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Reducing Vulnerability to AIDS in Asia: The Role of Rural Development

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Addressing Vulnerability to AIDS in Asia:

- Socio-economic and gender factors underlying vulnerability: women's responsibility for food security, their lack of property, education, violence, sexual attitudes, commercial sex, girl child labour, social conflict/ disruption, migration for wage work and poverty.
- Migrant and mobile men are the main conduit to transmit HIV from high-risk groups to defenceless rural women, with no risk factor other than that of being married.
- Strategies to reduce vulnerability to AIDS need to note that besides knowledge about safer sex practices women also need skills, power, access to resources and organization in groups to be able to bargain for safer sex practices with their partners.
- Identify in each country the 'labour supply' rural regions, both for women/girls in the commercial sex sector and for women/men in the lower rungs of the working class, including the informal sector.
- Enlarge capabilities and livelihood choices among the poor in the rural labour supply areas.
- Secure the access of poor women to land and other productive assets.
- Deal with social conflict and social disruption in indigenous peoples' areas, institute a just peace with gender-inclusive access to productive resources and new forms of social welfare.
- Formulate a program to transform gender relations, including attitudes to sexual relations, and secure women's human rights, and their right to be free from violence.
- Abolish child labour, including that of girls as culturally sanctioned domestic help, deal with familial oppression of girls and universalize education.
- Carry out a sensitization campaign to transform attitudes to sexual relations: rejection of commercial sex, new sexual mores and practices, adoption of condom use and other safer sexual practices, and to change patriarchal concepts of masculinity.

CONTENTS

Introduction
Risk and Vulnerability: Poverty and Gender
HIV and Nature of Sexual Behaviour
Migration
Single Male Migration and HIV
From Migration to Mobility
Commercial Sex Sector
Beyond Poverty: Familial Oppression as Factor in Entry into Commercial Sex Sector
Lack of Women's Agency and Trafficking
Poverty and Consequences for HIV Infection
Negotiations in Marriage
The Vulnerability of Women in "Uneven Modernity: Experience of South India
Social Disruption
Rural Development Interventions to Reduce Vulnerability

Introduction

While the world's attention has justifiably been focussed on the ravages of AIDS in Sub-Saharan Africa, there has been a HIV/AIDS epidemic in Asia. UNAIDS estimates that by 1997 some 80% of all new HIV infections were in the developing world. Out of 2.7 million estimated new HIV cases in the world in 1996, one million were in South and Southeast Asia. A number of countries of Asia (notably Myanmar, Cambodia and Thailand) have infection levels that qualify as generalized epidemics – WHO/UNAIDS define a generalized AIDS epidemic as a situation where it has reached 1% or more of antenatal women and has spread from urban to rural areas.

Overall the number of women infected with HIV now accounts for 50% of all those infected. For Africa the figure is 58%. This has prompted Kofi Annan, UN Secretary General, to say, "Today, AIDS has a woman's face" (Toronto Star, January 3, 2003).

In South Asia there are some 5 million persons living with HIV/AIDS, with 3.5 million in India alone (Prasada Rao, n.d.,12). The South Asia region is considered to be in the early stages of the epidemic, with the exception of India. India is now the country with the largest number of HIV-infected persons (FAO and UNAIDS, 1999).

China in September 2001 admitted the seriousness of the situation by approaching the Center for Disease Control (Atlanta, USA) for assistance in devising an AIDS control program. It is reported that there are at least 500,000 HIV infected persons in China (New York Times, Editorial, 5 September 2001).

The figures on the number of HIV/AIDS infected persons is inevitably subject to some controversy. Recently there was one such controversy regarding the situation in India. UNAIDS estimates that were between 2.6m and 5.4m infected people in India by end-2001. The US National Intelligence Committee came up with a figure of from 20 to 25 million people who could be infected in India by 2010 if nothing is done. The Government of India disputed these figures, holding that it was a considerable exaggeration of the situation and claiming that the rate of new infections had been gradually decreasing.

It is difficult to assess and verify the various figures. But, official figures of the Government of India show that six states of India, including Maharashtra, Andhra Pradesh, Karnatka and Tamil Nadu, each of which is large enough to be a middle-sized country, have generalized epidemic-level infection rates. Along with these four states, Manipur in Northeast India also has generalized epidemic-level infection rates. Already in Mumbai and Chennai (and Imphal) hospital bed occupancy from HIV-associated illness ranges from 24 – 40% in some referral hospitals. The states of West Bengal, Gujarat and Nagaland are in the stage of a 'concentrated epidemic', i.e. one in which HIV is concentrated among subgroups of the population, such as women in commercial sex,

and intravenous drug users (IDUs) with at least a 5% level of infection.[1] What needs to be emphasized is that unless a clear program to slowdown and prevent the spread of HIVis taken up, the situation in India, as also China, can develop into one of devastation.

The impact of HIV could be worse in Asia than it was in Sub-Saharan Africa as the disease is spreading at a faster pace. Since 1994 the rate of HIV incidence more than doubled in the Asian region (UNAIDS statement in Indian Express, 22 October 1999). Epidemiologists expect that Asia will be next epicenter of the HIV/AIDS pandemic (FAO and UNAIDS, 1999, 57-58).

Not only is the disease spreading faster than in Africa, it is also spreading into rural areas much more quickly. This is because of the high levels of migration in Asia. In India alone some 240 million of the 1 billion population are migrants (Nay Htun, in *Report of the Satellite Symposium*, 1999, 7). China too has a migrant population of more than 100 million. Besides the migrants within national borders there are also millions of cross-border migrants in Asia. As HIV infection spreads from those with higher-risk behaviours (women in commercial sex and their male clients and injectable drug users) to the general population and from urban to rural areas, the rural areas supplying labour to urban centers are being seriously affected. In the Indian state of Tamil Nadu, a state with a population of 25 million, a survey of randomly selected households found that 2.1% of the adult population living in rural areas had HIV, as compared with 0.7% for the urban population (FAO and UNAIDS, 1999, 6).

Myanmar, which supplies migrant labour, most of it illegal and therefore much more vulnerable, to Thailand, is the worst affected country in Asia. In Nepal there are NGO reports that the rural areas are being rapidly affected (Ganga Gurung, in Panos, n.d., 28). In India districts like Satara in Maharashtra and Ganjam in Orissa are experiencing increases in infection rates (Siddarth Dube, 2000, 61).

HIV/AIDS is undoubtedly a health issue. But, unlike say influenza and other such viruses, HIV is transmitted as a consequence of purposeful behaviour, largely of sexual relations, but also of other purposeful actions, like injectable drug use. Further, contracting HIV itself is preventable, but there are factors that make people, certain people more vulnerable. Thus it is necessary to look into and tackle the structural factors that create and sustain vulnerability. The factors may be economic and also those of social norms and expected or accepted forms of behaviour. It is in this context that AIDS becomes not just a health but also a development issue.

The following paper will look into key aspects of vulnerability, the factors of poverty and migration, patriarchal gender relations and social marginalization, in spreading the epidemic.

[1] Data in this paragraph are from *India Responds to HIV/AIDS*, A strategic response to the HIV epidemic by the Government of India, the UN and its development partners in India, New Delhi, n.d.

Risk and Vulnerability: Poverty and Gender

Underlying most health issues are development problems, those which put certain populations or sub-groups at greater risk, or increase the severity of the effect, or make it difficult or easy to access the needed health care. HIV was initially addressed at the level of individual risk or high risk behaviour, and the corresponding groups of those with high-risk behaviour, such as women in commercial sex and their men clients. But underlying risk behaviour are the social factors that make some groups, such as women in the commercial sex sector or single male-migrant workers, more prone to undertaking high risk behaviour. Thus, it is necessary to go beyond or behind risk to deal with the economic, social and cultural factors, including those of gender relations, that make some sections of the population more vulnerable to HIV/AIDS than others. As UNAIDS points outs, "this recognition merits an approach to the epidemic that goes beyond the immediate risk-taking act and the immediate environmental factors affecting it, to addressing the underlying factors that create an overall climate in which such risk-taking behaviours are encountered, maintained and prove difficult to change." (UNAIDS quoted in FAO and UNAIDS, 1999, 7).

At the same time, risk reduction tends to deal primarily with the proximate determinants of the HIV epidemic rather than with its structural causes. What this also means is that any strategy to deal with HIV must go beyond the high-risk behaviour groups (women in commercial sex, their men clients, men in same sex relations, and so on) and deal with the general population – since the high risk groups live within communities and have sexual relations with those outside the high risk groups, wives of male clients of the commercial sex sector, for instance. For all of these reasons it is necessary to go beyond the immediate high risk behaviours and address the structural factors making certain groups of the population more vulnerable than others to HIV. This vulnerability approach to dealing with HIV/AIDS as now being propagated by UNAIDS (1999), has a resonance with the general vulnerability approach to analyzing livelihood systems. Vulnerability to HIV/AIDS has economic, social, cultural and gender components.

In contracting HIV it is further accepted that women are at greater risk than men. The bio-physical reason (the greater chance of infection in women's genital tract than in men's) is compounded by some social factors that are important in Asia, especially in South Asia. Lesions caused by Reproductive Tract Infections (RTIs) of a sexually transmitted or other nature, with early age of marriage and frequent pregnancy, make women in most of South Asia particularly vulnerable to HIV. Even in areas like South India, where there is a higher average age at marriage for girls than in North India, for the rural landless and uneducated the age of marriage is considerably lower than the rest; meaning that women from the landless (who are also mostly from the dalit or backward castes) are more prone to HIV infection (T. K. Sundari Ravindran, 1995).

At the base of the HIV epidemic is the nature of heterosexual behaviour. Factors like injectable drug use and blood donation / transfusion have been factors in the spread of HIV. In some local situations they may even be of primary importance. In Manipur state of Northeast India, for instance, the HIV epidemic has been fueled by injectable drug use;

while in Henan province of China there are reports of whole villages in which more than 60% of adults are infected, as a result of unclean blood re-transfused into desperately poor blood sellers (reports in *Time*, as mentioned in *The New York Times*, editorial, 5 September 2001). But in the overall spread of HIV among the general population the major factor is heterosexual intercourse.

In Asia it is accepted that the main mode of transmission of HIV is through heterosexual contact. While the perinatal route, blood and blood products and associated infected needles is much more efficient a mode of HIV transmission, heterosexual contact is important in Asia due to the large size of population and the frequency of exposure (Radhika Ramasubban, 1995, 213).

Among injectable drug users too, however, there is some evidence that women are more at risk for contracting HIV than men. Though this is from a study in North America, women drug users were prostituted more frequently than men drug users, were at greater risk for HIV than men, had lower self-esteem than did men drug users, and had fewer employment opportunities, legal or illegal, than did men drug users (Booth et al, 1995, quoted in Farley and Kelly, 2000, 24).

Checklist of Factors Contributing to Vulnerability to Spread of HIV
➢ Multiple sexual partners ➢ Migration for wage work ➢ High alcohol consumption ➢ Proximity to transport or trading centers ➢ Low status and limited economic independence of women ➢ Physically damaging sexual practices ➢ Widespread exchange of cash or favours for sexual services (FAO and UNAIDS, 1999, 11.)

AIDS and Nature of Sexual Behaviour

In Asia the HIV-epidemic began with its center among men who seek commercial sexual services and with the women in commercial sex, both largely urban based. From them, through the route of marriage-based heterosexual contact, it has spread into the general population, women in particular, and to rural areas from which migrant labourers, men and women, come. An analysis of the HIV epidemic must then begin with the commercial sex sector, one which is not only burgeoning but also has inter-regional and global dimensions.

Most analyses of the commercial sex sector begin and end with the supply side of the market, dealing with the women in commercial sex. The demand side of the market, the male clients of women in the sex trade, is left virtually unanalyzed. The demand for sexual services as a commercial commodity is, by implication, reduced to a natural phenomenon, not requiring any social analysis or explanation. But it is with the demand

side that we need to begin our analysis in order to understand why sexual activity has or can become a commodity.

The norms and mores concerning sexual relations vary from society to society. In indigenous communities sexual relations before marriage are relatively acceptable. Changes of sexual partners too are socially acceptable for both men and women. In matrilineal societies, like the Khasi of Northeast India or the Mosuo of China, sexual relations are relatively freely entered into and broken off for both women and men. In most patriarchal plains' societies, however, there are strict norms that value pre-marital virginity for girls and severely punish sexual relations outside marriage for all women. Whether in Hindu, Confucian, Buddhist, Islamic or Christian traditions, the power of women's sexuality is feared and supposed to be beneficial only when it is controlled by men. Women are expected to please their partners, and also be innocent of sexual knowledge. Simultaneously, multiple sexual relations for men, before and during marriage, are at least condoned in many societies, if not positively valued as marks of manhood.

The ways in which men's access to women, or men's sexual access to women's bodies is regulated, what Carole Pateman (1998) labeled the 'Sexual Contract', varies from one kind of society to another. This is achieved through different forms of the patriarchal family. Earlier societies also had limited forms of generalized access, though only for men of the upper class or castes (temple prostitution, for example), sexual access outside the institution of the family or multiple access for limited, elite men. In capitalism, however, there is a generalized market access for any man to the use of some women's bodies for sexual services. The characteristic feature of capitalism is that access to women's bodies for sexual service can also be a commodity that, like any other commodity, can be bought and sold on the market. The above difference between sexual access in traditional and market societies is reflected in the findings of a study of first sexual contact of men in urban and rural India. While rural men reported first sexual contact with a relative, urban men reported it with a commercial sex worker (Moni Nag, 1996).

The multiple sexual partner relations of men affect their wives too. In Asia as a whole heterosexual women are the fastest growing group of HIV-infected. Already in Taiwan the largest group of HIV-infected are housewives "defenceless victims of their husbands' prostitution habits" (Manuel Castells, 1997, 210). In Pune, India, one study of infected women found that 90% reported "no other risk factor than being married" (NACO, 2000, 4).

But with women being into jobs and able on their own to support families it is likely, as has happened in many Western countries, that there might be changes in sexual relations. When marriage is no longer necessary to gain access to a livelihood and virginity ceases to be a factor for marriage, and women migrate away from direct patriarchal control in the family, it is likely that women too might have multiple or pre-marital sexual partners. In trade zones, such as Kandy in Sri Lanka, Dhaka in Bangladesh and Tiruppur-Coimbatore in India, where women constitute up to 80% of the work force, "the

vulnerability of these women is indicated by the high rate of unwanted pregnancies and high prevalence of sexually transmitted diseases which has been observed amongst them" (UNDP, 1999, 23). In one way or the other, increased income for these women does not seem to have led to sufficient empowerment, sufficient power to change sexual practices in a safer direction.

While sexual behaviour is a personal and private matter, it does have a social and even economic basis. Certain kinds of behaviour are sanctioned by existing norms, while certain kinds of behaviour are made difficult by economic and related material conditions. It is to these social and economic factors that affect sexual behaviour, making persons more vulnerable or enabling them to protect themselves that we now turn.

Migration

Migration in Asia has a number of features but in order to understand the range of situations Asia may be divided into four sub-regions, based on different types and patterns of migration, modifying a schema presented by Ronald Skeldon (1999, 1). These areas are: highly urbanized core regions, which are the principal destinations of migrants; expanding core areas of intense immigration and rapid urban growth; the labour frontier, which is the point of origin of much of the migration, and which is characterized by rainfed agriculture; and the hill-forest regions of the indigenous peoples, which are somewhat marginal to migration in overall terms, though migration may be locally important, where deforestation and landlessness are high.

Particularly in order to formulate a rural development program to combat HIV/AIDS, it is necessary to concentrate attention on the 'labour frontier', the origin of much of the migration. While the labour frontier basically comprises the semi-arid plains, some hill-forest regions, like Uttaranchal state in India and most of Nepal, are important parts of the labour frontier. In fact, Uttaranchal has been characterized as 'hills without men', since most working-age men migrate to work and live in the plains.

While the vast majority of migrants entering the major Asian urban and industrial centres are from the same country, there is also a large cross-border flow – from Nepal and Bangladesh to India; from India, Pakistan, Bangladesh and Sri Lanka to West Asia; from Myanmar, China and Laos to Thailand; from Indonesia to Malaysia; from the Philippines to Japan, Taiwan, etc; from Vietnam to China. Thus, the labour frontier is becoming international , with the expansion from internal to international circuits of mobility. A large part of this cross-border flow is illegal, except, for instance, in the case of the flow between Nepal and India, which is legal and the legal flow of migrants into the oil-based economies of the West Asia.

Some of the international migration within Asia is between adjacent countries. But there is also the migration to the fast-growing centers of Asia, East and South-east Asia, and India in South Asia. "One of the characteristics of international migration within the Asian and Pacific region as a whole is that it is illegal and undocumented" (Skeldon,

1999, 12). Some of what is national migration is also illegal and largely undocumented. This is the case with the 'floating labour' population in China, which does not have the required legal urban residence, and also with indigenous peoples from the North of Thailand, who lack citizenship rights and are legally required to seek permits to move out of their districts of residence. The illegal nature of international migration in Asia has consequences for the vulnerability of the migrants, a factor which we will return to later in this paper.

Overall census results show that more men than women migrate. In China between 1985 and 1990, the sex ratio for interprovincial migration was 139 men per 100 women. Similarly in Thailand too in the same period 117 men migrated per 100 women. But in some of the specific provincial flows, the migrations to Guangdong province or to Bangkok, women were found to dominate. In the flow from Guanxi to Guangdong there were only 60 men for every 100 women, while in the flow to Bangkok there were only 87 men for every 100 women. (All figures from Skeldon, 1999, 14).

From some countries there is evidence of a feminization of international migration. A 1990 airport survey in Sri Lanka found that 65 percent of migrant workers were female, a majority of whom intended to work as domestic servants. In Indonesia too of migrant workers who left officially, 78 percent were women (Burra, 2000, 3-4)

This trend, towards the feminization of migration is only recent, with women outnumbering men only from the mid-1980s. Further it is among the youngest cohorts that the trend to feminization is most marked, with the share of girls among teenagers rising from 16 to 43 percent between 1974 and 1987. This possibly points to the growing importance of young women/girls in the commercial sex sector. But the more important feminization of migration in these specific regions is largely related to the growth of light manufactures for export. Besides Guangdong and Bangkok, in areas like Kandy in Sri Lanka, Dhaka in Bangladesh and Tiruppur-Coimbatore in Tamil Nadu, India, women account for up to 80 percent of the labour force in the garment industries.

Two factors influence the migrants' entry into the urban working class: the gender and the class origins of the migrants. Studies of the working class[2] have shown that the rural origins influence the entry of migrants into different sections of the working class. The migrants from landed sections, tend to be better educated and go into the skilled sections of the working class. Those from the landless (which also in India means largely from the lower sections of the caste order, including the former untouchable and service / craft castes) have less education and go into unskilled sections of the working class.

Further, large numbers of them do not get regular employment but work as casual or contract labour. While wages of regular industrial workers are usually covered by the family norm (i.e. a worker's wages should cover the living costs of a family of worker, spouse (usually wife) and two children in India), contract workers' wages are regulated

[2] See Nathan 1984 for synthesis of studies of the influence of rural origins on the Indian urban working class.

by minimum wage laws. Minimum wages are not much higher than the bare costs of living of a single worker. Consequently, there is no possibility of a single (usually male) worker earning enough to support a family in the urban situation. The same is likely to hold true for most of the lower-sections, so called unskilled or semi-skilled workers, in the export industries. Earnings in export industries are usually close to the prevailing minimum wage. The workers can manage to make some remittances, more regularly in the case of women, less so in the case of men[3]; but they do not earn enough to be able to support their families in the urban residence.

This low earnings as workers is at the base of the well-observed phenomenon of single male migration to urban and industrial centers in the course of the development of capitalism. But this is being modified in some important ways. First, in the case of migration of indigenous peoples, there is much more of whole family migration, rather than of the single male. This can be observed in Jharkhand, India, and the region around it. While low-paid workers from the plains tend to be single men, similar workers from the indigenous communities are of whole families, with both woman and man earning wages to run the family. "One of the features of these blocks [in Singhbhum District of Jharkhand], as noted during the field survey, was the out-migration of a large number of households as distinct from out-migration of individuals" (Alakh Sharma, 1997, 48). More recently, over the 1980s, single adult migration has emerged in Jharkhand as young men go to the Green Revolution areas of Punjab as farm labourers, and young women go to Delhi as domestic maids.

In Thailand too, along the Myanmar border, migration is not of single males from the indigenous peoples across the border, but of whole families. As one study of cross-border migration along the Myanmar-Thailand border points out, "The image of the preponderance of the single young male migrant is not altogether borne out by this study" (Oppenheimer, et al, 1998, 34). But it is the historical pattern of single, male migration, not only for industry but also in the military, navy and other forms of transport, that have fueled the growth of a large-scale commercial sex sector along with urbanization. More recently, the commercial sex sector has also been globalized, as young Asian women provide sexual services to men of the richer capitalist countries of Euro-America, Japan, and Taiwan.

As already pointed out earlier, the export-oriented factories dotted across Asia, largely employ women. This has led to the 'feminization of migration', if not in general then at least in particular flows. Not all such single women go into the industrial sector. The National Migration Survey of Thailand revealed that, while 29 percent of migrant women enter industrial production, another 10 percent entered sales and 10 percent 'services' (quoted in Skeldon, 1999, 18). In services, in national as in international flows, domestic labour and commercial sex figure prominently.

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[3] This is probably due to the different spending habits of women and men. Men tend to spend more of their income on self-consumption of status and social goods, like alcohol and cigarettes; while women tend to spend more of their income on the family, including children.

Further, women as domestic workers are often subject to sexual harassment and rape, leading to the high incidence of HIV among international migrant domestic workers, devoid as they are of networks of support and solidarity. In Sri Lanka, where the remittances of women domestic workers in the oil economies is one of the main sources of foreign exchange, "By the end of December 1999, 48 percent of the HIV-infected women (cumulative) had been employed as domestic workers abroad," (Abeyewickreme, 2000, 177). This leads to a double, or even quadruple exploitation of these women: paid poorly by the employers; their earnings taken by their families; sexually assaulted by their employers; and then their rejection by these same families as being HIV-infected.

Male Migration and HIV

Truckers, soldiers and migrant labour have HIV infection rates up to 10 times the national average (*Frontline,* Chennai, December 6, 2002). Most studies point to a close connection between single, male migration and HIV.[4] They also go beyond this observed correlation to bring out the factors in migration that lead to a connection between migration and HIV. The factors listed are: "Separation from spouse, family and socio-cultural norms, together with isolation and loneliness, and a sense of anonymity, can lead to situations which make migrants and mobile wokers more susceptible to exposure to HIV," (Report of Satellite Symposium, 1999, 14). In a similar vein Bloom and Mahal write, "This close connection seems to arise because the behaviour of migrants is not easily subject to monitoring by their families and communities, because migrants often have considerable amounts of cash to spend, and because they may have to be lonely because of being separated from their families," (1997, 11).

One of the classic high-risk behaviour groups is that of truck drivers. In a survey of 200 truck drivers in Delhi, 78 percent admitted to being heterosexually promiscuous (Moni Nag, 1996, 21). It is reported that truckers in South Asia have a belief that it is important to have sex every 400 miles, to release the heat generated in the body as a result of driving long distances sitting in hot cabins (UNIFEM, 2000, 41). But it is not just truck drivers. There are about 180 million migrant workers in India and at least that many in China.

Since there is a close connection between HIV/AIDS patients and those with STD infections, information about the class composition of those attending STD clinics could be used a pointer to the class composition of HIV/AIDS patients. For India, "There is a

[4] A survey article on "The AIDS epidemic and economic policy analysis" points out, "… a close connection seems to exist between labour migration and HIV transmission," (David Bloom and Ajay Mahal, 1997, 11). Also "Mobility and migration … create conditions in which people are more vulnerable," (Panel on Poverty, Livelihood, Migration and AIDS, *Report of the Satellite Symposium*, 1999, 14). See also the paper, "Socio-economic causes and consequences of HIV/AIDS: A focus on South Asia," Jayantha Liyanage (*Report of the Satellite Symposium*, 1999, 33).

nearly 70 per cent representation among them of rural dwellers" (Ramasubban, 1998, 221). That would also include rural dwellers who are migrant workers. "They are drawn from among the poor labouring classes – agricultural labourers in the villages or unskilled workers such as coolies, rickshaw pullers, sweeepers in the city – or from among the lower socio-economic groups generally, such as truck, bus and taxi drivers, policemen, etc; they are largely illiterate or primary school leavers / drop-outs and are generally among the more disadvantaged in terms of both STD awareness and access to new knowledge about HIV and the risk factors involved. This description holds across both northern and southern Indian studies" (Ramasubban, 1998, 221). A direct study of two industrial units in Mumbai showed HIV infection among workers to be 3 per cent and 2.5 per cent in 1996. And a study of industrial workers in an industrial area of Delhi reported a high prevalence of paid multiple-partner sex and low condom use (both quoted in Verma and Roy, 2002, 81).

Why does loneliness lead men to seek sexual services from a woman in the commercial sex sector? In the first place, loneliness does not need sexual relations; it needs social relations, which may or not be sexual. Even if sexual gratification is desired, it does not have to be through the buying of commercial sexual services. In the first place, Sexual gratification *per se* does not require sexual relations. "… everyone has the means to satisfy the sexual appetites to hand. There is no natural necessity to engage in sexual relations to assuage sexual pangs," (Pateman, 1988, 199). Second, the commercialization of sexual services takes place in a situation where it is the dominant social norm for men to have access to women's bodies for sexual gratification. While traditional, rural societies (feudal, caste-based or otherwise) have ways of regulating such access, in capitalist societies where the commodity is the norm, sexual services are turned into a commodity. The buying of women's bodies for sexual services becomes one way of regulating men's sexual access. As in everything else on the market, what matters is only having the money to access the service. Commercial sex, then, is one of the ways in which men are ensured access to women's bodies for their own sexual gratification.

In uncovering the nature of commercial sexual services, it needs to be remembered that men's availing of these services is not confined to single, migrant men; though they might be larger users of these services. Anyone familiar with Thailand and with discussions in the Thai media, will know that it is common for non-migrant men to use commercial sex services. Companies and even political parties use commercial sex services as forms of entertainment. In India too the use of commercial sex workers is not restricted to lonely, migrant men. Studies of sexuality (see Moni Nag 1996) point out that Indian men of every background use the services of commercial sex workers. "… far from this being the habit of a few 'deviants', it is clear that a large proportion of Indian men, of every background, go to sex workers frequently, and that even larger numbers of men go at least a few times in their lifetimes. The proof is the huge numbers and varied backgrounds of men with STDs and now with HIV," (Dube, 2000, 53).

Contrary to what libertarians or contractarians argue (as Pateman, 1988, more accurately describes them) commercial sex is not like 'sex with a stranger' or 'sex without love', whatever one's moral position about these kind of sexual relations. Both of these involve

the exchange of like for like, while commercial sex involves the exchange of pleasure for money. The former is a form of *mutual* pleasurable use of one's bodies, while the later is the *one-sided* use of women's bodies for men's sexual gratification. It is important to note this difference between mutual sexual relations and commercial sex and stress that the latter is not an exchange of pleasure, but the exchange of pleasure for the man against payment to the woman.

What about sex in marriage? It need not necessarily be mutual exchange of pleasure. It could be just as one-sided as commercial sex, with the exchange this time involving sexual gratification on one side, and sustenance for the woman and her children on the other side. Such an exchange of sex for sustenance, could lead to sex being subject to bargains of different kinds. On the man's side, there could be threats of different kinds, in order to secure his wife's acquiescence to sex. A survey of poor women and men in a Bombay slum pointed out that "women were clearly able to name the various forms of coercion employed by their husbands from that of casting doubts on their fidelity, to threats of marital dissolution to petty quarrels and fights to that of severe beatings" (Annie George, 1997, 21). A study of sex in marriage in Pakistan found that most women had been subject to physical violence (Fauzia Shaheen, 2000). Violence as part of sex is not something new. It is there in the *Kamasutra*. "… the beating of a women by a man was recognized as a legitimate part of sexual intercourse… More insidious was the understanding that if a women protested against being beaten, this was simply what was expected of her in the game," (Kum Kum Roy, 1998, 62). It is then no surprise that women in such marriages find sex a 'chore', rather than something pleasurable. From performance of a 'chore' in exchange for sustenance, it is not a very big step to performance of sexual services in exchange for money, which is also used for sustenance. It is this sense that one could understand Engels' statement that marriage for women meant prostitution to one man, rather than to many men.

The above relations do change and consensual sex can replace coercive sex. This is particularly so when women do not have to engage in the exchange of sex for sustenance, have their own means of sustenance and substantial fall-back positions in the event of breakdown of marriage. In this situation sexual relations can become more one of mutual gratification. But it seems likely that such changes may not be sufficient in themselves to institute safer sex procedures. There is still a valley of sexual roles and expectations to be crossed. "…sex within marriage is seen as 'natural', not something associated with danger. The only danger associated with it is that of unwanted pregnancy. Social and sexual risks are perceived to lie outside of marriage, in sex with other women" (Annie George, 1997, 24). This is one dimension of the experience of "an uneven modernity" (Mary John and Janaki Nair, 1998, 7).

From Migration to Mobility

Initially HIV/AIDS programmes were focused on groups exhibiting "high-risk" behaviour, and interventions among such groups. More recent analysis, as summarized above, has pointed to the conditions of migration that seem to foster such "high-risk"

behaviour. More recently, however, Ronald Skeldon persuasively argues for moving from a focus on migration to a more general consideration of mobility. He points to the perevasive importance of local mobility – from villages to markets, fairs, and trade routes (to which we might add pilgrimage sites). It is not just migration (long-term, short-term or seasonal) but "mobility, and particularly local mobility, within circuits of regular interaction" (2000, 14).

In such circuits of mobility there may be "hot spots" of high-risk behaviour, but it is "the way in which these points are linked with the wider population that is important" (Skeldon, 2000, 12). Temples and semi-urban markets, the persons who frequent them and their links to their own societies then become important. Focus then "must be on situation rather than occupation" (2000, 12). In terms of vulnerability this only reinforces the point that we need to look at those in a vulnerable situation and seek to deal with those vulnerabilities in the situation. In terms of geographical location of interventions, it would mean going from labour catchment areas to intervene in the key nodes (e.g. fairs, markets and temples) in the local circuits of mobility.

Commercial Sex Sector

The commercial sex sector is a recent, but fast-growing sector of the capitalist economy. In earlier societies there were forms of contractual sexual relations, outside of marriage, but these contractual sexual relations were usually confined to the elites, like the high-class heterae (Greece), courtesans, or Geishas (Japan) or to specific domains, like temple prostitutes (India and Nepal). Besides, the upper class / caste often claimed sexual rights over all women, including those from the lower class / caste. Again the *Kamasutra* "… [recognizes and centralizes} the heterosexual devices of upper class men vis-à-vis all women (directly) and lower class men (indirectly)" (Kum Kum Roy, 1998, 56). This right continues into the present in rural India, including South India where "upper caste men may … claim god-given rights over the bodies of lower caste women," (Geetha, 1996, 128).

But with capitalism a category of women develops whose sexual services anyone with the requisite amount of money can buy. In generalizing the commodity as a fundamental form of existence in the economy and society, money now becomes the only factor in buying a commodity, whether it be sexual service or anything else.

In the early stages of development of the sex sector, it is women from the earlier specialized sexual service providers who are the entrants into this commercial sector. Consequently, many women in the commercial sex sector trace their origin to areas and people who earlier supplied girls to the temples or courts. In Nepal there are the *badi* or *deuki*, who used to be offered as girl-children to appease deities, but have now turned into sex workers (ESCAP, 2000, 9). In South India there are the *devadasis* dedicated as temple prostitutes to the goddess Yallamma in North Karnataka. The Indian AIDS organization, headed by Dr. Gilada, speculated that the majority of women in commercial

sex in the Maharashtra-Karnataka border region are from among the devadasis (Moni Nag, 1996, 128).

Besides the above areas that supplied temple or ritual prostitutes, there were also other areas that traditionally supplied girls to the feudal courts. In Nepal the district of Sindhu Palchowk, which still remains the main labour-supply area for commercial sex sector, used to supply Tamang and Sherpa girls to the feudal Rana court of Kathmandu (Naresh Kumar, in AIDS Reports, 35). Again the district of Indramayu in West Java (which along with the district of Wonogiri in Central Java) supplies a large proportion of the commercial sex workers in Indonesia's official complex of Sunan Kuning in Semarang (Lim, 1998, ILO, 40-41).

Over and above these traditional supplying areas and families taking to the new commercial sex sector of capitalism, there is nevertheless a strong specialization in entry into this sector. This specialization is related to the fact, as mentioned earlier, that networks are important in recruitment into sections of the working class. With regard to Indonesia it was pointed out that there is a strong regional specialization in certain, what seem to be easy-entry occupations in Jakarta, for example, pedicab driving, scavenging, bus recruiting and kerosene selling. The same informal sector networks operate in the case of entry into the commercial sex sector. Three reasons were given for this regional specialization: "the preference given by those already employed, or in a position to give jobs to relatives, friends and others from the same group; the information provided to newcomers by established acquaintances; and the greater ease of allocating work or territories in a group with a common background" (Papanek, 1975, 1-28, quoted in Lim, 1998, 41). To this the ILO-published analysis of the commercial sex sector in Asia adds the demonstration effect of women in the sex sector returning for home visits, flaunting symbols of affluence to show their success. Very often, reports point out that it is these returning women who are the recruiting agents.

Pasuk carried out one of the first studies in1980 on the rural origins of Bangkok massage girls (Pasuk, 1992) and has since continued to keep track of recent developments concerning the migration of rural girls into urban centres for sex services. She has found time and again that the pattern of aunts bringing in nieces, sisters bringing in sisters, neighbours bringing in neighbours, has persisted (Pasuk, Sungsidh and Nualnoi, 1998, 915, note 8).

Women recruited into the sex sector are largely from outside the cities. A study of Calcutta found that only five percent of these women came from Calcutta itself (Young and Chernikoff, 1990, quoted in Geetanjali Gangoli, in Panos, n.d., 61). A member of an NGO working among men in the sex sector pointed out, "It is untrue that prostitutes push their daughters into the same work. Most new entrants are trafficked from outside the red light areas" (quoted in Geetanjali Gangoli, in Panos, n.d., 61.) A large number came from the districts of Murshidabad, Birbhum and Burdwan, which are together derogatively referred to as the "Radh districts' (or 'prostitute districts') of West Bengal (Moni Nag, 1996, 58).

The families of these women are very much involved in their entry into the commercial sex sector. In Murshidabad "…young women in many poor families are expected to go into prostitution" (Moni Nag, 1996, 128). Often it is their family members, fathers or husbands who sell them to the brothels, and it is understood to be customary to do so. In a 1981 survey of 50 randomly selected women in sex work in Delhi, about 80 percent were introduced to the profession by their poverty-stricken family members. Over one-third of them were sold to brothel-keepers or procurers by their fathers or husbands, as it was customary to do so in their families and about one-fourth joined because of desertion by husbands, friction in families, cruelty of step-mother or for other similar reasons. Another study of Calcutta found that 59% were abandoned by their husbands and 13% were widows (Nag, 1996, 61 and 55).

In the case of girls and young women from Nepal too parents are often involved in sending their girls to the brothels of Mumbai. The school teacher in the village of Ichowk, popularly known as Sano Bambai (Little Bombay), said that an old man often traveled to Bombay to collect money from his daughters. "There are many parents like him involved in sending their children to work in the Bombay brothels" (Naresh Nawar, in Panos, n.d.,37). Besides reports from persons in the villages concerned, the involvement of parents is also shown in that though something like 6,000 girls are supposed to be trafficked from Nepal to India, there are very few cases of parents or other relatives filing reports of missing girls, "…indicating tacit compliance with the traffickers" (Anuradha Koirala, MAITI, in Panos, n.d., 19).

Whether money is collected by parents from the girls in the brothels, or sent back as remittances, the money that these girls/women in the sex sector send back to their villages is very substantial. A 1987 study found that an average family received Rs. 475 per month (more than USD 30 at exchange rates prevailing at that time) from its woman selling sexual services in Calcutta (Moni Nag, 1996, 59). In Nepal the village of Ichowk (Little Bombay) has tin roofs that are said to come from earnings of its women in Bombay (Naresh Newar, in Panos, n.d., 36). For Thailand, Pasuk and her colleagues estimated that the remittances of women in the sex sector to the provinces of North Thailand was more than the entire development amounts spent by the government and international agencies in the region (Pasuk et al,1999). Women from the rural Manya Krobo district, displaced by the Akosombo dam in Ghana, who entered the commercial sex sector, are likely to have been important source of development capital in the region for a period of about twenty years. But, of course, they paid for this with HIV infection: by the mid-1990s, almost all the Ghanian prostitutes in Cote d'Ivoire were infected with HIV and many were returning home sick and destitute (FAO and UNAIDS, 1999, 24).

Beyond Poverty: Familial Oppression as Factor in Entry into the Commercial Sex Sector

While poverty is clearly a factor in the entry of young women into the commercial sex sector, it is important to note that poverty too acts in a gendered manner. There is the pull

factor of gendered markets, where there is a market for women's bodies; there is also the push factor of gendered expectations, where women are expected to do anything needed to meet family needs, including selling their bodies for sexual services. The limited possibilities open to young women, their limited capabilities in undertaking different kinds of paid work, are also factors that influence the acceptance of commercial sex work. It is not only the history of a community's women prior history of commercial sex work or the acceptance of multiple sexual relations, but also the lack of other capabilities or opportunities that constrain women's agency and leave them little choice but to enter the commercial sex sector. It is in this manner that Martha Nussbaum writes, "… feminists had better talk more about getting loans, learning to read, and so forth if they want to be relevant to the choices that are actually faced by working women, and to the programs that are actually doing a lot to improve working women's options," (1999, 297). Skeldon points out, "A distinction between forced and voluntary entry [into the commercial sex sector] becomes largely academic where alternatives are lacking and occupations are survival strategies for the family," (2000, 15).

The exchange of sexual services for sustenance can be a coping strategy for women in extremely vulnerable conditions, such as in the event of a drought or flood. A district government official in Kenya argued, "When there is drought, you can have a girl for a loaf of bread" (quoted in FAO and UNAIDS, 1999, 80). "In the rural context in particular, the boundaries of sex work are usually blurred: intimacy may be rewarded in money, kind (food, clothing, school fees, toiletries, jewelry, etc.) or favours, and the relationship can be informal, casual or long-standing" (FAO and UNAIDS, 1999, 80). Such blurring of boundaries is found in the urban context too, as a study of poor women in Bombay slums pointed out (George, 1997).

Both capabilities and opportunities are important. Illiterate women, without production skills have little chance of entering any form of industrial production. In Northern Thailand recognized as the epicentre of the Thai HIV-epidemic, females above the age of six with no education were 24.5%, while it was 12.7% for Thailand as a whole. The Province of Chiang Rai had a figure as high as 26.6% females above the age of six with no education (Skeldon, 2000, 7). On the other hand, even if women are literate and do possess various skills, if jobs in the industrial or service sectors are not available, there may be few opportunities for earning a living outside the commercial sex sector. In Thailand the growth of export industry has provided opportunities for young women to enter industrial production; the result is that 29 of migrant women enter the industrial sector (Skeldon, 1999, 18). As a result in Bangkok, the number of women engaged in commercial sex was estimated to account for about 7.3 percent of urban women between 15 and 29. But in Port Moresby, Papua New Guinea, where there are fewer income-earning opportunities for women, those in commercial sex work accounted for 13.6 percent of the total female labour force, which would mean a much greater proportion, even up to 30 percent, of the 15 to 29 aged-female labour force.

Thus, along with enhancing the capabilities of women in order to increase their range of choice, it is important to stress the role of appropriate policies for the creation of jobs in the industrial or service sectors of the modern economy.

A somewhat neglected factor in young girls' deciding to leave home and then getting tricked or caught up in the sex sector is the oppressive nature of women's domestic burdens. Young women and even girls are forced into a demanding and stultifying domestic routine. Girls are withdrawn from school in order to look after younger siblings and run the home, while the parents go out to work and boys continue in school. Such domestic labour, at the cost of going to school, does not count as 'child labour' or 'child worker', because it is not paid labour for wages. But, as argued by Neera Burra (2001) there is a strong case for extending the definition of 'child labour' or even 'child worker' to cover the case of girls who are forced to leave school in order to perform domestic work.

Young girls often run away from home in order to escape domestic drudgery. One young Nepali girl, who had been trafficked into Mumbai brothel, thought that the neighbour who promised to take her to the bright life of Mumbai was a 'liberator': "She used to live nearby and I came to regard her as my *liberator from the drudgery of household labour.* She promised me a better life, a better job. What a dream!" (Sima Lama, of MAITI, in *Report of the Satellite Symposium*, 1999, 14, italics added.) Early in the last century, when the well-known Indian novelist, Bankim Chandra Chattopadhyaya, as an official of the British colonial administration, was asked to inquire into the reasons for the large supply of women from Murshidabad in the commercial sex sector in Calcutta, among the reasons for women entering the sex sector, he cited were 'ennui' and 'love of excitement' (quoted in Moni Nag, 1996, 54), which perhaps is one way of labeling escape from domestic drudgery, violence and servitude. The reality, however, is one of continued violence and Post-Traumatic Stress Disorder.

Domestic servitude goes hand in hand with lack of education. A 1984 study of prostitution in Calcutta found a mere 6% literacy rate among these women (Farley and Kelly, 2000). Studies of South Africa, the Dominican Republic and Colombia also show lack of education as a precursor to entering prostitution.

The reality of girls' oppression goes much beyond domestic drudgery. It includes both violence and incest, and rape as child brides. "Violence precedes entry into prostitution", (Farley and Kelly, 2000, 14.) From a minimum of 50% (study of Nigeria) to upto 90% of those in prostitution were sexually assaulted as children (ibid). A cross-country study of violence against women, found that unequal gender relations was a good predictor of such violence (Heise, Pitanguy and Germain, 1994).

The culturally sanctioned practice of child marriage presents girls with a bleak future. "In deprived rural areas in most West African countries, many 10 or 11 year-old girls look forward to a bleak future: to work as a domestic servant, as a commercial sex worker, or to be given away as a child bride" (Ouattara, Sen and Thomson, 1998, 28). The studies of child brides in Nepal and India, point to a not very different future for many rural, poor girls in South Asia."The SCF [Save the Children Fund] study of [Nepal] found that the majority of these [child bride]marriages were arranged by parents, grandparents and guardians, and identified a range of reasons: the girls were required to provide domestic

help for the boy's family; grandparents wanted to see their granddaughter settled before they died; parents believed that marriage of girls before menstruation is 'holiness', or wished to remove children from a situation where there was domestic violence between parents. In some cases, the children were forced because of pregnancy; in others, the parents feared inter-caste relationships or that their children would elope with someone who was unsuitable" (Outtara, Sen and Thompson, 1998, 29).

What the above shows is that it is necessary to recognize drudgery and violence, including sexual abuse and rape, within oppressive patriarchal family relations as a factor in women's/young girls' entry into the commercial sex sector. Whether they knowingly enter it, or are tricked into this, while thinking that they are entering some other sector of urban work, what pushes them into such risky behaviour is the urge to escape this domestic oppression. Tackling the reality of girls' oppression as child workers and child brides is part of what is necessary to enhance their agency.

Lack of Women's Agency and Trafficking

A large proportion of women who enter the sex trade are not trafficked, but a number of them are. Trafficking involves "recruitment by force, coercion or deception, or by debt bondage of the woman herself or her family" (UNDP, 1999, 26). What is important is the lack of agency of the person being trafficked (Neera Burra, 2000).

What about girls who enter the sex trade, often sent there by their families? Even if the girls do know what they are getting into to, one cannot ascribe any agency to the girls in this decision. Not being adults they virtually by definition do not possess the agency to decide upon and enter a profession. All girls in the sex trade must then be understood to be trafficked. If it is with the connivance or agreement of their families, then their families must be understood to be part of the trafficking chain.

There are few estimates of the numbers of women and girls who are trafficked. A report prepared for UNICEF estimates that of the total number of Nepali women in the commercial sex sector in different brothels in India, up to 35% had been abducted under the pretext of marriage or good jobs (Neera Burra, 2000, 2). The Country Report on Nepal prepared by WATCH, estimates that about 7,000 Nepali girls are trafficked into India each year (1994).

The Bangladesh National Women Lawyers Association estimates that more than 13,000 children have been trafficked to India in the five years from 1985 to 1990 (Burra, 2000, 5). The trafficking of Bangladeshi women into Pakistan is said to have replaced the earlier barter or buying of a bride from the northwest and Afghanistan into the Indus plains. "Marrying and buying women from Bangladesh is the present trend, and is even considered 'macho'," (Hassan Mujtaba, in Panos, n.d., 54.)

This movement of women from Bangladesh into the Indus plains must be a consequence of the low sex ratio in Pakistan. The similarly low sex-ratio has also led to a new kind of

movement of young women from Vietnam to marry men in China. According to the Centre for Women's and Family Studies, Hanoi, these women are trafficked: "Women are cheated to become wives or concubines of Chinese men" (Country Report Vietnam, International Workshop on International Migration and Traffic in Women, 1994). But not all such movement of Vietnamese young women of ethnic origin should be attributed to trafficking. During a recent field trip to the Vietnam's Ha Giang Province (bordering on China) Han women pointed out that for marriage purposes they do not consider the border or nationality. While before 1980 there was a movement of Chinese Han girls into these Vietnam areas, after 1985 it has been replaced by a movement of Vietnamese Han girls to China. Obviously, China's declining sex ratio and relative Chinese prosperity are both factors in this movement. But the point is that some of this movement is clearly not trafficking.

Quite a few Burmese and Cambodian women are trafficked into Thailand. A study of the Migration along the Thai-Burma border points out, "Reports from the women and from other independent informants confirm that some of these waitresses/hostesses are commercial sex workers who have been trafficked just as before: forced to provide sexual services, raped, abused and compelled to give part of their earnings to the owner of the establishment (sometimes as much as 4/5 of the total)" (Oppenheimer, et al, 1998, 27).

The danger of trafficking is related to the availability or otherwise of having choices. In the absence of choices, in the face of severe survival problems faced by the family, it is more likely that the woman/girl would be trafficked, whether or not with the connivance of the family, and end up in the lowest rungs of the commercial sex sector. This is not to portray girl trafficking into the sex trade as a necessary and only rational response to threats to family survival, as many do in their analysis of child labour. But for a given wage/income differential, those with severe survival problems in their point of origin are likely to accept a greater cost, or worse terms, in entering the commercial sex industry than those who don't (David Bloom, et al, 1997, 193).

Poverty and Consequences for HIV Infection

> "AIDS might make be sick one day. But if I don't work my family would not eat and we would all be sick anyway." (Women sex worker in the Philippines, quoted in UNAIDS, 1997, 4).

There are reports that show a clear and considerable difference in the incidence of HIV among categories of commercial sex workers. The differences are largely between those at different income levels of the commercial sex industry and their ability to negotiate safer sex practices by their customers. But the extent to which the class of women in the sex sector has a positive effect on their health status should not be exaggerated. In matters like Post Traumatic Stress Disorder, which may be described as the occupational disorder of women in commercial sex, no difference was found between "street-walkers" and those in "high class brothels" (Farley and Kelly, 2000).

Several studies of sex workers have found that women with higher incomes were also more likely to use condoms and had lower rates of HIV infection. In three cities of Sao Paolo state, Brazil, sex wokers who charged higher prices and had fewer clients were more likely to have always used condoms in the past year, were less likley to have injected drugs, and consequently were less likely to be infected with HIV and other STDs than low-priced sex workers. In legal sex centers in Australia condoms are used almost universally and STD rates are low; though this might co-exist with a low-priced market, with likely higher rates of HIV incidence. This has happened in Singapore, where along with the government-regulated centers, there is a substantial 'informal' commercial sex sector, which might have higher rates of HIV.

A study of commercial sex in Sri Lanka showed that the lowest stratum of the commercial industry, streewalkers, reported the lowest condom usage: 44 percent always used them, compared to 87 percent of high-class sex center workers (David Bloom, et al, 1997, 192)

The lowest in the commercial sex sector are women who have been trafficked and girls. They have little power to even decide whether or not to be in the commercial sex business, leave alone negotiate changes in sexual behaviour, or press for use of condoms. "…, if the woman is starving, she won't insist on the man wearing a condom," (Anjali Pawar, Community Development Officer in the Bombay Municipal Corporation's HIV/AIDS Cell, in Panos, n.d).

Along with the income levels of the women, another factor that influenced their ability to negotiate changes in sexual practices, was their educational level. The above-mentioned Sri Lanka study also found that there was a large and positive correlation between the proportion of individuals within each group who had heard of HIV and their average years of schooling (David Bloom et al, 1997, 188). As pointed out by Alaka Basu et al, "education is more than a proxy for income. It has a role to play in its own right through the modernization it confers and, more important, through the greater ease with which the more educated can use formal institutions to their benefit" (1997, 136-7).

But the most critical factor inhibiting the ability in commercial sex to press for, maybe even suggest, is violence. A study of South Africa showed that violence by men contributed to the women's relative powerlessness to get changes in condom use (Farley and Kelly, 2000).

One factor that can compensate for the lack of bargaining power on the part of individual women in the commercial sex sector is organization. Where the sex workers have been organized and then collectively insisted on changes in sexual practices, viz. the use of condoms, successes have been reported in reducing the levels of HIV infection. This has happened in the 'red light' districts of Calcutta and Mumbai. The Saheli project in Mumbai and other cities in Maharashtra is reported to have been successful in reducing infection rates. In 1991 the HIV rate was 32 percent. By 1993 it increased to 60 percent among the control (non-project) group, but was somewhat lower at 44 percent among the project group (Moni Nag, 1996, 93).

Negotiations in Marriage

Provision of sexual services in the commercial sex sector is explicitly a matter of contract. Being a contract it is subject to negotiations, with the result depending on the power and knowledge of the two parties. Sexual relations in marriage, on the other hand, is not seen as a contract. "Female sex workers often experience difficulty in making their clients agree to the use of condoms but studies in other countries have shown that sex workers seem to have more leverage than wives because bargaining is already an explicit part of the sexual encounter" (Moni Nag, 1996, 97). Often, as reported in the study by Annie George, it is not even recognized that there is or can be any danger associated with sex in marriage. Danger lies in sex outside marriage. But it is through sex with their husbands that women, with no other sexual relations, are rapidly contracting HIV.

Data from Africa indicate that 60 to 80 percent of all infected women have one and only one sexual partner (Elizabeth Reid, UNAIDS, 2). In Pune, India, one study of women infected by HIV found 90 percent reporting no risk factor other than sex in marriage (NACO, 2000, 4). In Taiwan the largest group of HIV-infected are housewives, victims of their husbands' prostitution habits (Manuel Castells, 1997, 210).

Often it is not that women do not know the dangers of HIV infection. Since marriage is the way to secure access to resources, and respectability in the community, women remain in marriage even when they perceive the dangers of that relationship. A USAID study of women in AIDS-affected districts of Tamil Nadu reported, "The women tell us they see their husbands with the wives of men who have died of AIDS. And they asked what can we do? If we say no, they'll say: pack and go. If we do, where do we go?" (UNIFEM, 2000,11).

On the other hand, women who are economically independent are in a better position to take charge of their lives. Sarita, a woman with HIV in Tamil Nadu, says: "Nothing will keep me down. As a first step I have divorced my husband. The next thing I have done is to take a job. Financial independence has made my life meaningful even it is destined to be short" (UNIFEM, 2000,68).

Evaluations of the Grameen Bank and BRAC credit programs for women indicate that these programs' income generation activities can lead to contraceptive use and acceptance among poor families. This would suggest that women who control money and participate in family decisions have more control over reproductive health decisions (UNAIDS, 1999a, 28).

Knowledge alone is not sufficient for women to be able to negotiate for less risky behaviour. They need to have the skills, power and access to resources to bargain with their sexual partners.

The Vulnerability of Women in "Uneven Modernity": Experience of South India

The Southern states, Tamil Nadu, Karnataka, Andhra Pradesh, and, Kerala, are all supposed to be areas of somewhat more equal gender relations than, say, the Indo-Gangetic plain. Along with the contiguous state of Maharashtra, they are also areas of higher rural-urban migration, urbanization and industrialization. And they are also the regions with the highest incidences of HIV in India, with the HIV/AIDS situation having reached epidemic proportions.

Some preliminary hypothesis can be put forward to explain this conjunction of less unequal gender relations with higher HIV incidence. The most obvious one is the connection between high rates of urbanization / industrialization and HIV incidence. This is a feature that is shared with the experience of South America. But, how does this connection work? The first factor is that large numbers women, one would presume from landless and former artisan / service castes, are pushed into the urban informal sector. With the porous boundary between commercial sex and other low-income work, there is a resulting high incidence of HIV among the poorest urban women.

The second factor is the seeking of commercial sexual services by immigrant men. A higher proportion of male STD patients in South India cite commercial sex workers as their most common source of infection (Ramasubban, 1995, cited in Moni Nag, 1996, 17). The insecure economic base of rural women, their dependence on men for access to productive resources or income, makes wives open to infection by the 'prostitution behaviour' of their husbands.

But migration, whether through that of women or of men leaving women behind in the villages, does work to empower women, to some variable degree. "Throughout the greater part of the ESCAP region, migration can indeed alter traditional patters of dominance and subordination and contribute to a real improvement in the status of women, both directly through the migration of women, and indirectly through being left behind by the migration of men" (Skeldon, 1999, 25).

Rural women are forced to take on new decision-making roles, roles that they are reluctant to give up even when their husbands return. This is the finding, for instance, of studies of Chinese women left behind (Wang Yunxian) and even of Pakistani women, millions of who were for most of the 1980s left behind by men going to West Asia to work in the oil countries. This thrust large numbers of women into positions of responsibility and family decision-making, positions which they were reluctant to relinquish upon the return of their husbands after years away (Addleton, 1992, 156, in Skeldon, 1999, 24).

The women who themselves migrate to urban areas also benefit through increased agency in using their incomes and overall decision-making. As wage or as workers in the informal sector they earn cash incomes, over the disposal of which they can have more of a decision-making role. Even in domestic matters, the formation of nuclear families in

urban areas, the joint provisioning role of women and men, both combine to give migrant women a greater voice. The removal from rural, community constraints of roles and expectations may be important in expanding women's agency. This is particularly so for young women, those who work in export-oriented or other factories.

Yet, overall, it would seem that there has not been enough of an agency enhancement to enable needed changes in sexual matters. Sexual expectations and roles may change more slowly than other aspects of gender relations. That women, whether in marriage or outside, should be sexually subordinate to and please men is a strongly-held expectation. Danger in sexual relations is not thought to exist within marriage, but outside marriage, in sexual relations with 'other' women. Contraception is used only for purposes of avoiding pregnancy and, for reasons not yet understood, South India has a lower rate of condom use among contraceptive methods than North India. "… while the all-India average of condom users among all contraceptive users was 12 percent in 1989, the corresponding proportions in Chandigarh, Delhi, Punjab and UP were as high as 43, 41, 30 and 22 percent, and in Andhra Pradesh and Karnataka as low as 4 percent each. There is some evidence that condom use is more prevalent among the educated than among uneducated and more in pre-marital than in marital relations," (Nag, 1996, 91).

In line with their precarious livelihood options, the rate of contraceptive use is lowest among women of landless and dalit households (Sundari Ravindran, 1998, 201) and the prevalence rate for reproductive health problems is higher for women from households depending mainly on agricultural labour as compared to those with more land (ibid, 195). Finally, the age at marriage is lower for the landless, being just 15 years as against 20 years for Tamil Nadu as a whole. Further, agricultural labourers try to have to larger families to be able to maximize earnings and livelihood oppoortunities, meaning more pregnancies for women agricultural labourers, increasing the vulnerability to HIV infection. Together, this would mean that despite any changes in the overall development indicators in Tamil Nadu, women from the landless and land poor, simultaneously mainly from the dalit castes, would be more prone to HIV infection than other women in Tamil Nadu.

The changes in gender roles (the change in the man's position as sole provided, the necessity of sharing domestic work, particularly child care, if both spouses are to work outside the home) and men's reluctance to adjust to these changes,[5] can result in continued domestic violence by men in the urban home and their self-assertion in sexual matters. All of this makes the continuation of unprotected sex likely, even with some enhancement of women's agency. In a country like India, the culture of silence about sexual matters, particularly for women, makes a transition to forms of safer sex even more difficult to achieve. This is part of the problem of uneven modernity, with changes in sexual practices lagging behind changes in income status of women.

[5] See Manuel Castells, 1997, for an analysis of the changes to patriarchal domination brought about by the contemporary changes in gender roles.

Social Disruption

An important factor in the spread of AIDS in Africa is the social disruption related to civil conflict and war and the attendant refugee situation of large numbers of people. Along with this, the spread of market-based economic systems has reduced the role of traditional forms of social security based on kinship and community. But there has been no entry of the state into new forms of social welfare, particularly so where social conflict has disrupted state functioning.

In Asia social disruption is not so widespread, but it is endemic to the region of North-east India going into Myanmar and the Myanmar-Thailand border. Reflecting the alienation of these peoples from the plains-based states, which have attempted to extend their rule into and extract some surplus, into these areas, this region of indigenous peoples is the home of numerous small and large armed movements. Other areas of indigenous peoples, in Indonesia and the Philippines, are also the sites of such oppositional movements. Further, the intrusion of market-based economies has also brought an end to traditional, kinship or community-based, social welfare systems. The simultaneous enclosure of the commons has worked to the benefit of the more powerful in the communities. It has also led to the rise of new classes of landless labourers and tenant peasants. Families and individuals can no longer rely on membership of a community to secure access to productive resources. Women, with the burden of providing for the family, particularly, are then forced to turn to prostitution as a livelihood option for survival.

Social disruption, related to the extension of externally-based states and markets into these regions, works in a number of ways to increase vulnerability to AIDS. In the first, the states respond to oppositional movements by militarizing the area. As numerous civil liberties reports point out, such militarization is usually accompanied by numerous incidents of rape. Members of the occupying armed forces tend to look upon local women as objects of sexual pleasure and use their political and armed force to secure sex. At times, rape of local women is even used as a weapon in the struggle, in order to break the resistance of the indigenous peoples. In such forced sex, secured by military and political strength, there is no question of any 'protected sex'.

Besides the disruption of the traditional social structures by extension of market economic systems mentioned above, the overall struggle, whether that of those attempting to establish central state rule or of those opposing central state rule, there results the establishment of what has been called 'an economy of pillage'. This economy of pillage inhibits local accumulation, by increasing the costs and risks of economic activity. It reduces livelihood options and by increasing risk, reduces the time horizons of individuals. In one way or the other the disruption of traditional economic activities and the reduced livelihood options increases the economic vulnerability of the population. For the newly-created landless, most of all, there may be few livelihood options. The generally more liberal sexual relations among indigenous people may then work to make commercial sexual services a livelihood option for destitute women.

The overall social alienation is also reflected in drug abuse. While the fact that drug transportation routes go through indigenous peoples' areas in North-east India and the Myanmar-Thailand border is a contributing factor to the spread of drug use in there regions, one must also refer to the continuing social alienation for the widespread drug use.

The combination of social disruption, social alienation and the end of earlier forms of social security have enhanced the vulnerability of areas of indigenous peoples to HIV/AIDS. This is seen in the high incidence of HIV/AIDS in the states of Manipur and Nagaland in North-east India, and along the 'golden quadrangle" of the MyanmarThailand-South-west China-Lao PDR border region.

Rural Development Interventions to Reduce Vulnerability

The analysis above shows that there is a connection between poverty, migration, and gender inequality and the spread of HIV/AIDS. There are three points at which HIV control programs can be taken up. The first is in the urban areas that are the centers of this epidemic, among women in the commercial sex industry. The second is their male customers and their wives / other sexual partners. The third is in the rural areas that are the supply sources for the migrant workers, whether in urban industrial economy or informal sector, including commercial sex sector. Within these rural areas one needs to pay attention to not just the villages but also the local nodes of mobility - markets, temples, and other such sites, and their network connections to the villages.[6]

Most HIV programs tackle the urban areas, which are also the areas of concentrated infection. But, as our analysis above showed, the sector of the urban economy into which migrants enter is determined by their pre-urban existence in the rural economies of their origin. Thus, it is necessary to tackle the rural conditions of poverty, landlessness, food and livelihood security, and unequal gender relations, to address underlying questions of vulnerability to HIV. In a sense this is also to take a more long-term view of the HIV epidemic than that of addressing high-risk behaviour in the urban context.

What are the implications of this connection for rural development or anti-poverty programs?

The first is to identify the major labour supply regions. What are the characteristics of the labour supply regions? They are semi-arid regions of single-crop, rain-fed agriculture and high landlessness. The lack of a second agricultural crop and the low resulting low base income would mean that there is not much rural employment beyond the single crop period, with resulting large seasonal or permanent migration. At the same time, droughts and floods increase the vulnerability of the rural livelihood systems, leading to a high

[6] "A focus on total systems of population mobility, and on risk behaviour at key points in those networks, seems to be a more effective strategy for intervention than simply concentrating on supposedly more mobile groups or on migrants" (Skeldon, 2000, 17).

incidence of distress migration. Two such districts, for instance, are Satara in Maharashtra and Ganjam in Orissa, which have already reported increasing levels of HIV infection. Even within districts it would be necessary to identify blocks of semi-arid, rainfed agriculture that account for higher proportions of migrant labour, and high levels of distress migration in the recurring times of droughts The mid-mountain region of Uttaranchal in India and the mid-mountain region of Nepal are also labour supply areas, which very substantial single, male migration.

In the labour supply region there is a difference between the type of migration of the landless, who also have a larger proportion of uneducated or poorly educated, and the landed and more educated. The former migrate into the lower sections of the urban economy, including women into the commercial sex sector. Consequently along with a program for the labour supply regions, a focus is needed on the landless and poorly educated in those areas. In the Indian context, this also means a concentration on the former untouchable or dalit castes, and the other former service castes, both of which have a much higher than proportional representation among the landless and poorly educated.

The focus of such a rural development program is not to deny people the right to migrate, but to improve their rural livelihood position and thus the terms on which they migrate, if they so choose. As a micro-level investigations in Madhya Pradesh, India, showed that when food security improved, families improved the terms on which they migrated as wage labourers. While food insecure families took advances before the harvest and contracted out their labour on lower wage rates, food secure families migrated to earn the higher wage rates prevailing during harvest time. At a global level, W. Arthur Lewis pointed out a long time ago that the differences in incomes that could be earned by migrants in their countries of origin explained by differences in the incomes they earned in their countries of destination. The more severe the survival problems the worse the terms on which migration would take place. The large-scale distress migration in periods of drought and flood would lead to the worst terms of migration.

A program of land redistribution to the landless, redistribution of both ceiling-surplus and common lands, is a step that would improve the food security of agricultural labourers. The effects of such redistribution are not restricted to the immediate benefit of some self-produced food, but also extend to higher agricultural wage rates. But, as studies have shown (e.g. da Corta and Venkateshwarlu, 1997, for the Indian state of Andhra Pradesh) redistribution to men alone does not increase the reservation wage for women. Thus, in order to improve the livelihood vulnerability of women there needs to be a dedicated program to distribute land to landless women.

Among the landless and poorly educated not only is there a higher representation of women, but this also increases their vulnerability to the HIV/AIDS epidemic, whether as women in the commercial sex sector or as wives and other sexual partners of infected men. While information on safer sex practices is needed, such information alone cannot bring about changes to safer sex practices, like use of condoms. Besides information, resources and power are also needed to protect oneself.

Access to land and other assets are needed to increase women's livelihood options. Such economic empowerment also has a role to play in enabling women to bargain for changes in sexual practices, whether with spouses or other men. It is also necessary that women not have to rely on marriage as the way to secure access to livelihood resources. Independent access to land and other economic resources would improve what Amartya Sen termed the 'fallback position' of women. This would strengthen women both in their attempts to change sexual practices and in leaving abusive relationships.

Increasing poor women's access to assets (physical, natural, financial and human) must play a key role in any attempt to reduce women's vulnerability that forces them to accept commercial sex as a livelihood option for family survival. Creating other livelihood options for women is of critical importance in reducing vulnerability.

The decline of traditional forms of social welfare among indigenous peoples, means that new forms have to be found. From the earlier kinship-based systems of redistribution, new forms of social welfare and insurance based on village communities, with a necessary role for levels of the state, need to be fashioned. Of course, such schemes will be constrained by the levels of productivity prevailing both locally and within the national economy.

But it is also necessary that rural development programs not focus only on changes in women's access to economic resources, education, etc. These are material sites where "discussions of 'sex' are laid out and contested" (John and Nair, 1998, 7). But there are other sites too. Patterns of other kinds of relations within the family, in particular the question of domestic violence, need to be tackled . Violence against girls and incest have appeared as frequent precursors to entry into the commercial sex sector (Farley and Kelly, 2000). The self-esteem of such girls is very low. A Brazilian program aimed at strengthening the self-esteem of adolescent and young girls at risk of violence, abuse and entry into the sex trade. It established groups in 10 poor communities and sought to strengthen school performance. Of 850 girls (out of an initial 1,000) who completed the program, none returned to street gangs or entered the sex sector (Marilyn Rice and Stephanie A. Farquhar, 2000, 185-200).

Trafficking of girls, often with the connivance of family members, is the gendered response to lack of livelihood options, combined with factors like the drudgery of domestic work. A rural development program needs to include the elimination of child labour, including within the ambit of child worker, girls of school-going age who are out of school and performing unpaid domestic labour. A program of compulsory primary /middle school, with appropriate incentives and social provisioning of services, like child care, is necessary to handle the problem of child labour – and of child prostitution: "evaluation results demonstrated that basic education and vocational training are among the best strategies to prevent girls from entering the child prostitution industry" (UNAIDS, 1999). Overall "there is enough evidence to show both from outside and from the country [viz. India] itself that the incidence of child labour is considerably lower in

areas where the proportion of children going to school is high," (Shantha Sinha, 2000, 170).

Changes in sexual practices, like the use of condoms, may be brought about more easily than changes in overall sexual behaviour, including the number of sexual partners, and these changes can have a substantial impact on the spread of HIV/AIDS. "There is sound evidence that HIV infection rates are stabilising or decreasing in places where focused and sustained prevention programs have resulted in significantly safe behaviour. This is not just the case in the developed countries in Europe and the Americas. It is true around the world," Peter Riot, UNAIDS (in UNIFEM, 2000a, 9). The safe behaviour promoted includes both condom use and the reduction in use of commercial sex services. The Toronto police, for instance, runs a program targeted at men to convince them to give up use of commercial sexual services. Sweden has a law that makes the men who use commercial sex services liable to prosecution, rather than the women in the commercial sex sector. Other examples of similar programs aimed at changing men's behaviour in buying women's bodies for sex services are given in Farley and Kelly (2000).

While Thailand is often quoted for its success in implementing 100% condom use by women in commercial sex, what is rarely pointed out is the change in men's sexual behaviour in enabling a stabilization, albeit at a high level, of HIV/AIDS. UNAIDS reports that the number of men frequenting women in commercial sex declined by about half between 1990 and 1993 and the number of sex centers dropped by 60% in the same period (UNAIDS, 1998). This change in sexual behaviour, however, is also likely to have shifted the focus to local casual partners (Im-Em, 1999, in Skeldon, 2000, 11)

Similarly, changes in needle use, established by needle exchange programs, have kept infection rates low. In Nepal, where there is a concerted needle exchange program, the infection rates among injecting drug users has remained very low; while in Yunnan, China, and Manipur, India, more than two-thirds of injecting drug users are infected (World Bank, 1997, 53). But here too it is necessary to tackle drug use as such, and not just promote safer drug use. Knowledge, life-skills and tackling forms of social alienation, including those related to changes in traditional gender roles, are all related to tackling drug use.

Men's behaviour in buying women's bodies for sexual services is only one component part of gender relations as they now exist. Gender relations include very vitally social notions of what it is to be a 'man' or a 'woman'. Changes in these notions are crucial to long-term behavioural changes. As the UNAIDS's "Men can make a difference" (2000) points out, "Men's vulnerability in the AIDS epidemic is part of a bigger picture. While being a boy and then a man generally brings privileges, it carries high health costs. Except in a handful of countries, men have a shorter life expectancy at birth than women. Older men frequently delay seeking health care for illnesses that could be prevented or cured. Young men die more often than young women, mainly from traffic accidents and violence – both related to ideas of 'manhood' that encourage boys to take risks or use violence. Similar ideas of manliness encourage sexual and drug-related risk-taking"

(UNAIDS, 2000, 8). Thus negative connotations of masculinity need to be discouraged and opposed.

Changes in notions of what it is to be a man or a woman, underpin changes in gender relations. Besides the spread of HIV, which makes men's use of commercial sex services a source of high risk, changes in the role of women and men as 'providers' or 'income earners' are also having an impact on traditional gender roles. As more and more women become part of the income-earning labour force, established gender balances within the family become areas of contestation. Violence, and substance abuse (whether of alcohol or drugs) are often men's response to women's contesting their subordination. In turn, the 'anti-liquor' movements spearheaded by women in large parts of India (Andhra Pradesh, Haryana, Nagaland, etc., in India) are women's response to this threat to their families' welfare. With pressure from women, with changes in social and economic roles, men could come to accept changes in existing unequal gender relations and redefine their roles in society, in relation to women and to their children and families. In fact, the threat posed by the HIV pandemic might be a historical moment for making such a change necessary from the perspective of men too.

Issues of safer sex behaviour and safer injectable drug use need to be integrated into health care systems. While STDs are present in urban health care, rural health systems largely neglect STDs. To the extent that STDs are a part of health care systems, men alone are the focus of these interventions. More important, the sexual health issues of women do not find a place in these health care systems. The vertical reproductive health services provided by government need to be expanded through women's groups, NGOs and community organizations to both promote sexual health and provide care. The proper use of medication is also a necessary part of health care systems, if the experience of the rise of drug-resistant Tuberculosis in India is not to be repeated with drug-resistant HIV strains, as pointed out by Dr. Deshpande of the JJ Hospital, Mumbai, in a TV program.

Changes in health care and in women's and men's use of them are not just a matter of setting up delivery systems and allowing individuals to access them. Education as a promoter of agency reappears in the context of condom use. A study of women in Chiapas, Mexico, found that "… though the extensive coverage of Mexico's family planning programme lessened the impact of education influencing family contraceptive use among the youngest women, illiteracy remained an important predictor of women's never-use of contraceptive methods" (*Journal of Health Management*, 2, 2, 273-74).

Further, both the effectiveness of the health care systems and individual's use of them, are related to community attitudes. Community organization and community-based campaigns are needed both to set up the needed health care priorities and to make people use them.

What is needed is a rural development program that addresses the underlying factors of vulnerability from an HIV/AIDS perspective (FAO and UNAIDS, 1999). Human vulnerability, however, has to be analyzed from economic, social and gender-specific perspectives. In order to combat the spread of HIV the primary focus of a rural

development organization needs to be maintained on development of landless women, other landless and rural poor, including within its ambit the abolition of child labour (both waged and unwaged) and the universalization of education, while integrating sexual health issues into rural health delivery systems and attempting to change sexual attitudes of men to buying commercial sex and to changes in gender relations in general.

Achieving these goals will enlarge livelihood choices and overall improve the conditions of migration for women and men, both of which are factors in controlling the spread of HIV. But in order tackle women's extra vulnerability to HIV/AIDS, a change in unequal gender relations has to be addressed. Sustainable poverty reduction and reduction in social disruption remain its goals, but human rights issues, violence against women most of all, and challenges to harmful concepts of masculinity, need to be integrated in the approach, for poverty reduction to address the factors of women's extra vulnerability from an HIV/AIDS perspective.

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