

CICRED'S SEMINARS

UNMET NEEDS RELATED TO RISK PERCEPTION
AMONG YOUNG COMMERCIAL SEX WORKERS

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1. Introduction

The evidence suggested that in the immediate wake of the AIDS epidemic, the perceived risk of individuals who are getting involved with risk of infection be of policy and implementation. Changing high-risk behaviour is the only means of preventing the transmission of HIV/AIDS. To investigate the picture of HIV risk among young women who work as sex workers, it is essential to consider socioeconomic and cultural determinants of sexual behaviour and the ways in which commercial sex workers are put at risk both by their own behaviour and by the behaviour of their clients, which in most instances is beyond the women's control. The economic context of women's lives further complicates the situation. For many women around the world, the socioeconomic and cultural constructions of sexuality and male-female sexual interactions create formidable barriers to adopting HIV risk-reducing behaviours – a reality that directly places women at risk of infection (Gupta *et al.*, 1996).

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2. Research method

The case study methodology involved the use of in-depth interview techniques to explore how a group that is recognized as a “population at risk” defines the risks involved in commercial sexual relationships and how it responds to those risks. Twenty-four young commercial sex workers from a province near Bangkok, with different socioeconomic statuses, were interviewed. This basic information will be of use for a synthesis of the risk scenario and unmet needs model for policy implementation.

3. Interpreting AIDS transmission within the commercial sexual relationship

This study begins with an examination of one aspect of sexual relations, that of commercialized sexual relationships, in order to see what the “sex for sale” syndrome can tell us about sexual relationships between men and women. This analysis focuses on the role of gender relations, the perceived view of AIDS and risky practices in the immediate wake of the AIDS epidemic. Changing high-risk behaviours appears to be the only means of preventing the transmission of HIV, and this study offers a hypothetical risk-reduction model developed from case study materials of twenty-four young female sex workers.

As discussed in this paper, the rapid economic progress made in Thailand may be one of the major underlying factors predisposing young people, especially women, to high-risk sexual encounters. From the standpoint of the social spread of AIDS, risk awareness is also associated with how individuals define risk, which is based on their experience. The research revealed some good examples that demonstrate the interaction between the attitude toward the threat of HIV/AIDS and sexual behaviour, as well as differences in the sources and contents of sexual scripts learned by young sex workers.

This study shows that sex workers believe that one can be infected via the sexual route, especially by genital heterosexual intercourse, and that consistent condom use can protect one from infection. Few of them

had seen or had known an infected person² who died of AIDS. The limited knowledge of AIDS seems to be associated with the level of education and duration of work in the sex sector. Most of the cases studied had only achieved the minimum requirement of formal education (6 years) and some had not even completed their compulsory education. The majority of the informants had faced family hardship since they were very young and became school dropouts at an early age. With no potential economic opportunity and lack of education, these young women left their hometowns and were recruited into the sex sector. Sex workers do not read much because of their few years in school, but they have an interest in all kinds of women's weekly entertainment magazines, the only entertainment they have. Although some workers can earn quite a lot, not all of them purchase luxurious items like motorcycles, televisions and other electronic commodities, but prefer to buy those consumer goods for their families in order to make them "different from their neighbours".³ One brothel sex worker recalled that...

"I sometimes ask myself why I have to work in this career. I earn enough and I have many things that I desperately wanted when I was young. I still remember that I went to watch television at my neighbour's place. I kept telling myself that one day I would have a television like my neighbour. Now I have what I need, and keep thinking that this is not the way to live my life."

Commercial sex workers, after having left their hometown, have kept themselves in their "own world" with the expectation of earning

2. Some hotel sex workers in this study reported that they had formed a group to visit to a temple where the monks give traditional treatment to those who have AIDS. This place is very popular, although there is no proven effectiveness of the cure. AIDS patients go there to gain moral support from the monks and they appear to recover. The hotel manager has a policy to encourage the workers to be aware of AIDS and to use condoms at all times. This is to promote a good image of the business and to assure the clients that all workers are free of AIDS. I was told by some of the informants that a fine is charged if they are discovered breaking the rules by charging clients more for permitting them to refrain from using condoms.

3. Muecke (1992) noted that most sex workers remit funds home to help their families and to produce Buddhist merit. A new and substantial house for parents heads the list of purchases, followed by rice fields and electric appliances. The purchases represent more than material goods. They are one of the very few means women have of fulfilling cultural obligations to repay their parents. In northern villages, remittances from sex workers often mean that parents and siblings do not have to work in the dry season. The money earned by a daughter/sister working in the commercial sex sector can provide her family with consumer goods.

more money for their families. Sex workers tend to find it difficult to make friends or to find someone to whom they can turn for companionship. They are often isolated and even compete with each other for clients. They often do not trust each other and this, combined with poor communication skills, discourages them from discussing their health problems related to their sexual behaviour, which is regarded as “too private to talk about”. One sex worker stated:

“It is hard to find someone I can trust, especially working in this field. People think we have money and are easy to cheat. I am not from here and must take care of myself. I spend most of my time on my day off at my flat if I do not go shopping near my place. At work, we seldom talk to each other. Those who don’t work as a masseuse always hold their head high. They think that they can earn more... they look so well-dressed because they don’t have to wear a uniform like us [masseuses have their own uniforms and they earn less than prostitutes].”

Commercial sex workers viewed AIDS as a fatal disease. They have heard of AIDS mainly from television. Medical personnel were also referred to as a source of knowledge. This might be the result of them having regular contact with the staff at the venereal disease (VD) clinic. It should be noted here that all the entertainment sites in the areas selected for the study are under the AIDS campaign programme launched by the Provincial Health Office. The programme aims to provide regular medical check-ups and to record sentinel HIV surveillance. All commercial sex workers must have medical records in case employers ask them for these. If anyone fails to have these records, they will be fined either by having their bonuses reduced or their numbers will be taken away and they will be given new numbers, which means that they will lose their regular customers who identify them by number.

Most women in the case studies appear to be reasonably well informed about AIDS. Although knowledge of behaviours that transmit HIV/AIDS is of fundamental importance, some of the interviewees, especially those who only give sex services to those clients whom they treat as “special patrons”, reported feeling invulnerable to HIV/AIDS infection. However, clearly some false beliefs about HIV transmission are in circulation, including those related to the perceived vectors of transmission, such as mosquito bites and sharing food or personal effects with infected people. When asked whether physical appearance would indicate AIDS symptoms, they reported that they would judge if a client had AIDS from his physical appearance, e.g. colour of skin, eyes and odours.

Several factors that obstruct the adoption of safe sex practices have been identified. Evidence suggests, as emphasized by others, that unsafe sex occurs in the context of all types of prostitution. That commercial sex workers and clients would insist upon safer sex depends more upon circumstance than upon social characteristics. The AIDS awareness campaigns actively associate risk with certain behaviours. Ideas about the need for safe sex also depend upon the commercial sex workers' perception of each client. If a client appears to be "clean" or looks like "a real family man", then they believe there is no need to insist upon safer sex. It appears that commercial sex workers are less likely to use condoms for oral sex, when a client asks for it. It is generally believed among the sex workers that oral contact is far less risky than any other sexual contact. It should be noted that some commercial sex workers are strongly opposed to oral sex service because they believe that such a service demeans them. This implies that the sexual act is interpreted primarily in terms of sexual identity and is not associated with AIDS transmission.

Table 1
A summary of barriers of risk reduction

Problem	Frequency of experience	Perceived risk by sex worker
Condom breakage	3-4 times a month	High
Unintended condom removal	2-3 times a month	High
Clients remove condom during sex activity	2-3 times a month	High
No condom if infrequent coitus	1-2 times a month	Low
No condom with regular clients	3-4 times a month	Low

The level of the perceived risk of exposure to HIV/AIDS among the women in the case studies is found to vary according to the type of service provided and work settings. Hotel commercial sex workers and brothel commercial sex workers perceived their sexual behaviours to be problematic and rank themselves as having a very high risk of infection, while masseuses consider themselves free from the risk of AIDS as long as there is no sexual contact with their clients. This suggests that, according to their knowledge of HIV transmission, genital contact is the only pathway of the disease, and they will be free from AIDS if they strongly resist this contact with their clients. It is very interesting to learn that

some young women empower themselves if sex is considered not safe for them: abstinence or resistance are the strategies to avoid AIDS. However, sexuality within the commercial sexual relationship is complicated, and there is no strong relationship between knowledge and level of condom use due to various conditions and the interactions between commercial sex workers and their clients.

4. Social and cultural interpretation of risk

In this section, the analysis attempts to unravel the obstacles to individual choice due either to a lack of information or to a biased interpretation of the social and cultural aspects of AIDS. The simplicity of having sexual intercourse with or without a condom, and the psychological benefits resulting either from its use, such as freedom from anxiety about AIDS, or from its non-use, such as pride in showing trust towards a partner with whom one is economically dependent. Although commercial sex workers are aware of the importance of safe sex practice, they found that they have little control over the negotiation of safer sex. Power over sexual negotiation could be understood under gender power relations. Schoepf (1993) defines gender relations as the process, structures, and institutions by means of which societies order sex differences and invest them with cultural meanings for the people who act them out in daily life. In most societies, gender relations are characterized by an unequal balance of power, with women having less access than men to education and formal employment (Buvinic and Yudelman, 1989). In the context of sexual decision-making, we must understand that the predominant sexual culture is based on many different subcultures and ways of thinking. Thus, this affects the ability of sexual negotiation, as women are economically and culturally dependent.

The focus of the social and cultural interpretation of AIDS and risk is on gender relations and how sexuality is socially and culturally interpreted. This study proposes that gender relations form part of this interpretation within a framework of gendered subjects, (the symbolic interaction, to analyze risk perception and sexual behaviour??). It is useful to conceptualize such behaviour as normative, rather than as marginalized behaviour. Women in rural areas are caught up in the rapid changes that are taking place and have become more vulnerable to sexual and other forms of exploitation due to power differentials between men and

women, which is exacerbated through the disparity of wealth between urban and rural areas. The increasing poverty of rural areas relative to urban places contributes to the urban migration of young women to work in the service sector. A survey of 1,000 sex workers revealed that 70% of the sex workers are in the 15-24 age group and 22% in the 25-29 age group (Muangman and Nanta, 1980). A recent review of the available survey data suggests that about 30-40% of the women who enter the sex industry do so before they are 18 (Boonchalaksi and Guest, 1994). In a study that involved almost 700 commercial sex workers working in Bangkok and a northeast province, almost 40% first worked in the sex industry before the age of 18, with approximately 7% entering before the age of 15 (Podhisita and Pattaravanich, 1993). In a study of 1,006 commercial sex workers carried out in the north and the south, 4.4% started work in the sex industry before the age of 15 and a further 49.9% started work between the age of 15 and 19 (Limanonda, 1992).

In this study, the in-depth interview transcripts reveal that some sex workers consider their relationships with their clients not in terms of sex for money but in terms of an emotional bond, as they feel economically secure and gain affection from their clients. They consider themselves to be a companion or even a mistress, not a sex worker. Men who are economically affluent possess power by having a greater range of sexual contacts, either covertly or legitimized, and women regard their sexual role as a means of economic survival. In this circumstance, the emotional bond becomes a barrier to risk reduction, which results in the improper use of condoms. On the part of clients, the bonded relationship and their tastes have become problematic in promoting safe sex practice. As reported by some sex workers, their clients trusted them to regularly use condoms with other clients and they thus felt no need to acquire condoms as they perceived that they themselves would be free from infection.

In commercial sexual relations, the value of establishing a continuing patron-client relationship means that it is remarkably difficult for the young sex workers, especially those who are new to the profession, to take control of their sexuality and risk behaviour. Commercial sex workers at times found it difficult to insist that their clients use condoms if they had become their favourite partners. Once the bond of intimacy and affection has developed, sex with precaution is thought to be unnecessary. A patron-client relationship is also valued as a social and economic power relation. I have discussed this with two women who work in a massage parlour. These two young workers have a secured relationship

with their “permanent clients”, who are government officers (one of them claimed that she has two permanent patrons). Their clients paid visits to them quite often and treated their relationship as a non-commercial sex service. Both of them feel secure in their relationship and quite happy with the financial support they are given. When asked about safer sex practice one of them remarked that:

Investigator: “Do you usually use condoms?”

Sex worker: “I do not take condoms seriously. It depends on my boyfriend.”

Investigator: “Aren’t you afraid of contracting AIDS?”

Sex worker: “Why should I be? If he is not afraid, I also do not have any fear. He knows very well about my job. I have him and I also have others. He is much better than me in every way, good job, good money.”

Investigator: “Do you think about living with him?”

Sex worker: “No, that is not possible. I am nobody. I trust no one. Today he loves me but tomorrow he might say ... ‘you go away and get back to wherever you come from’.”

Entertainment establishments and the type of service play an important role in screening clients because of the price charged for services. Clients expect a certain service when they choose the place to which they go. Sexual scripts of clients are derived according to a particular environment. For instance, traditional masseuses are not supposed to provide sex service unless a mutual agreement is made. This contrasts with brothel sex workers, who always deal with difficult clients who expect sex service and usually get drunk when visiting. Brothel sex workers have only limited freedom to choose their clients compared with hotel sex workers or masseuses.

To know appropriately the needs of clients is also very important in helping sex workers to avoid the risk of infection. Sex workers who have long experience in working in this career have a wise accountability when dealing with their clients. The extracts follow:

“I speculate carefully as to what my clients should be served. I will have a chat with them, just talk about anything which comes to my mind, persuade them to drink, to smoke, or even take a long time to bathe them. The more you work, the more you know how to manage the time. That is helpful, just to pass the time [the minimum time for each client is two hours] in doing something differently. I don’t care to persuade the clients to purchase more hours from me. If I think it is enough for this man, then he has no chance to stay longer.” (hotel sex worker)

“Some regular clients visit me not always for sex service. They want someone to listen to their problems, or even to talk nonsense to make life easy. Sometimes they resist using condoms and I do not say anything, but open the bin where I dump the used condoms to show them that I am serious about safe sex.” (brothel sex worker)

“I prefer to give services to the clients who come in a group because they just want to enjoy themselves among their friends, playing cards, drinking, and eating. They will pay us very good tips if we serve them nicely. They won’t be serious about asking for sex service. The captain⁴ always looks for me when a group visits the hotel because he was told by the customers that I am good at preparing drinks for them. I don’t know ... I just serve them a lot of whisky and I never leave the glass empty. They like very much whisky with ice.” (hotel sex worker)

Sometimes sex workers run the risk of becoming emotionally involved with clients. This emotional involvement is expressed in the demand that clients pay monthly financial support and visit them regularly. Some workers believe there is then no need to insist upon safer sex. According to them, the act of using a condom may be viewed as de-eroticizing. Clients also have an emotional bond, for they regard hotel sex workers highly and as good for companionship, not for a commercial transactions. Some men compensate their sexual pleasure by having regular partners and do not bother much about condoms because they consider themselves to be “special clients”. Some women in the case studies reported,

“my regular partners trust me and think that I have no other regular partners, and they trust that I always use condoms with other clients.”

In this situation, men have the image of a more sophisticated awareness of the risk issue and this inhibits the spread of HIV in the higher reaches of the commercial scene.

Power relations in the context of commercial relationships construct an emotional involvement. These relationships involve inequalities of power, and without power women are likely to experience little control over sexual relations with men (Travers and Bennett, 1996). Men who seek relations with commercial sex workers have sufficient financial security to assert a degree of power over the women and at the same time assert their masculinity through sexual conquest, cutting across class. Men

4. A bouncer who facilitates matters with the clients.

with money have greater access to regular and non-regular sexual relationships that, along with their economic status, constitute their masculine identity. The complexities of an emotional bond become apparent when perceived in the social and economic context. The belief system, which underlies the idea of some commercial sex workers that they have special relations with some clients, may stem from the trust or compassion they feel toward their clients. Their clients shower them with all kinds of promises and they find it hard not to take those promises seriously. This results in the lack of necessity of protected sex, as they perceive that their relationship is non-commercial and that intimacy and trust would maintain their goodwill.

“I must look good whenever he comes, otherwise my ‘big boss’ (regular client) will not visit me regularly. I talk to him nicely and I must remember what he likes. He is a bit fussy if I do something he does not like. He said to me that he visits me because he feels relaxed, and to get away from his work and all his problems. I think men behave like children.” (hotel sex worker)

“One of my clients insisted on having sex with me, but I refused him and explained to him that I work as a masseuse not a prostitute. He said he likes me because I am different from the others. I sometimes get bored with my job, especially when men insist on my giving them sex service. This problem annoys me very much and I feel like quitting the job as soon as possible, but I cannot. I just start my work and hope to save some money, at least to have enough money to earn my living when I get back to my hometown. I don’t earn as much as I expected. You see, life is not that easy, but I decided to come here and I should cope with all the problems. Well ... it is not too bad to live near my work (the establishment owner provides cheap accommodation for the workers). I can go to my room at any time when I am not busy at work.” (hotel masseuse)

Economic need, for instance, is often a major factor in the women’s choice of occupation and sexual partners, and young women may choose older partners in exchange for favours or financial security. The competing cultural and social roles of the women also influence their health status. They may neglect their own physical wellbeing while meeting the needs of family members. Economic instability and poverty also prohibit women’s access to HIV/AIDS health care. We learned from the case materials that young women change their occupation from a small business such as fruit vendor, seamstress, factory or agricultural worker to the sex trade. Women in the case studies found it hard to live their lives and

to support their families with careers in which they earn very small incomes.

Case studies reveal that safe sex is also associated with the intention to remain in the profession. Young sex workers shared a common view of being involved in the sex industry to meet immediate economic survival, despite the risk of AIDS.⁵ We learned from the in-depth interview transcripts that none of the sex workers aspire to being employed in the sex sector for long. Once they have a chance to earn a relatively high income, the more they earn the sooner they will be able to leave the career. This resolution was repeatedly referred to when I conversed with the women in the case studies. However, their expectations differed according to the individual economic necessities of their families. Their burdens vary from a responsibility for their younger sisters and brothers who are still in school, to taking care of their sick mothers. Some have to take care of their young children due to an early dissolved marriage or the untimely death of the husband. Widows, young unmarried mothers and those who are the victims of rape, incest and other kinds of family violence often found themselves in marginal groups in the marriage market, especially those who are less educated and come from a poor family and consequently have entered the sex trade for immediate economic survival. **J**, **A** and **F** are cases that support this argument.

When I interviewed **J**, I discovered that she has two young children and a sick mother to look after. After the death of her husband she undertook a job as a hotel sex worker in order to enable her to take care of her family. **J** comes from the south, where prostitution is socially denied. Young girls or daughters who became engaged in public sex work are socially estranged from the family. She is aware of the risk due to her profession and intends to quit when she has sufficient savings to live and can return home with the status that wealth brings.

A separated from her teenage husband when her daughter was four months old. She used to work in a toy factory and could not cope with the low wages she was paid, so she decided to work as a hotel masseuse.

5. Pickering and Wilkins (1992) differentiated five types of prostitutes in Kinshasa in the 1960s, ranging from those openly selling sex to any man who paid a standard price, to 'free women' who had worked their way into positions of power through the judicious sale of sex to wealthy and influential men. Intermediate categories consisted of women who sold sex clandestinely on an occasional basis, those who practised some form of petty trade supplemented by prostitution when necessary, and concubines who had a small number of regular lovers.

She is one of the HIV-infected cases according to the record, but she never asked for the result when having a blood test. She explained to me that it would not make any difference and she preferred not to know anything about her health condition. The only thing she could do is to continue to work for her family and to take precautions when she gives service to her clients.

F was a victim of violence when she was 16. Her employer raped her when she worked as a house helper. She left right away and joined her friends to work as a commercial sex worker. She stated:

“I don’t think it is wise to bring up the past. I used to blame myself for all bad luck that my fate brings to me, but I have a second thought that this is my life, and I should do something to overcome my bad fate. I think I am happy with my job. No one forced me to do it. The more I work, the more I earn. I don’t mind giving a massage to any man as long as he pays me. You see ... you can give a massage to your parents, so why not to clients as long as you are paid. I want to be in this career for another two years and will spend my life at home. Now I have a house and I need a little more money for myself. I want to run a hair-dressing shop. That is the only thing I want to reward myself. You asked me whether or not I am scared of AIDS. Yes, of course, but I do not take many men. I only sleep with my regular clients, which is one time in three months on average.”

The sex industry offers a paradigm to young female migrants, which is frequently temporary, with many women returning to their place of origin after earning for specific financial goals. Sex workers stated that they were told by their friends who had worked before them about the monthly income they would earn. Some even told me that they had a definite plan to work for at most a couple of years, and then they will quit the job and return home. Some plan to own a hairdressing shop and some wish to invest their earnings in running a small grocery shop in their village. The extracts show how each sex worker deals with the circumstances:

“I used to be a fruit vendor before I decided to work here [massage parlour] a few months ago. The business was not running well and I need money for my family. I used to work as a shop assistant in a town near my village, but could not cope with the expenses, and decided to come with my friend to seek a job. I miss my family a lot, and might quit my job soon. Well, I earn more but I don’t like my job. It is hard to deal with the clients. They always think that I am a prostitute, and I have to explain to them that I am not. It is not good to say that because

I will not earn as much as my friends do. What should I do? I just don't want to sell my body. I still remember what my mother said to me before I left her. . . , I must take care of myself and keep my promise that I won't do it for money. I have started counting down the days until I leave this place." (hotel massage worker)

"My only brother now studies in grade 10. I want to help him to continue his study. He still has a few years to complete, and I want to help him however I can. He is really good in his studies and I want to give him a brighter future. I don't want him to have a hard life like me . . . well, you never know what life will be like." (hotel sex worker)

"I have a twin sister who works here, but now she lives with her boyfriend. I don't want her to quit her job and run away with that guy. I know their relationship will not last long. He is not a good guy. We still pay a debt to the manager. We borrowed some money from him for our brother's funeral." (hotel sex worker)

"I will be twenty-one this year, and this is the fifth year of working in this career. It seems so long, but I did not earn much because I spent a lot, not for myself but for my family. I am unlucky enough to be cheated by my boss (brothel owner). He claimed that he paid the police to clear a case when the police raided and found that my client possessed amphetamines. I don't believe that he had to pay the police a lot of money. He might have made up the story so that I cannot leave the job. He knows that I am leaving soon and he always refuses to pay me and reminds me that I have to pay him back for the bribe he paid to the policemen." (brothel sex worker)

"I divorced my military officer husband, and left home to work here. He wants to continue our relationship, but I don't want to live with him anymore. He never gives me anything and gets angry with me when I have a new boyfriend. My new boyfriend (client) has a good job and wants to marry me, but I am still thinking about it. I don't want to repeat my mistake. I may work for a while and look for something to do for my life. I sometimes return home and work at one of the brothels in my hometown. I know the owner and it is easy to get a job from him, but I did not earn much, and had to leave the job. I have no plans yet to quit or not. I still need some money and it is not that easy to find a job that gives me a high income at home." (brothel sex worker)

The discussion in the earlier part of this paper explains the situation and work expectations of those young women who earn a living in a risky way in order to maintain their gender roles and achieve their ultimate goals, without contemplating that they are within a few steps of a HIV infection. The notion of taking care of themselves by having medical

check-ups regularly and by avoiding unprotected heterosexual relationships would help to reduce the risk of infection. But, it is difficult to put this into practice.

Discussions with sex workers show that young women who work in the sex service have different conditions and reasons to remain in the profession. These conditions include immediate economic need and social pressures in their hometown, forcing them to keep their job. Many interesting points are learned from the extracts of discussions with young women who work in the sex sector, for instance, the way they view their sexuality, economic achievement, and the risk of AIDS. At least we know that those who remain longer in sex work have a heavy responsibility for family survival, while others intend to leave their job soon after realizing that to work in the profession and to earn a lot of money, sex service is unavoidable.

5. Perceived practices to reduce the risk of AIDS

Our consideration also focuses on meanings and interpretations given to such perceived practices. If we take a wider perspective of the social and cultural construction of risk, we might examine the notions in the light of how people view AIDS and their sexuality, and how AIDS offers new definitions and understandings of sexual practices. We learned from the findings discussed earlier that the patron-client relationship constructed the meanings of safe sex. Furthermore, the association between the elements of the sexual and cultural construction of sexuality and risk perception, which are assumed to socially and culturally influence risk-taking behaviour, could be explained in the light of perceived practices.

The in-depth interview transcripts reveal that commercial sex workers very much rely on some forms of modern methods, such as the misuse of antibiotics, in the belief that they could eliminate AIDS or make their bodies immune. Uretic phalaxis tablets are quite popular and are used not only by sex workers but also by young male factory workers and students who frequent commercial sex workers, believing that they will in this way be free from STDs. Some commercial sex workers perceived that taking vitamin tablets or artificial supplementary food would help to maintain physical fitness and make them more attractive to clients. This study found that it is commonly believed that post-coital cleansing can

prevent infection. One hotel sex worker, who reported that she took vitamin tablets stated:

“To work in this career, one needs to be strong. I have to adjust my eating and sleeping habits. I sleep a lot on my day off. I live a hard life and want to compensate by eating good food. That will make me strong and it makes me look attractive.”

Table 2
A summary of perceived risk-reduction practices

Activity	Actor (by type of premises)	Perceived effectiveness of risk reduction	Source of learning
Oral sex	Hotel workers	High	Friends/self-perception
Infrequent coitus	Masseuses	Moderate	Self-perception
Sexual contact with regular clients	All	High	Self-perception
Sex during a bath	Hotel sex workers	Moderate	Self-perception
Cleansing after sex	All	High	Friends/self-perception
Use of antibiotics (i.e. uretic phalaxis)	Brothel Hotel sex workers	High	Friends
Wearing two condoms at one time	Brothel sex workers	Moderate	Friends

The perceived practices to reduce the risk of AIDS shown in Table 2 reveal many behavioural thoughts concerning AIDS transmission. The case materials offered a wide range of perceived practices of risk reduction, which may be classified in four paradigms: “activity”, “actor”, “perceived risk reduction”, and “source of learning”. There are types of “activity” that commercial sex workers perceived as methods to reduce the risk of AIDS. These activities were interpreted according to the levels of perceived effectiveness in reducing the risk of AIDS. In Thailand, medical check-ups are mandatory and are arranged on a regular basis by the VD clinic affiliated with the Provincial Health Office. The workers from each establishment go for an examination on a designated day of

the week. Blood tests to check for HIV are undertaken either at the establishment or at the VD clinic. This should help to increase health awareness among sex workers, who hardly ever communicated with their friends, especially those who recently joined the career, and found it easy to talk with the clinic staff about their health problems.

Some commercial sex workers in the case studies suffered from high anxiety, lack of companionship, and frequent drunkenness of clients, and this fosters a heavy or abusive level of drinking or other forms of drug use, together with depression or other psychological disorders, especially among those who work in ways that fail to protect or support them and can induce unprotected sex. The assertion that there is an association between risky sexual behaviour and alcohol and drug use has become commonplace. Drug dealing sometimes overlaps with the entertainment business. Such an environment does little to assist women to resolve their problems.

Commercial sex workers are sometimes under great pressure and become depressed, and some have to live on some kind of psychoactive drugs to ward off fatigue, to release their depression or to “deaden the realities of prostitution”. The relevance of amphetamine sulphate for HIV transmission is twofold: first, it has a reputation for releasing sexual inhibitions; second, it is a drug that is injected by a large number of people. There is thus a risk of sharing contaminated injecting materials. There are also implications for the sexual risk behaviour of women using amphetamines. Women are offered amphetamines in order to induce sexual availability. Only oral amphetamines as a sexual disinhibitor was referred to by some commercial sex workers, and they use it to elevate mood and increase energy. Based on life histories, this study found two sex workers who reported that they took drugs (oral amphetamines) for years and tried to reduce the dose after suffering from illness. Both of them entered the career when they were in their early teens. At the time I met them, they worked in brothels and one of them is HIV infected. They disclosed that their workmates are drug addicted (oral amphetamines). Their clients introduced them to the psychoactive drugs. Initially not popular, they were gradually employed by some sex workers. One brothel sex worker stated she and her workmates take drugs (oral amphetamines) to release all worries. She reported:

“Drugs are so expensive. We pay 100 Baht (£ 2.5) for one tablet. My friends take it because it makes them happy and they can work longer. I have sometimes seen them laughing like a drunk man. I used to take

drugs, but try now to take them less and less. My friends insist that I buy them, but I refuse by saying that I have no money.”

We learned from the case studies that commercial sex workers are aware of AIDS and use several methods that were perceived as a means of reducing the risk of AIDS. Work in the sex sector is socially stigmatized and sometimes hopeless. When asked about what they could do to avoid AIDS, some commercial sex workers replied that: “If I am fated to have AIDS, then I’ll get it anyway”. This attitude becomes a norm for relief. The attitude of some girls I met was certainly a little fatalistic. Sex workers presented an indifferent facade concerning their personal welfare. They made it known to me that sometimes they were not afraid of the AIDS virus and that they were not worried about inconsistent condom use. This indifferent attitude is associated with strength. Defying bad “*karma*” and ignoring risks is regarded as a strong attitude. Sex workers think that fate will decide if they escape infection. In this circumstance, a fatalistic perspective plays a part in psychologically minimizing their worries and fears. This is a fatalistic ideology rooted in the doctrine of *karma*, a religious faith with a resounding notion that what one would suffer in the present life results of merits/demerits one accumulated in a past life. Contracting AIDS is avoidable if one has merits.

6. Summary

This study offered several views of the sexual nature of men and women, the nature of the sexual act, and how sex relates to other aspects of social life as well as views about proper sexual relationships between patrons and clients, which are naturally part and parcel of the proper total relationship between men and women. It is also a demonstration of the true role of the commercialized sexual act in the total picture of a society’s concepts of sexuality. The use of case material described general socioeconomic characteristics of 24 commercial sex workers (aged 15-24) to examine salient features of behaviours related to the risk of HIV. This study offered key issues raised by the analysis for theoretical interpretations of the social meanings of AIDS, the association between the characteristics of relations and risky practices. The following points are summarized from the case materials.

First, the case materials revealed that the belated attention given to gender inequality in AIDS research is relevant. Much of the discourse on

risky behaviour and AIDS refers to economic motives, which lead to placing individuals at greater risk of HIV infection. We learned from the case materials that the motives to remain in the career involve many factors and that it is difficult to consider their influence separately. The reasons for remaining in the profession refer not solely to economic achievement; traditional gender roles, the lack of adequate knowledge and perception of AIDS transmission and the power to negotiate safe sex are also involved.

Second, this study pointed out the complexity of sexuality in commercial transactions, with attention to the socioeconomic influence of risky sexual behaviour. It has focused on commercial sexual relationships and on survival sex, by which is implied the exchange of sex for money, shelter, drugs or other goods, under exploitative and/or demeaning conditions, by a person who sees no alternative means for securing her perceived survival needs. This study explained various diverse instances of sexual economic exchange as a result, largely, of the unequal access to economic opportunities, especially education and employment.

Third, although sex workers fear AIDS and are concerned for their own wellbeing, they still engage in risky practices. Many external factors that account for the enduring prevalence of inconsistent condom use, such as the emotional bond between clients and sex workers, discouraged young women from exerting control over their sexuality. The customer base and the types of service delivery are also crucial factors in promoting unsafe or safer sex practices among the workers. Workers engaged in hotels that catered to more sophisticated and better-educated clients still found it hard to insist that all clients use condoms. This study pointed that when commercial sexual relationships become a part of men's sexual pleasure, women, as the subject of men's sexuality, play a role in men's fear and anxiety.

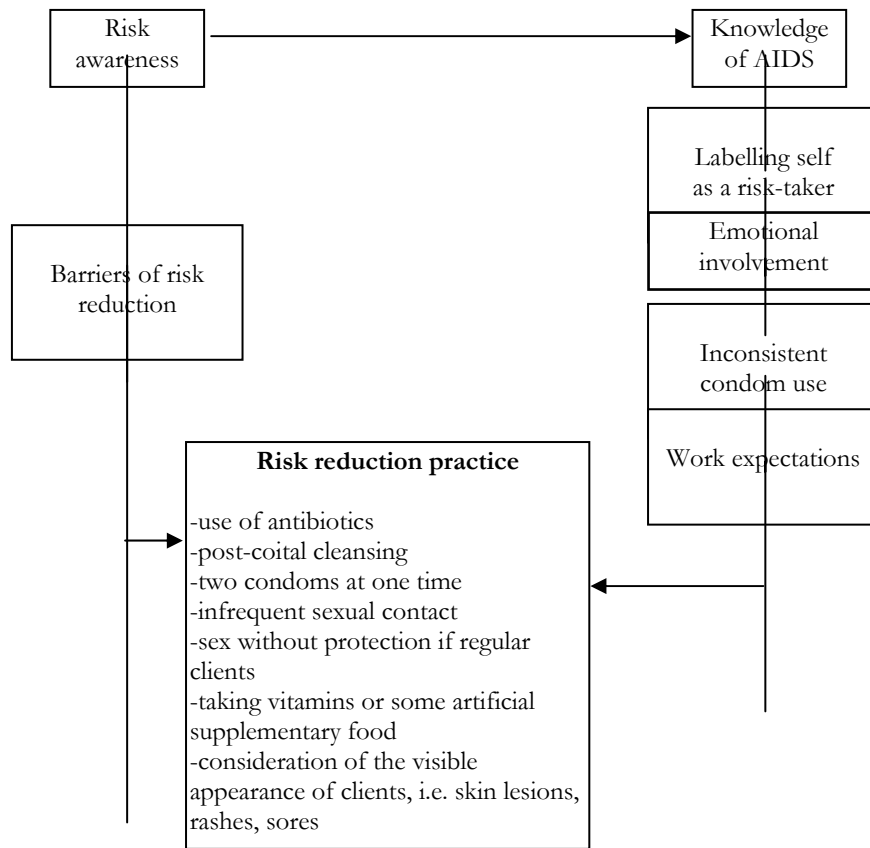
Fourth, misperceptions regarding specific risk-reduction practices, for example, the misuse of antibiotics, amphetamines and artificial supplementary food intake for psychological effects, and the inconsistent use of condoms with regular partners might be major concerns for a health education programme for young women who work in a commercial sex service.

Fifth, this study pursued the significance of cultural discourses on sexuality in understanding risk-taking behaviour. The main findings from the women in the case studies enable us to develop some theoretical arguments with different aspects and on different levels. For instance, at

the individual level, the concept of vulnerability was perceived and interpreted in the ways that commercial sex workers interacted with symbolic interactions and in the ways in which they find the meanings of their interactions in their lived experience. Sexual scripts for commercial sex workers are not only the “social text” of their sexual encounters, but ones developed and defined by them from their lived experiences when encountering sexual matters.

Sixth, this study pointed out the strength of the conceptual framework regarding the sexual codes and meanings that confront people with the fear of AIDS, and provided empirical data to convey intervention messages in the AIDS campaign for young women in the sex sector, which are most needed. Efforts should urgently be made to remedy the weaknesses incurred within commercial sexual relations, efforts that concern a clear understanding of disease transmission so that misperceptions about AIDS and risk-reduction practices can be minimized.

Figure 1
Hypothetical risk reduction scenario model



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