AIDS AND PROSTITUTION IN THAILAND: CASE STUDY OF BURMESE PROSTITUTES IN RANONG

by

Hnin Hnin Pyne

B.A. Architecture, Wellesley College
(1988)

Submitted to the Department of Urban Studies and Planning
on May 13, 1992 in partial fulfillment of the requirements for the
Degree of

MASTER OF CITY PLANNING.

at the

Massachusetts Institute of Technology

May 1992

Signature of Author.....
Department of Urban Studies and Planning
May 10, 1992

Certified by .....
H. Patricia Hynes, Adjunct Professor
Thesis Supervisor

Accepted By .....
Ralph Gakenheimer, Professor
Chair, MCP Committee

For Aung San Suu Kyi, whose
vision, commitment, and courage inspire me
and provide hope for a just and peaceful Burma.

For the Burmese women I met
whose struggle will not be forgotten
and whose stories will no longer remain untold.

ACKNOWLEDGEMENTS

Conducting the research and writing this thesis have been an emotionally draining and intellectually and personally challenging experience. My work would not have been possible without the gracious assistance and support of numerous individuals and organizations.

Firstly, I would like to thank the organizations and individuals in Bangkok and Ranong that enabled me to carry out my research: EMPOWER (Phi Noi and the wonderful women on the staff, and my students from Pat Pong and Soi Cowboy); Mayuree (Phi Larn) for warmth and friendship; PDA (Dr. Ye Htun) for inviting me to attend the Lectures series and providing access to resources; World Vision; Centre for Protection of Children's Rights; Emergency Home; Foundation for Women; Tony Bennett of Family Health International; Nonglak of the AIDS Division of the Ministry of Public Health; Dr. Klaharn of Provincial Health Center; the generous staff at the Ranong VD clinic (especially Khun Son); and Ko Aung Win. All views presented in this paper are my own and in no way represent any other individual or organization.

Secondly, I would like to thank Gita Sen for reading my thesis and inspiring me to continue my work on gender, and Judith Tendler for guiding and encouraging me throughout the process. I am also grateful to Jesse Ribot for introducing me to the world of political economy, and enabling me to better understand the linkages between theory and practice. His critique and encouragement have been invaluable. As for my thesis advisor, Pat Hynes, I am ever so thankful for her insight, her keen analysis, and her tireless support and understanding. Her commitment and activism are truly inspiring.

Of course, I would not have made it through without my brilliant and supportive friends, Juliet, Judy, Sumila, Gabrielle, Julie and Mary.

Finally, I want to thank my parents, who taught me to believe in myself and to care for others, my grandparents who never once gave up on me, my sister Sandee for her strength and always standing up for what she believes, and the Raglands for all their support. And most of all, I want to thank Tom for putting up with my frustrations, for making me feel safe in Ranong, giving me room and space to cry and laugh. I would not have been able to carry out the research and the writing without his patience, understanding, warmth, sense of humor and most of all unconditional love.

AIDS AND PROSTITUTION IN THAILAND:

CASE STUDY OF BURMESE PROSTITUTES IN RANONG

by

Hnin Hnin Pyne

Submitted to the Department of Urban Studies and Planning
on May 13, 1992 in partial fulfillment of the requirements for the
Degree of Master of City Planning

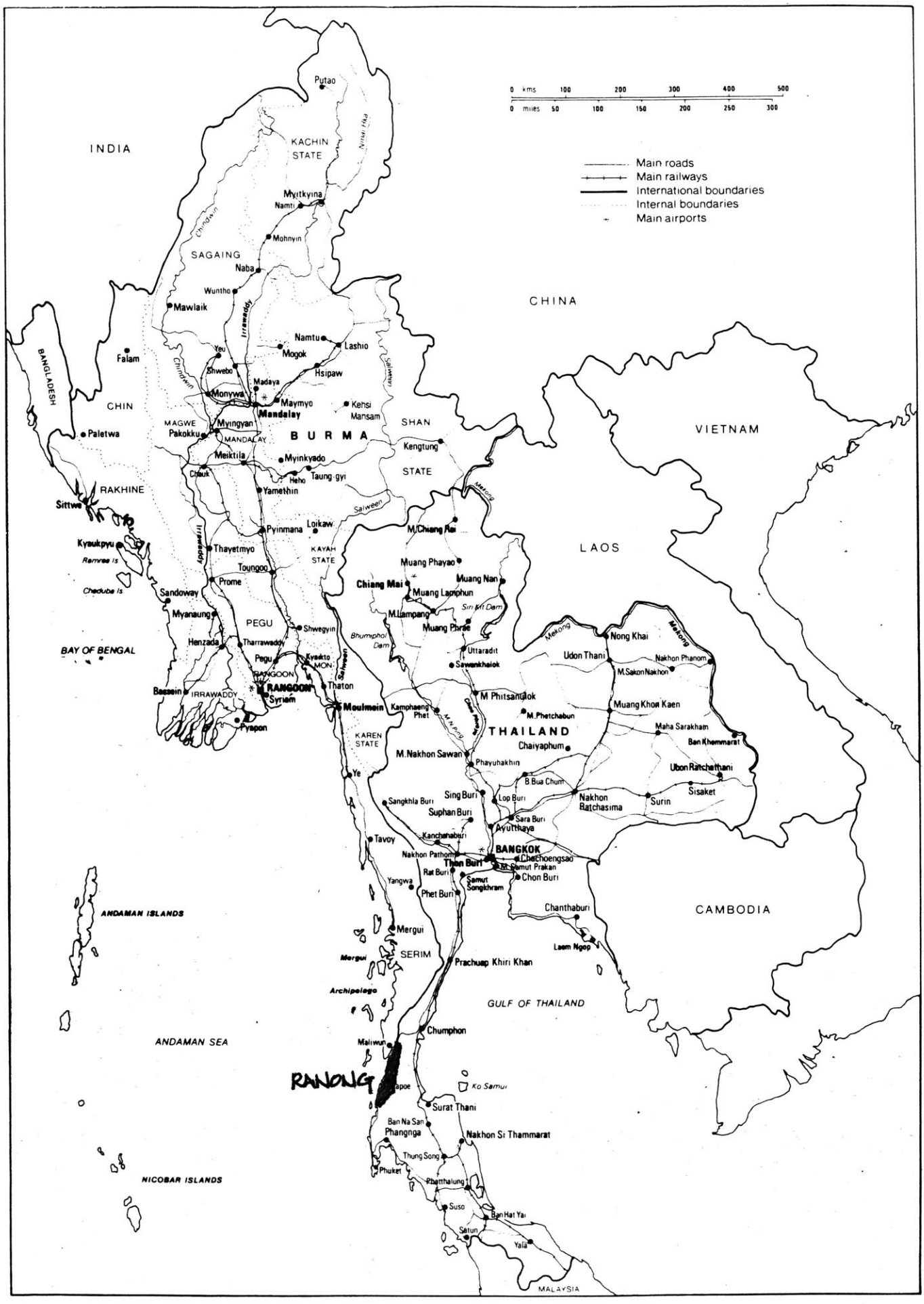
ABSTRACT

Thailand has received much attention recently from international agencies and the media as the country experiences an explosion of HIV infections. Transmission of the virus has been predominantly through intravenous drug use and heterosexual sexual contact. Sex tourism and a large indigenous base for prostitution play major roles in the rapid spread of HIV. Women in the sex industry are diverse, and cannot simply be treated as a "high risk" group, or as possible vectors of the virus. Each woman faces specific conditions, as shaped by political economic and social forces, that not only determine her life in prostitution and her future, but also her response or lack thereof to AIDS prevention.

I chose to focus on prostitutes from Burma, because they face the greatest risk of contracting the AIDS virus, and yet are largely ignored by current AIDS prevention programs. Political and economic crisis in Burma has placed the women in their situation as prostitutes in the Thai sex industry. I interviewed the women in various sites, brothel, shelter and clinic, in an attempt to understand their lives in sex establishments, their means of entering prostitution, and most importantly their perceptions about AIDS and condoms. Exploring the political economic and social context of Burmese prostitutes cultivates an understanding of barriers to, and opportunities for intervention. In order to assist these women in protecting themselves from HIV and in stopping the transmission of the virus to clients, national and local efforts must be undertaken. The issue of repatriation needs to be carefully addressed at the national level, while intervention at the local level ought to focus on shelters, a system of support for AIDS prevention and empowerment.

Thesis Supervisor: H. Patricia Hynes
Adjunct Professor, Department of Urban Studies and Planning

TABLE OF CONTENTS


0 kms 100 200 300 400 500
0 miles 50 100 150 200 250 300
Main roads
Main railways
International boundaries
Internal boundaries
Main airports
INDIA
CHINA
BURMA
THAILAND
LAOS
VIETNAM
CAMBODIA
BANGLADESH
BAY OF BENGAL
ANDAMAN SEA
GULF OF THAILAND
ANDAMAN ISLANDS
NICOBAR ISLANDS
MALAYSIA
KACHIN STATE
SAGAING
MAGWE
MANDALAY
SHAN STATE
CHIN
RAKHINE
KAYAH STATE
PEGU
KAREN STATE
MON
SERIM
RANONG
Putao
Myitkyina
Namti
Mohnyin
Naba
Wuntho
Mawlaik
Falam
Paletwa
Namtu
Lashio
Mogok
Hsipaw
Yeu
Shwebo
Madaya
Monywa
Maymyo
Mandalay
Kehsi Mansam
Myingyan
Pakokku
Meiktila
Myinkyado
Chauk
Heho
Taung-gyi
Yamethin
Kengtung
Sittwe
Kyaukpyu
Ramree Is.
Cheduba Is.
Pyinmana
Loikaw
Thayetmyo
Toungoo
Prome
Sandoway
Myanaung
Shwegyin
Henzada
Tharrawaddy
Pegu
Kyaikto
Thaton
Bassein
IRRAWADDY
RANGOON
Syriam
Moulmein
Pyapon
Ye
Tavoy
Mergui
Mergui Archipelago
Maliwun
Kapoe
Ko Samui
Chumphon
Prachuap Khiri Khan
Surat Thani
Ban Na San
Phangnga
Nakhon Si Thammarat
Thung Song
Phuket
Phatthalung
Suso
Ban Hat Yai
Satun
Yala
Sangkhla Buri
Suphan Buri
Kanchanaburi
Nakhon Pathom
Rat Buri
Yangwa
Phet Buri
Samut Songkhram
BANGKOK
Thon Buri
M. Samut Prakan
Chon Buri
Chanthaburi
Laem Ngop
Sing Buri
Lop Buri
Sara Buri
Ayutthaya
B. Bua Chum
Nakhon Ratchasima
Surin
Sisaket
Ubon Ratchathani
Chaiyaphum
Phayuhakhiri
M. Nakhon Sawan
Kamphaeng Phet
M. Phitsanulok
M. Phetchabun
Muang Khon Kaen
Maha Sarakham
Ban Khemmarat
Udon Thani
Nong Khai
Nakhon Phanom
M. Sakon Nakhon
Uttaradit
Sawankhalok
M. Lampang
Muang Phrae
Muang Phayao
Muang Nan
Chiang Mai
Muang Lamphun
M. Chiang Rai
Irrawaddy
Chindwin
Salween
Mekong
Sittang
Bhumphol Dam
Siri Kit Dam
Chao Phraya
M. Ping
RANONG

FOREWORD

I grew up believing there were two types of girls: "nice" girls and "bad" girls. My parents raised me to talk softly, to dress modestly, and to sit with my legs tucked behind me. I believed that women became prostitutes because of their greed, and vanity. My initial concern towards Thailand's sex industry was triggered by anger that sex tourism had lumped "nice" Asian women like me together with prostitutes. The international tourist industry and the Thai government further the myth of Oriental mystique and exoticism to promote Thailand as a sexual paradise, replete with women of sensual and submissive natures. This pervasive image shapes a tourist's expectations and guides his actions. Propositions from tourists enraged me. I was angry, because they had mistaken me for a prostitute. I reacted by examining my own appearance and behavior to ensure that I did not in anyway resemble one. My initial decision to study the rapidly growing sex industry was motivated not only by the threat of the AIDS epidemic, but also by the adverse image it had imposed on all Asian women, even those who behaved "properly."

Preparing for my field work has led me to reevaluate my beliefs and to realize that I was a part of the problem. I had embraced views and attitudes that perpetuate contempt and indifference toward these women, who need AIDS prevention to protect themselves from the disease, and not merely to stop the transmission of the virus to the general public. My long held prejudices posed barriers to achieving my research goals. Trust and respect proved to be crucial elements in my attempt to understand the lives of women who have become inextricably tangled in Thailand's sex industry.

INTRODUCTION

Thailand, once called The Land of Smiles, has become known as Asia's Brothel. The AIDS pandemic has brought to light the country's expansive and extremely profitable sex industry, catering to both foreign and local men. The women working in this industry are at great risk of acquiring Human Immuno-deficiency Virus (HIV), which causes AIDS. The deadly threat to these women is presently disregarded, as they are more often considered agents of transmission, or vectors, than individuals worthy of protection. Recently, prostitutes have become "targets" of AIDS prevention.

My thesis focuses on Burmese prostitutes in Ranong, because they face the greatest risk of contracting HIV. The Burmese women have very limited access to information about AIDS and other sexually transmitted diseases, due to the language barrier (very few speak Thai). In addition, the women hold the status of illegal immigrants, and are, therefore, isolated and difficult to reach. These Burmese prostitutes make up a population that has to date gone unexamined.

The objectives of this paper are threefold: to demonstrate the magnitude and urgency of the situation that Burmese prostitutes confront; to highlight the limitations of current prevention strategies; and to provide an approach that regards women as the focus rather than as a means. Such an approach aims to engender a better understanding of how political, economic and social forces shape prostitutes' lives, their future and their responses to the AIDS pandemic. The prostitute community in Thailand is diverse; each woman must grapple with unique options, constraints, and situations. AIDS prevention must reflect these differences, and specifically address the needs and lives of the women it aims to serve. This thesis does not attempt to offer an AIDS prevention strategy for all prostitutes. I will, however, discuss issues and questions that should to be considered when designing AIDS prevention programs.

The paper is divided into seven chapters. In the first chapter, I share my encounter with two Burmese women. The second chapter unravels the extensive and multifaceted Thai sex industry. The third discusses prostitution in Ranong, and focuses on the Burmese women themselves, their lives in prostitution, and their perceptions about AIDS and condoms. The fourth chapter provides a political, economic and social context, with emphasis on gender relations, of the Burmese prostitutes. The fifth describes the AIDS epidemic, and analyzes the current views on HIV transmission pattern in Thailand. The sixth examines AIDS prevention approaches and their limitations, and calls for a comprehensive analysis of women in prostitution. The final section, using the analysis of chapter four and six, proposes AIDS prevention strategies for Burmese prostitutes by exploring various levels of possible intervention, and by raising issues and questions that require further investigation.

CHAPTER 1. PORTRAITS OF TWO BURMESE WOMEN

Ma Win Yi

In June of 1991 a man reported to the Crime Suppression Police that his sisters-in-law, who were on their way to visit him and his wife from Burma, had been sold into prostitution in Ranong, a border town in Southern Thailand. He initially approached the owner of the brothel for the release of the woman, but the owner rejected his offer. The police raided that brothel and found twenty five Burmese women locked inside. [1] The owner, however, escaped. The women begged the police to take them away from the port town, for fear that they might again be forced into prostitution. The police brought them to a shelter in Bangkok. Kept on the top floor of a four story building, the Burmese women were barred from leaving the shelter's compound. According to the Thai immigration laws, they were illegal aliens. The women had been at Emergency Home for about one month when I met them.

It was here that I met Ma Win Yi for the first time. She stands less than 5 feet tall, wears waist-length hair tied in a bun, and her face painted with *thanakha.* She reminded me of family trips to the Burma's countryside as a young girl, the smell of the sandlewood-paste, and gracious smiles. She greeted me as I entered the common room, where she and several other women had been talking. They were expecting an immigration officer who was to tell them their fate. My presence initially surprised them. Win Yi took my hand and pulled me inside. She then called out into a hallway, which led into the sleeping quarters, that they had a visitor. About twenty women came running into the room, anxious to see who it was. I sat down on the hardwood floor by a large window. The women, with surprise and excitement in their eyes, surrounded me. Ma Win Yi was still holding my hand. I began to explain who I was and why I had come to see them. My mind raced,

---

[1]The raid was reported in *Bangkok Post* June 20, 1991.

how should I refer to them, or what they do? The Burmese I knew did not contain words for sex, or brothel. All the words for prostitute were derogatory: *ma-kaung de mainma* (not good woman) and *kyet* (chicken). My nervousness did not go away. The pressure of Win Yi's hands on mine, however, reassured me. Can they see I am uncomfortable? Do they think I am uncomfortable because I am not one of them? Ma Win Yi smiled, and told me that my skirt was beautiful. I smiled back, and stared at the women, the black hair, the deep brown skin, the dark eyes. They had as many questions about me as I did of them. They wanted to talk about everything, and it quickly became obvious who the leaders of the group were. The two older women repeatedly told others to be quiet and to behave. There was a clear hierarchy, seemingly defined by age. Outside of the circle sat two young women who remained aloof. One was very pretty, and the other, with a boyish haircut, smoked a cigarette. They seemed absorbed in their own conversation, not interested in me. Within the circle, we talked about food (they hated Thai food, and could not imagine how the Thai people put sugar on everything). We talked about music and movies, and they played a tape for me. We talked about politics, and shared our respect for Aung San Suu Kyi. The women argued about the military government, whether the Burmese people were better or worse off since the pro-democracy movement. Again the two leaders had their say. I mostly listened. I told them I had not been in Burma for a long time, and was a little bit out of touch. Many of them felt sorry for me. You must miss Burma, they said. However much suffering we go through in our country, we would rather be at home.

It was difficult to talk to the women individually. But I managed to speak with them in small groups of two or three as the larger group broke up for lunch. I addressed them as *A-Ma*, or big sister, even though most of them were younger than me. In my culture, it is a sign of respect. They called me little sister, and in many ways, I was younger. They had experienced more hardship and pain than I ever will in my lifetime.

As the others ate lunch, Win Yi remained beside me and began her story. She comes from Central Burma, the town of Nyaung Le Bin. She never had any formal education, but managed to attend a few years at the village monastery. At age twenty seven, she is a mother of three children. Nine months ago a man, claiming to be a sailor who had just returned from Thailand, approached her at a market. He assured her that she could earn Kyat 6000 ($120) a month working as a waitress in Kawthaung, a town across the border from Ranong. At the time Win Yi earned only Kyat 1500 ($??)selling food. She decided to accept his offer. Economic conditions were growing worse in Burma, and this presented the opportunity of a lifetime. She placed her children in the care of their grandmother and left for the border with the man. On the way, she was joined by three other women. The man brought her and the others to a hotel, where they were to work, not as waitresses, but as prostitutes. After receiving Baht 3000 ($120) for each of the women, the man left them there.

Win Yi's new home was a "hotel," with a coffee house in the front. The hotel itself resembled a warehouse, and the coffee house was where she met her guests. She usually had soft drinks with them, and would then accompany them to her room. She received about eight customers a day, each paying Baht 70 ($2.75) to be with her for half an hour. It cost more if they stayed overnight. The guests paid directly to the owner of the brothel, and Win Yi was given none of the money. The "hotel" only provided her with food twice a day, and allowed her to keep tips from the guests.

Win Yi woke up every morning at 7:00 to prepare for the day. At 8:00 all the women formed several groups, each designated with a chore of cooking, cleaning, or washing. At times she was assigned to buy food; a motorcycle-taxi driver, hired by the brothel owner, would accompany her to the market to prevent her from escaping. She ran away once, but a driver captured her and received Baht 500 ($20) from the owner for returning her to the brothel. Win Yi lifted the back of her shirt, and I stared at the bruises

made by a steel pipe. She then pointed to the marks around her neck. I touched the pain and felt the scars left by barbed wire that was wrapped around her tiny neck. She smiled and told me that a woman who joined her on the escape had managed to evade the guards.

Win Yi then laid her hand on her stomach and said she was pregnant. She informed me that none of the women were given contraceptives, besides condoms, which she refers to as FL (french leather). The brothel owner forced her to work despite the pregnancy. He never took the women to clinics for any reason, except for late abortion procedures. Even then they were not able to stay for more than three days if there had been complications. When infections occurred, Win Yi treated herself with antibiotic cream, supplied by the brothel. Her guests did not like condoms and, to my surprise, she did not like them herself. Condoms make sexual intercourse very uncomfortable. I asked her, are they not lubricated. She looked at me, and gently resting her hand on mine, smiled again. She said that I was too innocent and sweet. There were so many customers that condoms actually increased the painful burning sensation, and caused friction sores. In addition, condoms made the client take a longer time to have an orgasm. Her words astounded me. I had so much to learn.

I saw Ma Win Yi again after a few days. I told her I would return in a week, but by then, the shelter informed me that the Burmese women had been taken away by the police. Their destination was unclear. I could only hope that she was on her way back to Nyaung Le Bin.

Ma Aye Aye

Aye Aye was the youngest of all the women I met. She had just been rescued from a brothel raid, along with eighteen other women.[2] Although they came from Burma, only six of them spoke my central Burman dialect, and Aye Aye was one of them. When I was introduced to her, she appeared puzzled, and later surprised to discover that I was Burmese. She exclaimed that I looked Burmese, I just did not dress like one. There were no chairs, so we pulled a mat over the cool tiled floor. She motioned for me to sit in a comfortable spot, and a few minutes later, brought me a glass of ice cold cola. Then three other women sat down beside me. They were beautiful: two had rich bronzed complexions with long black hair, in contrast to Aye Aye and her sister, who had fair skin with light freckles, and sharp cheekbones; their Lahu blood was evident.

Of the four, Aye Aye's image stayed with me. She suffered from AIDS. A local organization, which managed the shelter, had taken all the women to a clinic. Seventeen of the nineteen had the HIV virus, and all had some other form of sexually transmitted disease. Aye Aye's gaunt face exaggerated her large deep set eyes, and her shoulder length hair pulled back by a barrette. She was coughing and shivering as I sat next to her and her older sister. Aye Aye was seventeen years old. She lived in Mathila, a major city in Central Burma. Her father mended pots and her mother sold food. She helped support her family by washing clothes for wealthy households. She was only fourteen then. A woman, known in the community for her business in border trade and her frequent visits to Thailand, proposed to Aye Aye's sister that she work as a maid in Bangkok. The parents allowed the woman to take both sisters on her next trip. Two of Aye Aye's best friends also joined the party. Posing as merchants, they were smuggled across the border. Once

[2]Seventeen out of nineteen women were HIV infected, and this finding caused Mechai Viraivadya to warn about the spread of AIDS across borders into neighboring countries (*The Nation*, 7 May 1991).

in Thailand, the woman handed Aye Aye and the others over to a group of men, who brought them to Bangkok.

Aye Aye had been in Thailand for three years in two brothels. When she was moved from one brothel to the next, she resisted unless her sister and her two friends came along. The four had been inseparable. They were kept on the fifth floor of the establishment, which had a pool hall and a bar on the first two floors. The building housed approximately one hundred women. From noon to two in the morning, Aye Aye, wearing her numbered button, would sit behind a glass partition, while the men ogled her and the others from across the room. She would watch T.V, while waiting for her number to be called. She served about twelve to twenty customers a day, and they paid the brothel Baht 150 ($6) for one half hour. Aye Aye received only Baht 25 ($1) a day. The price for her sister and two friends was less. Aye Aye looked fourteen. I knew that brothels charged higher rates for young inexperienced girls, especially virgins, who are believed to enhance virility in a man. The clients were mostly Thai and Chinese. Aye Aye asserted, there were even Burmese men sometimes. The brothel owner threatened them not to murmur a word of Burmese. They were told not to say anything.

Aye Aye got up to get a plate of rice, topped with several pieces of chicken and stir fired vegetables. She insisted I eat as well. I shared a *satay* with her. It was good to see she had not lost her appetite. She spoke between handfuls of rice that she could not wait to eat her mother's food again. I had come just in time to see them. The shelter planned to take them back to the border the next day.

A woman from the shelter joined in our conversation. Asking me to translate her Thai and English, she expressed concern. It is completely out of her hands once they enter Burma. They have to pass the border security first. They will be arrested on the Burmese side if the guards find out that Aye Aye has been in Thailand illegally for whatever reason. Aye Aye had to pose as a Thai who is crossing to Burma for a day of shopping. She must

not utter a word of Burmese, nor carry any luggage. Aye Aye ardently rejected this request. She refused to leave her belongings. I am not going home empty handed! I have to take my things, she shouted. I listened to her with puzzlement. At first I was frustrated for not being able to persuade her that she may be risking her freedom. I attempted once more to convince her. She was stubborn, and repeatedly asserted, I cannot go home empty handed. It dawned on me, her pride and her dignity. She had been away from home for three years in a country that for most Burmese is a land of opportunity. Thailand may have taken away her virginity and her freedom, but she was determined to show her family and friends in Mathila that she had lived up to their expectations. I understood her.

There was another problem. When she left Burma, Aye Aye was too young to obtain an identification card, which all Burmese nationals over sixteen are required to carry. Even if she successfully crossed the border, she still faced a long and difficult journey--a month's trip during the rainy season--back to her home town. Check points are scattered throughout the route, and she did not have an identification. She seemed convinced, however, that she would be able to explain to the Burmese soldiers about her situation. I was not.

It was growing late, so I got up to leave. Aye Aye grabbed my hand. Please write to us, she said, I don't know anyone from America. I nodded and promised, I will come visit you in Mathila. I left the shelter, helpless. Not only had these women been stripped of their basic human rights; they could not even go home safely. I returned home and related the story to my mother. She asked me gently, did you know the town of Mathila burned down last year?

CHAPTER 2. THE SEX INDUSTRY

Thailand's sex industry is expansive in scope and complex in nature. It encompasses various forms of prostitution, clientele, establishments, and services. Tourism and the promiscuity of Thai men are the driving forces behind the sex industry. I will, however, focus on the indigenous aspect of the industry, as my research examines the situation of brothel prostitutes.

Sex Tourism

In 1989 Thailand boasted the fastest growing economy in the world (Economic Intelligence Unit Country Profile, 1990-91).[3] Tourism, which has been an increasingly profitable industry since the early 1980s, exploded, becoming the country's major source of foreign exchange, surpassing even exports such as rice and textiles. Thailand's image as a "sexual paradise" plays a significant role in this tourist boom. Sex tourism thrives, bolstered not only by the private sector, but by the public sector as well.[4] Tourist Authority of Thailand (TAT), a government office, boasts Bangkok's nightlife of go-go bars and nightclubs, and promotes Thai women's "friendly" nature. The government-owned Thai International Airline advertises,

> Smooth as silk is a beautifully prepared meal served by a delicious hostess. Some say it's our beautiful wide-bodied DC-10s that cause so many heads to turn at airports throughout the world. We think our beautiful slim-bodied hostesses have alot to do with it (Truong, 1990: 179).

Travel agents prepare sex package tours for European and Japanese men; and many hotels provide sexual services within the establishment, while others offer guidance.

---

[3]The growth rate for that year was almost 13 %, compared to 3.6% in neighboring Burma.

[4]Truong (1990) writes that the campaigns abroad to promote tourism focus on (1) the open sexuality of Thai women as shaped by local norms and the market; (2) the submissive nature of Thai women as satisfying the need for a man to dominate; (3) poverty as a justification (the clients are helping out these prostitutes support their families and themselves). Local campaigns stressed the female sexuality as a critical role in the country's economic development and growth.

> If you ever want to have an exclusive and special sex-holiday, which you really will remember the rest of your life, then this is a unique chance in your life...I now organize special and exclusive sex-tours to Thailand....Girls can be hired for a low price for a couple of hours, a whole night or a week....You get the feeling that taking a girl here is as easy as buying a packet of cigarettes (Kanita Kamha, Netherlands in Seerawat, 1983).

Although sex tourism is the most infamous feature, it is but a small component of the sex industry, in terms of number of prostitutes, clients, and establishments. It is, however, often the more discussed and documented facet. The blatant nature of sex tourism--flashing neon, bikini-clad bar girls, and pushy promoters of sex shows--has captured the attention of international media and feminist groups. *Soi Cowboy* and *PatPong* in Bangkok resemble the Western style "red-light districts" of Amsterdam and Paris.

The current form of sex tourism evolved from an entertainment industry that flourished in Thailand during the Vietnam War. From 1964 to 1976, the country served as a site for United States Army bases and provided Rest and Recreation, which stimulated the growth of massage parlors, hired-wife services, and bars for the soldiers (*Inside Asia*, 1985: 33-35). After twelve years the American presence ended; however, the booming tourism in the late 1970s sustained this entertainment and sex industry. The Thai government, prodded by international institutions like the World Bank, intended tourism to play a large role in vitalizing Thailand's economy, and prostitution was explicitly included in this plan.[5] Today, the tourists have replaced the GIs.

Indigenous Sex Industry

The local side of the sex industry is less obvious than sex tourism, but it is the more prevalent of the two. The bulk of sex services cater specifically to Thai men, rather than to foreigners. A recent study reveals that 75 percent of Thai men have had sex with a

---

[5]Thanh-Dam Troung (1990) explores in depth the expansion of tourism in Thailand and its impact on female prostitution. She also discusses the influence of international development agencies and businesses on Thailand in forming the development plan.

prostitute, and that 48 percent experienced their first sexual intercourse with a prostitute (Deemar Study, June 1990).[6] It is a common practice among young men to initiate a friend into "manhood" by taking him to a brothel for procurement of sexual service (Viravaidya, 1991). A nationwide survey reveals similar results: 77.2 percent of men selected have given "gifts or favors" in exchange for sex (*The Nation*, 10 August 1991). Thai society tolerates the pervasiveness of prostitution and justifies this kind of male sexual behavior as "natural" or "biological."[7]

> Prostitutes have played an important role in protecting good women in Thai society. About 60-70% of young Thai men have extra-marital sex, compared with only 7-10 % of young women. So where can young men get sex if not by going to prostitutes?
>
> So imagine what would happen to most girls if the sex trade was eliminated from our society? Boys would turn to their girlfriends for sexual gratification. As long as Thais continue to uphold the social value that women should stay virgins until they are married, prostitution cannot be eliminated from our society (*The Nation*, 27 July 1990).[8]

Prostitution is often perceived as possessing economic value for the country's development, as in the case of sex tourism, and fulfilling a traditional role of women as daughters who are caretakers of the family and community. Most Thai prostitutes send home remittances[9] in order to pay for siblings' higher education, to build a house or simply to assist parents in their daily struggle to survive (Phongpaichit, 1982; Sittitrai, 1991).

Khin Thitsa (in Hantrakul, 1983: 116) also explained that prostitution must also be viewed in the same way as polygamy, which continues to symbolize status in the Thai society today. Polygamy and prostitution "provide a man access to the services of more than one woman."

---

[6]This study, "Thai's Attitudes and Behaviors Regarding AIDS," is sponsored by the USAID. It looks only at the urban population.

[7]Majorie Mueke (1989) outlines five views on prostitution in Thailand: (1) academic (2) mass media (3) elite women's groups (4) prostitutes and (5) Buddhism.

[8]This appeared in *The Nation* as a piece from the Thai press. Comments were made by Professor Dr. Suporn Kerdsawang of Siriraj Hospital's Family Planning center.

[9]In Phongpaichit's study (1982: 23), 46 out of 50 masseuses send monthly remittances, about one-third to one-half of their earnings.

Legal Status of Prostitution

Abolition of slavery in 1905 resulted in many female slaves, who owned no land and had no means of support, to become prostitutes (Hantrakul 1983; Truong, 1990). Four years later the state decreed Control and Prevention of Venereal Disease Act. The Act established guidelines under which prostitution was permitted to exist; brothels and prostitutes were to be licensed and regulated. The 1909 law comprised of three sections, describing the process to issue and obtain licenses for brothel owner/manager, prostitute, and government official. Although the law was titled Control and Prevention of Venereal Disease, it did not include medical regulations or requirements; it only mentioned that a prostitute could acquire a license if she was "infection-free" (Fox, 1960). Truong (1990: 153) contends that the law was designed not to promote public health, but to endorse prostitution, due to its profitability. Thailand at that time was experiencing an increase in demand for prostitutes, as a result of a large influx of male migrant laborers from China.

The 1909 law remained in effect, until it was replaced by 1960's Prohibition of Prostitution Act, which continues to apply today. The Act calls for creation of institutions under the Department of Public Welfare to provide vocational training and job placement for "people who have committed offenses." The law targets not the pimps, agents and brothel operators, or the male clients, but the women who are prostitutes. Although the law includes a provision to fine and in some cases imprison any person who "manages, brings, persuades, seduces, deceives, or tries to induce" women into prostitution, the focus is on punishing and rehabilitating prostitutes. "Who habitually consents to be hired for sexual relations for compensation shall be deemed a prostitute and engaged in prostitution. Whoever has been convicted ... shall be sent to the institution of Department of Public Welfare for care and training...(Fox, 1960)." If a prostitute evades the court order to be rehabilitated or attempts an escape from the institution, she is subjected to fine and

imprisonment. The release from the rehabilitation center is depended upon two conditions: that she displays "proper" conduct and that a person who requests her release offers her "suitable" employment.

Although the law prohibited prostitution, in 1966 the Thai government implemented Service Establishment Act, which basically legalized all forms of businesses--except for traditional-style brothels--that employ women to provide "entertainment" services. This measure, of course, reflected Thailand's political and economic role in the Vietnam War as a "Rest and Recreation" site for American soldiers.

The 1909 and 1960 laws completely ignore the men who procure sexual services. The burden falls heaviest on the women, the prostitutes. The justification invoked for 1909 Act was prevention of the spread of venereal diseases, and for 1960 Act moral purification. Currently the Thai government is considering legalization of prostitution in order to control the AIDS epidemic.

Sex Establishments

According to government estimates, as of January 1988 Thailand has over 5800 establishments that provide sexual services: brothels comprise 43 percent of that total, while bars/nightclubs represents 5.5 percent and massage parlors only 3.8 percent. Second largest portion of establishments (38.1%) falls into a category of "others," which is not broken down. A large percentage of this includes variations of brothels (restaurant-brothel and bar-brothel). Massage parlors, bars, member clubs and hotels usually receive a mixed clientele, while other locales, such as brothels and tea houses, profit mainly from the local population. These businesses flourish not only in the tourist-filled urban centers, but also in rural areas. The wide price range for sexual services invites all income groups, from wealthy professionals to taxi drivers and farmers. Services for tourists may range from

about $20 at a bar to US$200 at a member club, whereas services for locals may range from US$2 at a brothel to US$100 at a massage parlor.

Women in the Sex Industry

An official police report estimates about 85,000 prostitutes nationwide, with 32 percent in Bangkok. Other estimates, by agencies such as the Thai Red Cross Society and Foundation for Children, range from 200,000 to 800,000. The majority of Thai sex workers come from the North and the Northeast--the poorest regions of the country [10](Phongpaichit, 1982; ESCAP, 1985; PDA, 1991; Brinkmann, 1992). There exist many prostitutes of different nationalities, such as Laotian, Cambodian, Chinese, and Burmese (*The Economist*, 21 September 1991; *Asiaweek*, 19 July 1991). Recent years have experienced a noticeable trend among Thai men to procure sex from young women who come from remote areas and other countries; not only are "virgins" believed to enhance virility, but are also considered less likely to carry diseases. Among non-Thai prostitutes, the Burmese are a rapidly growing population. The official numbers do not indicate ethnicity or origins of the women, hence there is no official estimate of prostitutes from Burma. In most cases, the owners of sex establishments do not distinguish women of nationalities other than Thai, because they are considered illegal immigrants. There are, however, several ways to verify the presence of Burmese women in significant numbers. Over the past year (1991), *Bangkok Post* reported nine brothel-raids; over 200 of the 342 women discovered came from Burma. In *The Nation* (9 September 1991), an editorial on current efforts to legalize prostitution quoted one of the concerns of Thai prostitutes as "foreigners (mostly from Burma) cashing in on the 'oldest profession'." Mechai Viraivadya, a leader in the area of AIDS prevention and education and founder of Population and Community Development Association, expressed concern about the

[10]Gross domestic product per person is $300 in the Northeast, and $500 in the North, as compared to $2500 in the Bangkok metropolitan area (*The Economist*, 23 February, 1991)

increasing numbers of Burmese prostitutes as the women may return home with the AIDS virus (*The Nation*, 7 May, 1991). The director of Centre for Protection of Children's Rights, which maintains a shelter for many women and children rescued from brothels, figures that 10 to 20 percent of the prostitutes are from Burma's hill tribes (*The Nation*, October 1991).

Prostitutes in Thailand have been classified in several ways: (1) type of sexual service, direct or indirect, where "direct" indicates solely sexual contact, while indirect includes massage and entertainment; (2) cost of the service, low-charge or high-charge; (3) location of work or establishment, such as street, brothel, and escort agency; and (4) clientele, tourists or local, broken down according to socio-economic class. I have chosen to identify prostitutes according to their means of entry: voluntary, bonded, and involuntary.[11] Voluntary indicates that the woman, prostitute-to-be, approaches the owner/manager of a sex establishment herself[12]; bonded implies the involvement of parents or guardians, who receive money from an agent or owner for giving away their daughter; she in turn works as a prostitute to pay off the loan; and involuntary conveys the use of deception and coercion of the women by an agent or owner/manager. This classification places the focus on the prostitute herself, and not on the establishment, or type of sexual contact; hence, it enables the differentiation in types of prostitutes within one establishment. Although these distinctions are not always clear, slight but significant differentiations are crucial in the design and implementation of AIDS prevention strategies. Issues of power, bargaining position, mobility, access to health care and information differ in varying degrees for each type. I will later explore the implications of these differences.

---

[11]A similar classification was used by Pasuk Phongpaichit in *From Peasant Girls to Bangkok Masseuses* . She used freelance and bonded as her categories.

[12]Voluntary as I have used the term here does not imply free choice. A woman's decision to become a prostitute must be understood in a political economic and social context. This category includes women who migrate to Bangkok or other urban centers just to enter prostitution, or who initially had jobs as a domestic servant, factory worker, or slaesgirl. They may have learnded of sex establishments to approach through friends or family members who are/were involved in prostitution.

CHAPTER 3. PROSTITUTION IN RANONG

Ranong

Ranong is situated in the south of Thailand across from the southernmost point of Burma, Victoria Point or Kawthaung, about 350 miles from the Thai capital, Bangkok. The port town lies on the Andaman Sea, rich in natural resources such as tin, fish and oil. The waters remain in the control of Burma's military regime, known for its brutal and continued repression of the Burmese people. Ten major Thai companies have purchased concessions to fish in these waters, and their boats are manned by both Burmese and Thai fishermen (*Burma Alert*, May 1991). According to 1989 census, the population of the province was 111, 850; however, this figure does not include a large Burmese illegal immigrant community. Burmese fishermen are permitted to remain in certain sections of Ranong, and when not at sea, they live in a shanty town near the port. The rest of the Burmese population provides cheap labor for construction and cargo work. Prior to June 1991, this illegal immigrant population was estimated at 40,000.

Catering to fishermen, merchants and business venturers, prostitution has become an integral feature of this border town's local economy. Ranong is home to 45 sex establishments, consisting of 3 hotels, 1 massage parlor, 26 brothels, 1 bar-brothel and 14 restaurant-brothels (Ranong Health Center Report, January 1991).[13] Burmese women are found only in the latter three. A January 1991 Report accounted for only 385 Thai prostitutes and 383 Burmese prostitutes in Ranong. World Vision Foundation and Burma Alert estimates indicate, however, that there are 2000 Thai and about 1500 Burmese sex workers in Ranong.

[13]The report distinguishes brothel types. A brothel in many cases disguised behind the facade of restaurant or bar.

The second biennial report (Ranong Health Center Report, June 1991) mentions only 35 sex establishments, as it assumes brothels with Burmese women have been closed since the Thai government began repatriating Burmese in late June of 1991.[14] The women I interviewed in July came from establishments that are not recorded in the latter report. Brothels with Burmese prostitutes continue to endure, although officially they no longer exist.

Interviews with Burmese Prostitutes

I conducted interviews of Burmese prostitutes in Bangkok and Ranong. In Bangkok, I spoke with twenty eight women at two shelters, and in Ranong with eight women[15] at the provincial health center and eleven at a brothel. The shelters, run by local non-governmental organizations, provide a temporary home for prostitutes who have been rescued from brothels.[16] The sponsor organization may be given custody of the women, and in the case of Burmese prostitutes it is responsible for returning them to the border.[17] The shelters may also hold the women for the Thai Crime Suppression Police, who will eventually decide their fate-- either immediate repatriation or imprisonment in the immigration detention center for three to six months.Each interviewing site possesses a distinctive atmosphere, and represents several significant times in the life of a prostitute. A brothel serves as both a place of residence and of work, and a clinic may be the only area outside the brothel that the women come to know. A shelter signifies a transitional phase, between prostitution and future options, which may include returning to the sex industry.

---

[14]Ranong has often been the site of repatriation of Burmese pro-democracy students, who fled to neighboring countries after the uprisings in 1988. The Burmese military leaders pressured the Thai government to take stronger actions against the illegal immigrants. In June-August 1991 Thai government sent back tens and thousands of Burmese illegal immigrants. The health officials and the businessmen in Ranong felt, however, that this was only temporary.

[15]Four of the 28 were rescued from a brothel in Bangkok, and the rest from a brothel in Ranong.

[16]NGOs which I contacted were Foundation for Women, Emergency Home, and Centre for Protection of Children's Rights, all located in Bangkok.

[17]Thai prostitutes, who do not have a home to return to, are sent to a career-training center managed by Public Welfare Department.

The brothel posed the greatest challenge for me as an interviewer. It was difficult to establish a rapport with the women, because they were easily distracted by routine daily activities of the place. The noise from the kitchen filled the waiting room where I conducted my interviews. Time was a further impediment. The health official pressed me to finish my discussions before the brothel owner returned. Although I felt I had invaded their privacy, most of the women were friendly and enthusiastic to discuss their lives both in Burma and in prostitution. They were much more frank and relaxed than their counterparts at the clinic. The presence of the *mamasan* (caretaker/manager) and the official nature of the clinic overwhelmed the women. Although the eleven women I met at the provincial health center were quieter, I managed to engage them in long conversations. They openly discussed how they came to Thailand, and their expectations and perceptions. They were, however, generally more reluctant to talk about sex and sexually transmitted diseases.

The shelter offered the most suitable environment for developing close relationships with the women. A combination of factors, such as safety and lack of time constraint, allowed for more in-depth discussions. The security of a shelter laid a foundation for trust and respect. I discovered that the women at the shelter were more comfortable and willing to talk about men, sex, and AIDS, because I had spent time initially getting to know them as individuals, and thus they felt more at ease.

Demographic Information of Burmese Prostitutes

The forty-three Burmese prostitutes I interviewed belong to many different ethnic groups--Mon, Karen, Pa-O and Shan--although the majority, 83.7 percent, are Burman. They all speak the Central Burman dialect, which is the official language of the country. They come from towns as near to Ranong as Mergui (180 miles) to as far away as Taung Gyi (1000 miles). One third of the women originate from Rangoon, Burma's capital. Their ages range widely from eighteen to thirty seven, although the majority of the women

(72.1%) are in their late teens and early twenties. Nearly half of the women (44.2%) have no formal education, while 18.6 percent have continued beyond primary school. Their time in Thailand spans from two weeks to over two years; about half (48.8%) of them have been in Ranong for six to eight months. It is only in Thailand that they have become involved in prostitution. They come from very poor families, and two-thirds of the women have children of their own to care for. Twenty-six percent of the women stated they have never worked before; in Burma, they helped take care of the home and attended to parents. In these cases, the women have very little experience with currency and commercial transactions, and are, therefore, more vulnerable to deceit by brothel owners concerning wages and "debt." About one third of the women earned a living selling food or goods, in either their own or their parents' stall. Other types of work included domestic help and farming.

Means of Entering Prostitution

The Burmese women come to the brothels of Ranong either by themselves or with a middle-person/agent. Only two women asserted that they approached the brothel owner/manager themselves; the rest contended they were tricked and sold into the brothel. There were different types of agents: 7.0 percent of the women were sold by their husband or boyfriend (in one case, a twenty-year old woman was sold by the man with whom she had just eloped); 23.3 percent by a "friend"; and 65.1 percent by a stranger, who, in most cases, enticed the women by promising them high wages as waitresses, maids and food vendors. Some indicated that agents, who are of Burmese nationality, brought them to Thailand in groups of two to five. Many agents working in Thailand "loan" parents money in return for their daughter's services; however, the parents of the Burmese women received no money and have little knowledge of what became of their daughters. In each of the cases where women were sold, the brothel owner paid the agent Baht 3000-5000 (US$120-200). None of that money went to the woman. Four women who had just been

sold into prostitution (one month or less) were told they would be returning to Burma soon. Others realized they could not go home until they paid off the "debt," the amount which the brothel owner gave to the agent.

Life in the Brothels

The working and living conditions of the women vary slightly from one place to the next. The forty three women represent 4 brothels, one with a coffee shop attached to it. All the women reside in their place of work. The four brothels range in size from 16 to 100 prostitutes. The three smaller (16, 20, and 30 women) maintain individual rooms for the women, whereas the largest designates two women per room. Two brothels hire a cook, while the other two bring food from the outside or allow the women to cook for themselves. The women buy clothes from the owner or a vendor who comes to the brothel. The establishments are isolated, and the prostitutes have very limited access to media. Only one out of four brothels owns a radio. For entertainment the women usually listen to music from a jukebox or a tape recorder, or read magazines. In all of the brothels, the women are forbidden to leave the area, unless accompanied by a guard, motorcycle taxi driver, or *mamasan*.

Three of the brothels have a waiting room where the women, wearing a numbered button, sit behind glass or a low partition. The men look from the other side to select the number. The brothel prostitutes work every day, unless they are ill or menstruating. One brothel, however, demands the women to provide sexual services even when in early pregnancy or menstruation. The establishments do not place quotas on number of clients, but prohibit the prostitutes from rejecting customers. The women have no choice but to accept the men who select them.

The clients in these brothels are Thai and Burmese, predominantly fishermen. The number of customers varies from one place to another: three brothels (with 16, 30 and 100

prostitutes) profit from about four to ten customers per woman each day, while the fourth brothel, about fifteen to twenty customers. The men pay Baht 50-100 (US$2-4) for 30-45 minutes, depending on the woman, and over Baht 200 (US$8) for an over-night stay. The amount of this money that reaches the woman is minimal, if any. In one brothel, women receive no wages, except tips from customers. One brothel gives a monthly salary of Baht 300 (US$12), and the other a three month salary of Baht 300. It is difficult, however, to determine how much these women earn. From the interviews, most women are informed of their salaries, but they have not seen even one baht since they have been there.

All the brothels dispense medication for minor illnesses and infections. Three out of the four brothels supply injectables as a form of contraceptive.[18] The other provides only condoms, and six out of the 24 women from that brothel at the time of my interviews were pregnant. These twenty four women also had never been to a clinic for a check up or blood test. They receive antibiotic cream from the brothel to apply themselves for friction sores and infections. The brothel owner permits medical assistance only in the case of abortions. Two women from that group had abortions at a local hospital; for one woman it was her third time. Less than one third of the women from the three other brothels said they had received check ups for sexually transmitted diseases. They mentioned, however, that "doctors" had come to the brothel to give them injections and to talk about diseases like syphilis and AIDS.

Views on AIDS and Condoms

Most shook their heads in bewilderment and smiled embarrassingly when I raised the subject of AIDS (which they call A-I-D-S). Only a few admitted to never having heard of the disease; the rest, however, have very little knowledge, if any, about means of transmission and protection. One group of women explained that the virus has little horns

[18]One woman indicated the name of the injectible as Depo-Provera. The others did not seem to know.

and is very "quick" and "strong." Another added that it cannot even be killed in boiling water. This image of the AIDS virus originated from health information and education materials, in which the virus is often portrayed as a devil--a Western representation of a horn-tailed creature with a pitchfork . Women expressed fear of AIDS for several reasons. Three women shared concern that they may be at risk. One conveyed her dread of seeing others contract the virus, but did not believe it was communicable. Many related that they had heard stories of HIV-positive prostitutes who were taken away by the police and killed.

Some women believed they are protected from the virus, because they have received "injections" every three months. This is not unusual since it is a common belief among most Burmese villagers that a "shot in the arm" is a cure all. These injections, of course, prevent pregnancies, but not the contraction of HIV. All the women have a ritual in which they clean themselves after sex. The majority use soap and water; other methods involve toothpaste, and *kunyar se* (lime water). One woman mentioned she uses laxatives as a way to cleanse herself.

Condoms are perceived both as protection against diseases and as a cause of infection. Although some women expressed a favorable attitude towards condoms, this did not result in actual usage. One prostitute stated that she had never had a client who used a condom; she had been in the brothel for four months and had received about six clients per day. Another added that during her seven months in prostitution, she had used condoms with at most two of her daily eight customers. The clients routinely refuse to wear condoms: "Burmese men never use condoms. Shan (Thai) men are better about that", "What can I do if he will not use it [condom]?", "It's up to the guests." The women have absolutely no power to bargain with the customers.

One group of women exclaimed their dislike for condoms. They asserted that condoms are the cause of infections. The male client take more time to reach orgasm and, therefore, spend a longer period with a prostitute. This longer time, accompanied by large

number of clients, produces pain and exhaustion for the woman. She also suffers subsequently from friction sores. The Burmese women added that lubrication does not seem to ease the discomfort.

The overwhelming view towards AIDS was one of confusion, and condoms were rarely used by clients of the Burmese prostitutes. Information on sexually transmitted diseases that reaches the women is limited; access to health care is sporadic, if at all. The number of clients is high, and intravenous drug use among the fishermen is common. The Burmese prostitutes are at great risk of contracting HIV.

CHAPTER 4. BURMESE PROSTITUTES

To understand the situation of Burmese prostitutes in Thailand, we must consider the political economic and social context. We need to explore forces that not only will impinge on the options and constraints of these women, but also may shape their responses to AIDS prevention. In this section I will examine the impact that three decades of political strife, economic decline and social deterioration has had on the Burmese people, and will explore gender relations within the society.

Political and Economic Context

Burma, approximately the size of Texas, has 42 million people, comprised of thirteen major ethnicities, and speaking over a hundred different languages. The ethnic Burmans constitute two-thirds of the population and live in what is known as Central and Lower Burma.

Burma gained independence from Britain in 1948. Over the next fifteen years, the country struggled to achieve internal peace and maintain parliamentary democracy, while power remained in the hands of the majority Burmans. Tensions mounted within ethnic groups as they saw their country rapidly becoming "Burmanized." In March 1962 a military coup was engineered by General Ne Win; by the following year, he had suspended the constitution and dissolved parliament and the judiciary system. Under Ne Win's reign, Burma was kept in isolation, following in his path of "Burmese Way to Socialism," founded on protectionism and xenophobia. The military deported Indians and Pakistanis who had been encouraged to emigrate by the colonial government, increased their offensive against the Burmese ethnic minorities, closed foreign educational and cultural centers and expelled foreign journalists.

Burma was gradually forgotten by the world as it broke ties with international agencies and other nations. Not until 1988 did events bring the country back into the world's focus. In March of that year, a university student was shot by a police officer following a dispute at a tea shop. Students demanded an investigation into the death, which was callously disregarded by government authorities. The incident sparked protests and demonstrations which were met with violent retaliation. The massacre at the Whitebridge (Red Bridge as later it became known) is an apt example of the 1988 atrocities. As students were trapped between the bridge and Inya Lake, soldiers fired and advanced on them with fixed bayonets. The streets were later washed clean of blood, and the bodies burned at the crematorium. By June, schools were closed, not to reopen until three years later. The summer of 1988 saw the people of Burma--professionals, farmers, monks and homemakers--take to the streets, demanding democracy and a multi-party system. Faced with a power vacuum, the army regained control in a bloody coup of September 1988. The ruling junta dubbed itself State's Law and Order Restoration Council (SLORC).

Students from all over the country, who had been involved in the prodemocracy movement, fled to neighboring countries: Thailand received thousands of political dissidents. To quell unrest, SLORC promised to hold elections in May 1990. Political parties were formed, and a clear leader emerged. Her name is Aung San Suu Kyi, the winner of 1991 Nobel Peace Prize. SLORC placed her under house arrest in July 1989. Despite every effort to curtail the elections, over 80 percent of the population came to support Aung San Suu Kyi's party, whose candidates won by a landslide. The election results clearly showed the desperate desire for change towards peace and human rights in the country. Ignoring the results, SLORC refused to turn over the power. Rather, it increased its oppression of the people, arresting and torturing elected officials and continuing repression along the borders to eradicate the student forces, who have taken

refuge with ethnic rebels. Aung San Suu Kyi remains under house arrest. The people of Burma were once again ruled by guns.

Since 1988 prodemocracy activists have sought political refuge in Thailand, and others have come for economic opportunities. As Thai laborers, mainly from the poor Northeast, migrated to the Middle East and Singapore, Burmese workers have swarmed into the border towns, ports and plantations. The Thai government, which has close ties with the Burmese military regime, has assumed a strong stance by repatriating many illegal immigrants. After being handed to the Burmese officials, each immigrant is fined Kyat 3000. If the individual cannot pay this amount, he/she is detained for six months. If the person is suspected of involvement in the 1988 uprisings, she/he is questioned, tortured and imprisoned. The trade routes between Burma's major towns and the border are heavily controlled by the military. Bribes and tolls are commonplace.

Over the last three decades Burma has suffered from severe economic decline, achieving the United Nation's status of Least Developed Country in 1987. The "rice bowl" of Asia has become the most impoverished nation in the region. Inflation has soared as the military continues to increase the money supply in order to pay for arms. Currency has been demonetized on several occasions. At one point all fifty- and hundred-kyat notes were replaced by forty-five- and ninety-kyat bills at the advice of Ne Win's astrologers ("9" is considered the dictator's lucky number). Economic Intelligence Unit (1991) reports the current exchange rates at Kyat 6 to one US dollar, however, on the black market the rate ranges from 50 to 100 kyats per US dollar. Thai border trade flourishes in towns such as Ranong in the South and Mae Sai in the North. The Burmese per capita income averages Kyat 1200 per year, while rice costs Kyat 22-25 per *pyi* (one pyi equals 4.69 pounds). As the price of staple foods rises, more and more people struggle to survive. The ruling junta has concentrated all its resources on maintaining its 300,000-person army, and on purchasing arms to extinguish democratic and ethnic resistance.

Burma today is also experiencing the disintegration of education and health care systems. Today it ranks 106th out of 116 countries on the United Nations' human development index. Higher level schools have been shut down for more than three years; the government denies young people an opportunity to gather. Health care is not a priority. There are not only insufficient numbers of clinics and physicians, but also inadequate supplies, such as hypodermic needles. The Burmese who have recently left the country informed me that doctors in Rangoon hospitals routinely share needles among patients.

The political and economic crisis in Burma has compelled many people to search for a way out. Many of the women I interviewed were persuaded to come to the border area by promises that they could earn a good living and be paid in Thai currency. They were deceived by Burmese agents who have connections in Thailand and with the military along the trade routes. These agents took advantage of the women's desperate situations. Although for men there has always existed the option to join the army or enter the monkhood, women are presented with very few viable economic opportunities. Historically, rural women have migrated to cities to work as domestic servants, facilitated through a network of friends or agents (Khaing, 1984). This form of network has provided a basis for the trade in Burmese women today. The "prostitution" agents have tapped into an historically accepted means by which poor women acquire employment.

Dire political and economic conditions in Burma and friendly relations between its military regime and the Thai government present major obstacles to a better future for women in the brothels of Ranong. Burmese prostitutes in Thailand have been released by a police raid on the brothels, or at the decision of the owner, for reasons such as contraction of HIV and pregnancy. The police consider the Burmese prostitutes illegal immigrants, and the women are, therefore, subjected to detainment and deportation, regardless of their health condition (whether infected with HIV or other sexually transmitted diseases). When a prostitute tests HIV positive, the brothel owner may send her back to Burma. What

becomes of her is not clear. Most likely, she will be detained for several months, since she does not have money to pay a fine. What will happen if the woman's contraction of HIV is discovered? With so little understanding of AIDS among the people in Burma, there is fear and paranoia of people who have contracted the virus. There are reports that several women have been killed, although as yet there is no hard evidence. These may be rumors, but the fear of people with HIV is real. Even if a woman does manage to return safely home to her family, what is her future, with no available health services or support? Because the women have very little information about how transmission of HIV occurs and are often ignorant about nature of viruses, and disease, there is a considerable possibility that they may pass on the HIV. Burma's political and economic plight brought about by the military junta has not only starved its people but also blinded them as well, particularly the women. The Burmese military regime has paved the way for a disaster of enormous magnitude, in the form of an AIDS epidemic.[19]

Gender Relations

Recognizing the social and cultural forces that are driving and shaping the problem of prostitution of Burmese women in Thailand is essential. We need to examine definitions of gender and sexuality in the Burmese society[20] to have a better understanding of the power relations between the prostitute and client. Such understanding will assist in thinking about AIDS prevention for these women.

There has been very little work undertaken to study Burmese women and gender relations. Khaing is one of the few local scholars who has explored the role and status of Burmese women.[21] In addition, Truong (1990) has extensively analyzed Buddhism as an

---

[19]HIV testing in several cities is already indicating high prevalence rates. In Bhamo 96% of the people tested were HIV positive; this was due to prevalence of IVDUs. In Tachilek in Northern Burma shows 10.3%; the infected cases in this town was mostly women.

[20]Since many of the women in Ranong are of Burman ethnicity, Burmese in this case implies Burman.

[21]Her thesis is that the Burmese women are less oppressed than women in other countries, because their roles, though different from men, are equal to those of men. Her analysis is superficial because she writes trapped in her world of an upper middle class Burman. Although I do not agree with many of her contentions, the book provides a glimpse of the role of women and gender relations in Burmese society.

institution that has defined or assisted in defining women's status, her sexuality and power.[22] Although she focuses on Thailand, her analysis of Theravada Buddhism, which 85 percent of the Burmese population follows, is applicable to Burma.

Gender relations in Burmese society are "based on perceived differences between spiritual, physiological, and psychological natures of the two sexes" (Khaing, 1984: 16). A man sits on a higher spiritual plane than a woman, because only a man can become a buddha, or "Enlightened one." Any person, regardless of gender, race or class, can attain *nirvana*, liberation from suffering; however, it is always a man who reveals the Path to enlightenment for the world.[23] A man is therefore believed to have greater spirituality, and this "power" that is intrinsically male is called *hpon*. The concept plays a major role in the lives of Burmese people, in both the public and private spheres. A woman must respect the *hpon* of her husband, father, brother and all male kins. Her longyi or sarong, which is worn wrapped around the waist, cannot be placed with or over (in fact, not even be hung on the same clothesline with) any articles of a man's clothing. She will sit in a seat that is lower than his, and sleep to his left because *hpon* is thought to occupy the right side of his body. Young Burmese children, boys and girls, grow up with *Rama* and *Jataka* stories of great warriors whose power had been stolen by a woman's violation of their *hpon* (e.g. she takes revenge by placing her *longyi* underneath his head rest), providing the opportunity for a victorious attack by the hero.

> The degree of a woman's belief in the concept of hpon can be guaged when in conflict, a wife "desecrates" her husband's hpon by reversing the usual manners respecting it. To her, this is more irrevocable act than smashing his property (Khaing, 1984: 16).

Male-female relations are founded on this concept of *hpon*. Mother is often described as "family's base and strength," and father as "spirit head of the house." Men

---

[22]Truong provides a fairly comprehensive analysis of Buddhism as an institution in the shaping of laws and acceptable behavior in Thailand. Her strength is revealing how Buddhism has been interpreted by Thai society, and used by the state. Her understanding of Buddhism from a metaphysical perspective is however not entirely accurate, inreference to soul or *atman*.

[23]Buddhists believe that as there have been and will be many more world-cycles, there will also be more buddhas. Not only individuals go through cycles of life and death, but so do the worlds that we live in.

are viewed as vulnerable to humiliation, "less able to bear injustices, trusting and easily deluded by others," while women, on the other hand, act as "conserver and guide," and "bear injustices without injury to her spirit" (Khaing, 1984: 17-18). This definition of male-female reveals that women are, in a psychological sense, able to withstand higher levels of suffering. The idea again is rooted in Buddhism, in which an individual is born female as the result of inferior *karma*. She must come to accept that women will face more injustices. This concept was prevalent among many Burmese prostitutes who believed that they were in the brothels as a result of their past harmful actions and malevolence, and have came to accept their situation.

> There were poor girls whom the fortune failed in need:
> They sold their charms and threw their youth away.
> Old age caught them alone and desolate--
> Unmarried, childless, where could they seek help?
> Alive, they drained the cup of bitter dregs;
> And dead, they eat rice mush in bayan leaves.
> How sorrowful is women's destiny.
> Who can explain why they are born to grief?
>
> Nguyen Du (in Huynh, 1979: 28; in Truong, 1990: 131)

Hpon also segregates a human body into zones of sacred and profane; Burmese consider the head to be the "holiest" part of the body, while feet and sexual organs unclean and lowly. To pat someone on the head is an insult, more or less depending on gender and age. This view of physical body, coupled with psychological and spiritual aspects, may help up understand how sex is defined and regarded in Burmese society.

Sex is not a sin in Buddhism (actually, the notion of sin is non- existent), but it is perceived as a form of attachment, and therefore, as an inextricable causal component of suffering. Sex is an integral part of the world, which is perpetuated by greed, anger, and ignorance. To be free from suffering and dissatisfactions, a Buddhist aims to achieve detachment and to realize non-selfhood, or impermanence as the nature of all things. Sexual relations are not compatible with a religious/spiritual life. Thus, a dichotomy exists; man belongs to the spiritual nature, woman to the practical and corporeal.

> The story of the birth of Buddha shows there is a selective acknowledgment of the role of women in procreation, from which sexual intercourse and labour in childbirth are discarded. This selective acknowledgement underscores the fact that sexual intercourse as a physical moment of conception, and social relation between men and women resulting from this physical moment, both stand in contradiction to Buddhist emancipatory principles. (Truong, 1990: 134)

One of the greatest things that a Burmese woman can do in her life time is to novitiate her son, through which the child enters into monkhood for a short time period. This "deed sanctifies her role in life" (Khaing, 1984: 75). There is no ceremony of equal importance for daughters. Having a son is viewed as a result of good *karma* on behalf of the mother. Burmese society does not favor sons, because a man benefits from children of any sex as he is fulfilling his duty as a parent. The woman, on the other hand, earns a great deal more merit by having a son.

Men can and do have more sexual freedom than women, because it is considered not easy for a woman to commit adultery. This perception is rooted in the biological and social reproductive role of woman as mother, who is presumed to possess stronger physiological bonds with her children. Adultery would mean "an involvement of her emotions towards a new base" (Khaing, 1984: 40); whereas for men, extramarital involvement does not signify a desire for change in relationship. Although polygamy has been practiced among Burmese kings and courtiers, it is often not accepted among lay people. Khaing (1984: 38) asserted that polygamy in Burma is rare, "..whereas in Thailand, some officials have a number of wives, in Burma, an official has been known to be relieved of his post when his desultory polygamy, kept clandestine for fear of social disgrace, was uncovered."

Likewise, prostitution exists in Burma, but is socially unacceptable. The situation must be understood differently from that of Thailand. Although Burmese daughters, like their Thai sisters, are traditional caretakers of the home, prostitution is not viewed as a justifiable means of earning an income to assist family. This, however, may be the

perception only because prostitution in Burma is not as profitable or economically viable as in Thailand. There remains a strict code for "proper" female behavior in Burma, and respect for *hpon* is an important feature of that code. Modesty, in dress and behavior, is continually stressed. Some women I interviewed related that they could not go back home, because they are too humiliated to face parents, or afraid that they would disgrace them if the village or community discovered they had been prostitutes. Others stated that once returned home, they would not mention this experience to families or friends. Their words bear out Khaing's description of a Burmese girl (1984: 75): "she lives ...by the affection and esteem which are bound in with her place in the family, and in the opinion of relatives and neighbors. This guides the apparent behavior of almost every girl ...."

Political and economic crisis in Burma, coupled with unequal gender relations within the society, have placed the Burmese women in Thailand's sex industry; in Ranong, they face a great risk of contracting the AIDS virus. The women are "involuntary" prostitutes, sold into brothels where they are locked up as virtual slaves. They receive little money, if at all. The brothel owners control their mobility, access to health care and information. Many women are beaten, threatened, and forced to have sexual encounters with five to fifteen men a day, everyday (the more "fortunate" ones do not have to meet clients when menstruating or ill). The men who come to them are mostly fishermen, and themselves pose a risk of AIDS, because intravenous drug use is common. The clients refuse to wear condoms, and the women are powerless to compel them.

CHAPTER 5. AIDS IN THAILAND

The Asian drama of AIDS is unfolding. We are sitting on top of a Volcano.

Vullimiri Ramalingaswami (in *Asiaweek,* 19 July 1991)

In Thailand, where brothels are a way of life, AIDS among heterosexuals is an invisible epidemic. Few Thais know that the disease is closing in on them, or that it will kill them.

A Plague Awaits (Erlanger, 14 July 1991)

Prostitution seems to be at the heart of the disease's spread in Thailand, a country whose troubles are less well known but may prove cataclysmic.

The Thai Disaster (*The Economist,* 12 September, 1991)

Over the past year the Land of Smiles has become Asia's Brothel (*The Boston Globe*, October 3,1991) as international media has seized upon Thailand as an opportunity to discuss AIDS along with the "exotic" world of sex tourism and prostitution.[24]

Epidemiology

Thailand's first case of AIDS was reported in September 1984, only three years after the discovery of AIDS in the United States (Traisupa et al., 1987: 106). As of June 1991, the official number of reported cases of HIV infection totaled 31,300, but according to Mechai Viravaidya, founder of Population and Community Development Association (PDA), Thailand's largest NGO, a more accurate tally is somewhere between 300,000 and

[24]Many articles and TV shows that I have seen over the past year use AIDS as an excuse to show images of bikini clad bar girls and brothel prostitutes. They tend to sensationalize the issue and offer voyeuristic look at only the surface of the problem.

400,000 (Ministry of Public Health, 1991; PDA Report, 1991).[25] Sexual contact and needle sharing are the primary modes of HIV transmission in the country. In the early stages of the epidemic, the sexual transmission was predominantly homosexual, however since 1988 heterosexual transmission has been increasing. Vertical transmission (from mother to child) has not yet become significant.

Initially, AIDS was primarily viewed as a "gay" disease, when the years 1984-86 saw homosexual males as a predominant sector of the infected population in Thailand. This view was largely discredited as prevalence rates among intravenous drug users (IVDUs) soared during the following two years in several drug rehabilitation centers, from 17 percent in 1986 to 89 percent in 1988. By 1990 the prevalence rate averaged 30-40% nationwide for the IVDU population, which today still comprises more than half of all infected cases (MOPH, March 1991). Dr. Uwe Brinkmann of the Harvard School of Public Health (1992) has commented that national averages of HIV infection for IVDUs may mislead one to assume that the infection rates have stabilized for this particular population group. The decrease in the prevalence rate, however, is likely to be the result of an increase in the number of provinces reporting, and the fact that many of these are indicating 0 percent.[26] There are estimated to be between 60,000 and 100,000 IVDUs in the country, concentrated in the Bangkok metropolitan area, the "Golden Triangle" region in the North, and the rubber plantations and fishing ports of the South (*The Lancet*, March 1990; Brinkmann, 1992). In recent years the female population has experienced a significant increase in prevalence rates, especially among prostitutes. Of all infected

---

[25]There are three types of surveillance systems in Thailand: (1) case report, where all cases of HIV infection must be reported to public health official. The cases are divided into three categories: AIDS, AIDS related complex (ARC), and asymptomatic HIV infection; (2) national sentinel surveillance, where seroprevalence test is conducted biannually (June and December) of population groups such as prisoners, STD patients, blood donors, prostitutes, intravenous drug users, and pregnant women at antenatal clinics; (3) behavior surveillance, where behavior change, such as the rate of condom use, is observed both among people with high risk behaviors and general population.

[26]Fifteen more provinces reported HIV prevalence rates in June 1991 than in the previous year.

persons, the ratio of male to female, 17:1 in 1986, has shifted drastically to 3.1:1 in 1991 (MOPH, June 1991).

National sentinel surveillance classifies female sex workers into two groups: direct (low-charge) and indirect (high-charge). "Direct" prostitutes are women who work in brothels and are specifically procured for sex; "indirect" prostitutes work in massage parlors, bars, and escort agencies providing other services in addition to sex. Within the prostitute community, HIV infection rate inversely correlates with the price of sexual service, and the type of sex establishment. December 1990 sentinel surveillance indicated that among direct prostitutes the prevalent range was 0 to 56.3 percent and the prevalence rate 12.2 percent; and among indirect prostitutes the range was 0 to 11.9 percent, and the rate 2.7 percent.[27] A study conducted in Chiang Mai, a northern province, shows that prostitutes who are procured for less than US$2 have the highest prevalence rate of 72.2 percent, while in the US$2-$4 range the rate is 30.7 percent, and in the higher price range the rate is 16.7 percent (*Far Eastern Economic Review*, 21 June 1990; Mueke, 1990). Public health workers explain that high HIV infection rates may result from large numbers of clients that low-charge prostitutes come into contact with, in some cases seventeen to twenty men per day. Of all types of establishments, brothels provide the cheapest sexual procurement service. These numbers demonstrate that direct prostitutes, or women working in brothels, are at greatest risk of contracting HIV.

The Burmese prostitutes in Ranong are classified as "direct", because they provide only sex and work in a brothel or its variation. National Sentinel Surveillance shows that Ranong has the highest HIV prevalence rate in the South of Thailand. Its prevalence rate among "direct" prostitutes lies in the range of 10.0 percent to 31.6 percent for the year June 1990-1991. Among "indirect" sex workers the rate is 0 percent, which reflects a low

[27]The prevalence range indicates the lowest and the highest HIV infection rates among all provinces reporting, whereas the prevalence rate, in this case, represents the average.

number of non-brothel sex establishments in the province (only three hotels and one massage parlor as compared to 41 brothels). World Vision Foundation's survey reveals that 33.3 percent (from a sample size of 63) of the Burmese women tested in June 1990 were found to be HIV positive, and 24 percent in December 1990 (from sample size of 171). From November 1988 to May 1991, a total of 1089 Burmese prostitutes received blood tests and 6.98 percent had contracted the AIDS virus. This compares to 3% of their Thai counterparts (World Vision Foundation, 1991).

Transmission of HIV

Public health authorities and policy makers have described the AIDS epidemic in Thailand as waves of infection among specific population groups (MOPH, March 1990; Myers et al., 1991; Apichart, 1991; Loth, 1991). The first wave consists of homosexual men; the second of intravenous drug users; the third of sex workers; the fourth of sex worker's clients; the fifth of clients' wives; and the final, sixth wave of children. This model views the virus as being passed from one specific population group to the next. Today the "experts" express concern and emphasize the urgency to act as infection rates rise among the "general public", which is defined as the last three waves, namely the men who are clients of prostitutes and their families. Homosexuals, intravenous drug users and prostitutes are considered "outside" the realm of the general population.

The representation of the pandemic in waves of infected populations depicts women as either sex workers or wives of Thai men who frequent sex establishments. This depiction reflects the delineation that is often constructed between "good" women, the faithful wives, and "bad" women, the prostitutes. The distinction between "good" and "bad" girls is rooted in gender relations within the Thai society. Hantrakul (1983) translates from a traditional characterization of children, boys as the *rice with the husk* and girls as the *rice without the husk.* Parents regard their girl-child as in need of careful attention to prevent her from falling into temptation. The belief is that the female sex is

vulnerable, and easily tainted. Sexuality of unmarried women, especially those from the middle and upper classes, is strictly controlled by parents; this control is transferred to the husband when a woman weds. A woman's sexuality is closely scrutinized not only within the private sphere by her husband and parents, but also within the public sphere by the state to insure that she remains monogamous. Dictating the rules of behavior for women, The Law of Three Seals, repealed in 1908 but endorsed in 1979 by the government-appointed Committee for Promoting Moral Values of Thai Ladies, firmly espoused, "A good woman should not let more than one man gain access to her body" (Hantrakul, 1983: 116-7). For Thai men, however, polygamy is encouraged; the Law of Three Seals describes three different types of wives that a man may have: principal wife, minor wife and slave wife. Men's sexuality of urges and desires is considered "natural," and therefore, immutable, and their promiscuity is not questioned. A woman who conducts a relationship outside of marriage is considered a prostitute even if she does not receive money for the sexual interaction. In fact, "female promiscuity for money is generally better accepted and excused than that for mere pleasure" (Hantrakul 1988, 118). Women are taught to remain virgins until marriage, while Thai society justifies the existence of prostitution by contending that men have sexual desires and needs that must be fulfilled. One commonly held belief is that prostitutes prevent rapes and ensure that "good" women remain pure.

It is important to note that the description of the HIV transmission trend in Thailand depicts "good" women not only as wives, but also as mothers.[28] There is an implicit commitment to protecting the bearer and sustainer of life; a "good" woman needs AIDS prevention not for her own sake, but because she is responsible for biological and social reproduction of future generations. The distinction between the sex worker and the wife is

[28]The "good" women in this case are not only wives of the Thai men but also mothers. The sentinel surveillance examines HIV infection among prostitutes and women at antenatal clinics. Thai women who are not married or pregnant are not being considered. Although young women are not as sexually active as their male counterparts, it would be a mistake to ignore this group. A young sexually active Thai woman is also less likely to receive medical assistance if she has a case of sexually transmitted disease. Shame and fear of being perceived as a prostitute would discourage her from seeking care.

clearly drawn, but in both cases women are perceived as instruments--the prostitutes as carriers of the virus, and the wives as potential wombs for infected children.

Double standards exist not just for Thai male and female "proper" sexual behavior, but for prostitutes as well. As a justification for expanding Thailand's sex industry and promoting sex tourism as part of economic development, prostitutes are regarded as fulfilling their obligations and responsibilities as daughters. They send remittances to their parents to care for the family, home and community. The engendered role of poor rural women is thereby perpetuated. On the other hand, prostitutes fall outside the code of proper behavior, and are therefore relegated to a position on the margin of mainstream society.

CHAPTER 6. AIDS PREVENTION

The Thai Government and Non-governmental Organizations

AIDS prevention activities reflect the view that the epidemic in Thailand follows waves of infected populations, as described above. When the infected cases during 1984-86 were predominantly homosexual or bisexual men, response by the Thai government and non-governmental organizations was minimal. The Ministry of Public Health required reporting of HIV/AIDS cases in 1985, and enacted an immigration law barring HIV infected persons from entering the country and requesting the departure of non-citizens with HIV. As the number of infected cases continued to increase dramatically in 1987 and 1988, many local non-governmental organizations, which had been working in areas of family planning, health and prostitution, began to address the serious nature of the epidemic and Thailand's potential for crisis (PDA in 1987; EMPOWER in 1987; and Program for Appropriate Technology in Health (PATH) in 1987). The prime minister at that time, Chatichai Choonhavan, refused to head an AIDS conference, because he feared it would create panic (*The Economist*, 24 March 1990). His administration also prevented concerned groups from addressing the issue publicly. The groups protested laws discriminating against HIV infected persons and requiring mandatory testing, and criticized the government's reluctant efforts. In 1990 a coalition of 18 NGOs was established to oppose a proposed AIDS legislation. The coalition voiced its opposition, proclaiming "Only people belonging to high risk groups, such as sex workers, drug addicts and gays, are subject to unfair treatment under the proposed law since they are most visible, most identifiable and offer least resistance" (*The Bangkok Post*, 17 July, 1990).

The Thai government largely ignored the issue, because AIDS was viewed as a threat to the country's profitable tourist industry. In February 1991 the Thai army overthrew the civilian government of the past three years. The military established an

interim government, which appointed Mechai Viravaidya as a deputy prime minister. Mechai's efforts to raise the issue of AIDS to a level of national concern, coupled with an increasing awareness among the local press, have spurred AIDS educational and promotional campaigns to become widely visible, particularly in the urban centers. The Thai government and media have taken a second glance at tourism, but have remained reluctant to challenge Thai men's sexual practices.

Prostitutes as Vectors

AIDS prevention in Thailand today is focused on prostitutes. Women in Thailand's sex industry have become "targets" of the government, health agencies, and international and local media. The IVDUs, though the majority of the infected population, have been brushed aside. As Nicholas Ford (1990: 234) stated, "The Thai case illustrates the way in which HIV can be rapidly transmitted within a specific sub-group (namely injecting drug users) which has been largely neglected within the societal debates and discussions concerning HIV/AIDS." Many justify the dwindling emphasis on IVDUs as a result of the HIV prevalence rates among them becoming "stabilized"--the infection having reached a saturation point among drug addicts. The IVDUs are considered a "fringe" of the Thai society, and it is believed that the infection will be contained within their own population. Ford (1990) added, however, that IVDUs are likely at times to have "relatively normal living" and social interactions. They are, therefore, not isolated from the rest of society and their health and social needs should not be ignored.

The heightened concern for controlling HIV infection among prostitutes is grounded in the belief that these women are vectors of the AIDS virus to the mainstream population. The prostitutes, therefore, are seen as a link in the epidemic that must be severed(Loth, 1991). The transmission does not, however, occur only in one direction; prostitutes are also infected by their male clients. Protecting the women in prostitution from the virus is not the priority of the AIDS prevention programs. The concern over

prostitution and AIDS stems from what prostitutes may do--transmit the virus--rather than what may happen to the women, with regard to their health and human rights.

> The commercial sex industry, injecting drug dependency culture, international tourism and prisons have all been implicated as sources of accelerated HIV transmission. Within this complex of sources of HIV infection the greatest societal concern has focussed upon infection from female prostitutes to male, heterosexual clients, which given the scale of the commercial/sex industry is generally viewed as having the potential for the most widespread transmission to all strata of society (Ford 1990: 225).

Prevention for Direct and Indirect Prostitutes

Various types of agencies are involved in AIDS prevention programs for prostitutes: the Ministry of Public Health, international and local family planning and health organizations, and women's groups. The programs reflect the classification of prostitutes into indirect/non-brothel and direct/brothel. AIDS prevention work for indirect prostitutes can be accomplished independently by an NGO. For example, EMPOWER focuses on women in Pat Pong and Soi Cowboy, major attractions for sex tourists. The women are employed at bars and clubs as "go-go girls" and waitresses; because they work from six in the evening to two in the morning and have their own residences separate from the establishments, they are easily accessible. EMPOWER is well connected within the community, and the bar owners allow the group to perform skits that incorporate AIDS education and promote condom use. The organization also offers English classes to improve the women's bargaining position with the foreign clients. The classes are held in the early afternoons, so the women can attend before going to the bars and clubs.[29]

Studies and sentinel surveillance have revealed highly differentiated HIV infection rates between the indirect and direct types of sex workers. In the past year the direct

---

[29]I taught English twice a week to about thirty students, all except one of whom were women. The lessons focused on conversations about themselves, their hobbies, and activities. The students were reluctant to discuss their work as prostitutes. They often talked about their boyfriends, most of whom are foreign. Many expressed dislike and mistrust of Thai men, obviously a result of past experiences with husbands and boyfriends. I have also accompanied the social workers from EMPOWER for outreach, to let the women know about language lessons and workshops on haircutting. At first, my students were very uncomfortable to see me at the bars; it took them, and me as well, some time to adjust to the fact that their lives in the classroom and their lives in prostitution are not separate.

prostitutes, with higher prevalence rates, have become the main "targets" of AIDS prevention. In order to work with brothel prostitutes, though, an NGO needs cooperation of the Thai Ministry of Public Health and its network of provincial health centers. Brothels are illegal establishments and are usually discreet. The officials at local health centers and hospitals know the brothel owners and managers in the vicinity, since they conduct surveys and examine prostitutes for sexually transmitted diseases. Without the assistance of the provincial health personnel to obtain cooperation of the brothel owner and *mamasan*, access to the women is limited. For example, Fraternity for AIDS Cessation in Thailand (FACT), headed by gay-rights activist Natee Teerarojjanapongs, has a dance and singing troupe which has been performing at gay bars since 1986. Khun Natee (1991) believes that education of AIDS for male and female sex workers is most effective when developed through entertainment. During the past year he has expanded his work to low-charge female brothel prostitutes. He related that, initially, FACT was denied access by the brothel owners; however, when later assisted by the Ministry of Public Health, the owners allowed the group to perform for the prostitutes, in fear that the government officials would shut the establishment down. FACT today continues AIDS education work in tea houses and brothels in the Bangkok metropolitan area.

Limitations of Current AIDS prevention

A common approach to AIDS prevention for brothel prostitutes has consisted of several or all of these stages: conducting a survey of knowledge, attitude, and practices (KAP), and administering a pre-test to determine awareness of AIDS and other STDs among the women; recruiting outreach workers to lead discussions and to distribute information and education materials (flip charts, videos, and tapes); supplying condoms; and proceeding with a post-test to determine if the awareness of AIDS and condom usage has increased. This process, of course, contains selection and response biases. In many cases, health officials specify brothels with whose owners they have close working

relationships, and the owners choose the prostitutes that are to be interviewed. (It is unlikely that prostitutes who are under sixteen, and/or illegal immigrants from Burma or China would be permitted to participate.) The women often give answers that they believe interviewers want to hear. (They may exaggerate the number of times that clients use condoms.) The post-test may demonstrate high scores which indicate an increase in knowledge of AIDS; this does not, however, necessarily lead to increase in condom usage. As Tony Bennett (1991) revealed in a project sponsored by PATH and Family Health International (FHI) in Mae Sai, a border town in Northern Thailand, response bias was tested by examining the gonorrhea infection rate--which, in fact, did not decline. Condom use would have contributed to a decrease in the prevalence of this most common sexually transmitted disease. To confirm actual condom usage is difficult and costly. Ultimately, the decision whether to use a condom is made by the client with whom the prostitute can bargain.

The current approaches to AIDS prevention do not adequately address the issues of bargaining position, mobility, access to health care and information, or power and gender relations within specific cultures to which each woman belongs. The Thai Ministry of Public Health and non-governmental organizations need to understand more about the prostitutes as individuals, their lives in prostitution, and their perceptions and responses to AIDS prevention as shaped by political economic and social forces, and not merely as carriers of the AIDS virus. This will abandon the practice of "lumping" the women together in a group presumed to share the same interests, face the same constraints, possess the same bargaining power, and be subject to the same external forces.

AIDS prevention work has distinguished between prostitutes that are direct and indirect. This classification again places the emphasis on the number of sexual contacts and likelihood of HIV transmission. Procured just for sexual intercourse, direct prostitutes, unlike indirect, generally have a higher number of male clients and therefore are believed to

represent a greater potential for transmitting the virus. In addition to classifying the women by type of sexual service offered, and therefore by establishment, I chose means of entry into prostitution as another variable to consider: voluntary, bonded and involuntary (as described in Chapter 2). This classification, of course, relates to type of establishment; the majority of prostitutes that work in bars, clubs and massage parlors are "voluntary", whereas bonded and involuntary prostitutes are found mostly in brothels. This categorization allows for differences among the women within a single establishment. For example, Phongpaichit (1982: 10) indicated that in one parlor she studied, many of the women who had approached the owner to work at the establishment (voluntary) lived off the premises in their own apartments; while a few who were "bonded" "live[d] in the upstairs section of the parlour, and [were] heavily guarded to make sure that they [did] not run away before the indenture has been cleared."

Mobility and access to health care are intricately linked. For involuntary, and in some cases bonded prostitutes, freedom to move is controlled by the brothel owner/manager, who is ever wary that they may escape. Such control is not difficult to exert in establishments like brothels, where women work and live under one roof. Burmese prostitutes in Ranong, most of whom were coerced and sold into prostitution, are prohibited to leave the vicinity of the brothel unaccompanied by a "hired" guard, or someone trusted by the owner. This also means that the women cannot freely visit the health center when they contract infections or become ill. Many brothels arrange check ups for a few women at a time; access to health care rests entirely in the hands of the owner. This, of course, limits the amount and type of information (about AIDS and other sexually transmitted disease) that reaches the women. Information through other sources is also insufficient, since many brothels do not own radios or televisions. Further, in the case of Burmese women, they would not understand the AIDS education messages, because almost none of the prostitutes speak Thai.

Prostitutes who are "voluntary" and work in bars, clubs and massage parlors, have greater mobility, because they are not under the constant scrutiny of the owner/manager. Women employed at the establishments in Pat Pong and Soi Cowboy begin work around six in the evening, and their daily activities may range from shopping to spending time with family, girlfriends, or lovers. This greater mobility, however, does not necessarily translate into access to health care and information. Medical check-ups are often expensive (Baht 200, or US$8, for a blood test), and while some upscale establishments encourage and pay for the check-ups, most deduct the cost from the woman's salary. Sittitrai (1990c: 26) found that the bar workers have "little contact with sources of information such as the media because of their low educational background and the time limitations of their work."

Consideration of a prostitute's bargaining position with a customer is critical when formulating AIDS prevention strategies. The decision whether to use a condom is ultimately made by the male client, with whom a prostitute can negotiate. (Bargaining in cases of bar workers and masseuses may also include cost for procurement of sexual service.) Most prostitutes have little bargaining power in relation to the men, reflecting the general status of women and gender relations in Thai society. Chantiwipa Apisook of EMPOWER exclaimed, "A Thai wife cannot even tell her husband to use a condom within the home." However, EMPOWER has assisted some prostitutes, such as bar workers in Pat Pong and Soi Cowboy, in attempts to raise their bargaining position through lessons in English, the language most understood by foreign sex tourists. Brothel prostitutes have less bargaining power than women in other types of establishments, because they can neither choose nor reject clients. In addition, brothels attract men from lower socio-economic class who have little awareness about AIDS. An involuntary prostitute in a brothel is in the worst bargaining position, as she holds no power either among the women or with respect to the owner.

Bargaining position of a prostitute must be located not only within her immediate situation in a sex establishment (relations between herself and owner/manager or mamasan), but also within a larger structure of gender relations. Merely because the bargaining occurs in a brothel, this does not mean it takes place in a vacuum. The power relations between prostitute and client is constructed by social definitions of male-female, and of sexuality. By examining gender relations, we may come to understand the forces that shape decisions made both by the man and the prostitute. As in the case of Burmese prostitutes, not only may a client refuse a prostitute's request that he wear a condom, she may not even ask, for various reasons we have explored; many of the women did not like condoms, which cause pain and friction sores, thereby increasing the risk of contraction of sexually transmitted diseases; they feel powerless; and they remain in their traditionally defined roles as a female sex which must respect and accept the male's *hpon*.

Chapter 7. RECOMMENDATIONS AND CONCLUSIONS

AIDS prevention strategies for Burmese prostitutes must recognize the specific political, economic and social conditions that impinge on the women's lives. The constraints and options can be viewed in terms of real "physical" and cultural barriers. Physical barriers include the women's situation as involuntary prostitutes, their status in Thailand as illegal immigrants, their inability to speak Thai, their limited access to health care, their lack of knowledge of infections and diseases and, in some cases, their dislike for condoms. Cultural constraints relate to their engendered position of inferiority, being women as well as prostitutes. Burma's current political and economic crisis has not only thrust the Burmese women into their position as prostitutes in the face of the AIDS epidemic, but also erected obstacles to policy and local responses that may assist these women.

Political and economic change will transpire in Burma, but probably not in the near future. The situation that prostitutes presently confront must be urgently addressed, as HIV infection rates continue to rise in Thailand. The Thai government and the NGO community must recognize that this is not a problem confined only to Burmese women and Burmese clients. Thai men are infecting the women, as they are themselves being infected. Women of nationalities other than Thai have been actively recruited by sex establishments and the agents who work on their behalf. These recruiters are responding to the increased demands of Thai men for young women who are believed to be free of infection.

Burmese prostitutes, holding the status of illegal immigrants, are very sensitive to the larger political climate--the relationship between the Thai and Burmese governments, and Thai policies toward Burmese political refugees. Efforts to assist these women in regaining their lives, in protecting them from HIV and preventing transmission of the virus, must be jointly undertaken by national and local agencies which should address both long-

term and short-term concerns. I will propose recommendations requiring Thai governmental and nongovernmental agencies to conduct such interventions for women who have been rescued from brothels as well as for those still in prostitution.

National Level

The Thai government needs to reexamine its repatriation process. After being rescued from brothels, Burmese prostitutes are deported back to Burma. This raises is a two-fold problem : the process of repatriation itself, and what happens following repatriation. The women may be "handed over" to the Burmese military by Thai officials, or accompanied by a local NGO to a border town. The women's safety at the border and in the hands of the Burmese military is extremely uncertain. First, there are concerns that at major border crossings[30] the women may again fall prey to agents and "brothel gangs." The prostitutes I interviewed at a shelter expressed fear of being sent back to Ranong, for they were certain they would again be captured by pimps. A second concern involves the Burmese military, which has demonstrated little respect for human life. As I mentioned in Chapter Four, there is considerable ignorance about HIV/AIDS among Burmese officials, and the fear of persons infected with HIV is widespread. Once suspected of having been involved in prostitution or of being infected with HIV, the women may face quarantine, imprisonment, or death. A final concern is that once returned home, these women are not likely to live long, as they will receive inadequate nutrition, no medical support, and endure possible alienation. At the same time, though, women may long to return to their families and communities.

As Burma continues to struggle for democracy and peace under the guns of the military dictatorship, the safety of these women following repatriation cannot be guaranteed. Until conditions change, I recommend that deportation be suspended and that

---

[30]Burmese illegal immigrants have often been repatriated from Ranong (South), Mae Sai(North), Mae Sot(Northwest).

Burmese women remain in Thailand. This recommendation must be complemented, however, by interventions at the local level; presently there is no coordinated effort or structure of support for the women. The Burmese prostitutes cannot be confined in the immigration detention center indefinitely, or simply left in the brothels where they are enslaved. In addition, the duration of their time in Thailand can serve as a critical and appropriate period for intervention.

Local Level: The Shelter

The present "policy" has been to place the prostitutes in shelters operated by local women's and children's organizations.[31] They remain in this temporary arrangement for one to three months prior to deportation. In some cases, however, women are taken from the shelter and held at the immigration detention center before deportation. The shelters are not managed in the same fashion as rehabilitation centers operated by the Thai government's Department of Public Welfare. Hantrakul (1983) discusses the rigidity and apathy in such institutions. The women must wear uniforms and follow a strict schedule. Their mobility is restricted, as they cannot leave the institutions, and their freedom is again curtailed. Prostitutes, either from Burma or any other country, do not need rehabilitation as they have committed no moral or criminal offense.

Several shelters I visited offer a warm and supportive environment; nonetheless, I found the women restless and anxious due to a lack of knowledge about their immediate future. Their questions reflected this distress: "Will we be sent to jail or back home? Where are we to be taken? How are we getting home?" Language is a further barrier, as most of the women do not speak Thai, and staff members do not speak Central Burman or other ethnic languages such as Shan or Karen. Difficulty in communication, compounded by a lack of constructive ways to pass the time, leads to increased anxiety and confusion

---

[31] I am familiar with Centre for Protection of Children's Rights, Emergency Home, and Foundation for Women.

among the women. Despite these difficulties, though, the shelters provide a safe, secure, and caring place, offering a base from which to assist the women. With the financial and political support of the Thai government and international agencies, these facilities can become locales of effective interventions for AIDS prevention.

Design of interventions at the shelters should consider practical and strategic gender needs.

> Strategic gender needs are those needs which are formulated from the *analysis of women's subordination to men*, and deriving out of this the strategic gender interest identified for an alternative, more equal and satisfactory organization of society than that which exists at present, in terms of both the structure and nature of relationships between men and women. ...In contrast, practical gender needs are those needs which are formulated from the concrete conditions women experience, in their engendered position within the sexual division of labor, and deriving out of this their practical gender interests for survival (Moser, 1989: 1819).

These two needs and interests are not as polarized as it may appear in the definition. Intervention at the shelter could tackle both strategic and practical gender needs of the Burmese prostitutes by addressing AIDS prevention and empowerment. Although I have classified AIDS prevention as a practical need and empowerment as a strategic need, in reality they complement one another.

The interventions must focus on the women themselves, and not regard them merely as instrument of AIDS prevention. Firstly, the language barrier must be resolved by employing individuals who speak Burmese or other main ethnic dialects. Secondly, because the women have little knowledge of the nature of viruses and diseases, the language and information utilized must be simple and begin with elementary concepts. AIDS education needs to be located in a larger context of reproductive health, beyond simply the means of transmission and protection. The process should take into account the women's perceptions and understanding of their own bodies, sex and reproduction, and should be sensitive to cultural constraints such as *hpon* and "spiritual" segregation of the body. From my findings many young women, who may have as many as twenty sexual

contacts a day, are ignorant of their own reproductive processes. As many women will be infected with HIV, another dimension to AIDS education should involve eliminating fear among the women of each other, and nurturing their strength to survive and to learn how to live with AIDS.

Empowerment must complement AIDS education. As mentioned earlier, some women felt alienated and humiliated by their experience in prostitution, and were too ashamed to face their parents. They internalized the patriarchal construction of "good" and "bad" girls, and assumed the guilt. The shelters must assist the women in raising their self-esteem. This can be achieved by providing the women with means through which to express their anxieties, fears and hopes. EMPOWER, for example, initiated a theatrical troupe comprised of women from bars and nightclubs in Pat Pong that performed for other prostitutes. The Burmese women need space and time to discuss their experiences and determine their futures. These discussions of their situation may evoke questioning of their subordinated positions as both women and prostitutes.

A method often used to "rehabilitate" prostitutes has been to provide job skills. The women are taught to sew, clean, and produce handicrafts (Hantrakul, 1983). However, empowerment cannot be achieved merely by encouraging them to wash linens or weave rugs. The questions we need to explore involve what the goals are that these skills are allowing the women to accomplish. Often the goal of rehabilitation programs is to permit the women to be only marginally productive, and dependent on jobs in domestic services. The training perpetuates subordination and traditional gender roles. Returning to the sex industry is an option for many of these women, as they feel socially and economically trapped into prostitution. Provision of skills should serve as a means for the women to become independent and confident in themselves, and to question their inferior status. Skrobanek (198_) suggests that the type of training ought to respond to labor market demands and the economy.

Interventions at the shelter must be designed to furnish the women with AIDS education and to foster empowerment, through an understanding of reproductive health, a right of control over their own bodies, expression and discussion of experiences and training for non-servile jobs.

Local Level: The Brothel

AIDS prevention work must continue at the sex establishments. In designing an intervention for women who are in prostitution, access to brothels poses a problem. The assistance of provincial health officials and local police is necessary to obtain the cooperation of brothel owners. This cooperation is more difficult to achieve in Ranong, because as a border town it is subject to drastic shifts in the political climate. For example, the repatriation of Burmese immigrants in June 1991 compelled brothels with Burmese prostitutes to lay low, and therefore access to the women proved challenging. Political conditions will influence the type of intervention.

The Ranong brothel prostitutes present the greatest challenge to AIDS prevention at this level. The strategies aimed at Burmese prostitutes at the brothel level must directly address their constraints, their highly controlled access to information and health care, and their lack of power in relation to the male clients and brothel owners. In the case of Ranong, AIDS prevention cannot focus solely on the women because they possess an unequal bargaining position. It is essential, therefore, that education of both Thai and Burmese fishermen become integrated into the prevention approach for prostitutes, rather than conceived as a separate intervention. Further, because these women have a high number of clients, condoms induce pain and cause friction sores. Agencies committed to AIDS prevention must begin to heed prostitutes' complaints about condoms.

Efforts in Northeast Thailand to encourage 100% condom usage at brothels involves the education of owners and *mamasans*. Although this strategy realizes that the

decision power in a sex establishment lies in the hands of owner/manager, and not the prostitutes, the women will not encourage condom usage if the contraceptive produces pain. Limiting the number of clients may assist in easing the discomfort and create an incentive for the women to use condoms. This will, of course, negatively effect the profits of a brothel, but it is an issue that needs to be addressed by AIDS prevention strategies.

AIDS prevention at the brothel level alone will not be adequate. At the same time, concentrating solely on changes in the policy arena will fail to address the urgency of the Burmese women's lives in the face of the AIDS crisis. In order to assist Burmese prostitutes, interventions must occur at all levels simultaneously. The Thai government must realize that the problem of AIDS and Burmese prostitutes in the Thai sex industry is not confined to Burma or its people; it is a concern not only of public health, but of human rights. Repatriation of Burmese women must be suspended, and a system of support created for those rescued from brothels. Shelters, with the financial and organizational backing of national and international agencies, can serve as the foundation of this assistance in providing AIDS education and cultivating empowerment. For those who remain in the brothels, AIDS prevention strategies must speak to the specific constraints and forces that impinge upon Burmese women.

REFERENCES

Books and Reports

Brinkmann, Uwe K. (1992) *Features of the AIDS Epidemic in Thailand*, Working Paper No.3, Department of Population and International Health, Harvard School of Public Health.

Deemar (1990) *Knowledge, Attitudes and Practises, Study on AIDS in Urban Thailand*, June.

Department of Obstetrics and Gynecology (1991) *AIDS Education Among Female Prostitutes: An Experimental Study*, Prince of Songkla University, Hat Yai, Allied Press.

Economic and Social Commission for Asia and the Pacific (1985) *Country Paper: Thailand*, presented at Workshop of Experts on Prevention and Rehabilitation Schemes for Young Women in Prostitution and Related Occupations, Bangkok, June 17-21.

Erlanger, Steven (1991) "A Plague Awaits," *The New York Times*, July 14.

Fox, Morris (1960) "Problems of Prostitution in Thailand," Memorandum dated 26 February 1957 from Fox. as United Nations Welfare Advisor, to Director-General, Department of Public Welfare, Thailand. Published in *Social Service in Thailand*, Bangkok, Department of Public Welfare, Ministry of Interior.

Ford, Nicholas (1990) "The Social Context of the Emergence of HIV in Thailand," *Journal of Population and Social Studies*, Vol.2 (2): 223-237.

Hantrakul, Sukanya (1983) "Prostitution in Thailand," paper presented at the Women in Asia Seminar Series, Monash University, Melbourne, July 22-24.

Ministry of Public Health (1989) "AIDS Prevention and Control in Thailand," December.

---------- (1991a) "AIDS Prevention and Control in Thailand," *AIDS Comprehensive Profile*, March 15.

---------- (1991b) "HIV Infected Persons in Thailand by Year of Diagnosis," June 30.

Moser, Caroline (1989) "Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs," *World Development* , Vol. 17 (11): 1799-1825.

Muecke, Marjorie A. (1989) *Mother Sold Food, Daughter Sells Her Body: Prostitution and Cultural Continuity in the Social Function of Thai Women*, Manuscript.

---------- (1990) "The AIDS Prevention Dilemma in Thailand,"*Asian and Pacific Population Forum*, Winter, Vol. 4, (4): 1-26.

Myers, C. and T. Ashakul (1991) "AIDS in Thailand: Some Preliminary Findings," *TDRI Quarterly Review*.

Phongpaichit, Pasuk (1982) *From Peasant Girls to Bangkok Masseuses*, Geneva, International Labour Office (ILO).

Population and Community Development Association (1991) "AIDS Update- Thailand," April.

Sakondhavat, Chuanchom (1990) "Promoting Condom-Only brothels Through Solidarity and Support for Brothel Managers," Department of Osteterics and Gynecology, Khon Kaen University.

Sawaengdee, Y. and P. Isarabhakdi (1990) *Exploration of Opportunities to Promote Condom Use in Brothels to Prevent the Spread of AIDS*, IPSR Publication No. 144.

Sereewat, Sudarat (1983) *Sex for Sale*, paper presented at the Thai-German Dialogue, Urach, Germany, October 19-23.

Sittitrai, W. and T. Brown (1991) *Female Commercial Sex Workers in Thailand, A Preliminary Report*, Bangkok.

---------- (1990a) "HIV Transmission and Interventions in Thailand: Socio-Economic and Cultural Issues," presented at AIDS Asia and the Pacific Conference, Canberra, Australia, August 5-8.

---------- (1990b) "Multi-Stage Interventions for Sex Workers in Thailand," paper presented at AIDS Asia and the Pacific Conference, Canberra, Australia, August 5-8.

---------- (1990c) "Outreach to Bar Workers in Bangkok," *Hygie*, Vol. IX, (4): 25-27.

Skrobanek, Siriporn (1988?) "Strategies Against Prostitution in Thailand," in *Third World, Second Sex 2*, London, Zed Books Ltd.

Smith, Diane (1990) "Thailand: AIDS Crisis Looms," *The Lancet*, Vol. 335: 781-2.

Thanprasertsuk, Sombat (1991) "Methods for Analyzing HIV/AIDS Epidemic," Division of Epidemiology, Ministry of Public Health.

The Centre for the Protection of Children's Rights (1991) *The Trafficking of Children for Prostitution in Thailand*, Bangkok.

The Economist Intelligence Unit, *Thailand, Burma: Country Report*, No.1, 1992, London.

Traisupa, A. et al. (1987) "AIDS and Prevalence of Antibody to Human Immunodeficiency Virus (HIV) in High Risk Groups in Thailand," *Genitourin Med*, Vol. 63: 106-8.

Truong, Thanh-Dam (1983) "The Dynamics of Sex Tourism," *Development and Change*, Vol. 14, (3): 533-53.

---------- (1990) *Sex, Money, and Morality: Prostitution and Tourism in Southease Asia*, London, Zed Books Ltd.

Ungphakorn, Jon (1990) "The Impact of AIDS on Women in Thailand," presented at AIDS Asia and the Pacific Conference, Canberra, Australia, August 5-8.

Viraivaidya, Mechai (1990) "Confronting a Culture at Risk: A Curbside View of AIDS Education and Prevention in Thailand," presented at AIDS Asia and the Pacific Conference, Canberra, Australia, August 5-8.

---------- (1991) "AIDS in Thailand," *HealthLink*, National Council for Internation Health, April.

Lectures

HIV/AIDS Epidemic: Strategies for Prevention Conference, The Asian Center at Population and and Community Development Association, Bangkok, June 17-28, 1991.

Apichart Nirapathpongporn (PDA Medical and Nursing Bureau) "PDA's Mapping of Thailand's HIV/AIDS Epidemic."

George Loth (Technical Officer, World Health Organization) "Worldwide HIV/AIDS Epidemic, National AIDS Programs, WHO Activities."

Jon Ungpakorn (Director of Thai Volunteer Service) "Social and Legal Barriers to AIDS Prevention; AIDS and Discrimination."

Natee Teerarojjanapongs (Fraternity for AIDS Cessation in Thailand) "Commercial Sex Workers, Youths."

Tony Bennett (Country Representative, Family Health International) "Monitoring and Evaluation and AIDS Prevention Projects."

Newsletters and Newpapers

Asiaweek, "Sitting on a Volcano," July 19, 1991: 52-57.

Bangkok Post, "Anti-AIDS Organisations to Oppose Decree Plan," July 17, 1990.

---------- , "25 Girls Rescued in Brothel Raid," June 20, 1991.

B.U.R.M.A. "Women and Prostitution," May 1991, Vol.1, (4): 7.

Far Eastern Economic Review, "Dangerous Liaisons," June 21, 1990: 25-30.

Inside Asia, "Sex Industry in Thailand: An Intimate Exploitation," November-December 1985: 33-35.

The Economist, "AIDS? What AIDS?" March 24, 1990.

---------- , "Poor Man's Plague," September 21, 1991: 21-24.

The Nation, "Prostitutes Need Urgent Assistance, Not New Laws," September 9, 1991.

---------- , "Prostitutes' Contribution to Society," July 27, 1990.

---------- , "Research 'Blames' Thai Men of Spreading AIDS," August 10, 1991.

The Reporter "Thailand: Forced Prostitution of Burmese Women," Series VII, 1991, Vol.13, (7): 99-100