“HIV is irrelevant to our company”: Everyday practices and the logic of relationships in HIV/AIDS management by Japanese multinational corporations in northern Thailand

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ARTICLE INFO

Article history:
Available online 26 December 2008

Keywords:
Everyday practice
Logic
HIV/AIDS
Workplace health
Multinational corporations
Japan
Thailand

ABSTRACT

Multinational corporations (MNCs) are important participants in workplace initiatives on HIV/AIDS as they collaborate with international organizations to globally promote various policies and guidelines. To date, MNCs have enacted the majority of such initiatives in North America, Europe and South Africa, but we have little information on how MNCs elsewhere, especially in Japan, have responded to the issue of HIV/AIDS in the workplace. This study examines the actual on the ground situation of HIV/AIDS management in Japanese MNCs, specifically investigating everyday corporate practices in the context of internal interactions and relationships and the resulting practices and outlook concerning HIV/AIDS. It is based on a secondary analysis of ethnographic case studies conducted in 10 Japanese-affiliated companies in northern Thailand. Japanese managers, Thai managers and ordinary Thai workers all interviewed, and is grateful for the comments by Dr. Nancy Rosenberger, Oregon State University, and many other people in Japan, Thailand and the US. Comments from the journal's editor and anonymous reviewers were likewise helpful in shaping the final version of the paper.

* Research for this paper was undertaken with several research grants: Grant-in-Aid for Scientific Research from the Ministry of Education, Culture, Sports, Science and Technology of Japan (1998–2000, 2002–2003, 2005–2006); the Toyota Foundation Research Grant (1999); the Pfizer Health Research Foundation Research Grant (2001); the Sasakawa Scientific Research Grant from the Japan Science Society (1997). The original ethnographic study was reviewed and approved by the National Research Council of Thailand and Sapporo Medical University in Japan. Permission to conduct the study at case companies was also given by Japanese managing directors of the 10 case companies. Participation was voluntary for all interviewees, and informed consent was obtained from all participants before the interviewing began. The institutional review board at Emory University additionally reviewed and approved this secondary analysis. The author thanks the many people interviewed, and is grateful for the comments by Dr. Nancy Rosenberger, Oregon State University, and many other people in Japan, Thailand and the US. Comments from the journal's editor and anonymous reviewers were likewise helpful in shaping the final version of the paper.

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Introduction

As globalization has accelerated over the past five decades, many health issues have become global issues requiring transnational and multisectoral collaboration (Ruggie, 2004; Walt, 2005). Multinational corporations (MNCs) are important participants in workplace initiatives on HIV/AIDS as they collaborate with international organizations to globally promote various policies and guidelines (Bloom, Bloom, Steven, & Weston, 2006; GBC, 2006). To date, MNCs have enacted the majority of such initiatives in North America, Europe and South Africa, but we have little information on how MNCs elsewhere, especially in Japan, have responded to the issue of HIV/AIDS in the workplace. This reflects not only a lack of research but also a general lack of corporate response in Japan (JCIE, 2004; Kawashita et al., 2005). The Japanese situation suggests that international policies and guidelines are not easily adopted by non-Western MNCs, resulting in policy and activity gaps in corporate

doi:10.1016/j.socscimed.2008.11.018
initiatives depending on the geographical region and nationality. Understanding the current state of HIV/AIDS management in Japanese MNCs, therefore, is important for planning the future direction of global workplace initiatives on HIV/AIDS.

Most published work in Japan has examined either managerial attitudes or human resource management practices to explain the lack of corporate response. The first empirical study by Muto, Fukuwatari, and Onoda (1996) found that the main reason for not implementing HIV/AIDS measures was the managerial attitude that treated HIV/AIDS as a private matter (Muto et al., 1996). This study also found that personnel managers were the main agents handling HIV/AIDS (Muto et al., 1996). In contrast, occupational health doctors, who were more concerned and knowledgeable about HIV/AIDS, did not actively participate in the management (Tanaka, 1996). It was concluded that such practices hindered the development of adequate measures against HIV/AIDS. Other studies have explored societal attitudes and actions outside companies and found a lack of government action on HIV/AIDS, a lack of government support for nongovernmental organizations working on HIV/AIDS, and low social awareness in Japanese society in general (JCE, 2004; Nemoto, 2004; Yonemoto, 1997). What is missing in the existing literature is knowledge of how Japanese companies respond to HIV/AIDS issues among their employees when they operate in those countries hit hard by the HIV/AIDS epidemic. Questions include: How do Japanese expatriate managers deal with the issue in relation to local employees and outside organizations? What is their sense of responsibility for HIV/AIDS risk management? What are the expectations of the local employees and how do they themselves react to HIV/AIDS?

This study examines the actual situation of HIV/AIDS management in Japanese MNCs operating in Thailand, specifically investigating everyday corporate practices in the context of internal interactions and relationships and the resulting outlook and practices concerning HIV/AIDS. It was anticipated that these perspectives and practices would follow the logic of relationships in the company, and thus have a strong cultural component that grows out of tacit understanding of how certain hierarchical relationships in the company work. At the same time it needs to be appreciated that normative practices vary at different levels and new practices evolve daily. The research aimed to depict the complexity of the normative practices brought in by various corporate groups and the new ones emerging from their everyday interactions. It also aimed to compare and contrast this relational logic with that used by international policymakers and Western business organizations to promote HIV/AIDS management globally.

The research is based on a secondary analysis of ethnographic case studies conducted in 10 Japanese-affiliated companies in northern Thailand. Thailand has been a center of transnational industrial production in Asia, with Japanese being major investors, since 1973 (Phongpaichit & Baker, 1995). Northern Thailand was coincidentally designated an epicenter of the HIV/AIDS epidemic in Asia, when the explosive spread of HIV/AIDS was detected among young female sex workers in 1989 (Weniger et al., 1991). Since then, societal concerns about the epidemic have grown along with concerns about the sexual behavior of young migrant women in both the commercial and industrial sectors who soon became the targets of public health interventions. This field site offers an opportunity to investigate how Japanese MNCs have responded to HIV/AIDS.

The article is structured as follows. The first section provides an overview of the global initiatives on HIV/AIDS in the workplace through a comprehensive review of academic and international policy literature. The second section describes the research methods and the third section presents the results of ethnographic case studies. The final part discusses the findings and considers both the theoretical and practical implications of the study.

Global initiatives on HIV/AIDS in the workplace

In 2000, various international organizations embarked on groundbreaking measures against HIV/AIDS. On July 17 the United Nations Security Council adopted resolution 1308, its first resolution on HIV/AIDS. On July 26 the Global Compact’s operational phase was launched at the UN Headquarters in New York, promoting collaboration between the UN system and the private sector to address the problem of HIV/AIDS, and on September 8 the eight Millennium Development Goals were announced in the Millennium Declaration. The most significant global action with regard to HIV/AIDS in the workplace was taken by the International Labour Organisation (ILO) in June of the same year, when a resolution on HIV/AIDS was passed at the ILO, and it’s programme on HIV/AIDS and the world of work (ILOAIDS) was formally established. In 2001, the ILO developed the Code of Practice on HIV/AIDS and the World of Work (ILO, 2001). This Code officially set forth guidelines for workplace policies and programs on HIV/AIDS, covering the four key areas of action: prevention of HIV/AIDS, management and mitigation of the impact of HIV/AIDS in the workplace, care and support, and elimination of stigma and discrimination (ILO, 2001).

The ILO Code approaches workplace HIV/AIDS issues from the perspective of human rights. Its basic premise is that a decent workplace and proper health care must be ensured for workers regardless of their HIV/AIDS status; therefore, workers who are infected by HIV/AIDS are entitled to appropriate medical care and support, employment opportunities and correct information and education (ILOAIDS, 2005). The 10 policy principles of the Code include recognition of HIV/AIDS as a workplace issue, no screening for purposes of exclusion from employment, continuing the employment relationship, and gender equality in prevention, care and support. These principles are drawn from the ILO’s Fundamental Principles on Rights at Work and the Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy (ILO, 1977, 1998).

Meanwhile, business-based organizations and funding agencies such as the Global Fund to fight AIDS, tuberculosis and malaria, the International Finance Corporation (IFC), and Western MNCs, acting as advisory board members of the Global Business Coalition on HIV/AIDS (GBC), have approached the workplace HIV/AIDS issues from the business perspective (Bloom et al., 2006; GBC, 2006; GTZ/GBC, 2005; IFC, 2002). Such organizations realize that HIV/AIDS management is a necessity for effective business operation in hard-hit countries and for business expansion to countries where HIV/AIDS is a growing issue (Arnst & Einhorn, 2004; Birley, 2005; Rosen et al., 2003). There is therefore an intent to control both direct and indirect costs of AIDS to the employer, including medical care, insurance premiums and reduced productivity due to absenteeism. This is an investment for companies who benefit from cost-saving (Rosen et al., 2003).

The business response also embraces a socially oriented rationale, that is, HIV/AIDS management is seen as an act of corporate social responsibility (CSR). Globally, civil society has pressured MNCs to take initiatives in terms of CSR, and MNCs themselves understand the potential benefits, as good performance of CSR can give them a competitive edge in the global market (Ruggie, 2004). Well-documented initiatives include the Diflucan Partnership Program (donation of the antifungal Diflucan) of Pfizer, the African Comprehensive HIV/AIDS Partnership (donation of 50 million US dollars and antiretroviral drugs Crizavan and Stocrin) of Merck in collaboration with the Gates Foundation and the Government of Botswana, and the introduction of HIV/AIDS management into health impact assessment, a component of occupational health, safety and environment measures, in the Royal Dutch/Shell Group (Birley, 2005; GBC, 2006; GTZ/GBC, 2005). Health impact assessment includes such social principles as responsible corporate membership of society,
sustainable development, and proper regard for the health, safety and environment of the community in which the business operates (Birley, 2005). In Thailand, the Thailand Business Coalition on HIV/AIDS (TBCA) developed the AIDS-response Standard Organization from both business and social perspectives. It provides life insurance premium bonuses of 5–10% to companies that implement firm-level HIV/AIDS policies and measures (Baker, Allen-Toland, & Graham, 2006).

The policy guidelines of both international and business-based organizations frequently use the concept of CSR to express a balanced view of economic and business interests on the one hand, and social and moral responsibility of the corporations for the employees and the wider society on the other. International organizations hoped the concept of CSR would lead to standardized policy principles for corporations, labor, civil society, national governments and various other organizations across the globe such as those set up in the ILO Code, and promote social dialogue on the issue of HIV/AIDS. Thus the ILO stated that “[i]n an era of globalization and global enterprises, it is important to balance the interests of developed and developing countries and to ensure impartiality in the promotion of CSR partnerships” (ILO/AIDS, 2005: p. 55). Here the logic of business principles and that of human rights merge to frame the corporate response as an action based on CSR.

On the other hand, both international and business-based organizations have their own rationales for their policies and actions, rendering it difficult to reconcile the interests of the various social actors. International organizations articulate the utility of the concept of CSR in multisectoral collaboration, and maintain the primacy of the basic principle of human rights intact. Business-based organizations strongly advocate business-oriented schemes such as coinvestment, meaning joint investment with common objectives for universal and equitable access to provisions for prevention, treatment and care and support, and promote it in collaboration with nongovernmental organizations (GBC, 2006; GTZ/GBC, 2005). For example, the German Technical Cooperation (GTZ) and GBC (Global Business Coalition on HIV/AIDS) have stated explicitly that the practice of coinvestment brings in business interest in the developmental goals of a country, so that both parties are able to achieve their objectives efficiently (GTZ/GBC, 2005). Such precarious collaboration between international and business-based organizations sustains the current upsurge of global initiatives on HIV/AIDS management in the workplace. The actual reality of management in the field is exceedingly complex.

The objective of this research was to explore this actual reality through the methods described below.

Methods

Ethnographic case studies were undertaken in 10 Japanese-affiliated companies as part of broader fieldwork carried out intermittently from 1997 to 2006 in North Park (a pseudonym), an industrial park located in the Lamphun province of northern Thailand. Ten of a total of 22 Japanese MNCs operating there were selected, considering both the representativeness of the size and industry of each selected company and accessibility to information in the company (see Table 1).

In Company A, the total Thai workforce consisted of managers (approximately 1%), group leaders (3%), clerks and technicians (6%), and ordinary workers (female 75%, male 15%), defined as those who primarily worked on the production line as operators, leaders or quality-control workers. The composition of the workforce was nearly the same in other companies (Companies B, C, F and G); but variations existed due to the nature of the production processes. The case studies incorporated participant observation and qualitative interviews. Participant observation was conducted for a total of three months in 1999 in one of the case companies, where the author worked as a trainee on the production floor. In 1998 and 1999, she also participated as an assistant instructor in nine educational seminars on HIV/AIDS carried out in eight of the companies. From 2000 to 2006, the 10 companies were regularly visited as were the dormitories of workers. In-depth interviews were conducted individually with some of the Japanese and Thai managers of the 10 case companies in 2002, as well as with 105 female workers and 62 male workers over the period of 1997–2002. All of the Japanese and Thai managers interviewed belonged to the administrative divisions, and were key persons for outside organizations to contact. Both snowball sampling and purposive sampling were used in the selection of the 167 workers. Ethnographic analysis was used to analyze the data (Spradley, 1979). This analysis included reviewing field notes and coding interview data to search for (1) recurrent words, phrases and thought patterns, (2) relationships among the key words, phrases and thought patterns, and (3) cultural themes regarding HIV/AIDS risk and management.

Results

HIV/AIDS epidemiology

The upper northern region of Thailand to which Lamphun belongs has been seriously affected by HIV/AIDS, with the reported number of AIDS cases constituting nearly 23% of the national total from 1984 to 2003 (MOPH, 2003). In Lamphun, the number of annually reported HIV/AIDS cases increased rapidly from five in 1990 to 969 in 1996, started to decline in 1997, and fell to 308 in 2003, when the cumulative number reached 7459 (LPH, 2004). The estimated HIV prevalence rate among pregnant women in Lamphun reached 9.86% in 1995 and gradually declined afterwards to 0.9 in 2004 (UNAIDS, 2006). From 1989 to 2003, nearly 77% of the persons affected were aged 20–39 years and about 90% of the cases were due to heterosexual transmission. Occupationally, nearly 65% of those affected were classed as “general employees”, to which class employees at North Park belong (LPH, 2003). “General employee” is an inclusive category for people who are employed, including those who work in large family farms, food and agricultural companies and construction companies, as well as foreign manufacturing companies.

There were few reliable studies on HIV/AIDS prevalence among employees at North Park. In a 1994 survey by the Office of Communicable Disease Control Region 10 (CDC10) of volunteer employees (106 men and 393 women), mostly working at North Park, seven of the 106 men and five of the 393 women were HIV-positive, a prevalence of 2.4% (Natpratan et al., 1996). Another study conducted in 1999 by the Lamphun Provincial Office of Public Health (LPH) and the CDC10 found that 3.5% of the study participants (127 employees) were HIV-positive (LPH, 1999).

Corporate HIV/AIDS measures and activities

All of the 10 case companies regularly carried out various activities concerning HIV/AIDS such as holding annual AIDS education seminars for employees, distributing information materials at a nursing station, and installing condom vending machines in men’s and women’s rest rooms on the production floors. Employees also had the opportunity to undergo a confidential and voluntary blood test for HIV at the company’s annual health examination. None of the companies provided in-house medical support and care specifically for HIV/AIDS, but this was available at hospitals the employees were registered with under contract to the Social Security Fund. In addition, large companies (labeled here as Companies A–F) constantly made donations to AIDS orphans in Chiang Mai. The corporate measures for medical support and care had some variations. Companies A, B, F and J provided HIV-positive
employees with extended sick leave or assigned them to new positions, taking their health conditions into consideration. In these companies, HIV-positive employees worked until they developed AIDS-related symptoms or alternated between working and being hospitalized until they finally could not work any longer. The Social Security Fund, group-based private insurance, and factory funds covered the medical costs. Companies C, H and I were less generous, providing neither reasonable accommodation nor sufficient medical information for HIV-positive employees.

On the whole, the main differences in the HIV/AIDS activities specified in the ILO Code and those of the case companies were their specificity and completeness. The case companies had much more specific measures in the area of prevention than did domestic Japanese companies, but the overall measures still fell short of those stipulated in the ILO Code and did not properly cover the four key areas of action outlined above. For instance, none of the case companies developed a firm-level HIV/AIDS policy; none clarified the personnel policies on HIV/AIDS screening; and none officially promoted dialogue among the management, workers and representatives of outside organizations on these issues.

In North Park, the LPH (Lamphun Provincial Office of Public Health) and the Lamphun Provincial Office of Labour and Social Welfare (LLSW) were the major public organizations responsible for workplace HIV/AIDS projects. In fact, in 1994, the LPH designated North Park a targeted area for HIV/AIDS prevention. In the following year, together with the LLSW, it organized the first AIDS educational seminar in Company B. In 1998, the regional office of the CARE/Raks Thai Foundation in Chiang Mai joined them and carried out a total of 32 educational AIDS seminars in 13 companies at North Park. The LPH and the LLSW dispatched nurses, labor law professionals and other officials specializing in HIV/AIDS training. The LPH and the LLSW continued to provide AIDS education seminars regularly. These outside organizations formed a strong network in collaboration with the Thai Ministry of Public Health, the Thai Ministry of Labour and Social Welfare, the TBCA (Thailand Business Coalition on HIV/AIDS), and HIV/AIDS and the world of work at the regional office for Asia and the Pacific of the ILO, which gave them the potential role of disseminating the global policies and guidelines to the companies in North Park. However, they could do no more than provide education or dispatch instructors. Indeed, they had only minimal power to promote HIV/AIDS activities further in the companies.

**Corporate hierarchy and the logic of relationships**

The organization of the workforce in the case companies showed a clearly defined hierarchy based on class, ethnicity, nationality and gender. Japanese managers who occupied the highest ranks in the companies supervised the Thai employees and facilitated smooth communication with their multinational corporate headquarters. Large companies such as Company A and Company B assigned Thai personnel to top level management and entrusted them with the power to manage human resource development and occupational health and safety. The Thai managers were the sons and daughters of relatively affluent middle-class families in Chiang Mai, Bangkok and other provincial urban centers. They were highly educated, holding bachelor’s or master’s degrees, and fluent in Japanese and/or English. In a survey on the composition of the workforce of Company A conducted by the author in 2000 (Michinobu, 2005), approximately 86% of the Thai managers were male. Ordinary workers were mostly from northern farming families. In the 2000 survey, 45% of them were from Lamphun, 52% were from other provinces in the North, 2% were from the Northeast and 1% were from other regions. Most of those who had to commute more than 1 h rented a room in a dormitory near North Park. Being sons and daughters of marginally poor to middle-class farming families, they were from the lower-class in the overall Thai social structure; yet formal employment in the case companies gave them opportunities to improve their social and economic status that would have been unattainable through farming.

The stratification of corporate employees entailed specific forms of interactions among them. The logic of relationships based on their ascriptive differences, particularly class, ethnicity and nationality, governed the way they interacted with each other through self-presentation and differentiation. Their practices followed certain normative forms of interaction such as senior–junior and supervisor–subordinate relationships; yet categorization based on the ascriptive differences affected them more than the presumed conventional norms of the relationships. To put it differently, the logic of relationships based on ascriptive status had a primary influence on the way they interacted with others, and conventional norms were enacted through this logic. The MNCs were not homogeneous, as corporate actors from various social and cultural backgrounds simply practiced what each thought of as normative. New practices emerged from the convergence of various normative practices that acquired specific meanings in the particular logic of the relationships in the companies. Understanding the relational logic thus requires simultaneous efforts to explore everyday practices among corporate actors and to uncover the norms/conventions they apply to their everyday situations. In the following section, the paper will examine how the relational logic among these corporate actors affected the way they thought about the issue of HIV/AIDS in the company, what kinds of norms and conventions were employed, and how.

**Corporate actors’ outlook on HIV/AIDS in company**

**Japanese managers: “irrelevant to our company”**

Over the course of this research from 1997 to 2006, Japanese managers showed a gradual decline of interest in HIV/AIDS management. This corresponded to the decline of the newly reported HIV/AIDS cases in Lamphun. In interviews conducted in 2002, no one stated that he was going to set up a formal corporate HIV/AIDS policy or to improve existing HIV/AIDS measures. All of them were rather satisfied with the current measures that focused on providing information. They commonly emphasized that HIV/AIDS, a disease contracted primarily through heterosexual transmission, was an individual issue. A Japanese managing director of Company A, for instance, stated in an interview that, although he had genuine concern about the rapid changes in the communities surrounding North Park, where the increase in the entertainment facilities with young women soliciting customers posed health

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**Table 1**

<table>
<thead>
<tr>
<th>Company</th>
<th>Primary products</th>
<th>Total employees</th>
<th>Japanese*</th>
<th>Thai Men</th>
<th>Thai Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Electronics</td>
<td>1380</td>
<td>13</td>
<td>260</td>
<td>1107</td>
</tr>
<tr>
<td>B</td>
<td>Electronics</td>
<td>3022</td>
<td>22</td>
<td>450</td>
<td>2550</td>
</tr>
<tr>
<td>C</td>
<td>Electronics</td>
<td>1710</td>
<td>10</td>
<td>255</td>
<td>1445</td>
</tr>
<tr>
<td>D</td>
<td>Machinery</td>
<td>1390</td>
<td>10</td>
<td>630</td>
<td>750</td>
</tr>
<tr>
<td>E</td>
<td>Electronics</td>
<td>3111</td>
<td>20</td>
<td>216</td>
<td>2875</td>
</tr>
<tr>
<td>F</td>
<td>Electronics</td>
<td>3522</td>
<td>30</td>
<td>439</td>
<td>1053</td>
</tr>
<tr>
<td>G</td>
<td>Glass</td>
<td>715</td>
<td>10</td>
<td>753</td>
<td>527</td>
</tr>
<tr>
<td>H</td>
<td>Clothing products</td>
<td>136</td>
<td>1</td>
<td>67</td>
<td>68</td>
</tr>
<tr>
<td>I</td>
<td>Wooden products</td>
<td>429</td>
<td>2</td>
<td>202</td>
<td>225</td>
</tr>
<tr>
<td>J</td>
<td>Electronics</td>
<td>283</td>
<td>3</td>
<td>17</td>
<td>273</td>
</tr>
</tbody>
</table>

* Japanese workforce consisted only of men, except in Companies F and J, each of which had one Japanese female employee.

Source: Interviews with Thai administrative managers of 10 case companies at North Park in 2002.
risks for the workers, he did not think that they would listen to advice from doctors or nurses because going out and doing something bad for one’s health is an individual matter (interview, 2002).

Other Japanese managers also believed that issues of sexuality and health were private matters and should not be brought into the corporate sphere.

An oft-heard comment among Japanese managers was that, for the company, HIV/AIDS was an external (soto) problem, not an internal (uchi) one. For them, soto was the local sphere with pressing social problems and risks, whereas uchi was the corporate sphere, which must be risk free. They basically did not like to have workers who were HIV-positive in their companies, and some of them had, in the past, ordered pre-employment HIV screening for new applicants (informal interview, 1998). The screening was done in several companies as a countermeasure to attacks by the media over the alleged incidence of occupational diseases among workers in 1994. The Japanese managers insisted that the measure was intended to provide a risk free workplace for their employees. Claiming that HIV/AIDS would never be a serious problem in their companies, many of the Japanese managers interviewed considered it to be “irrelevant to our company.” However, some (in Companies A, B, and F) stated that they could not totally deny the risk for transmission of HIV on the shop floor since it could occur, for instance, through bleeding injuries (interview, 2002).

The logic of relationships by which the Japanese maintained an ethnicity/nationality-based difference influenced their conventional thinking about social spaces (uchi and soto), sexuality and health in dealing with the issue of HIV/AIDS. They regarded it as a personal problem related to promiscuous sexual behavior that happened mainly among the local Thais and should not be brought into the company. In reality, however, it was almost impossible for Japanese managers to contain the risk of infection among the employees, since they could not supervise their private lives. As a result, they could not actually control HIV infection in their companies and some admitted they had HIV-positive employees. Nonetheless, Japanese managers maintained an attitude of indifference and were not greatly engaged in HIV/AIDS prevention. They thought that it mainly concerned Thais and thus should be handled by Thai managers if necessary.

In Japanese companies, the shokuba (place of work) is the basic unit for managing workers’ health, and human resource management is based on tacit knowledge of the leaders of the shokuba. The logic of relationships in the case companies made the conventional practices of human management ineffective in dealing with HIV/AIDS. All of the Japanese managers entrusted Thai administrative managers to deal with the HIV/AIDS issue, following the logic of the relationships between them. However, they did not expect the Thai managers to think about and formulate extensive policies and measures beyond legal requirements. Instead, they expected Thai section leaders of the shokuba to work with the Thai managers when the issue arose. In a follow-up visit to Company H in 2006, the Japanese managing director maintained that he could scale up HIV/AIDS-related activities as part of social activities initiated by Thai managers and section leaders, but not as formal and institutionalized activities led by Japanese. Without formal support, however, a Thai administrative manager at Company A was uncertain about how far he and section leaders should be involved in HIV/AIDS management (interview, 2000). Actually, the Japanese managing directors did not have the authority to independently formulate HIV/AIDS policies. Japanese managing directors of Companies D, E and G clearly stated that they could not initiate any action independently and had no opportunities to discuss the issue with their headquarters counterparts. The corporate structure and the logic of relationships constrained constructive views of HIV/AIDS management.

Thai managers: “local social issues, relevant to workers, but not to us”

All of the case companies except Company I assigned a university-educated Thai fluent in Japanese person to the position of administrative department manager. Successful outcomes for outside organizations—promotion of HIV/AIDS-related activities in the companies—depended on the Thai administrative managers’ willingness to cooperate and ability to make proposals and negotiate with Japanese managers. The administrative managers were trained in occupational safety and health, and entrusted with the authority to manage health issues among workers. Frequently, he or she had worked longer for the company and knew the local situation better than the Japanese managers. The tasks related to HIV/AIDS included talking with representatives from outside organizations, making an annual plan and proposals for HIV/AIDS activities, and implementing them. The administrative manager had detailed knowledge about the situation of HIV/AIDS in North Park and was familiar with the prevention activities of outside organizations.

Thai managers shared the idea that HIV/AIDS was an issue of the local society and therefore should be managed by all concerned parties; however, their concern was mainly directed toward ordinary workers, not their own risk. Though some managers periodically underwent blood tests, most dismissed the necessity, blaming the workers’ behavior for HIV infection. They maintain that “HIV/AIDS is a local social issue relevant to workers, not to us.”

In an interview, a Bangkok-educated female Thai general manager of Company G said:

The main reason for the spread of HIV infection among young workers is the result of their casual behavior, including going out drinking and having casual sex with someone they meet at a festival or in a bar. I have no idea about what kinds of HIV prevention are good for them. Personally I cannot understand why they behave so badly… (interview, 2002).

She showed genuine concern about the issue of HIV/AIDS among workers while maintaining a certain apathetic feeling toward them. This discrepancy was due to her class-based perception that the lifestyle of workers was totally different from hers and therefore incomprehensible.

In the context within which Thai managers articulated class and regional differences from workers, especially in relation to HIV infection, the logic of relationships based on ascriptive differences influenced their behavior more than the conventional behavioral norms assumed to underlie their relationships. The Thai administrative managers worked on not only the issue of HIV/AIDS but also others, including debt, drugs and violence among workers. They also helped workers to adjust to the work environment and stay on the job as long as possible. Not doing so would destroy the conventional senior–junior relationship in Thai society, where pi (seniors) take care of norng (juniors) and norng express their respect for pi in return, and would disrupt solidarity among the Thai against the Japanese. The manager–worker relationship in the case companies, however, was not a simple reproduction of the conventional social relationship. They interacted with each other in a situation involving people from various social classes and geographical regions. The pi–norng relationship cut across class and spatial boundaries in Thai society. Ordinarily this would not happen in local society where class and regional boundaries determine one’s occupation and occupational sphere. The Thai managers and workers were the first generation to interact with each other beyond the usual social boundaries in the new occupational sphere of MNCs. Accordingly, while the pi–norng relationship encouraged the Thai managers to consider various issues among workers, the logic of relationships based on the ascriptive status generated a feeling of difference and apathy toward workers.
Thai workers: ‘deviant others’ issues, irrelevant to us’

The great majority of ordinary workers, including 105 female workers and 62 male workers interviewed from 1997 to 2002, denied their own risk of becoming infected with HIV. Only seven female workers admitted that they would be potentially at risk of infection, and attributed the risk potential not to their own behavior but to the particular environment they lived in where HIV/AIDS was prevalent. One of them had an older brother who died of AIDS at the age of 31, and another two had a friend who was infected by her unfaithful HIV-positive husband.

Those who denied their own risk held definite images about risk groups such as sex workers, drug addicts, truck drivers and those who habitually have multiple sexual partners (Michinobu, 2000). They perceived of and responded to the issue of HIV/AIDS based on the logic of self-presentation and differentiation from those groups of people, who were often categorized as socially deviant in Thai society. Many of them responded to the question about their own risk potential by saying that they were safe because they never got involved with such groups. Thus a 26-year-old single female worker said in an interview in 1997, “AIDS prevention is basically for those who have multiple sexual partners. It is not relevant to me (mai kiau phan).” And another single female worker aged 24 said, “I try not to relate to klum siang (risk groups), so AIDS has nothing to do with me (mai kiau phan).”

Their views of social categories or divisions in society in relation to the risk of HIV were based on generally accepted ideas of differences grounded primarily on class. In northern Thai villages, the social boundary between middle-class farmers and lower-class peasants is primarily based on land ownership but increasingly depends on income, including remittances from children working in cities. Ordinary workers were from both middle-class farming and lower-class peasant families, but their remittances (on average, 1000–2000 baht, or approximately 30–60 US dollars, per month) raised their family’s social status, especially among the lower-class. As a result of the life changes after coming to work in North Park, many of them improved the economic status of their families and identified themselves as middle-class (Michinobu, 2003). In accordance with the class divisions, ordinary workers set a clear boundary between low-risk groups and high-risk groups and identified themselves with the former.

Those workers whose social and economic status had improved developed positive self-images and reinterpreted conventional norms or generated new behavioral patterns to present themselves as socially respectable persons. In this process they denied their potential risk of infection. Ordinary female workers who had sexual partners often stated that they were in a relationship in which the potential risk of infection. Ordinary female workers who had sexual relationships considered socially acceptable sexual behavior but to the particular environment they lived in where HIV/AIDS was prevalent. One of them had an older brother who died of AIDS at the age of 31, and another two had a friend who was infected by her unfaithful HIV-positive husband.

Many male workers, especially those who were married, identified themselves with such characteristics as having a stable life, good occupational status and a respectable partner. Some male workers recounted their past behavior and explained how they transformed themselves into socially respectable persons. As a 27-year-old married male worker, born in a small village in Chiang Mai, said:

I used to be a truck driver and rest at gasoline stations and tea-houses. Those places were full of drunken men served by saau boorkaan (female sex workers). I used to go out with those women. We do not have such places here, but we have matchmakers who introduce women to us. Once I got a job here, I have been very cautious not to get involved with such women anymore. I have a stable life here and have become mature enough to be responsible at work and at home (interview at a dormitory, 1999).

Contrary to these positive self-images, these male workers maintained negative and stereotypical images of poor peasants as uneducated and sexually promiscuous. They blamed those still engaged in risky behavior for the spread of HIV/AIDS in Thai society.

In sum, Japanese managers, Thai managers and ordinary Thai workers all considered HIV/AIDS to be “irrelevant” to their company and/or themselves. HIV/AIDS measures in the companies were limited to provision of information. This perception and management of HIV/AIDS developed from their everyday interactions governed by the logic of relationships in the company. In these interactions, they categorized others based on their ascriptive status, primarily on class, ethnicity and nationality. In thinking about and dealing with the issue of HIV/AIDS, they sought scapegoat groups that were lower than them in the class and/or nationality-based hierarchical system. They cast the risk of HIV infection upon these scapegoat groups and reduced their own sense of risk.

Operating within the logic of such relationships, neither Japanese nor Thai conventional norms worked to foster a sense that everyone in the companies could potentially be at risk of infection, or to create a system of caring for others regardless of their ascriptive differences. Japanese perceptions of space, sexuality and health worked to portray the HIV/AIDS issue as a local one and to give responsibility for it to Thai managers and the leaders of the shokuba. The Japanese also let the Thais handle it on their own, following the conventional human management system in which the leaders of the shokuba are supposed to care for their workers’ health. However, this system did not work well in the case companies because of the class-based division between the leaders and workers. The conventional pi–norng norm should bridge the gap between leaders and workers, but in fact it did not due to the crossing of class and regional relations. Workers themselves appropriated social norms of respectability in a way that upheld their positive self-images and denied their own risk. The daily practices ultimately gave rise to an overall corporate attitude of indifference and mode of silence in responding to HIV/AIDS.

Discussion

The central question of this study is why the Japanese companies are not adopting the international policies and practices or actively engaged in global collaboration. A novel finding of this study is that, in the corporate field, the logic of relationships governs the daily practices of corporate actors, and that the relational logic, not ideals or principles, influence their views of and actions on HIV/AIDS management in the company. This is why Japanese companies cannot handle HIV/AIDS in terms of international policies and guidelines that are based on the logic of human rights and the logic of business principles. This finding challenges the current orientation of the global initiatives on HIV/AIDS management in the workplace, which is primarily focused on the promotion of international policies and guidelines.
A central problem in global initiatives is that international policymakers treat international policies and guidelines as global standards and promote them universally without fully understanding the complexity of the local situation. By framing HIV/AIDS as an issue of human rights and HIV/AIDS management as a practice of global CSR, international policymakers have developed standardized guidelines; however, they do not provide a clear picture of what corporations actually should do in a given situation and what results would be achieved by the actions. The business sector also disseminates “best practices” globally with the assumption that the ideas and practices developed in one locale can be smoothly transferred and adopted in another locale. The current study has shown these assumptions to be false and that the business principles do not appeal to Japanese companies because they do not see HIV/AIDS management in strategic business terms like an investment.

A related problem is that what international policymakers assume to be “universal” might be a Western conception. Mutua (2002), for instance, has argued that the logic of human rights, the kernel of thoughts and actions of the UN agencies, is founded in Eurocentric political ideology and promotes liberal democracy as practiced in Western countries. The logic of human rights actually entails a Western notion of personhood that stresses autonomy and independence, as it is understood widely that human rights are the rights of “individuals,” and these rights “inhere” to individuals because they are human (Mann et al. 1999). Similarly, the assumption that all people have an equal level of risk is based on the Western conception of risk articulated in the work of Ulrich Beck (1992). Based on his observation of post-industrial German society, he argues that a new distinctive risk society in which individuals are equally subject to health and environmental risks is evolving globally, and the practice of risk management is essential (Beck, 1992). Contemporary society is indeed a risk society; however, risk perceptions of individuals vary, and include difference and denial of risk. Variance emerges in their particular relatedness with others, including factors such as class and gender. In this situation, risk management is not a universal option for everyone.

The abstract and context-free nature of the international policies and guidelines for HIV/AIDS management is challenged when applied to the actual corporate situation, especially in non-Western countries where different ideas of personhood and relatedness lead to different perceptions and actions concerning HIV/AIDS. The current study has shown that in everyday life corporate actors are never autonomous, as their thoughts and actions are constrained by the corporate structure. In the companies, people are still understood in ascriptive ways and they are still categorized according to class differences. The threat of HIV/AIDS increases the categorization of people as a way of keeping risk and fear away from one’s own higher-level group. In this situation, imposing the notion of human rights on the promotion of HIV prevention among Thai employees is problematic, since Thai managers, and even ordinary workers, refused to be identified as powerless and vulnerable to HIV infection. This situation needs a whole different approach to HIV/AIDS management that fosters attitudes and practices of caring for others and eliminates the stigma and fear of HIV/AIDS.

There is a global dearth of studies on HIV/AIDS management in multinational corporations and no studies, to my knowledge, have investigated it from a perspective that focuses upon human practices, interactions and relationships, with the exception of the study by Dickinson (2004) in South Africa. Dickinson explored the reasons for the slow progress in the corporate response to HIV/AIDS in South Africa, and identified various social, political and economic tensions in and outside of companies that complicated corporate actions on HIV/AIDS. For instance, he illustrated that actions on HIV/AIDS often faced resistance from management on moral grounds as well as in racial terms. This reflected moral and racial tensions in the wider society, in which HIV/AIDS is associated with sexual shame and it is commonly seen as a disease of people of color (Dickinson, 2004). Dickinson’s study attested to the importance of looking at the field-level human interactions and social and cultural tensions that originate in a divided society. In line with his findings, the current study argues that the relational and sociocultural aspects must be fully examined to understand how corporate actors actually manage HIV/AIDS in companies.

Conclusions

In Japanese MNCs, the logic of relationships affects the way corporate actors think of and act on HIV/AIDS management. International, national and business organizations attempt to apply the universal Western logic of human rights and business principles to the Japanese situation and promote standardized HIV/AIDS management. However, Japanese companies do not share the international standards or actively participate in the global initiatives. This study has shown that in the everyday context of the companies the universal Western logic does not fit with the relational logic tightly linked to class- and ethnicity/nationality-based hierarchy for either Japanese managers or their Thai managers and workers. The results suggest a need for international policymakers to pay more attention to everyday practices in the actual field of policy dissemination.

References


