodia.

Dharmasiri describes that chanting the teachings of the Buddha (as *paitta* or *pirith* which means ‘protection from all sides’), discussing the *Dhamma* and listening to *Dhamma* sermons plays a big part in healing (1998: 140). Related to this view it is significant to apply Buddhist teaching and to comprehend its effect on a deadly disease (AIDS). I will discuss in this study the effectiveness of the *dhamma* on AIDS and the types of *dhamma* treatments.

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² East Asia Pacific Regional Office HIV/AIDS Section.

³ It was surprising given that Cambodia is located in Southeast Asia but here they include Cambodia in East Asia and Pacific countries.

⁴ KHANA: Khmer HIV/AIDS NGO Alliance

2.3 The Concept of *Kamma* and HIV/AIDS

After an analysis of the term *kamma* and its implication for HIV/AIDS (Harris, O'Connell and Zepp) I had many doubts about how to analyze the HIV/AIDS crisis in terms of *kamma*. I begin to be interested in this issue after contemplating Goonatilake's question—"Why not popularize the original teaching of *kamma*?" Because of these doubts I was willing to undertake this study on the relationship between the idea of *kamma* and HIV/AIDS in Cambodia. I explored the philosophical concept of *kamma* and people's experiences of that belief through their daily practice. There are no detailed studies that explore *kamma* as a concept in addressing HIV/AIDS so this is a new area of research. In this study, I hope I have clarified the misinterpretation and misconception of this concept, which will enable a deeper application with daily action in order to solve problems by reflecting upon the term.

CHAPTER 3 METHODOLOGY

3.1 Data Collection

To achieve the research objectives, both primary and secondary data collection was used. A combination of methods was involved in order to improve the validity of each category of informant.

3.1.1 Primary Data Collection

Primary data was mainly collected through semi-structured interviews while participant observation was used in order to supplement the data. Semi-structured interviews were used to gather information from four target groups of informants involved. It was a way of trying to identify the perceptions and views of the local people, and of Buddhist practitioners. Semi-structured questions were extended or shortened, philosophical meaning or straightforward questions were asked, depending on the knowledge and background of respondents.

The purpose of participant observation was to discover which aspects of the activities of monks and NGO staff who use Buddhism as a tool to reduce the suffering caused by HIV/AIDS in their local community were effective. In addition, personal observation during a support group meeting and going along with the monks when they approached communities, supplemented the use of *dhamma* or other Buddhist teaching and also provided the researcher with evidence of the consequences of these activities. Participant observation was a significant technique to clarify any doubt and to check the information from individual interviews. The author had previously worked twice in the communities where the research was done in order to become familiar with the people while trying to preserve the objective nature of the study.

3.1.2 Secondary Data Collection

Secondary data collection used existing data, relevant reports, and religious texts (Pali canon). They were selected in order to examine the conceptualization of the Buddhist term “*kamma*” which was done in consultation with primary sources. Related literature, media, and online searches were also necessary to get up –to –date publications from scholars and information relevant to the topic of HIV/AIDS and religious involvement in dealing with the pandemic. A qualitative approach drawing on ethical and

sociological methods in religious studies was also utilised as a tool to conduct this study. Resources in libraries, research centres and the publications of related institutions located in Phnom Penh were used for this analysis.

3.2 Data Analysis

Descriptive analysis and discussions were based on the main concept and its relation to applied issues. Primary and secondary sources were compared where necessary in order to examine and investigate the practice of Buddhism compared with the Buddha's teaching. Through comparison, an analysis of the gaps, advantages and disadvantages of religious practice in secular daily life was written.

Local perceptions of the concept "*kamma*" were discussed and defined by interpretation from respondents reflected in previous work in that context. Interpretation of the interconnection between the concept and the issues involved was needed. While collecting and analysing data a grounded theory approach was included in an investigation on building a theory from both sources in linking *kamma* and HIV/AIDS.

The discussion or basic analysis of secondary works, strengthened by primary sources, combined with a personal critical analysis, appeared to be a reasonable way to carry out the research and reach conclusions.

Regarding the qualitative research, content was translated into English and analysed by coding important themes and categories of informants' function, including conceptualising data and frame-work analysis. In addition, in the philosophical analysis, inductive and deductive reasoning were used to clarify particular points. Participant observation was also used, describing the criteria and protocols which were categorized for the whole process of personal observation at the sites. Due to the limitations of fieldwork time, the analysis of observation was limited as well.

3.3 Research Methods

In terms of qualitative research, various methods were required in order to obtain information from primary sources. The methods are as follows:

3.3.1 Sample design

There were four target groups selected for interview. The four categories were: 1/ Buddhist monks, belonging to two sects (including monks who work with HIV/AIDS people in communities), and Buddhist nuns, in total fifteen informants. 2/ People living with HIV/AIDS, in total ten informants. 3/ Civil society members, whose work in NGOs

involved HIV/AIDS, or Buddhism, five informants. 4/ Others, this group was used as a control group who were not affected but played a role outside the research target groups. There were four informants selected. The researcher used this group in order to compare information from key informants, and they also had a role as an audience for the research issues. In total, 34 people were selected for the project. The research sites were chosen based in Phnom Penh only.

For further understanding of the sample design, the research sites are detailed as follows: the first group, Unalom temple was chosen as a Mahanikay temple. Svay Poper was chosen to represent the *Dhammayut* temples. The reason for choosing these two were that they represented both sects of the *sangha*, they were the residence of patriarchs, and they might help to distinguish any differing roles or perceptions of the research issues. But during interviews, personal observation and data analysis, I did not note any differences by sect. Their roles or perception depended on their experience, education, and perspective. Nuns who belong to ANLWC⁵, were chosen to balance gender amongst religious disciples, in Phnom Penh and Udong. They were trained in social and *dhamma* courses. The researcher tried to interview nuns who lived in Phnom Penh besides members of that association, but interviews were refused for a variety of reasons.

The second group was PLWA. For this group, the interview was conducted in three Sangkats (quarters) located in Russey Keo district. The research site for interviews with this group was changed from what was originally planned in the research proposal because during fieldwork, the NGO staff member who worked as the team leader was busy the whole week that the researcher planned to contact her for interview as scheduled. As a result, the researcher had no time to wait because of time constraints and the limited time for conducting fieldwork, so the interview site was changed. Fortunately, the effort to contact another team was successful and a smooth process helped interviews at the changed site to proceed in a planned way. Also, a local NGO which works in home-care had a team at the research site that received ARVs⁶ more than other teams⁷. Here, ten people were interviewed including the leader of the support group, and nine people living

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⁵ ANLWC: Association of Nuns and Lay Women of Cambodia located in Udong district Kampong Speu province.

⁶ Anti-Retroviral drugs (ARVs): ARVs can bring a person with AIDS back to good health, and keep an HIV- positive person healthy. They do this by interfering with the ability of the HIV virus to reproduce in the body. This reduces the amount of virus (viral load) in the body and so reduces the ability of the virus to damage the body's defense system (the immune system). Remember ARVs do not destroy HIV- but they can reduce its effects and prolong life. (Dhaliwal, M and Ellman, T 2003: 38)

⁷ According to the home care team.

with AIDS, including three men. Some of them were familiar with monk home-visits or got advice and counseling through participation in a support group in some cases. The interviews attempted to have a gender balance, but for ethical reasons the researcher could only access PLWA who were known in the community and had disclosed their status to others. Furthermore, they had to understand the purpose of this research before the researcher was able to gain their permission .

In the third group were five NGO members who were directors or program officers. Among the five NGOs, there was only one organisation in which monks were involved as the main resource and who could approach communities. Others have monks working indirectly for them, using their network bases in communities or as partners. All selected NGOs are based in Phnom Penh and have branches in the provinces too.

The last group, being a control group for this study had only a small number of members. In this group the researcher tried to mix as many types of position as possible. It was interesting to note that during interviews it was difficult to find women to be part of this group. Most attempts at recruiting women failed. As a result, only one woman participated in this group.

3.3.2 Sample Method

Several types of sample methods were used. Regarding the first category (religious disciples), purposive and snowball sampling were utilised. The second group, PLWA purposive and opportunistic or convenient sampling was selected. Thirdly, with civil society groups (NGOs) purposive sampling was used. The last group (others), purposive and opportunistic sampling were adopted to select interviewees in order to fulfill the research requirement.

CHAPTER 4

BACKGROUND TO THE HIV/AIDS SITUATION IN CAMBODIA

4.1 Distinction between HIV and AIDS

The first case of AIDS (Acquired Immune Deficiency Syndrome) was identified in the United States in 1981, but little information was given about the source of the disease at that time. It is now clear that the disease AIDS is caused by the virus HIV. HIV (Human Immunodeficiency Virus) is a virus like the flu or a cold –a virus being nothing but a set of instructions for making new viruses, wrapped up in fat, protein and sugar. Without living cells, a virus cannot do anything. There are some people living with this disease who still do not know it, because they look robust and healthy (on- line). AIDS is a disease developed by a person living with HIV. The term AIDS applies to the most advanced stages of HIV infection. Although an HIV positive test result does not mean that a person has AIDS, most people will develop AIDS as a result of their HIV infection.

There are four main stages in the progress of an HIV infected person in developing AIDS (on- line). An HIV test can show a negative or positive result during the first 6 months of the initial infection. People living with AIDS usually die due to opportunistic illnesses. These infections are a result of the weakened immune system present in a person with HIV/AIDS. An infection takes the “opportunity” provided by the weakened immune system to cause an illness that would usually be controlled by a healthy immune system. People living with advanced HIV infection suffer infections of the lungs, brain, eyes and other organs. There are medical treatments that can slow the rate at which the immune system weakens.

4.2 Types of Transmission of HIV

HIV was first detected in Cambodia through the serologic screening of blood donors in 1991. The first cases of AIDS in Cambodia were diagnosed in 1993 (Maclean and Francis 1999: 7). In the following year, HIV/AIDS prevalence increased at a rate regarded as one of the fastest transmission rates in South East Asia. The national HIV Sentinel Surveillance Survey (HSS) in 2000, reported HIV prevalence rates of over 31 per cent for Direct Sex Workers (DSW) and over 16 per cent for Indirect Sex Workers (ISW). In that year, HIV prevalence rates were 3.1 per cent for police and 6 per cent for tuberculosis patients (TB).

According to HIV prevalence data from the same year, among person aged 15-49 HIV is also found in all provinces in the country, and the epidemic has moved out of the core groups into the general population. The majority of infections now occur through heterosexual contact including unprotected sex with someone with HIV, and having a large number of sexual partners, particularly high risk partners such as commercial sex workers. According to NCHADS HIV transmission mechanism, the chart shows that sexual contact is the major factor of transmission, accounting for 90% of cases (NCHADS 2001: 6).

The second major factor of transmission of this disease is mother-to-child transmission (MTCT). Many children are infected and become the third victim in this way. They receive the infection from their mothers during pregnancy, at the time of birth or through breast milk. The infection rate among pregnant women tested in antenatal care clinics was 2.3 % in 2000 (NAA 2001: 7).

The virus can also be spread through blood-to-blood contact such as sharing needles for drugs, tattoos, or body piercing, or blood transfusions involving unscreened blood. Injected drug use in Cambodia is currently at a relatively low level, yet current drug use among youth who face the risk of HIV infection is increasing. It is important to note that mosquitoes or casual contact such as shaking hand or kissing, or by sharing bowls or utensils are not factors of HIV transmission.

4.3 Factors Affecting the HIV/AIDS Epidemic

At the beginning of the HIV/AIDS presence in Cambodia, many Cambodians, especially in countryside, regarded AIDS as just another form of *Svay Krap*, or syphilis. Also, many Cambodians do not recognize HIV as a symptomatic stage before AIDS. According to Eisenbruch, this reflects the cultural norms that a person is sick only when there are symptoms ([on- line], Derks 1998: 56).

According to HIV data in 2000, although some of the provinces along the Thai border have somewhat higher rates than elsewhere, HIV/AIDS has spread throughout the entire country. HIV prevalence appears to be somewhat higher in the capital city (Phnom Penh) than in the countryside (NCHADS 2001: 12). Through my field work I noted that the HIV/AIDS epidemic in Cambodia has fluctuated since it appeared in 1993 until now. Most of respondents asked also claimed that the HIV infection rate increased day by day at the beginning of the epidemic, but that the rate is now decreasing due to many action plans or strategies put in place by the Cambodian government, and other sectors including

non-government organizations. They cited the effectiveness of mass media and other interventions including education in prevention, treatment and care. Through these efforts people learned about AIDS from the information supplied to them.

Regarding to HIV/AIDS epidemic, it increased before the year 2000. In contrary, after year 2000 the epidemic rate for the new infection are decrease meanwhile the patient and the mortality rate are increasing.⁸

I was skeptical about this information that I got from an interview until I found another study on this issue which supported my informant's view. Cambodia's 2000 HSS findings attracted much attention. Some observers interpreted the 2000 HSS results to mean that Cambodia was beginning to curb its HIV/AIDS epidemic. But NCHADS sounded a more cautious note. It attributed the decline to (1) increased deaths among people with HIV infection combined with (2) a slower rate of new infections, probably due, in part, to reductions in risk behavior (Marseille and Garbus 2003: 15). All this information describes the HIV/AIDS situation in Cambodia in general. Several factors probably facilitated the spread of HIV throughout the country.

Poverty: This is the crucial factor officially mentioned in the case of Cambodia. According to the World Bank, 36% of the Cambodian population lives below the poverty line (NCHADS 2001: 13). Due to poverty, parents may sell their daughters for money to help the family's survival. There are many cases of sex workers coming from poor family backgrounds and low living standards. The literacy of the population also has a connection with poverty. People living in the countryside are mostly illiterate, so poverty and a lack of understanding about the results of high risk sexual behaviour and the spread of HIV increases the risk of transmission. Most of the people in Cambodia living with HIV/AIDS are poor. In conclusion, poverty is probably the crucial factor which can lead to other sub factors of this disease.

Commercial Sex: Commercial sex has been a major factor contributing to the spread of HIV and it is relatively common in Cambodia (ibid). Due to poverty, unskilled and abused women often become sex workers. The key issue currently is the increasing number of both direct and indirect sex workers. The widespread practice of commercial sex, which is expanding particularly in border towns, has been an important factor contributing to the spread of HIV in the country (ibid). This factor is increasing without any interventions. Even ordinary people are now concerned about this issue and are

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⁸ Individual interview with NGOs staff and monks.

calling for some interventions to lessen it. Below is a quote from a newspaper in which a Cambodian religious leader commented on the expansion of commercial sex services and its consequences.

Due to immediately increase of sexual service causes huge number of visitors too. This popular service leads to increase infection. The government should crack down on the brothels, broadcasting their destructions publicly (O'Connell and Chea 2000: 5).

Even currently, when there is discussion about the factors which have caused the HIV epidemic to grow so fast, sex services are often mentioned, adding that it is very easy to find these services. However, according to personal interviews with Buddhist monks, NGO staff and others, only five respondents among fourteen informants asked claimed commercial sex was a major problem, while the majority view was that the social environment was more important.

Migration: There are a large number of migrants, both international and local, in Cambodia, especially into urban areas such as Phnom Penh where people can get a job to ensure their own survival and to earn money for their families. HIV transmission is also increased through migration because when people move, the virus goes too, like their shadow, and offers opportunities to infect others. Living away from parents or family control can lead people to seek out sex services, and it is also easy through bad fortune or through abuse, for young people to end up as sex workers. NCHADS states that both international and domestic migration contributes to HIV transmission. The movement of migrant labor back and forth between Cambodia with the neighboring countries of Thailand and Vietnam has been one of the factors contributing to the expanding HIV/AIDS epidemic in the country. Moreover, political conflict in this country has also contributed to the spread of HIV among the military and displaced person (NCHADS 2001: 13). Migration is an interesting point here for my study because among my respondents I found that only one of them included this issue as a factor in the HIV/AIDS epidemic in contemporary Cambodia. This may be related to the respondents' backgrounds and lack of knowledge about these factors. The one who gave this factor has skill and professional expertise in HIV/AIDS cases, so it is recognised that the responses depend on the individual's background too.

Low Social and Economic Status of Women:

Gender inequity is a great problem in Cambodian society because men are householders and women are often only housewives. All major decision-making needs

agreement from the male side. The level of educational opportunity is also unequal between boys and girls. Literacy also affects women's opportunities for employment. Unskilled jobs such as beer promoter, garment worker and so on, are chosen by women who have limited education. Low educational levels (coupled with norms that make it inappropriate for women to be knowledgeable about sexuality or to suggest condom use) also mean women have less access to reliable information about HIV/AIDS (ibid: 14). This means that women are especially vulnerable to the AIDS epidemic and their children too. It is certain that cultural roles and economic practices increase the risk of transmission.

Knowledge of HIV/AIDS

Several years before 2000 the epidemic was increasing rapidly. The high growth of infection related to lack of knowledge about the disease, and peoples' attitudes to changing their sexual behavior because they supposed that HIV/AIDS was just another kind of sexually transmitted disease, a kind of syphilis (*Svay Krap*) which could be cured by traditional healers (*Kru Khmer*) or herbal medicine. Later on when information and educational programs about AIDS were delivered in their areas, and they experienced AIDS cases in their community and through the mass media, they started to believe that AIDS actually existed. This pattern has occurred not just in Cambodia but elsewhere, where people were slow to accept the disease's existence. For example, some still say that AIDS simply means "American Information to Discourage Sex !" (on-line). Some claim that there is no AIDS, it is just a way of promoting condoms in order to increase job opportunities and sales. When they realise the truth, it is too late for those who have been negligent about prevention.

Other Factors:

There are other causes also which have led to the highest epidemic in Cambodia within the region. A local newspaper stated that there was decline in the morals of young people as perceived by many local Cambodian youth and student associations themselves (Bou 2000: 6). Individual behaviour has changed, globalisation has led to changes in society especially amongst young adults who easily fall into drug abuse, early involvement in sexual behavior and keep bad company. Heavy alcohol drinking can also lead to unprotected sex. Mr. Young Kim Eng expressed his worry and called for the Government and the entire society to address these problems. "Morality is like the hardwood of a tree: if the young people lose their morals the tree has no strength" he said (ibid).

Moreover, it is the traditional norm that elders rarely educate the younger generation about sexual health or education because these things are regarded as secret. Parents rarely explain such knowledge to their children because they think that it is not good to know. For example, “frank and open HIV education remains a problem among the young because of ‘cultural barriers’” Hor BunLeng said (2001: 7). He also mentioned that we have some barriers to talking about sex openly in Cambodian society. However, without educating them about the consequences of sexual behaviour, young people are motivated to try and find out for themselves; and as a result they face the risk of infection from such behaviour.

[...]Khmer have strict traditions; in contrast, in practice Khmer much active than tradition. Sex is regarded as mystery, but adults think that it is a curious thing for them.⁹

This quote came from one of my respondents during an individual interview about the factors causing the AIDS epidemic in Cambodia. It is only a personal opinion and we cannot generalise from it. However, it is certainly one of the sub-factors involved, apart from the significant points described already above. The problems we are facing might change by strengthening moral education, which is mainly to be found in Buddhist teachings. Buddhism and its doctrines; for example, the Law of *Kamma* contain moral principles that are a significant tool to help young people discipline themselves better.

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⁹ Interview with NGO director also former monk before Democratic Kampuchea period.

CHAPTER 5 BACKGROUND TO *KAMMA*

The purpose of this chapter is to discuss the general issues surrounding the concept of *kamma*, also to understand the concept from secondary sources and to look back and examine the doctrine in scripture. It is fundamental first to understand this concept as a whole before making the connection between that term and the specific and contemporary crisis we are facing (HIV/AIDS) in the next chapters.

5.1 *Kamma* Interpretations

The term *kamma* is one of the main concepts in Buddhism. It has significant importance in Buddhist doctrine. This concept relates to our everyday life, behaviour and our work. We have to examine it, and analyse it rationally in order to improve our understanding. *Kamma* is a Sanskrit term, while *kamma* is Pali. *Kamma* or *kamma* literally means “action”. *Kamma* is found in Hinduism and is popular and well known to almost all Buddhists. *Kamma* has different interpretations depending on the context. Sometimes its meaning is expanded in the abstract beyond our capacity to understand, connecting us not only with previous lives but also with future lives.

Kamma derives from the root “kar” meaning “to do” or “to perform”; it simply means action, work, job. According to the Buddhist doctrine of *Kamma*, not all actions are called *kamma*, only actions performed by volition or intention (*cetanā*). Says the Buddha: “*Cetanāhām bhikkhave kamma vadami*. Monks, I say that volition is *kamma*” (Plamintr 1997: 61). Moreover, intention leads to human action which is related to sensation. “Monks, where there is a bodily action, there arises to the self pleasure or pain caused by intention of bodily action” (Woodward 1995: 163). In other words, *kamma* is not an isolated concept. The doctrine of *kamma* is widely known not only to those involved in religious preaching but also in Western philosophy in the parallel concept of the Law of Cause and Effect, or principles of action and reaction, or of balance. It is also described as the law of sowing and reaping (White 1991: 481). The Buddhist doctrine of *kamma* should not be misconstrued as a sort of fatalism. It is the complete opposite of fatalism or predestination in which our present condition is the result of past action and our present condition points towards a future outcome.

Without knowing the distinctions in the interpretation of *kamma* people tend to confuse and criticize the doctrine with other doctrines such as Hinduism, Jainism and Ājivikism. Jayatilleke claims that it is important to distinguish between the Buddhist

doctrine of *kamma* and doctrine of *kamma* taught by non- Buddhist thinkers prior to, during and even after the time of the Buddha (1980: 16).

In Hindu philosophy, *kamma* is a key to *Swarga* or *Narak* (heaven or hell). Heaven and hell are described in the Hindu *shashtra* in an emphasised form to show the profitable effects of good *kamma* (known as the *dhamma* act) and the harmful effects of bad *kamma* (sinful act). According to Singh, this world is governed more by bad *kamma* than good. Man must do *kamma* but in contrast, man can not escape it. *Kamma* has power over human life because it is nothing but an aggregate of man's actions in a previous life, and can determine man's destiny according to Brahmin belief (1994: 9). Analysing the issue that Singh raises, it appears to be absolutely opposite to Gallmo, in Buddhism where *kamma* is one factor affecting life, but not the only one (1998: 61). In other words, to explain the hierarchy and the different castes in society that give men unequal status, Brahmanism uses the term *kamma* but this term means something different in Buddhism.

In pre- Buddhist literature the word *kamma* was used mainly in the sense of either religious rituals or the social functions and duties of man (Jayatilleke 1980: 17). Another further *kamma* interpretation, in Jain theory, is that human beings cannot develop morally and spiritually without undergoing all the consequences of previous evil *kamma*. To be released from the consequences of bad *kamma* one needs to indulge in ascetic practice; only this will alleviate a previous bad result (Jayatilleke 1980: 27). It shows that the importance of moral behaviour based on physical action more than the insights of volitional leadings which is a major aspect of Buddhism.

Thus, we can see how radical the Buddha's idea is and his interpretation of *kamma* and teaching to others. The Buddha did not believe in fate nor in submission to any force unseen by or unknown to man. The Buddha believed and encourages us to believe that Man is the maker of his own destiny. As Nyanaponika wrote, the doctrine of *kamma* is the direct opposite of fatalism or predestination, while our present relates to our past and future. Man can improve his worldly position, by well-directed effort (1982: 132). Nevertheless, to confirm the above statement on fatalism and *kamma*, Harvey provides distinctions on two scores. Firstly, it is not the karmic result of previous actions (fate), because human have freedom of choice, though karmic results may influence the type of action that one tends to think of doing, because of the character he or she has developed. Secondly, not everything that happens to a person is seen as due to *kamma*. Unpleasant situations or illness can arise from a variety of causes such as physical illness,

seasonal changes, disruptive circumstances and the effect of an action of another person (2000: 23). In addition, Khy Sovanratana who is a Cambodian monk perceived that *kamma* is not fatalism and it is not the only cause that affects one's life. He added that a considerable number of Buddhist including Cambodian Buddhist have misinterpreted this concept (on-line: 1). According to these three arguments we argue that fatalism is not the same as *kamma*; we should examine all causes in which an effect arises but there is no effect without a cause(s).

As a result, it is useful to understand the misconceptions around this term and try to understand it in a rational way. This will help us to direct our behaviour before, during and after any action whether physical, verbal or mental. We need to reflect and consider whether we act without harm both towards ourselves and others.

5.2 Types of *Kamma*

In Buddhism there are two main types of *kamma*. First, there is good *kamma* or *kusala kamma* (wholesome) which refers to actions including wisdom (*pañña*), wisdom with the purpose of achieving good *kusala* without any bad effects to ourselves or someone else. *Kamma* can also be divided into three subdivisions or three doors: bodily *kamma* (physical *kamma*), verbal *kamma* and mental *kamma*. Among these three, mental *kamma* is the most important and must have a heavier punishment than the others because in Buddhism mental *kamma* is very important, every thing starts with the mind first. Yet, the mind itself can not be determined as good or evil unless there are components joined with it. With the mind, action and words appear through the three doors. It is known in *Dhammapada*: “*Manōpubhangamā dhammā manōmayā manasā cē padutthēna bhāsati vā tatō nam dukkhamanvēti cakkam’va vahatō padam*”.¹⁰ Second, there is *akusala* or evil *kamma* (unwholesome), which is the opposite to the first.

There are three roots of wholesome or *kusala kamma*. The first one is non-greed, covering states from small generous impulses through a strong urge for giving up worldly enjoyment. Second, is non-hatred, dealing with friendliness through forgiveness and deep loving-kindness for all beings. Finally, is non-delusion, from clarity of mind to the deepest insight into reality. By the way, with this point Nyanaponika states that, disinterestedness, amity and wisdom are the three roots of wholesome actions bringing a

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¹⁰ “Mind precedes all knowable, mind’s their chief, mind- made are they. If with a corrupted mind one should either speak or act *dukkha* follows caused by that, as does the wheel the ox’s hoof”.
cf. Sarada. *Illustrated Dhammapada*. Taiwan, Nov. 1993 (p: 2)

good result. In contrast, the three roots of unwholesome action are greed, hatred and delusion which produce bad *vipaka* (karmic result) (1982: 129). In these statements we can show that these three things are the main causes which have power to attract the mind to direct the three doors. Yet, a well trained mind and open- minded person can benefit and succeed through the wholesome means of his or her conduct.

In other words, human being do not exist in isolation, there is interconnectedness between our existence and *kamma*. In *Cula- kammavibhanga Sutta*, beings are owners of *kamma*. Here, there are four views on *kamma* which clarify the inter-relation of *kamma* with human survival.

Firstly, we are called to account for our deeds and must accept the full consequences of our action. This state is named *kammadāyādā*. Second, named *kammayoni*, we take our origin from *kamma*, from action, due to *kamma* resembling a mother's womb where beings arise. As a result, *kamma* is our home- place. The next, is *Kammabandhu*, we have *kamma* as our ancestor. We are closely linked with *kamma* and cannot be broken or separated from it. The last, *kammapatīsanā*, according to our deeds, we will achieve an evil or noble state. Beings can be differentiated into inferior or superior by *kamma* (M.N Vol. 28 1963: 55).

To sum up this point, *kamma* itself is neutral. Without external conditions, internal factors or conditions like greed (*lobha*), hatred (*moha*) and delusion it is difficult to judge whether *kamma* is negative (*akusala*) or positive (*akusala*) *kamma* where it can be illustrated through three doors.

5.3 *Kamma* and Its Fruit

This section will illustrate the conditions in which *kamma* gives fruit and observe the complicated linkage of the consequence of this concept through the discussion of experienced scholars. Through interpretation we will better understand the effects of kammic results. According to the Law of Nature and the Law of Causality, every cause always has an effect. The consequences of our *kamma* give fruit in our life time sooner or later. Sometimes the consequences are visible (we use mindfulness) or they may be invisible according to our wisdom (*pañña*) and the specific circumstances. Human beings commit *akusala kamma* because they are ignorant (do not understand or do not know the *Dhamma*). They live with craving, clinging and illusion, and do not even understand the impermanence of the world. With regard to this point, the Buddha states in Anguttara Nikaya:

Monks, it is due to ignorance that either of himself one plans planned bodily action, following on which arises to the self of him that pleasure or pain, or that others plan against him planned bodily action, following on which arises to the self of him that pleasure or pain (Woodward 1995: 164).

In other words, the Buddha also made a link between the theory of *kamma* to *paticca-samuppada* (principle of Dependent Origination or Cause and Effect), which is the most significant teaching of the Buddha. The principle of Dependent Origination illustrates an interconnected web, where living things, non-living beings, and animals, are depend on each other in the ecological process for survival. The twelve sections of the formula are: ignorance (*avijja*), mental formation (*samkharas*), consciousness (*viññana*), mind and matter (*nama- rupa*), six sense spheres (*salayatana*), contact (*phassa*), feeling (*vedana*), desire (*tanha*), clinging (*upadana*), becoming (*bhava*), birth (*jati*), and old age and death (*jara-marana*). We do not understand the inter-relationship of all things and their inherent impermanence because of our ignorance (*avijja*). Consequently, man is strongly attached to sensual pleasure, misconception of life and selfishness in trying to fulfill his desires without the expected consequences.

In addition, *kamma* is not a system of reward and punishment administrated by some divine judge; what happens to us is the natural consequence of what we do. This shows the distinction between *kamma* and fatalism. Even though cause and effect is a general logical law in which there is no effect without a cause, with further insight into this relationship we can see that there are some factors or conditions needed in order for the result to emerge. If there is an uncompleted condition, the cause can not produce an effect. There need to be other influencing factors, in order for the result to emerge into the external world. It is like a mango seed before it is planted. It is only a seed but when we plant it in proper conditions or circumstances, a mango tree will appear as a result. It is the same with actions as well.

According to Buddhism, although it says that man can eventually control his karmic force, there are still other forces of nature that the Buddha does not ignore (*Dhammananda* 1993: 92). Moreover, in his work, he argues that *kamma* is considered only one of the five natural laws that account for the diversity of this world. The five natural laws (*Niyama*) operating in the physical and mental worlds are: (I) seasonal laws (*utu niyama*), (II) biological laws (*bija niyama*), (III) karmic law (*kamma niyama*), (IV) natural phenomena (*dhamma niyama*) and (V) psychological law (*citta niyama*) (1993: 93).

There is also a classification of *kamma* with reference to its time of operation. There are four kinds of way that *kamma* gives fruit namely: first, *dittadhammavedaniya kamma*, immediately effective *kamma*. Next, *upapajjavedaniya kamma*, subsequently effective *kamma*. Third, *aprāpariyavedaniya kamma*, indefinitely effective *kamma*. Lastly, *ahosi kamma*, ineffective *kamma* (Narada 1973: 206). So, *kamma* frequently does not produce an immediate effect; it depends on time and space and can be one of the four kinds mentioned. Story argues that common people believe in pre-determinism and fatalism, merely because they see results, but do not see causes (Nyanaponika 1982: 128). He is correct in this as human knowledge is like a lotus pond, where the individual's capacity to understand and to examine the truth happens at different and limited levels.

Regarding the context of *kamma* and its fruit, it also means that what we are today is the result of what we did in the past; and what we will be in the future is the result of what we are today. In addition, it is difficult to understand the law of *kamma* because there are changeable conditions of *kamma*. In another sense, we are not totally what we were and we will be not totally what we are; for example, as in the Angulimāla¹¹ story. Again, in Buddhism there are several types of *kamma* and its fruit. The quotation from the Buddha relates to the context of *kamma* and its fruit in detail, and might help for better understanding.

Monks, these four deeds I have myself comprehended, realized and made known. What four? There is a dark deed with a dark result; a bright deed with a bright result; a deed that is both dark and bright, with a dark and bright result; and the deed that is neither dark nor bright, with a result neither dark nor bright, which brings itself a deed conduces to the waning of deeds (Woodward 1995: 238).

According to the principle of Dependent Origination, things are interconnected and work with theory of *kamma* and its effect. Therefore, the consequences of one's *kamma* might be reflected in four ways during the passage of the human lifetime namely: the individual who is the doer, their families, the people who they have relationships with, and the wider community.

5. 4 *Kamma* Perceived in Buddhist Countries Through History

The doctrine of *kamma* is known in several countries; especially the Buddhist

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¹¹ *Angulimāla* was one of the best known disciples of the Buddha. His life was unusual and full of adventures. He was violent, but finally he attained Arahantship. His life demonstrated that it is never too late to change yourself for the better.

countries in Southeast Asia. In fact, the Law of *Kamma* was popularly recognized and believed in the thirteenth century. According to Keyes, the Law of *Kamma* which was the key message carried by the monk revolutionaries of the thirteenth and fourteenth centuries was not one whose main theme concerned the path to ultimate salvation, but one that stressed that under the impermanence of being was a basic reality (1995: 90). Keyes argues that the Law of *Kamma* provides the ultimate constraints for the systems of beliefs held by most peasants in Theravada Buddhist Southeast Asia (Keyes 1995: 114). He showed that unlike Brahmanism which is believed by higher groups in society, Theravada Buddhism grew from the grassroots level. It is probable that Brahmins converted to Buddhism also. In an influential essay, Benda has argued that Theravada Buddhism gained the power to replace the Mahayano-brahminical ancient regime that had become “either deficient or declining if not both” towards the end of the Angkorian period (Harris [nd]: 44).

For Theravada Buddhists, the reality of sentient existence is determined by the Law of *kamma*. Moreover, this belief provides an alternative religious goal, that of reducing suffering (Keyes 1995: 86). It means that suffering or a reduction in suffering depends on action. Furthermore, in his conclusion to the *kamma* discussion he proposes the argument that according to orthodox Theravada Buddhism the only cause of suffering is *kamma* (ibid: 87). Regarding the belief in the Law of *Kamma*, Leclère considers there is the same belief in *kamma* in both Buddhism and Brahmanism. He stresses that this doctrine is the most important of all. In his opinion, *kamma* has the greatest social significance :

Ce dogme buddhique qui est aussi un dogme brahmanique est certainement le plus important de tous, celui qui a le plus de puissance sur le masses du peuple, ce lui qui a la plus grande portée sociale (Leclère 1899 : 268).

In short, human beings need to choose appropriate *kamma* and recognize that the fruit of our action will eventually appear, so we must not denigrate, be careless about, or misunderstand the concept. Understanding in a whole way is the best way to live. To be objective, and open minded is the proper conduct that should be aimed for. Given this background to the concept we should now have less difficulty in examining the relationship between this concept of *kamma* with social crisis issues such as (HIV/AIDS) in the next chapter.

CHAPTER 6

RELATION BETWEEN *KAMMA* AND HIV/AIDS ACCORDING TO BUDDHISTS

The main purpose in this chapter is to show how the Cambodian belief about HIV and *kamma* in Buddhism is linked, and more generally, the relationship between *kamma* and worrying social issues which we are trying to solve. In religious study, we investigate causes and effects of problems, solving them by utilising religious teachings or doctrines. This chapter will introduce the connection between the concept of *kamma* and HIV/AIDS, the roots of suffering caused by this disease, and will try to illustrate the necessities or understanding of it in a rational, whole perspective. Through this understanding we can then experience it as knowledge of practical benefit, having left behind the misconceptions around one of the main doctrines of Buddhism.

6.1 Is HIV/AIDS a Result of *Kamma*?

This is the core purpose of the thesis. From the doubt and anxiety of debate and the searching for conclusions we find the key reason for this work. Moreover, whether the findings are negative or positive, the reflection itself is an investment in improving the situation which we are facing. The first step in answering the above question started from the author's perspective combined with secondary sources to investigate the issues. This meant that we started from religious theories combined with scholars' ideas and then compared these with the practice of what actually happens from primary sources obtained from respondents who were the objects of this study. Individual perceptions were discovered and distinguished at the end with the conclusion comparing the two types of source.

- What Do Scholars Say about *Kamma* and Disease?

The law of *kamma* or Law of Causality, tells us that every cause has an effect which is the natural law. Or, every effect has causes. With HIV there are three main ways of infection: Sexual contact, through blood-to-blood contact such as sharing needles or blood transmission involving unscreened blood, and from mother to child. Of these three modes of transmission, the majority of HIV infections are transmitted through heterosexual contact. This factor may be judged as the key cause of other transmissions. Therefore, this factor must be a main focus in this research while the others are related.

In terms of “sexual contact”, we refer to both heterosexual and homosexual acts which lead to a high risk in HIV infection. Having sex is a natural phenomenon for human beings in marital life, or at the reproductive stage of life. It leads to consequences whenever committed immorally, illegally, or with an improper partner. *Dhammananda* states three conditions for sexual misconduct: intention to experience the prohibited object, effort and possession of the object. The effects of these three are: having many enemies, getting an unsuitable marriage partner and deformation of the sex organs (1994: 136). He ends with this stage, but today we experience further effects such as HIV/AIDS infection as well.

Many people become involved in sexual contact because of their feeling, sensual pleasure and desires; moreover, they lack the steps leading to mindfulness. Even if they just think about it, because they keep the concept in their mind, waiting for the decision stage, this is still important in terms of *kamma*. This fits with the Buddha’s word on *kamma* in Majjhima Nikaya:

All these decisions, choices and desires are *kammas* made in the mind. More *kamma* is made when one talks after having decided. Still more *kamma* is added if after this one acts as well. (Nanamoli [on-line]1993: 2).

In Buddhism, Dependent Origination is the fundamental basis of the doctrine, it is a universal law where one thing has an inter-relationship with and influence on the other. In the following we try to observe the relationship between a fatal disease and *kamma*. When intention, ignorance, *lobha*, *dosa* and *moha*, are imposed on *kamma* the result is HIV/AIDS (*dukkha*). HIV/AIDS involves serious suffering where none is needed. Without intention, clinging, craving and ignorance one might never have sexual misconduct. The sexual conduct might occur because of *lobha* and *dosa* which arise from ignorance, partly of the external world and partly of ourselves as well. It is true that we can not cut off *lobha* and *dosa* completely because these are very important basic patterns of life. But the necessary solution is trying to know it and control it before it emerges through our physical or verbal action.

Dharmasiri claims that we are ignorant of the real nature of things in the external world. *Lobha* originates due to this ignorance (1986: 197). He adds that according to Buddhism, craving is the central immorality and this practice of it leads individuals to their mental and physical deterioration (ibid: 71). This statement shows that self control is important and we need to intervene with the natural inclinations of individuals when ignorance and craving dominate our mindfulness. What we perceive is illusion, it exists

for a very short time then disappears. We precede our ignorance with craving in our mind, followed by action, which is the result of our internal condition and then come the consequences which are the measures of such an operation. Suffering is craving and only our overcoming or transcending this craving will bring us closer to freedom and hence to happiness. Craving and ignorance both are the roots of ill. To prevent the domination of both we must persistently maintain our insight concerning their true nature.

Ignorance has the potential to lead human beings to search for the five types of sensuality namely: sounds, smells, tastes, feeling, and desirable consciousness. For people who are attached to sensual pleasure, these five objects are handcuffs to fetter us. Man can not see them as his ruin. However, Man does not have the wisdom needed to reflect on which aspects of *kamma* we want to perform. Reflection plays a very significant role in one's survival.¹²

Story seems to conclude that not only cancer but many other diseases which have unknown causes involve the sufferer's *kamma*, and from this, the situation can be readily understood (1975: 56). In Story's work, he also provides evidence of those who agree with him. He describes a doctor from Europe who is a specialist in pulmonary disease, also a Buddhist, who states that not only physical causes are accountable for lung cancer. Individual *kamma* is regarded as an essential factor. He argues that the physical causes trigger cancer, but unless the *kamma* of the individual is also a predisposing factor, cancer will not develop (ibid). In the same way *kamma* can be a factor which can encourage several kinds of diseases. To support Story on that point Dharmasiri illustrates that germs are not the ultimate cause of illness, but one's past and present actions (1975: 139).

To summarise this point, in theory all action starts from intention or volition and combines with some elements such as ignorance, craving, hatred and delusion or love, or compassion. Consequences depend on components of action, which later give fruit to the doer or related people or both. As a result, HIV/AIDS is the fruit that people harvest by activities, and commitment, including direct or indirect infection. The four main transmissions are performed by people's action, so each of them probably can be called *kamma* (deed). Thus the result of *kamma* appears in this life time and has influence on many relationships.

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¹² cf: <http://www.accesstoinsight.org/ptf/kamma.html> "Intentional action"

Accessed 20 May 2004 (p: 3)

- What Does the Research Tell Us?

To help deeper understanding on the question above, investigation and descriptions of the target groups' perspective has been utilised in this research. According to the results of the data analysis the specific perceptions will be illustrated by grouping the respondents into the following categories:

1- First Group (Buddhist monks and nuns)

Fifteen Buddhist monks and nuns were in this group. Eleven monks answered that one becomes infected with HIV/AIDS as a result of *kamma*, that is, action. The one who commits that action will receive the result of that deed. It is the result of their conduct in this lifetime. In the case of a man infected with HIV, the monks responded that it is not *kamma* from previous life, but his own action now that caused the infection. Although, they know that infection is his/her own mistake, they do not use the direct term *kamma* to them because this term might hurt and discourage them.

“*Kamma*” is a potential cause for humans to be reborn, but in fact individual's commitment is the real producer of the outcome. We can not blame that on *kamma*.¹³

Referring to these respondents, as a counseling method, they use the term *kamma* by referring back to previous life *kamma* in order to encourage, and to motivate the patients to continue to live. Because even though they are patients they are still important people for both their family and community even though their lives are shortened.

Three other respondents said that people get infected because they are careless, or lead lives ruled by passion, not mindfulness, ignorance, and misjudgment. In contrast, infection as a result of *kamma* from previous life and *kamphea*¹⁴ were rejected.

This infection is not a *kamphea*. It is caused by humans overwhelmed with sensual pleasure, leading by his/her own passion, and due to breaking down the precepts; for example: drinking alcohol leading to breaking other precepts.¹⁵

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¹³ Dhammayut monk aged twenty- four years.

¹⁴ Committing something bad in a previous or current life to someone and now the result is apparent.

¹⁵ A Buddhist nun aged fifty-four years .

The last respondent could not give a useful answer because the conversation did not correlate between the researcher and respondent. Of the questions asked, the answers received were irrelevant to the question, probably caused by his age¹⁶.

In the case of women and children infected by a man, several types of responses were provided. There were five respondents who said that the infection of women and children is the result of *kamma* from a previous life. The following reasons were given to support their views: there was no blame from her involvement with her husband; it was only the husband's fault; those who blamed previous *kamma* only included the wife but did not blame previous *kamma* of the husband for transmission; and finally, because they thought that it was a combination of the *old kamma*¹⁷ and *new kamma*.¹⁸

Seven respondents said that women and children were contaminated by HIV due only to the inter-relationship between wife and husband, or with people who were involved in having sex with him; consequently, the child only inherited what their parents transferred. The inter-relationship of individuals in society illustrates the link or influence of one to others or previous to future generations. It can also be compared with the Law of Dependent Origination in which things are inter-connected as well. Moreover, it may be the mistake of one of the couple who was careless, without thinking before having sensual pleasure, or neither side understood or cooperated over the fact of illness.

Some *kamma* could give fruit diverse from cause. It is the husband's fault; he is the doer (causer). An individual's deed might pollute the culture (relations); others relate *Kamma* to *Dependent Origination*.¹⁹

Women who are the second victims can also be blamed for this infection (three respondents): a wife may be unable to discuss sexual issues with her husband; or she has no healthcare awareness to advise her husband to prevent infection if he has partners outside marriage. Prevention of infection for herself was also mentioned if she realised that her husband was not honest. Through these descriptions it is implied that it is her fault and her action (*kamma*) as well.

Kamma may be comforting, but it is also difficult to know and there are some ways that women are discriminated against by talk of *kamma*. In the author's opinion on these issues, it is important to know that women are not only victims but are also the ones

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¹⁶ He was previously a *upajjhaya* who ordained monks throughout the country after Democratic Kampuchea, but now he is eighty-one years old.

¹⁷ Referring to *kamma* that cause human beings to be reborn in this new existence.

¹⁸ The way we act in daily life, such as the relationship between wife and husband.

¹⁹ Monk in Dhammayut sect who is twenty-three years old.

blamed in various cases as narrated above. Women are especially vulnerable to the AIDS epidemic and other issues in society. The most vulnerable are women who are poor, become involved in human trafficking, whose ability to earn money is limited, and with a poor educational background. Moreover, her roles in the household also relate to her income raising ability and her education too. In addition, in terms of their own well-being, they are sometimes dominated by their husbands which diminishes their ability to enforce their right of self-protection.

Background of Informants

The most significant issue here is the background of the Buddhist monks. Of the twelve monks, most have been ordained for more than ten years. Only one monk was interviewed who had been ordained for just three years. The average age of monks was from twenty-five to thirty-five, the oldest one was eighty-one years old while the youngest was twenty-three. Most of monks had been trained in HIV/AIDS awareness and related courses, but it was basic background understanding only, because monks are not usually monks forever, some might be laymen in their lives after disrobing. It was mentioned that they occasionally have the chance to approach communities to educate people or help them through voluntary service work, but they rarely reach that goal because most are busy with study, or monastic work. Moreover, monks complain that there is little requirement for monks' resources from NGOs or other relevant sectors.

There is no relationship with NGOs, even they only need monks to work in a limited way. So knowledge got from training is background knowledge or general knowledge and is only shared with others who may be concerned.²⁰

The majority of monks in the sample were Buddhist University students and the rest of them were Buddhist high school students. In addition, monks had a variety of monastic positions beside students such as: Direct advisor of the *Sangha* Raja (patriarch), *kru sutr*²¹, *me kut*²², some monks were monk core trainers who volunteered with NGOs to approach communities, and the rest were ordinary monks who were studying. In addition, through personal evaluation and the results of interviews it is clear that monks could explain Buddhist philosophy or *Dhamma* well if they had received higher education, and

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²⁰ A Dhammayut monk who is twenty-six years old.

²¹ Direct assistant of the abbot. It is divided into two sub-assistants: *kru sutr chhveng* (left wing assistant) and *kru sutr sttam* (Right wing assistant) in the Mohanikay sect. In the Dhammayut sect there are both but called *kru sutr* only. (Personal interview with Dhammayut monk).

²² The chief of monks who governs in a separate monastery building.

monks who practice in the field and monks who do research on Buddhism have also tried analysis and the use of techniques such as meditation (*vipasana*) and so on.

2. Second Group (People living with HIV/AIDS)

There were ten people selected to be respondents: seven women and three men due to reasons given in the methodology section.

Among the ten people there were four respondents, three women and a man, who answered that their infection was the result of *kamma*. It was unclear whether *kamma* here meant in a previous life or this present life. One of the three women interpreted it as a result of *kamma* to release herself from her sadness, while the other two women recognized that it was their husbands' fault, but *kamma* also played a part as well. Another man attempted to blame *kamma* as one cause of the problem.

With HIV/AIDS infection, *kamma* is a factor, but it is also the husband's action. The term *kamma* is used to alleviate suffering, and sadness, trying to make merit, and commit wholesome actions. I regard it as *kamma* which I had with my husband, so I just cope with it.²³

There were three people who responded that it was not *kamma*. Here they mentioned *kamma* which meant doing something bad and then receiving the results. Of the three, two women argued that it is not *kamma* because they did not do anything wrong. In contrast, the man stated that it was not *kamma* saying that if we commit evil actions we will harvest the results.

I do not think that it is *kamma*. Whenever man does something results will emerge. There is no *kamma* or within *kamma*. I am infected with HIV, but if I think about *kamphol* (cause and effect) I might commit suicide.²⁴

HIV/AIDS as a result of previous *kamma* was mentioned by two women in this group. The reasons for these responses were because they could not find any cause (they were not the doer), and that they knew nothing but got the same result. All they really

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²³ A widow lady who is thirty-two years old living with three children.

²⁴ A man infected HIV/AIDS who was a taxi driver, studied to high school level. He seemed to interpret *kamma* to mean the actions of this life and its consequences, not *kamma* in a previous life or *kamphoa*, but he rejected the usage of the term *kamma*. One's will was used instead. In answer to the probing question (what is the meaning of *kamma* in Buddhism in your view?) he said that "*kamma*" means sinful action (what we did wrong we will get in return). He added that in the Khmer language there is no exact interpretation because it had changed as it was transmitted as a concept. The source of the concept *kamma* is from India so why do we believe it? Moreover, "Cambodians had been invading territory due to thinking around *kamma*." he stated.

know is that they were infected by their husbands.

I was infected with HIV by my husband and also thought that it was previous *kamma* as well.²⁵

When the author asked her to give the meaning of *kamma* in Buddhism, she said she did not really know but she believed in it. Through observation while interviewing we noted that she was poor in providing answers and behaved shyly. It was surprising that one man replied that he was infected with HIV not as a result of *kamma*, but *bramalikheth*²⁶ (fate). The author shared his experience during the interview about visiting the two worlds: heaven and hell. He described what he saw in both realms where he illustrated the living standards, happiness, and suffering where people learnt or were punished after they died. According to him, he understood that he was released because it was not the right time for him to die, so he will live longer; that is why he believes in fate.

It is not *kamma* but is fate.²⁷

Further questions were asked to examine respondents' knowledge of the Law of *Kamma* in Buddhism. It was a crucial issue. There were six people who did not know and could not interpret the meaning of *kamma* in Buddhism, but they believed that this concept existed through their experience. Only three people could state that the meaning of *kamma* was action.

In Buddhism, "*kamma*" means an action; good deeds get good results and bad deeds get bad results. In contrast, fatalism is a bit further than *kamma*.²⁸

There was also one infected man who gave the meaning of *kamma* as equal to the term *kamphea*²⁹.

From these responses, it is difficult to judge their understanding. Even the man who said his infection was due to fate, knew that the meaning of *kamma* was action. There were several conditions around using term "*kamma*" with all these patients. Most of them used this concept when they face difficulties, complexities and especially with this fatal disease (AIDS). Whenever they refer to this term it can lessen stress, or worry.

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²⁵ A widow (husband died from this disease), living with a daughter in small cottage where she gets home care service and monthly aid from NGOs working in that community.

²⁶ His belief was that even good fate or sinful (bad fate) was planned by someone (God), every thing that happened to him was defined.

²⁷ A policeman and his wife who is also infected living in better living standards, and not as poor as the others. He has four children, with an old mother. He is educated and has worked across the entire country.

²⁸ *ibid*

²⁹ Which refers to what we do we will get in return.

One man stated that even though he did not believe in *kamma* he still appreciated this term which can stop people from committing evil actions.

Background of Informants

According to the respondents' background we realized that their answers and comprehension were related to their educational background, work experience and so on. Men had a higher education than women (men's education was high school level while women learned only at primary school). Most of women interviewed were widows (their husbands had died) living with children at school and playing the role of householder, earning their living through a low and unstable income.

3. Third Group: NGO members

From five NGOs one woman and four men were selected for interview. Two people answered that HIV/AIDS was a result of one's action, two said it was the result of *kamma* and the last one rejected the belief in *kamma*. The following narration tells the reasons for some of their responses:

There were two respondents who answered that HIV/AIDS was the result of one's action, and individual will. Through their experiences in working in the field, people believed HIV/AIDS was the result of previous *kamma*. This linkage was made or was spoken of when one faced difficulties. In contrast, according to informants' understanding, *kamma* in previous lives was considered as the cause, the only means to release one's sadness, and suffering, to lessen blame, and accept no responsibility for the thing that had been done.

Kamma is used in education and counseling. The right answer for infection is one's own actions, not acts committed in a previous life. This term is used in order to console patients to help them feel happy, not to commit suicide,... it is also a good term which might stop infected people transferring this virus to others as well.³⁰

In another sense, previous *kamma* was used for encouragement, and to add more hope rather than recalling the bad act or mistake. Moreover, it was mainly meant to support the patient, even if they had done some thing wrong in the past (in this lifetime) but every thing is now over. Let us think about the present and prepare for a good future. Although they are patients they are still very vulnerable.

There were two respondents who answered that infection was definitely the result of *kamma*. The definition of *kamma* is literally willed action. Because people had a

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³⁰ NGO's member works as program officer.

misconception of the term they argued about *kamma* in a previous life instead. Although *kamma* is a popular and familiar term not all people agree exactly what it means.

It was interesting to learn that only one informant strongly rejected the belief in *kamma*. In her perception *kamma* was an unreasonable belief, this was the reason provided during the interview. Through the interview, this respondent tended to value Christianity. She was Cambodian but probably educated, and had lived and experienced another culture. She seemed not to know the radical meaning of that concept.

I used to hear people blame things on *kamma*, but I do not believe it. It is an unreasonable belief, of no value. There is no Theory of *Kamma*.³¹

Background of Informants

There was a blend of experience in each informant. One was former Buddhist monk who worked in a laboratory. Another, had a medical doctor's degree and at present works as a program officer. Infected virus staff work for an NGO. The Director and directress were involved in this interview in the third group of informants.

4- Fourth Group Others

In total there were four informants selected for interview. The first idea was to choose five, with at least two women, but in fact finding women to interview was not easy work. Most women who were asked rejected the request and introduced the researcher to men instead. Consequently, the interviews did not produce answers that were completely aligned or contradictory; in the time available, four were all that could be arranged for this group.

Two respondents regarded HIV/AIDS not as a result of *kamma* (action) and *kamma* which referred to a previous life. Infection was a result of one's negligence, and the need for sensual pleasure.

HIV infection is not about previous deeds but about the deeds of human beings overwhelmed by sensual pleasure. It is absolutely not about previous *kamma*. Yet it might be previous *kamma* in the case of women and children infected by men because they did not behave in such a way as men.³²

One respondent replied that he was not sure which one was the appropriate cause. He just rejected *kamma* because he did not really know about it.

Another replied that one became infected because of one's *kamphear* (he did something bad then got infected as result).

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³¹ A member of an NGO.

³² An institution's staff.

Furthermore, when women and children became infected this was due to the previous life's *kamma*. And the reason stated was that there did not appear to be any will, deed, or activity compared with men's actions.

This infection might be caused by *kamphear* (previous *kamma* which gives fruit now). Maybe she did something bad in a previous life that is why she meets that kind of husband who transferred this disease to her.³³

Background of Informants

The people involved in this group included University students, a construction worker and staff in an institution.

To sum up this section, we found how informants' perceived the concept of *kamma*, and how people interpreted and used the term with AIDS. It is difficult to reach particular conclusions because their knowledge depended on their background, training, education level, and their knowledge of Buddhism. The Buddhist monks and NGO members, who have higher education levels and experience in both fields, have reasonable belief systems and understand the concept and its relationship to life. Yet some Buddhist monks who are young, have a limited background in Buddhism and that field (AIDS) also have limited understanding as well. Buddhists in the general population, and patients with the disease, provided some unlikely definitions of the meaning of *kamma* and the application of the concept to AIDS issues. They are Buddhists who believe in Buddhism but in fact their belief is customary, popular beliefs mixed with other doctrines, without rational belief based on any philosophical meaning of that concept. It was said by most of the informants that their knowledge of Buddhism is still limited. For evidence on this issue the significant words of one of my informants argued:

Even though ninety-five percent of the Cambodian population is Buddhist they do not have religious knowledge. They are just companions but not true believers.³⁴...In Buddhism they call themselves Buddhist, but the real doctrines or theory they do not understand. It might be concluded that this is the same with the theory of *kamma*, they rarely understand clearly, and this includes some monks. Unless monks are well educated unlike those who have just been ordained, how can we expect laity to know?³⁵

Current Cambodian Buddhists do not know much and do not search for a deeper understanding of Buddhism or Buddhist teaching. Even people who

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³³ Construction worker is forty years old.

³⁴ In Buddhism there are two groups of people, one is partisans and the laity. Partisans here mean *bhikkhu*, *bhikkhuni*, *upāsika* (laymen) and *upāsikā* (laywomen), but not laity, who is just the supporters and companions.

³⁵ NGO's member was also a previous Buddhist monk before Pol Pot regime.

can chant the *dhamma* fluently, but do not know its real meaning or practice in daily life, practice in a habitual and traditional way without searching for the truth... Therefore, we need the involvement of education in Buddhism at all levels of the education system to facilitate the reading and understanding of *dhamma* as well.³⁶

The term *kamma* has been used only with people who are infected, and suffering, but not with healthy people. However, it might be good for prevention education for people who are not infected to reflect on the cause and effect before, during or after their actions. Do not be ignorant, or harbour misconceptions, be mindful, and aware all the time. Do not be careless which may lead to a sinful result, by regarding it as *kamma*.

- **Conclusion**

Although religion supports and aids the spiritual life, whenever human beings can understand and can recognize the significance and effectiveness of religion in our daily lives then we can actually bring about changes in human behaviour. As a result, we can reach prosperity and achieve our goals.

Through secondary data, we can understand the inter-connection between various causes which are present in the internal condition of people. The internal condition and the environment or external factors are the roots of one's cause of consequences. Secondary data illustrates causes in complexities, and an abstract way of understanding.

According to the primary data, the comprehension among informants was not equal, and in fact was quite diverse. Although some supported the idea that AIDS is the result of one's action in a rational and reliable way of interpretation, some stated the opposite by referring to different interpretations of the same concept depending on their knowledge and personal experience. The concept and its relationship to AIDS were linked in various ways according to the interviewees' qualifications, their backgrounds, emotional state, the context of the term, and the time and place of interview. The experiences learnt from conducting primary work were not easy, with the limited time available for observation and interviews and with only a short period of time to interpret the results.

In addition, although some of the primary data confirmed the secondary sources, a few sets of information contradicted previous findings, but it was useful to understand all the perceptions and the feelings of interviewees related to these issues. The mixture of

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³⁶ NGO's member works with monks and AIDS.

subjective conceptualisation and objective fact in each individual's mindset lead to pessimistic or optimistic thought patterns as well.

Both primary and secondary sources provided significant roles in distinctive ways. The primary sources were complicated to examine and to try and reach overall conclusions but it was useful to investigate comparative ways of thinking. In the end, both aspects of the view are needed to reflect the reality of something. So for example rational education in Buddhism is required and this will play a significant role in solving the problems of secular society as long as the two realms (rational/spiritual) are not separated, because each reinforces each other in different circumstances. Buddhism can be effective and problems can be solved as long as people have enough knowledge about it and also practice it as well.

6.2 HIV/AIDS is Suffering (*dukkha*)

In this section we illustrate aspects of AIDS suffering to show the negative emotional consequences of AIDS compared with the Four Noble Truths. Illustrations are given from informants' perceptions and especially those people infected with HIV, compared with existing data. This part is useful for the next section of this chapter, with a discussion on suffering, attempting to define the roots of social and mental illness. To find the cause is very important in order to eradicate it, although we also need the means of eradication as well. Reflecting on AIDS suffering, and solutions to this issue, Buddhism is of vital significance in examining, analysing, and solving the problem as well. Through this investigation, the reflection on the crisis by using Buddhist perspectives can lead to ways of applying Buddhism to other contemporary issues in the secular world.

The first Noble Truth taught by the Buddha was *dukkha*, life is suffering. According to *Dhammananda*, the types of suffering are divided into three kinds: Firstly, *dukkha-Dukkha* means all kinds of suffering in life, like birth, old age, sickness, and death. *Viparināma Dukkha*, refers to the unpleasant feeling that people experience when pleasant feelings disappear or when changes take place. This is the second Noble Truth. The third, *Sankhāra Dukkha* means when the impermanent nature of the five aggregates appears in life, the attachment that people have towards them creates dissatisfaction (1994: 228). In practice people rarely know that it is *dukkha* due to ignorance (they do not know the *dhamma*).

In reality humans misunderstand by regarding the five aggregates as "themselves". They try to accept and follow emotional leadings without using their

mindfulness to become aware and analyse what they did in the past, what they are doing and planning for the future. Because of bad actions led by bad thinking, they become infected with HIV which will develop into AIDS. Death will happen sooner or later depending on their actions as well. Moreover, individual action can produce fruit in many ways. The following aspects of suffering which impact in four ways are regarded as the Noble Truth of suffering of AIDS:

Individual suffers, infected people, fight against: discrimination, lost income through lack of employment, wasted money for treatment of opportunistic diseases, and social stigma. All these are suffering.

Infected people suffer, they are going to die soon, they have lost their job, are discriminated against, their families suffer; they feel regret and blame themselves for killing their wives and children indirectly.³⁷

Moreover, the infected person will face three impacts; namely:

- Physical impact, they face numerous opportunistic diseases when the immune system in the body has been damaged.
- Mental impact, they become discouraged, hopeless, unhappy, feel lonely, have remorse and inflict pain on related people such as members of the family, friends and others involved in a relationship with them as well.
- Spiritual impact, it is difficult for infected people to let go although they know the course of the natural law is that nobody can escape death.

For example, some personal difficulties which can be regarded as indicators of suffering of infected people were described while interviewing:

I do not have money to spend and to give my children to go to school, no settlement (I do not own a house), it is difficult to earn money because there is not enough strength to travel.³⁸

The family suffers, when a member of the family contracts AIDS, their family's status will become worse. One interviewee lost a job opportunity due to AIDS, adding more responsibility to members of the family. A family suffers when the main income earner becomes infected with HIV and can no longer work to earn money to support their daily needs (Maund [on-line]: 2). A woman is especially vulnerable if infected with AIDS from her husband and then transmits it to her children. As parents suffer when they

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³⁷ Monk works with NGO.

³⁸ A widow lady with three children.

struggle to find the money needed to pay for their children's treatment; moreover, they suffer when they see their children grow weak, attract illnesses and sooner or later die from this deadly disease as well (ibid). Children suffer when they are teased and taunted by others because their parents are HIV/AIDS carriers.

They also suffer when they find that schools and communities will not accept them. Children suffer when they see their parents, once a strong and healthy support, become thin figures. In addition they suffer as they see one their loved ones die, leaving them orphaned (ibid). Orphans are increasing as a result of AIDS according to NCHADS, "one serious consequence of AIDS deaths to men and women in their prime childrearing ages is an increase in the number of orphans" (NCHADS & NAA 2001: 26). Moreover, children who are left by their parents suffer and may have to struggle to survive, have poor nutritional status, are often exposed to exploitation and abuse, including limited access to health, education, and social services (ibid).

The community suffers because its labour force decreases due to HIV/AIDS. It suffers when it turns from one generated by strong, healthy people to a group which is no longer able to finance community development. It suffers as it watches its younger generation grow up alone, insecure and uneducated (ibid). Moreover, AIDS affects not only individuals, family, and the community but also the entire nation as well.

The society and the nation suffer through the loss of its workforce. It suffers through loss of productivity; for example, over the course of the decade from 2001 to 2011, almost US\$ 18 billion will be lost in unrealised earnings (NCHADS & NAA 2001: 29). According to NCHADS & NAA, mortality due to AIDS also impacts Cambodia's gross domestic product, which measures both output and related consumption (ibid). In other words, according to projected numbers of infected persons these rose dramatically to 60,000 in 2001 and to 97,000 in 2006, reaching 109,000 in 2011 (ibid: 26). The nation suffers and is disturbed by the increasing numbers of street children who are even more vulnerable to HIV/AIDS due to their mobility and separation from family, their high rate of drug and alcohol consumption, unsafe sexual practices and so on (ibid). AIDS orphans may cause social problems in the future. Furthermore, the nation suffers as adults who are the pillars of the nation (human resources) are weakening and dying.

According to Maund even religion suffers, monks suffer as fewer people make merit providing less and less alms (on-line: 2). They suffer as the merit making through contributions to new construction or maintenance the Buddhist temples (*wats*) stops. Furthermore, there are fewer traditional ordinations because there are no more young men

to ordain as monks and boys to be ordained as novices; as result Buddhism will struggle to survive.

Society and Buddhism is interconnected and reinforce each other, so how can Buddhism survive if the entire society damaged by AIDS!³⁹

Therefore, all these multiple aspects of suffering emerge due to HIV/AIDS. If one is mindful and aware of these consequences one can reflect on one's own deeds. We hope AIDS might be eradicated or at least decrease from society. If we examine The Four Noble Truths, we can be hopeful of eradicating it through study, examination, and practice of the other three Noble Truths: the cause of suffering, the cessation of suffering and the means to overcome suffering (Eight Fold Path). We cannot save the nation from these crises unless individuals save themselves first.

Thus Buddhism can be applied to this issue and can be more effective because its beliefs are deeply rooted in people's minds as well.

6.3 Is the Suffering of AIDS Caused by Bad *Kamma*?

In this section we will illustrate the four aspects of suffering which were described above. No one wants AIDS to happen to members of their family. The purpose of this section is to show the causes or activity which has lead to the tragedy of AIDS. According to the illustrations of its causes, the solution can be found or discovered through consideration and reflection on individual action. These can then be used in order to avoid falling into this unfortunate situation again.

An action is also assessed in terms of its direct effect in causing suffering or happiness. Intention or volition is *kamma*, but *kamma* itself can not be considered bad or good without other components linked to it. An action can be considered unwholesome action whenever greed, hatred and delusion are involved and it can affect oneself (doer) and others or both adversely. In contrast, an action is considered wholesome action due to love, compassion and lack of greed, hatred and delusion where no one is injured or otherwise adversely affected. Like Harvey, unwholesome conduct is that which causes injury that is, having *dukkha* as fruit, because it leads to the torment of oneself, others or both. Further unwholesome states will then arise, leading to the diminution of wholesomeness: that is, having unhealthy effects on the psyche (2000: 47- 48).

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³⁹ Personal interview with Mohanikay monk who is thirty-four years old.

Individual suffering can increase social problems for the entire country and this expansion is interrelated with many other concerns. The philosophy of the Buddha is based on the fact that all human suffering and social problems are caused by *lobha* (craving), *dosa* (hatred), *upadana* (clinging) attachment, and ignorance. In this case, all we receive in the present life may be the result of previous life's actions or not, but referring to the real doctrine of *kamma* in Buddhism, there may be a relationship. In reality, due to our shortage of wisdom to see those abstract connections beyond the capacity of normal people, we can only investigate what we experience in this lifetime. We observe that our *kamma* is a seed that we plant in this life time and it will give fruit in the present life, sooner or later. For example, prostitutes decide to choose this kind of way to earn their living because they are ignorant. They do not know the *dhamma*; do not realise the Eight Fold Path of the Buddha's teaching which talks about "right livelihood", we have choices in earning money to live but should not choose the way that can harm ourselves and others because it leads to demerit. But in this case of earning for survival we cannot blame them because they are often forced by social, political and economic conditions into this way of life.

A man who is infected with HIV because of temporary cravings for pleasure, means that he behaves without awareness of consequences. They are led by their unconscious mind, they do not understand the nature of man and the nature of life, and do not search for a purpose in life. Those actions are mostly indicated by sensual desire, which consists of craving, attachment, and illusion. It is not only the doer who is harmed but others also. Thus do not permit a bad mind to lead one's action, because with a bad mind, bad action leading to a bad result will appear. Moreover, bad *kamma* not only influences one's own life but also impacts on future lives (new generations such as: one's wife, children, society and the country as well).

There is no suffering which happens by chance but also there is the influence of fate on human being's survival. One is the constructor of one's own destiny which can be influenced by previous and present action. Buddhadasa strongly denies that laypeople are fated to suffer, saying "If one acts well and correctly as a lay person one may be able to avoid suffering" (Jackson 1988: 198). Moreover, Buddhadasa "nowhere denies that personal suffering is in fact a result of karmic reactions, determined by previous actions performed with ignorant attachment. However, he chooses not to talk of suffering in a way that emphasizes its inevitability and human inability to change it" (ibid: 256). Although, he does not deny *kamma*, he does not value *kamma* , saying that *kamma* is not

an essential Buddhist idea, especially when compared with the Four Noble Truths.⁴⁰ From this argument, although one injures oneself, one can have happiness, and be free from suffering by one's own actions as well. It is different from the belief that fate is unchangeable in a human's life time. Do not regard suffering as torture but regard it as something that can be solved. Wisdom is a wise leader who can lead human beings out of their suffering.

According to the Buddha, there are three roots of ill in our daily life: ignorance, craving and hate. To prevent the continuing prevalence of these roots of ill we must constantly maintain our insight concerning their true nature (Werner 1977: 17). Some people might commit unwholesome acts without knowing these three roots but some people act in full knowledge because they are dominated by the need for enjoyment. They know the consequences but still want to taste it. In Nyanaponika's work this kind of person is illustrated:

“We are well aware that happiness, beauty, joy, and pleasure, have to be paid for by a certain amount of suffering. But we are willing to pay the price without grumbling, even the last price, death, and we think it is worth the price, and that it adds zest to our enjoyment” (1994: 308).

Through these words we can compare them with some people infected with HIV (except wives and children who are victims); they are too wrapped up in their pleasures even when they know that it will damage themselves and others. This is negligence; knowing the consequence of the deed without stopping it.

In Buddhism there are six ways of human downfall through sensual enjoyment. Moreover, those ways can be considered as the cause of most human problems. One commits these through lack of mindfulness, and without using one's conscience. In addition, regarding the Buddhist precepts, it is a violation of the third precept (relationship with someone besides one's spouse). The six downfalls are: taking alcoholic drinks, frequenting night entertainment, watching obscene entertainment, gambling, socialising with immoral friends, and relishing comfort over work (Narada [on-line]). All of these show the causes of one's problems as well.

On the other hand, the causes of suffering arise not only from internal conditions of individuals but also external conditions. Referring to Nyanaponika in his work titled *Vision of Dhamma*, he asks the question of the search for the sources of one's suffering,

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⁴⁰ Personal communication with PhD. Stephen T. Asma.

of which he has discovered three causes. First, is the suffering we get from being a passive object of the unwholesome acts of another being. The first point of his is similar to the case of wives and children who were infected by men. Next, there an even more detrimental way; our evil deeds may cause harm to others. This second arises through our own greed, hate, anger, prejudices, and our wrong judgment. Lastly, we may cause suffering to others due to the limited time span of our emotions; such as our own love toward someone or another's love for us which may die, plus our own passion, ignorance, and our own imperfections (1994: 36-38).

This is also a comment by a monk who is a chief monk in an NGO who has a different view about the same issues (cause of suffering). He distinguishes suffering in two ways: First, suffering originated with *vattu kama*⁴¹ (desire for material gain). Second, suffering originated by *kilesa kama*⁴².

Understanding the origin of suffering described above is useful as a way of reflecting on the causes, but seeing the causes and analysing the roots of ill are required as well. There are three practical steps to follow: Identifying the roots of ill (craving, hate and anger and so on); next, pausing (the capacity to reflect before an action is done and the control of it); and the last, called quick reflection (Werner 1977: 17-20).

In other words, good or bad *kamma* not only affects the doer but also the environment, and one's fellow man. Thus one should strive towards good actions or behaviour starting with the individual, then family, and society. The suffering or crisis would then be eradicated or at least reduced. Through recognition of and overcoming the ignorance that surrounds AIDS we can find the means to lessen suffering. The teachings of the Buddha can also be applied to HIV/AIDS, if we overcome the illusory world of things and the law of impermanence in Buddhism. For example, we can study the *dhamma* or doctrines, the Buddhist precepts, the Four Noble Truths, the Noble Eight Fold Path, the practice of the teachings found in *Parabhava sutta*, *Sigālovāda sutta*, and so on. These are all means or paths towards the state where there is no suffering from AIDS. In Buddhism there is a proverb which says: "*Incomparable is a life that is free from illness or disease. No greater fortune is there than the fortune of good health*" (in *Dhammapadatta Kathā*, Vol.6: 193). Reaching a healthy state is everyone need.

In conclusion, if we compare what is discussed here with the primary data from interviews which have been discussed and illustrated already in first section (is 5/3/2005

⁴¹ Things that we are attached to cause us suffering. For example; suffering caused by wealth and so on.

⁴² Suffering which emerges when we lose a loved one.

HIV/AIDS a result of *kamma*?) of this chapter, most of the responses to the causes of suffering (AIDS) focused on one's carelessness, sensual passion, losing control and lack of mindfulness, inter-relationships with people, and intentional acts committed by the individual. There is no clear evidence or responses from the interviewees that AIDS suffering originates from bad *kamma*. On the other hand, from theoretical analysis based on scholarly work (secondary sources) suffering from AIDS relates to bad *kamma*, and argues a more rational and systematic synthesis. Bad *kamma* (*akusala kamma*) means action which can harm the doer and others. It is assumed from the results of the interviews that we are talking about bad *kamma* in the present life not in a previous life. Even women and children's infection is caused by bad *kamma*, of which the ultimate cause was the husband's or father's harmful action whether purposeful or not.

6.4 Why Do We Need to Understand *Kamma*?

The doctrine of *kamma* plays a very important part in Buddhism. One needs to understand it clearly. It is the central point to grasp in the teachings of the Buddha. In order to avoid irrational belief, fatalism, and the stain of dogmatism one needs to understand the theory of *kamma* which explains the roots of desire, passions, and illusion, and is the expectation of human beings in the world. Regarding the title of this section, there is an answer: we need to understand *kamma* because our lives are inseparable from it and happen according to it (on-line). Moreover, Indasara argues that a right understanding of this Law can help solve problems in all aspects of life (1988:1). In addition, he provides acceptable reasons, happiness and suffering, success and failure, or fulfillment and disappointment, which are the natural results of the expectations of a group of persons who jointly perform or produce the cause of that event (ibid). To confirm this, from this research, there was one interviewee who had similar views on this point as well.

Understanding of *kamma* does not lead to discouragement but encourages people to reconsider in order to achieve their future interests.⁴³

This is appropriate to the issue of this research through the connection of the law of *kamma* with the AIDS epidemic as *kamma* will affect the suffering or happiness one will experience. So reconsideration of *kamma* and performing it in a wholesome way might avert the crisis of AIDS. If we talk about universal truths, then by *kamma* the world

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⁴³ Mohanikay monk aged thirty-four.

moves, by *kamma* men live and by *kamma* are all beings bound. By *kamma* also comes tyranny, ruin, and bondage. *Dhammananda* expressed “As by its pin moves the rolling chariot” (1994: 124). Furthermore, he adds cessation of sensual contact is cessation of *kamma*, by which the Eight Fold Path is the means (1994: 113). Through *kamma* man can attain glory or praise, but it has no function to “save” or “punish” anybody. *Kamma* has a function only to maintain the process of existence, and make earthly life possible.

Kamma is action, all human activities are *kamma*. Breathing is *kamma* whenever there is no *kamma*, then we die. Thus living human beings can not be separated from *kamma*.⁴⁴

Hence, instead of being blind to *kamma*, it is necessary for human beings to understand it and we may benefit from using it as well. *Dhammananda* confirms that the more we understand it, we see that the more careful we must be in our acts, words and thoughts and how totally responsible we are for our own happiness (1994: 139).

The greatest advantages of knowledge about *kamma* and living in the light of it will lead the following elements: patience, confidence, self-reliance, restraint and power (*Dhammananda* 1994: 139- 140). This is meaningful in this study because it relates to the peace, and welfare of the world, and the solution to social crises especially now. Even *Narada* stresses the importance of comprehension and knowledge of the concept. He says, the clear understanding of this doctrine is essential for the welfare of the world (1973: 201). Another argument making the significance of the concept clearer is Prof. Herbert Fingarette’s plea for understanding *kamma* as a means to overcome suffering. (Story 1975: 57).

The concept has significance and a necessary role in individual existence, society, peace, and sustainable development in the world. Becoming objective about the concept and understanding it rationally is required for a prosperous life. Misconceptions about it can lead people to a pessimistic view of life. The problems, and crises of the world cannot be solved or improved unless the causes are found and destroyed. Cutting off only the branches are useless and a waste of time, finding and killing its roots is the effective means and fits with the Four Noble Truths of the Buddha.

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⁴⁴ NGO’s member, an ex-monk.

CHAPTER 7

THE USES OF *DHAMMA* IN HIV/AIDS PREVENTION, TREATMENT AND CARE

As we already know AIDS is not only a personal problem but also a social problem and a huge crisis for humanity. The impact caused by AIDS creates suffering not only for the individual but for the family who has an infected member. AIDS also causes the entire nation to suffer. All kinds of problems have solutions, but it depends on our capacity to find the causes and choose the appropriate means to solve them. There are two key means we can use to alleviate the harm of AIDS: first, engage the problem at its origin, that is, prevention; second, to ameliorate the causes while attempting to solve the problem, that is, treatment and care. I will discuss these two means throughout the rest of this chapter. I will also discuss the approach of Buddhist monks in the prevention, treatment and care of AIDS; further, the methods that might be used for prevention (Buddhist teaching and the activity of monks); and finally, the methods that might be used for treatment and care.

7.1 Discussion of the Buddhist Approach to Prevention, Treatment and Care

This section will discuss Buddhist monks' relevance to this crisis, the obstacles and limitations of their involvement. Although monk involvement is helpful and compassionate there are still disagreements or debate on such issues due to different opinions.

Buddhism has played many significant roles in society for generations. Monks have been teachers in temple schools and in the training of life skills. During the Khmer Rouge regime (1975-79) Buddhism almost disappeared. Under that regime the *sangha* was abolished, monasteries were closed and cults were strictly forbidden. After that regime failed Buddhism was restored, but the *sangha* activities were under the direction of the State. In contrast, since 1993, with the restoration of the monarchy, new opportunities have opened up to assist in the *sangha's* resuming its traditional role as ethical mentor (Online, Berktimirova: 2).

Now in the time of AIDS, Buddhism and the *sangha* play significant roles in the need to respond to the AIDS crisis. The *sangha* and lay community cannot be separated from each other. The two reinforce each other and are inter-related in the custom of reciprocal help. The existence of the *sangha* depends on the peasants or laity for support.

Even the origin of monk-hood is from the communities where fundamental and traditional norms are preserved. Monks come from the community and rely on the community to support their livelihood. All the four necessities in life; namely: food, clothes, medical treatment and shelter are obtained through the donations of laymen. So whenever a problem or crisis occurs in society it becomes the duty of the monks to intervene, within the limitations set by the Vinaya (discipline).

Regarding their role in HIV/AIDS prevention, monks have an effective approach in the education of people who are not yet infected. This kind of instruction is not prohibited in the Vinaya because it is also the responsibility of the monks to preach the Buddhist way, and the Buddha himself used to instruct lay people as an example for his disciples as well. The monks have three types of duty toward the lay community namely;

1- *kanda dhura, vipassanā dhura* monks must develop knowledge through studying the teachings of the Buddha and by practicing meditation, which is the way to experience themselves. This duty illustrated in the Dhammpadattakathā (Vol. 1 2543: 9).

2- *Carata bhikkhave caritham phahuchan hitaya phahuchansukhaya lokanukampaya attaya hitaya sukha tevamanussanam*. Monks should go from place to place to teach well-being and to promote the happiness of gods and men (ibid: 130).

3- *Sangham saranam gacchāmi* to serve as a refuge in times of suffering. The monk is the spiritual support for the lay person (UNICEF EAPRO 2001: 1).

Regarding these three duties of the monks toward preaching to the laity, most of the monks who were interviewed answered positively about monks' involvement in prevention, including educating the people in order to save them from that suffering. Monks are the relatives of the laity, so monks should guide them on the path towards happiness and prosperity as well. It is clearly stated in *Sigālovāda sutta* (domestic and social relations) about monks and laymen.

The layman should minister to monks in five ways namely: by affectionate acts; by affectionate words; by affectionate thoughts; by keeping open house for them and supplying them with their worldly needs. In return the monks pay back through six ways namely: keep them from evil; exhort them to do good; love them with kindly thoughts; teach them what they have not learnt; correct and refine what they have learnt and reveal to them the way to heaven (Rahula 1974: 124).

According to the interviews, Buddhist monks understood their role in providing knowledge to educate people. A few of them agreed with this reluctantly, but the majority of them agreed that they should provide compassion through giving advice about how to prevent the disease, treatment and care.

The fifteen respondents in the first group of interviewees explained that education provided by monks was very important and necessary without breaking the discipline. There were eleven monks, including monks who worked with NGOs and monks who were not related to NGOs, who agreed with the role of a monk to preach or save people in order to fight against AIDS and to prevent it. They were willing to play that role as the Buddha himself did, who also went forth to teach people during his time. After the Buddha became enlightened, he decided not to teach because no one would be able to understand his *dhamma*, but later he changed his mind because of human suffering. Moreover, he thought that there were ways to decrease suffering; that is why he went forth to teach his *dhamma*. Some of the interviewees responded that there is no prohibition against approaching the community to teach people because such activities facilitate salvation. It shows compassion toward mankind telling them about a safe path and by explaining the cause and effect of actions in the Buddhist way of thinking.

Yet even if monks are able to approach the community with good will and present their reciprocity towards the laity, monks still may be criticised by others and the monks in the *sangha* as well. “A monk will break the discipline whenever a monk does not know clearly his responsibilities, duties and limitation of his compassion in such a career,” said some monks during my interviews. The monk has this opportunity to preach but he must be self reflective about the proper time, place, and relationship. In contrast, a minority of respondents (3 monks) in the first group seemed reluctant to play that role. A monk who nowadays works in communities replied that he knew that this role was important, but the effectiveness of the knowledge or understanding of the Buddhist teaching has decreased among the *sangha* and the laity.

These due to an increase in misleading among the leaders of the monks, misconduct among monks themselves and the Buddhists as well. It is not because of the *dhamma* but the people who practice it.⁴⁵

In other words, for the second group (ten respondents), the majority of them (six people) actually appreciated the education of both infected and uninfected people. They thought of it as a stone to kill two birds at the same time because most people know how to prevent AIDS and tend not to discriminate against infected people. The informants in this group might or might not know about the monk’s discipline, but what they know is that a monk is supposed to help. The other two infected people did not know whether a monks’ approach to the community to educate people was right or wrong because they

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⁴⁵ Personal interview with a monk is thirty- three years old who also approaches communities too.

did not know about a monk's code of discipline. One interviewee said: "A monk cannot approach unless he is invited".⁴⁶ In contrast, the last respondent did not know about the rules of a monk's discipline but he absolutely rejected the idea that "A monk might break the discipline if he approaches the community". He believed that the Buddha never went forth to educate or preach to people even during the time of the Buddha. "Why should we believe these texts which were composed from monk's memory?"⁴⁷

The third group (NGOs) with five informants had four who were asked the same set of questions about a monk's role in educating the public about AIDS prevention. Two among the five supported the role of a monk in his role as educator to preach the *dhamma* to people so that they would clearly understand about prevention saying that: "monks need to educate people not only to know the *dhamma* but also to practice it". One NGO staff member said that: "only when a monk touches a woman does he breaks his discipline." Another two NGO staff put strict limits on a monk's approach. "They said that, "A monk can approach when there is a request from laity or under certain necessary conditions"⁴⁸." The last interviewee did not give me a sufficient amount of time to complete this question.

The last group (general people) with four informants, had two respondents who mentioned that monks should play a role as a teacher because it brought about the salvation of people. The rest of this group did not understand the monks' *vinaya*. Consequently, of those I interviewed, the Buddhist monks' approach or their preaching seemed to be very important in prevention because they have *dhamma* knowledge related to morality, action, and the path leading people from ruin, paving a way to prosperity. Monks are a key resource in the community. The laity, including villagers, respects, supports, and believe deeply in them. Moreover, monks are the refuge of people when they have either a mental and physical problem. Due to their presence and attention toward suffering people, the laity might change their behaviour and misconduct by converting to a more moral life and practicing the Buddhist *dhamma*.

Even though we find a significant involvement of monks or Buddhist teaching, which is a crucial and effective procedure, there are numerous controversial arguments, and a reaction amongst communities of monks. These experiences and notions come from

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⁴⁶ Personal interview with an infected policeman.

⁴⁷ Personal interview with taxi driver also infected.

⁴⁸ In the case, there someone is going to die or is very poor and unable to hold a funeral, a monk would go without invitation if he was informed of this.

Buddhist perspectives during interviewing and participant observation from the researcher at the research site. There are contradictions among the *sangha* in fighting HIV/AIDS, and Buddhist monks' involvement in prevention, treatment and care.

In fact, in 2000, there was a disagreement between two patriarchs about the role of monks in fighting AIDS. The Venerable Samdech *Sangha* Raja Tep Vong thought that the *sangha* should be excluded from playing a role in the fight against AIDS, education about HIV/AIDS, and being involved with prevention (Stephen 2000: 5). Moreover, he thought that any effort to decrease the HIV/AIDS epidemic should be an action taken by the government. He was concerned that if monks became involved with AIDS patients it might appear that they were encouraging people to get AIDS. In contrast, the Venerable Samdech *Sangha* Raja Bour Kry did not prohibit the possibility of monks' contribution in new spheres of secular activities such as the fight against AIDS. He thought that the involvement of the *sangha* would help, such activities showed the contribution of compassion, and acted as a moral model towards infected people. He felt that teaching people about HIV prevention would decrease discrimination and stigma as well (ibid). In addition, Bour Kry asserted that monks should be trained in HIV/AIDS awareness and prevention methods, and that they should have the possibility to teach others. Furthermore, he also complained about the difficulties that monks have in approaching others.

More recently, there has been a change in perspective and behavior of Ven. Tep Vong on Buddhist monks' involvement in HIV/AIDS. For example, in a statement stated outside the country in a five-day conference in Thailand to discuss Buddhism's role in HIV/AIDS prevention and treatment, "it is part of the traditional role for monks and nuns to provide a refuge for the people. By taking the Buddha as our example, we...can help bring an end to the suffering caused by HIV and AIDS" he said (On-line p: 1). According to this statement monks are involved in those issues. After discussion in Thailand, there was a Senior Monks Family Meeting on HIV/AIDS held in Unalom pagoda, where there were twenty four monks (*mei kun*)⁴⁹ from twenty four provinces and towns, Ven. Tep Vong was one of the organizing committee. The main purposes of this meeting related to HIV/AIDS education, prevention, decreasing discrimination, stigma to general people through monks, nuns and Buddhist *brahmacariya dhamma*; finding support for those impacted by HIV/AIDS.

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⁴⁹ The head of the monks in each province.

There is a perception that there is no end to humans' desire, or man made pollutants. Therefore, to create a harmonious society we should try to take a new positive approach toward the traditional roles of the *sangha* regarding the contemporary crisis because the Buddhist world can not be separated from the secular world and both reinforce each other. Yet there are various obstacles to teaching this successfully and in providing an effective approach from monks given the following conditions. For example, as Yang stated, because of traditional notions, young people rarely adopt religion or became observant in its practice (1987: 33). To promote better understanding and practice in religious teaching Cambodian Buddhists must change their habitual thoughts and behaviour which consider that the practice of Buddhism is only for older people but not adults in their ordinary life. Moreover, we agree (in the case of Cambodia, just released from nearly two decades of war) with Suksamran, who argues that socio-political changes tend to weaken religious values and practices (1986: 107). In another sense, beside the social environment and condition of the laity, there are some deficiencies in monks' education too. For example, Ieng believes through psychological research that monks are poorly educated in the spirit of Buddhist teachings whenever they are poor in Pali, and learn and preach only by heart (1986: 45-46). The reinforcement to these arguments were brought up and discussed by numerous interviewees both laymen and monks in this study as well.

To broaden the response to the HIV/AIDS epidemic we need not only the religious sector but a multi-sectoral response. The Government needs to be involved and support the response, as stated in the 'Policy on religious response to the HIV/AIDS epidemic in Cambodia by Ministry of Cults and Religions' (MoCR 2003: 25-6).

Religious teachings therefore needs to be disseminated amongst villagers in communities by monks as follows in the next paragraphs.

7.2 Buddhism for Prevention and Reducing the HIV/AIDS Epidemic

The purpose of this section is to provide the *dhamma* in the prevention of disease including the utility of the concept of *kamma* and others which can help. Although some of the *dhamma* provided here is more than *kamma*, those *dhamma* need intentional actions of people to perform it. *Kamma* (action) is the basic component of all this teaching. Buddhism played a significant role in solving social problems in the Buddha's time; now things are very different but still useful and effective. The following Buddhist teachings (*dhamma*) are tools for disciples of the Buddha to go forth to preach in order for

listeners to gain happiness and lessen suffering. Moreover, these teachings are fit responses to the causes of HIV infection according to the interviewees' perceptions. Most causes are connected to the shortage of such awareness.

7.2.1 Understanding the Four Noble Truths

The real cause of suffering and the means to end it was found by the Buddha. Understanding of these Noble Truths, enables one to lead a liberated life and attain salvation without the aid of others (Singh 1994: 31).

The First Noble Truth (*Dukkha-ariyasacca*) is that life is suffering; therefore, AIDS is suffering. We know that by nature humans suffer; if we are ignorant in daily life we cause more suffering for ourselves and others. As discussed, AIDS impacts individuals and society but in that context even by nature Man suffers. We can solve problems by trying to understand truth and then practicing it as a tool to gain happiness and lessen harmful deeds as well. Man can be released from misfortune by searching for the cause of the problem and trying to eliminate it.

The second Noble Truth (*Dukkhasamudaya-ariyasacca*) is that the cause of suffering lies in ignorance and being attached to sensual pleasure. So, detachment, overcoming craving and being mindful can lead to a prosperous ordinary life; especially overcoming the ruin and deathly disease in daily life as well.

In the Third Noble Truth (*Dukkhanirodhaa-riyasacca*), the cessation of suffering, one still feels pain and pleasure, but one no longer clings to these fluctuating experiences (Stephen 1996: 82). The suffering of AIDS also has an opposite and that is the non-suffering of AIDS as well. Suffering from AIDS will not be eliminated unless the causes of it are removed. Every condition has its opposite condition as is taught by the Buddha. Where there is wisdom (knowledge), there is no suffering and therefore no AIDS.

The Fourth Noble Truth (*Dukkhanirodhagāminīpatipadā-ariyasacca*) is the path leading to the cessation of *dukkha*. The Eight Fold Path is a set of prescriptive attitudes and activities that leads to the extinction of suffering, this path is also called the path of freedom. It is the Buddhist way to overcome *dukkha* in ordinary life at the present time and moreover has a great deal of relevance to the HIV/AIDS crisis.

Thoughtful practise of the Four Noble Truths and the Noble Eight Fold Path makes it possible to reach a pure life and gain the ultimate goal of living beings. Moreover, the current impact of the crisis (HIV/AIDS) will not be experienced. It was interesting to note that during the individual interviews only a few monks discussed this

concept in relation to Buddhist prevention methods. One said that this method is complicated and difficult to understand and explain, even the monks themselves might not be good at explaining in detail to others because it is a deep truth which is not easy to realise. Normal people do not know how it relates to this issue at all. It is the same with the Noble Eight Fold Path as well.

7.2. 2 The Eight Fold Path

This is known as the ‘Middle Path’ *Majjhimā Patipadā*, because it avoids the two extremes of indulgence and asceticism. These eight are better understood by being grouped into three categories namely: Ethical Conduct (*Sila*), Mental Discipline (*Samadhi*) and Wisdom (*Pañña*) (Rahula 1974: 46).

Right Understanding (*Sammā ditthi*), states that clarity of thought is most important for daily actions because every action must be led by the mind. By starting from the mind we can define good *kamma* (wholesome) and evil *kamma* (unwholesome) and their consequences. Maund argues that with right understanding of HIV and AIDS, people will not get infected, meet the unfortunate deadly disease and die (Online: 4). Using our understanding to overcome the aggregate sensation is a path to freedom, for it allows us to recognize internal confusion.

Right Thought (*Sammā sankappa*), means that through right thinking about HIV/AIDS one can get rid of infection and poverty. Action which comes from thinking before, during and after commitment is better than a thoughtless deed. Risky behaviour might be decreased through right thought as well. As Nyanaponika argues, without understanding and knowledge, attempts to protect one’s self and others will generally fail. Self protection and the protection of others can shield us from the harmful consequences of our ignorance, prejudices, infectious fanaticism and delusion through wisdom and knowledge (1994: 326).

Right Speech (*Sammā vāca*), Muand states it is necessary to correct any misconceptions, superstitions and false beliefs about HIV/AIDS (ibid). This is very relevant to treatment and care as well.

Right Action (*Sammā kamanta*), abstaining from oppressing others. It is an important point for human beings to recognize and to choose their way of life. In this case we have to abstain from having sexual relations with other people, and as the Buddha has said “do not have sexual relationships with twenty kinds of women”. People who have HIV must control their desire to have sex with others because this can transmit the virus,

so right action is the virtue of a husband to be honest with his wife, and not to have sexual contact with commercial sex workers. Through right action one might choose safe sex if he or she can not control it.

Right Livelihood (*Sammā ājiva*), reminds us of the case where a disciple of the noble one abandoned dishonest livelihood. The numbers of sex workers can affect social stability and also is a major factor in HIV transmission. A person who has right livelihood is therefore respected by their neighbours, regarded as person full of humanity, and recognised by society. On the other hand, if one does not follow this path one can pass HIV to others and get it oneself.

Right Effort (*Sammā vāyāma*) is persevering in one's endeavour to prevent the arising of evil or unwholesome thoughts in one's mind. It also means getting rid of such evil thoughts already arisen, produce and develop wholesome thoughts not yet arisen and promote and maintain the good thoughts already present.

Right Mindfulness (*Sammā sati*), where man remains focused on the body in and of itself. Ardent, aware and mindful thoughts put away greed and distress. In fact, we know that our action comes from the mind, a bad mind causes bad actions leading to bad results, so we have to think about our thinking. We use mindfulness in order to reflect on the consequences. Mind is a highly interpretive subjective. When one experiences lust we do not behave lustfully immediately. One needs to use the mind to focus on one's way of life. For example, when one feels sexually motivated, one should try to understand how this motivation arises and disappears.

Right Concentration (*Sammā samādhi*), with concentration one will not fall into ruin. Moreover, without it a person becomes easily diverted, unable to distinguish between wholesome and unwholesome deeds which can lead to HIV infection (Muand [on-line]: 5).

In short, from these accounts of the paths, one may see that it is a way of life to be followed, practiced and developed by each individual. It is self discipline in mind, word and body; for self development and self purification. The purpose of these paths is the promotion of happiness and a harmonious life for both individuals and society. Hence by looking at what has been described above, and revealed to all levels of people to understand and practice, AIDS and all its impacts might be prevented. Moreover, the Noble Eight Fold Path can not only be used for prevention but is also useful for HIV infected people and AIDS patients' treatment and care by selecting the right action (*sammā*) and reducing wrong or evil views (*micchaā-ditthi*) to practice in daily life.

These paths can be applied in counselling methods and in mental and physical cures. Moreover, through this awareness people can be persuaded not to discriminate against others involved with HIV/AIDS. Compassion and reciprocity will exist in all Buddhists' hearts to unite in the fight against HIV/AIDS.

7.2. 3 *Kamma* Reflection

Through the data analysis of Cambodian perspectives on the causes of AIDS in relation to *kamma*, there was different understanding depending on the groups of informants. According to the first group of interviewees the cause of HIV/ AIDS is actually related to one's *kamma*. *Kamma* here for the first group was not irrational belief but acceptable belief and interpretation of reasonable action. This concept states that people behave rationally which then leads to the harvest of the fruit of that action. One's poor behaviour is without mindfulness, is based on ignorance, or carelessness and led by sensual objectives.

The problem is the misunderstanding of the concept of *kamma* and lack of knowledge on how to perceive things the way they are. This was especially true for the second group who were victims of AIDS. They did not recognize that it was the result of *kamma* from this life time, especially the men who were the initial infectors. They did not accept their fault and reflect on their actions. This may seem like a statement lacking in compassion but we need to clarify their reasons. So teaching must focus on popularisation of the concept in a simple way because the concept is very complicated. Furthermore, Cambodians believe and are familiar with misunderstandings and misconceptions toward the rational terms in the *dhamma*. So among the laity there are different teachings and prescriptions needed, both in terms of message and complexity depending on their different social status and level of understanding (Suksamran 1986: 108-109).

As a result, teaching needs to be indirect but with a clarity of purpose and be acceptable for all levels of people's understanding. Reflection on the explanation discussed in the chapter above will highlight the significance of *kamma*, the necessary function of it in human existence and the survival of the world. In other words, a correct explanation of this concept according to the Buddhist teaching is required because some people behave, believe and think about this issue in the wrong way.

Kamma needs to be taught and presented to people in different circumstances depending on the listener. The meaning of the concept must focus on the Law of Cause and Effect. Every action has its consequences which should be predicted or reflected on

by mindful steps in order to get positive consequences as well. All daily activities are composed of numerous actions which can take different paths. Moreover, the key that we need is a well-organised deed, because one's deed has no limiting effect on the perpetrator, sooner or later.

The usefulness of *kamma* and its interpretation, discussed in the last chapter, answers the question of why we need to understand *kamma*. Only monks are fully qualified to advise the Buddhist on this matter. Education and interpretation is effective or not according to talent of the teacher and the time and place of interpretation. Guides to the ordinary understanding of this term are very necessary at this time because belief in the misconception and misinterpretation of this main concept of Buddhism might pollute Buddhist belief in the future. For example, although discussion of previous *kamma* can help in psychological strengthening we must use it carefully and in a limited way. Moreover, weak and irrational beliefs can cause missionaries from other religions to invade the country. This term can be applied to issues in daily life and work as well, but if there is no one who considers and cares about it, it will remain nonsense. Teaching alone is not complete unless one understands and practices the belief. To direct one's *kamma*, whether bad or good, depends on how one observes the precepts (*Sila*) as well.

7.2. 4 Observing the Five Precepts

This is one of the *dhamma* which can be used in prevention. The interviews illustrated that most infection is through sexual contact which is also the case elsewhere. Sexual contact is related to the five precepts in Buddhist teaching. Teaching the five precepts is the most popular method to educate for prevention of the disease and most of the informants recognised this method very well. Education or explanation about awareness and practice of the precepts is needed to decrease the HIV epidemic. Plamintr argues that on the social level observing the five precepts helps to promote peaceful coexistence, mutual fruit, a cooperative spirit and general peace and harmony in society (1998: 137). He also adds that the practice of Buddhist moral precepts deeply affects one's personal and social life. One preserves the precepts not only to strengthen individual morality but also to serve others (*Dhammananda* 1993: 161). The precepts in this case are very important for all human beings but in this context the third and the fifth precepts are crucial.

Referring to Plamintr the third precept on abstaining from sexual misconduct (*kamesumicchacara veramani*) helps to cultivate self-renunciation and control of sensual

desire (1998: 141). In addition, this precept is intended to instill in us a degree of self-restraint and a sense of social propriety, with particular emphasis on sexuality and sexual behaviour (ibid: 138).

The fifth precept is abstaining from intoxicating drinks which are the base of heedlessness (*surameraya majjapa madatthana verami*). This precept can be regarded as the gravest one among the five. Breaking this precept can lead to violating the rest as well. The factors leading to HIV/AIDS infection included the loss of self control after consuming intoxicants such as alcohol, drugs, opium and so on. During the Buddha's time he also explained about the six consequences of the liquor-consumption. He explained there are six consequences of liquor- consumption (see in *Sigalaka sutta*):

1- waste of money; 2- increased quarrelling; 3- liability to sickness; 4- getting ill repute; 5- indecent exposure of one's person; 6- weakening of the intellect (D. N Vol. 19, 2503: 72). In *Parabhava sutta* the consumption of intoxicating drink leads to one's downfall as well (Narada 1985: 2). Furthermore, breaking this precept not only spoils mental and physical health but also can lead to infection from contemporary diseases such as AIDS. The consequences of such negligence affects everyone around them too. This method of prevention is known by all informants. They are familiar with and understand this precept more than other ways. Although this precept is known the practice is still far away from daily life.

In short, the five precepts are needed in Cambodian society in particular. To gain harmony in the family and society the five precepts must be practiced. Especially given the serious crisis we are facing today, the HIV/AIDS epidemic destroys the developmental process and impacts on the entire country. To eradicate it and prevent future infection, the practice of the precepts is extremely effective. As a result, one gains happiness in married life and can escape from this fatal illness. Moreover, to lead a prosperous life, as Buddhists we must aware and reflect on attachments to self affluence, our influence on others and the development of society as well.

7.2. 5 Education through *Parabhava Sutta*

Through the respondents' answers about the causes of viral infection, this can happen if there is no honesty between husband toward wife or a husband pays no honour to his wife, or there is no contentment with his wife but only with other women. Through the above causes, education to prevent HIV virus should be explained by the *dhamma* which can be found in *parabhava sutta*. In this sutta the Buddha explains to human beings

the causes or roots of the problem to consider in daily life in order to gain happiness and lessen suffering. Among the twelve causes of the collapse, the eighth cause illustrates that: the man who is a debauchee, a drunkard, a gambler, and who squanders whatever he possesses which is the cause of his downfall (Narada 1988: 678).

The ninth cause describes one's ruin: not content with one's own wives if one is seen amongst courtesans and the wives of others (ibid: 679). And the tenth cause of one's downfall says: the man who, past his youth, brings a very young wife and sleeps not, through jealousy of her (ibid).

In short, following what is described in this *sutta* will lead to a harmonious marital life with prosperity and avoidance of disease. This *sutta* was mentioned during the interviews with Buddhist monks numerous times. There would be no chance for HIV infection and the harm from it which affects mankind.

7.2. 6 Education through *Sigālovāda Sutta*

Each household is a component part of the entire society, and each family has its members. These members have interrelationships with each other to survive. The husband (father) and wife (mother) are the key people who lead the other members (children) of the family to live in happiness or in a harmful state. Therefore, understanding and recognising individual roles and respect for each other is the way to gain happiness. Moreover, it is also a path to avoid STD or HIV/AIDS if both parties practice it. The *Sigālovāda sutta* describes the layperson's code of discipline but here we need to focus and discuss only the responsibilities of husband and wife.

The third of the six directions in this *sutta* talks about the relationship between husband and wife. Love between husband and wife is considered almost religious or sacred. It is called *sadāra- Brahmācariya* (sacred family life). Wife and husband should pay mutual respect to each other. There are five ways in which a wife should be ministered to by a husband: by respecting her; by his courtesy; by being faithful to her; by handing over authority to her; by providing her with adornment (jewellery, and so on). Moreover, toward husband, wife ministered to by five ways: by doing her duty well; by hospitality to attendants and so on; by loyalty; by looking after his earnings and by skilled industry in all her business dealings (Narada 1985: 6). When in the family the wife and husband can follow these there will be no HIV transmission to either of them because they are honest with each other.

7.2. 7 Education through *Mangala Sutta*

Mangala according to the commentary means that which is conducive to happiness and prosperity. Etymologists derive the term from three syllables “*Man*” woeful stage, “*ga*” going and “*la*” cut. Therefore, it is explained as “*that which obstructs the way to status of misery*” (Nyanatiloka 1970: 675). Whenever one is aware, understands, and commits to some of the principles in this *sutta*, one will be protected from HIV/AIDS and others’ ruin in this life and can save others as well. The following points show the most important issues from the whole *sutta* such as: self control; perception of the Noble Truths; not to associate with fools; doing meritorious actions; being highly disciplined; being one who cherishes wife and children; earning an income through peaceful occupations; righteous conduct; committing blameless actions; ceasing and abstention from intoxicating drinks, and gratitude for and listening to the *Dhamma* (Rahula 1974: 98-9).

Through commitment to this *sutta* one can gain real happiness, and tragedy and collapse will never have a chance to emerge for those who obey and perform these disciplines and for society too. All the *sutta* described above are simple prevention methods. There are no profound meanings or philosophical arguments needed which would make it difficult to understand and practice. Those Buddhist *dhamma* can be selected to educate people according to the level of the educator and the people who are being taught.

7.2. 8 Health is Paramount!

Popularising the AIDS message from monks includes explaining things in an easy way which can be reflected in daily practice. They realise that they need to avoid teaching deep and difficult ideas, and focus on the value of the health. Health is very important and is necessary for the survival and happiness of the family. The Buddha preached the laity his *dhamma*:

*Ārogya paramā lābhā santutthī paramam dhanam vissāparamā ñāti
nibbānam paramam sukham.*

“Health is paramount”

Health is the highest gain. Contentment is the greatest wealth. The trusty are the best kinsmen. *Nibbāna* is the highest bliss (Narada: 1978: 177).

Being without disease is excellent, even normal and curable illness, but it is much more valuable when one is not infected by fatal and incurable diseases such as AIDS.

7.2.9 The Direction of Education Approach

Support from monks to communities might flow in many ways. The focus on health education about HIV/AIDS is very important for people living in the countryside because they have strong beliefs in Buddhism and monks. Moreover, those people are uneducated so monks are very important resources for communities surrounding the monastery. They can educate and advise in their sermons both in the monastery and in individual ceremonies.

The direct approach to nearby communities is needed because this shows that monks are concerned about their laities, to present salvation and compassion toward villagers' happiness and harm. This mutual help is a Cambodian tradition and monks have played this role in the past. This is also part of the monks' duty; there is no contradiction with the discipline if they realise what they need to do. But although this activity saves people's lives there are still objections from some conservative monks or medical, and scientific consumers who disagree with such actions for several reasons.

Monks do not need to go out to educate but can also reside in the monastery and wait for laity to visit and chat; this gives them another chance to give advice. Broadcasting *dhamma* teaching through mass media such as TV, radio, newspaper, magazines and so on can give advice and teach about prevention through Buddhist teaching. Such methods of prevention costs less money, are safe and encourage honesty in marital life as well.

Moral teaching related to Buddhist teaching and philosophical thought needs to be included at all levels of the state educational system because most Cambodians are Buddhist and Buddhism is the state religion. Effective moral education starts from childhood upward. Nowadays some programs take place in the educational curriculum but they are still limited.

We can not guarantee that HIV/AIDS will be banished from society but it can decrease and disappear when individuals cooperate with each other to control themselves, behave responsibly, and have expectations of the consequences of their deeds. Buddhists must spend some time to learn and practice invaluable *dhamma* guidance in daily life. Education is at its most useful early on.

7.3 Buddhist Teaching and HIV/AIDS Treatment and Care

At this point theoretical synthesis will be included to illustrate tools for treatment and care. Moreover, this will be compared with the following facts from participant observation during field work, which is also stated in the research purpose.

7.3. 1 Buddhist Four Sublime Abodes (*brahmavihāra*)

‘Treatment’ here refers not to completely overcoming this fatal disease but in the sense of treatment and prevention from opportunistic diseases. These diseases have influence on, or can shorten a patient’s life. Moreover, it is important to know that AIDS is not only a fatal disease but also a kind of psycho-socio disease which needs encouragement and strong support from neighbours and society as well.

Buddhist virtues include: loving kindness (*mettā*), compassion (*karunā*), sympathetic joy (*mudītā*) and equanimity (*upekkhā*). HIV/AIDS patients need these as their second nutrition and mental treatment. Human beings are subject to the three characteristics of existence: none can escape from disease, even the Buddha himself became sick because wanted to illustrate three main themes: the Law of Nature, Law of Cause and Effect and to fulfill a wish of Jivaka⁵⁰ (Dharmasiri 1998: 142).

Loving kindness and compassion, these are the most effective treatments for patients and also are the most important for practicing. Even in the Buddha’s time, he performed himself by practicing these methods with his disciples⁵¹ to show others his model as well. Once the Buddha said “*Yo gilānam upatthāti so mam upatthāti*” which means “Whoever looks after a patient, is looking after myself” (Siridhamma 1983: 161). PLWA live surrounded by people but in an isolated world, people are ignorant and do not know patients’ feeling and needs. As Thongsa- aad states it would be a wonderful thing if society could offer love and goodwill to PLWA (Online: 2). We are Buddhists so being compassionate is one of our virtues.

Sympathetic joy can help us to open our minds to people, whether they have HIV or not, and keep our behaviour consistent towards them (ibid: 3). Due to our deeds their mental illness will lessen. In addition, Dharmasiri argues that generosity or charity (*dāna*), the central Buddhist virtue, is recommended as a cure for various illnesses (1998: 141).

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⁵⁰ A physician who had mastered the art of plants, in his previous life wished to cure the Buddha.

⁵¹ While visiting a monastery he met a Bhikkhu in great agony, suffering from a loathsome disease no one had helped him with, so he gave him a bath, moved him to a proper place, ministered and stopped the pain of that Bhikkhu as well (Siridhamma 1983: 94).

Equanimity, ensures that no patient will be discouraged and will accept their dying processes along a peaceful path. Most of the patients interviewed regarded discrimination and stigma as mental suffering which led to weakening physical strength as well. To confirm this some scholars also agreed by saying: mind can influence and can change matter; moreover, ultimate cure lies in the mind as it is the basis of illness. Regarding Buddhist monks' educational approaches, mental health will be promoted by the people around them changing their behaviour toward the victims.

Through one's wholesome actions (*kamma*) of the four kinds described above we can help to prolong patients' lives. Ignorant deeds can lead to serious consequences, while considerate conduct not only leads us to prosperity but protects others as well.

7.3. 2 Reflection on Buddhist Doctrines

In terms of treatment and care for PLWA it is important to illustrate the significant doctrines in Buddhism including the truth of the reality of things. Furthermore, understanding of this truth is very important for survival. There are several other doctrines or theories in which *kamma* is also included, but here only the three characteristics of existence will be described.

- The Three Characteristics of Existence

The three characteristics of existence can be applied to all aspects of daily life, but due to ignorance one might be unable to understand and have a negative interpretation of it. The three characteristics of existence are namely; suffering (*dukkha*), impermanence (*anicca*) and no self (*anatta*).

During the interviews monks presented these doctrines as tools to counsel patients. Referring to suffering (*dukkha*), monks encourage them to live and lessen stress, and fear of death. Monks recognised and persuaded PLWA by those concepts in terms of treatment and care, but the way the monks included these points was maybe too simplistic way because it can be confusing if the monks are not reflective in their teaching. PLWA were convinced that not only patients who were infected with this virus have suffering but others without having it also suffer as well; for example, *Patācārā*⁵². No one in this world is happy forever without problems, yet to fight and find the solution for improvement is important to do.

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⁵² A poor lady who lost everyone she loved immediately became insane, but due to *dhamma* influence she converted to be a Theri (Burlingame 1991: 94-97).

Regarding the concept of impermanence (*anicca*), everything in this world exists only for a while and cannot survive forever. It is the same with human beings; none are immortal, death is waiting for us. There is no need to have attachment and stress about these five aggregates; for example, *Kisā Gotamī*⁵³. Self attachment may increase suffering in our lives. Due to ignorance and selfishness we try to blame others and create hatred and delusion toward HIV/AIDS patients without compassion.

No self (*anatta*), it is a complicated concept which people become nervous about in Buddha's teaching. This can lead to misunderstanding of its true meaning and be considered negative or annihilistic as well. Yet if one understands it well it is an important concept to destroy illusion and negative perceptions.

With all these concepts stated we will move on to the practice of people in the community involved in this field in the following paragraphs. These doctrines need qualified monks who are able to talk to patients in a positive way otherwise people may become confused and become seriously troubled instead.

7.3. 3 Analysis of Participant Observation

During the short fieldwork only three types of approach made by monks in the community were observed. The purpose of this participant observation was to examine the Buddhist monks' approach, how Buddhist teaching is using in the field of HIV/AIDS prevention, treatment and care. The investigation took place in order to discover the effectiveness of Buddhism as tool to lessen suffering. Participant observation was split into three:

- Monk's Home Visits

Wherever the monk visited he was accompanied by a man who was an NGO staffer. Only one monk volunteer in one NGO was selected for observation at the research site. At a home visit the main criteria observed were: health status follow up, living conditions, the difficulties they faced and their children's studying status.

Regarding the health status follow up, the monk wanted to know about their health, how it was progressing and whether it was better or worse. He tried to convince them of two types of health; physical health and mental health. Concerning physical health, having enough nutrition, awareness, taking care and curing opportunistic diseases

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⁵³ A mother who tried to find mustard seeds for medicine to cure her dead son due to attachment and ignorance, later on through experience, realized the impermanent state. As a result, she attained sainthood (Burlingame 1991: 92-94).

was mentioned. Referring to mental health, the monk consoled them do not think too much about whatever was gone, just let it go; now the main thing to fight for is health and children. There was some advice given related to the three characteristics of existence in a simple way to reduce worry and suffering. Encouragement to support children studying was brought up because it was important for their lives as well. In fact, if there was a serious problem with their health he took note or informed others working as homecare and medical suppliers to help. To strengthen their mental health, the monk did something to encourage them by chanting the *dhamma* with a water blessing because the patient was at a serious stage and was afraid of every thing. The monk advised him/her to take care because the Buddha said health was paramount.

In terms of living conditions, the monk asked how they earned their living. In this case if there were any surplus things from donation or from the monastery they would support the patient as much as possible. It was interesting to note that patients who disclose their status in the community are put in contact with homecare bases, and are supported with medicine and rice in limited measure. Most of them are poor. During this participation the monk had a small amount of money from the NGO to give them as well. In addition, in some case individual donations are given.

The monk acted as a counselor toward the PLWA in some cases or in decision making when they thought that they need advice or solutions. The difficulties they have and cannot solve were brought up and discussed during his visit as well. In one case that the researcher is aware of someone wanted to adopt the infected person's child, but with such an important issue they really need others' opinions too. So not only in the cases mentioned above but may be in numerous other issues the monks can help.

Children studying status- related to this issue while doing a home visit the monk asked about children studying. Not only health care follow up but also the studying status of children was noted. If there were problems with children's school fees or any difficulties at state schools, the monk was able to access help for students to pursue their study. In this case the monk is able to contact generous people to help to support their study; furthermore AIDS orphans were taken to be adopted by people as well.

- Monk's Hospital Visit

This observation took place in a hospital located in the city, in a hall where PLWA were separately kept and cared for. Throughout the observations, it was the only visit which provided advice related to health care through Buddhist teaching.

There were about twenty PLWA during the monk's visit to the hospital. The patients came from every part of the country with different positions and status. The monk asked about their origin, marital status, function, duration of stay at hospital, what the major trouble was (opportunistic diseases) and how the treatment was going. He advised them to take care of their health and was concerned with food supply. The monk advised the person who looked after the patient to try their best to care for them and give them mental support, hope and warmth, no discrimination or stigma, goodwill, forgiveness and compassion which is really needed for AIDS victims. Encouragement and compassion was provided through such visits. Monk's visits can reduce PLWA stress and help them develop mindfulness and promote physical health. It was an incredible surprise for the patient as he rarely saw Buddhist monks performing such activity, only Christian priests involved with AIDS, but he was happy to see the motivation of this monk. Moreover, the monk was concerned with their suffering without behaving in a discriminative or stigmatizing way.

- Monk's Involvement in Support Group

The observer took part in a support group at the research site, where there was a majority of PLWA, the leader of the support group, homecare staff, health centre staff and a great number of monks accompanied by NGO staff. The purpose of the support group was to share experiences among PLWA and the difficulties they were facing, in order to exchange experiences to each other, awareness of medical practices, health care methods and information.

A monk was invited to participate in this support group to provide them with spiritual support through Buddhist teachings and mental treatment. He encouraged patients not be discouraged, health strengthening is very important by stating the Buddha's words "Health is paramount". We can not earn our living unless we are healthy, so do not be careless, this is the last chance for them to support their children with a better education leading their future. Do not be hopeless; every human being faces difficulties and suffering. The monk encouraged them to live calmly, and not care about others' behaviour.

During this meeting the monk led a meditation, which was very short but useful and the instruction to meditate was guided, so they tried to see if they found it interesting and understood its usefulness. In the meantime he gave all participants a *dhamma* handout for them to recite because it can lead to tranquility and release from their stress, and suffering when they meet with it. It is confirmed by Plamintr that meditation provides

mental calm and tranquility and frees the mind from restlessness, agitation, fear, and worry (1998: 162-3). Due to that day being a holy day, the monk invited all the participants to listen to the *dhamma* and receive a *dhamma* blessing with water. After all stages had been achieved, the next step was the collective fruit eating with joy and friendly relationships among PLWA or some individual extra advice from health centre staff or homecare staff and leader of support group if they wished.

Due to Cambodian Buddhists' limited knowledge, their ability to consider and understand doctrines or theory and the philosophical themes of Buddhism is also inadequate. Laities' knowledge is similar to an analogy of lotus pond where the comprehension of human beings does not happen naturally but must be combined with individual effort as well. So among laity there are different teachings and prescriptions both in essence and complexity to be followed by lay people of different social status and level of understanding (Suksamran 1986: 108-109).

Again, I have moved beyond the focus on *kamma* specifically and examined the ways that other parts of the *dhamma* can be relevant to the AIDS crisis. I have examined a series of essential aspects of the *dhamma* which should be open and flexible to the most effective uses of it when relating to AIDS.

CHAPTER 8 CONCLUSION AND RECOMMENDATIONS

The main findings of this research were developed from the result of the analysis of the interviews and observation at the research sites and the integration between the secondary sources and primary sources (including data from fieldwork and scripture (Pali canon). We were able to determine the following:

According to theoretical analysis, Buddhism has crucial significance in solving social problems since the Buddha's time. The purpose of the teaching of the Buddha is to eliminate human suffering and guide people to a prosperous livelihood. *Kamma* can solve crises and can also decrease the HIV/AIDS epidemic because in everyday life people can not survive without action, activity, which are the basic elements of life and the existence of the world. *Kamma* is a fundamental theory in Buddhism, it means volition or intentional action and is divided into two *kusala kamma* and *akusala kamma*. *Kamma* is often perceived in the wrong way and misinterpreted in its practical aspects both during this research and in previous studies as well.

Through fieldwork with numerous informants, it was reinforced with previous studies (Harvey 2001: 181 and Sam 1987: 34), which laypeople and untrained monks rarely understand the real meaning of *kamma* in Buddhist doctrine. This study demonstrates the divergent ways in which the idea of *kamma* is employed by those infected by HIV, by those treating HIV, and by those in the general public. In this study normal people (exclude first group) seem to talk, use and believe in *kamma*, but do not know the original meaning although they are Buddhist. In fact, their belief like customary, popular belief mixed with other doctrines, without rational belief based on any philosophical meaning.

Moreover, dealing with the connection between *kamma* and HIV/AIDS, only the Buddhist monks and nuns who have trained in this doctrine and have a background in Buddhism interpreted this interrelation in reasonable way and with a logical explanation. Besides this group, people hardly ever understand the concept, instead they experience a kind of fatalistic belief where deeds in previous lives lead to suffering in this life.

People who are educated in Buddhism (Buddhist monks and nuns) perceived that the suffering of HIV/AIDS is a karmic result of what one has done in this present life, not previous lives. Men's infection were interpreted as his commitment in this life, but for wives and children infection, *kamma* in previous life is linked because people do not want

to recall the misconduct or mistake of transformer for infection. Women should not be blamed by using *kamma* (due to they are vulnerable and education background is limited).

Most HIV/AIDS infection perceived by respondents (exclude housewives and children) is caused by breaking the moral code of conduct (the five precepts). Although, people supposed in this way but it is not a generalisation for entire infection. The previous study of Eisenbruch illustrated that not only mango illness (syphilis) but also AIDS are not caused by bad actions in a previous life, but by improper sexual behaviour in the present life (1998: 12).

The theoretical analysis of karmic fruit states that not only the doer, but people around them will harvest the result of the individual's deed as well. In this study women and children who are infected with HIV/AIDS from men were also defined as *kamma* because of the interconnections amongst them. This demonstrates the Law of Dependent Origination (theory of relation) in Buddhism where all things are interrelated and inter-influenced.

Most people are confused regarding this infection as fate because they do not see the linkage and have little education in the theory of *kamma*. Some people perceived HIV infection as a payment for what they had done (responsibility). But being compassionated we should not blame them for their fault. Through interviews, it is noted that people refer or blame *kamma* when bad luck happens to them. In contrast, from secondary sources, the explanation given is that understanding and reflection on *kamma* should be focused before, during and after one's action.

Word *kamma* was used in counseling but it depends on the knowledge and understanding of the patients. In some conditions previous *kamma* might work but sometime not. In fact, through interviews we noticed that sometimes the interpretation that previous *kamma* caused the infection can have potential benefits, consoling infected people from regret, and self blame, and is also a method to encourage people to pursue their survival through medical treatment and avoid blaming or forgive their husbands for transmission virus. Moreover, it was mainly meant to support the patient, even if they had done some thing wrong in the past (in this lifetime). There was a nice comment from one of NGO staff who valued that it was also significant education on *kamma* because when infected people believe in it might cause them stop transferring this virus to others as well.

In another sense, previous *kamma* was utilized for encouragement, and to add more hope rather than recalling the bad act or mistake, but sometime this belief can lead

to pessimistic too if there is no guidance. Nevertheless, *kamma* can be used as a kind of psychological treatment but it is also lead people easily toward confusion because it is difficult to realise. If we treat *kamma* as pertaining to previous lives, then some women might mistakenly blame themselves for their contraction of HIV from their husbands. It is also possible that people will become fatalistic about their illness and may not pursue secular medical treatment. Therefore, *kamma* is two edged sword. Due to the complexity of the concept educator or counselor must be careful in utilizing this term. Qualification on background of the concept and capacity to reflect is needed.

Through both sources of analysis, the study made a start at systematically applying other aspects of *dhamma* (besides *kamma*) to the AIDS crisis. Buddhism is relevant in addressing the HIV epidemic because the majority of Cambodian people believe in Buddhism and monks. Through Buddhist monks' involvement, people respect the monks' advice and their preaching has influence on the laity's daily life. Even in the Buddha's time the *sangha* played a role as mentor and it is also a kind of traditional duty of *sangha* throughout Cambodian history as well. Regarding the monks' approach to education on HIV/AIDS, the study showed that most monks and laypeople supported the involvement of monks in this field providing advice to prevent, treatment and care (AIDS). Meanwhile, still there were contradictions on the role of Buddhist monks in HIV/AIDS response.

Accessing people in the community shows the monks' compassion and salvation activity toward the laity. Yet although monks can approach the community, they must accept criticism as well. These contradictions emerge in the *sangha* too. But differences of opinion here tend to focus on conservation of the reputation of the monk-hood and purification of the *sangha* only.

From examination on Buddhist teachings we found that there were vital and appropriate doctrines or *dhamma* in the prevention of HIV/AIDS namely: the Four Noble Truths, preserving the five precepts, the Noble Eight Fold Path, Parabhava sutta, Sigālovāda sutta, reflection on *kamma* as Eisenbruch (1998:15) illustrated in his research on karmic theory to rationalize the case of one patient infected with HIV. In practice few of monks interviewed have been brought up such philosophical and profound teachings as a tool in prevention. Contrary, in reality (observation), the way monks explained *dhamma* was in a simplistic fashion, not directly linked to real doctrine or text according to circumstance and characteristic of an object. It is interesting to note that these issues related to the knowledge of monks themselves related to their Buddhism background, and

the needs or interest of listeners as well. Laities' knowledge is similar to an analogy of lotus pond where the comprehension of human beings does not equal.

The majority of informants recognised the Buddhist codes of conduct (five precepts) as one of the crucial methods in prevention (AIDS) but in reality it is hard to practice because by nature the human being is lustful, attached to impermanent objects and selfishness. In that case medical or scientific material or tools of prevention are required. If people practiced Buddhist protection ways they would not have to spend money and worry about safety. Buddhism is a practical religion where one will experience a harmonious and prosperous ordinary life if one studies and practices it.

Linkages between the secular world (*anacakka*) and Buddhist world (*dhammacakka*) can not be separated. Education on HIV/AIDS prevention can be given in many ways: through *dhamma* sermons, mass media, approaching the community (home/community visits), moral education or Buddhism directly included in the state curriculum and also participation in partnership with NGOs. These opportunities had been set up in Cambodian policy, but ability to achieve goal have been maintaining. The expansion of this involvement concerns many sectors working in this field. In this study we are sure that HIV/AIDS will vanish from society only through individual effort, and not specific groups or *sangha* only.

In terms of Buddhist monks' approach in HIV/AIDS treatment and care, through participant observation only monk used Buddhist teachings in the treatment and care of patients, but not NGO staff or medical experts. The Buddhist monk tried to include some Buddhist healing techniques such as meditation during the participant observation process.

Moreover, the monks had a role not only in the mental health treatment of patients but also in the health status follow up, counseling through religion, being an advisor on all patients' difficulties or issues facing them and especially in monitoring their children studying as well. Furthermore, beside spiritual support and mental treatment the monk was also a sponsor of material needs and found generous people to help as many victims as possible. Home, hospital visits and participation in support groups, all of these monk activities were perceived by NGO staff, HIV/AIDS patients and neighbours as good model. Through the monk's dissemination of compassion and the four sublimes (*brahmavihāra*) he can influence people in behaviour change, decrease discrimination and stigma to PLWA and people who are related to PLWA, especially for the environment in the community and the entire society.

The findings described above are limited, and cannot be generalized, but on the other hand it is a specific case of what the individual (researcher) observed and understood through participant observation. The role of Buddhism and *sangha* is important, but the effectiveness of the knowledge or understanding of the Buddhist teachings has decreased among the *sangha* and the laity. There are various obstacles to teaching successfully and in providing an effective approach from monks due to many conditions such as Cambodian Buddhist knowledge in Buddhism. Monks' education, practise *vinaya* and their experience in response to HIV/AIDS is involved. The social political situation which has influent on religious value and practice is also the impact on effectiveness of response to that crisis as well.

As a result, monks approach the community infrequently, but education of monks must be strengthened, changing improper behavior and taking seriously the need to learn the *dhamma*. To strengthen Buddhist capacity of practice and behaviour changes, there is some learning still to do. Three stages are needed, namely: theory (learning the wording of the doctrine), called *pariyatti*; practice (practice what have learnt) *patipatti*; and realization (penetrating it and realizing its goal) *pativedha* (Dharmmananda 1994: 127-8). Thus Cambodian people being the Buddhist should have these three things in order to understand and practice the *dhamma*.

To broaden the response to the HIV/AIDS epidemic we need not only the religious sector, but a multi-sectoral response. In short, to achieve a fruitful approach to banish HIV/AIDS from our society we need to reflect on the Law of Cause and Effect (*kamma*) as a whole, because every effort to respond is an intentional action through the three doors (physical, verbal and mental *kamma*). So what we are trying to do as described above is good *kamma* (wholesome action) because it affects not only the individual but the entire society. Understanding *kamma* by doing only wholesome acts (following prevention methods) is the best way to decrease the HIV/AIDS epidemic. Thus it is possible to have a group or family *kamma*, a racial, a national and even a universal *kamma* since we are all brothers in the common fraternity of suffering inherent in life (Luang 1954: 20). The strong will and effort of every individual in harmony will banish or at least decrease the HIV/AIDS epidemic.

-Recommendations

The Law of *Kamma* should be learnt and practiced daily in order to promote behavioural change. Sometimes *kamma* discussion will be helpful to ease patient, and sometimes other aspects of *dhamma* will be helpful.

It is important and necessary for people who work in the HIV/AIDS field such as: home care teams, support group and staff in hospital to have knowledge of Buddhism and Buddhist teachings related to mental and spiritual support because AIDS is not only a fatal disease but a kind of socio –psycho disease as well.

My study recommends to the educator and health-care provider that they should use a multiple strategy approach (sometimes *kamma* discussion/explanation will be helpful to ease patient, and sometimes other aspects of *dhamma* will be more helpful). Educators and healthcare providers must be aware of the cultural assumptions of those who are infected, but educators must also help to clarify *dhamma* confusion when needed. We can not promote the Buddhist methods alone without joining with medical and other scientific techniques in prevention, treatment and care. Buddhist monks who are involved in this work should be trained in medical or scientific ways too.

Buddhist monks should maintain or respect their discipline and behave in a respectful way because the sangha is the model of morality and mentor in this tradition. Education on Buddhism should be strengthened in the *sangha* through international standard.

The knowledge of Buddhism or moral codes of conduct should be included in all appropriate levels of education. Buddhist doctrines or philosophical meaning in religious teaching should be learnt by the laity, not only monks. The government or related institutions should encourage training or research work in Buddhism in order to popularise knowledge of Buddhist and rational belief and reduce superstition or unreasonable belief.

Further study should be taken to research Buddhist monks' approaches to prevention, treatment and care in order to eliminate discrimination and stigma towards infected people.

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APPENDIX

Semi-Structured Interview for NGOs

Name:

Sex:

Function:

Name of Organization:

- 1- What do you think about the current HIV/AIDS epidemic in Cambodia?
- 2- Which method of transmission is the greatest cause of HIV/AIDS infection?
- 3- Do you think that HIV/AIDS is caused by “*Kamma*”?
- 4- What does “*Kamma*” mean to you, from your own experience?
- 5- Do you think Buddhism can solve social issues? Why/why not?
- 6- In your opinion, do you think Buddhist teaching is effective in education, prevention, or counseling in this area? Why/why not?
- 7- What do you think about the practice of Buddhism in contemporary Cambodia?
- 8- Do you think Buddhist monks’ work in the community affects their disciplines or their reputation?
- 9- What can Buddhist monks do to broaden their response to HIV/AIDS?
- 10- Do you think following the Buddhist precepts (doctrine) can prevent an HIV epidemic? Why/why not?
- 11- Prevention of HIV/AIDS – is medical information or religious teaching more effective? With people living with HIV/AIDS which one (medical or religious) is the best? Why?

Semi-Structured Interview for PLWA

Name: Not asked

Sex:

Age:

Position:

Education:

Living standard notice:

Marital Status:

- 1- How often do you go to the pagoda? Where, other than the pagoda, have you received Buddhist teaching? (including media, books etc.)
- 2- Have you ever received any advice/visits from Buddhist monks or NGO staff?
- 3- Do you think visiting is important to you or not? Why?
- 4- How were you infected with HIV? (transmission factors)
- 5- Do you think you were infected with HIV through *Kamma*?
- 6- In your opinion, what does “*Kamma*” mean in Buddhism? Does *Kamma* exist? Do you believe in *Kamma*?
- 7- Do you think *Kamma* is relevant to daily life?
- 8- What difficulties are you are facing?
- 9- Do you think monks should approach communities to educate, or give advice? If so, when and how?
- 10- Do you think Buddhism is useful in solving social problems, in particular HIV/AIDS issues? Why? How?
- 11- How have you benefited from monks’ visiting or advice?
- 12- What kinds of visits or advice do you get? Is it important to you? Why?
- 13- Do you think the monks’ approach can affect their discipline?
- 14- What kind of Buddhist teaching can prevent AIDS?

