

**SINGLE MOTHERS AND THEIR VULNERABILITY TO
HIV/AIDS AND STIs IN THE LAO PEOPLE'S
DEMOCRATIC REPUBLIC**

SOULANY CHANSY

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (HEALTH SOCIAL SCIENCE)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

2008

COPYRIGHT OF MAHIDOL UNIVERSITY

Thesis
Entitled
SINGLE MOTHERS AND THEIR VULNERABILITY TO HIV/AIDS AND STIs
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

.....

Ms. Soulany Chansy
Candidate

.....

Assoc.Prof. Sucheela Tanchainan, M.A.
Major-Advisor

.....

Assoc.Prof. Pimpawun Boonmongkon,
Ph.D.
Co-Advisor

.....

Asst.Prof. Veena Sirisook, Dr.P.H.
Co-Advisor

.....

Lect. Iljas Baker, M.Phil.
Co-Advisor

.....

Prof. Banchong Mahaisavariya, M.D.
Dean
Faculty of Graduate Studies

.....

Assoc. Prof. Luechai Sringeranyuang,
Ph.D.
Chair
Master of Arts
Programm in Health Social Science
Faculty of Social Sciences and Humanities

Thesis
Entitled
SINGLE MOTHERS AND THEIR VULNERABILITY TO HIV/AIDS AND STIs
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

was submitted to Faculty of Graduate Studies, Mahidol University
for the degree of Master of Arts (Health Social Science)

on
October 30, 2008

.....
Ms. Soulany Chansy
Candidate

.....
Assoc.Prof. Sucheela Tanchainan, M.A.
Member

.....
Prof. Santhat Sermsri, Ph.D.
Chair

.....
Asst.Prof. Veena Sirisook, Dr.P.H.
Member

.....
Assoc.Prof. Pimpawun Boonmongkon,
Ph.D.
Member

.....
Lect.Iljas Baker, M.Phil.
Member

.....
Assoc.Prof. Orapin Singhadej,
M.D, Dr.P.H.
Member

.....
Prof. Banchong Mahaisavariya, M.D.
Dean
Faculty of Graduate Studies
Mahidol University

.....
Assoc.Prof. Wariya Chinwanno, Ph.D.
Dean
Faculty of Social Sciences and Humanities
Mahidol University

ACKNOWLEDGEMENTS

The successful completion of this thesis would not have been possible without the extensive support and assistance from my advisers: Ajan Sucheela Tanchaian, Dr. Pimpawun Boonmongkon and Mr. Iljas Baker. I would like to express appreciation to A. Sucheela Tanchaian for her support, understanding and encouragement for what I am trying to do. I respect her like a sister and teacher. Dr. Pimpawun, my co-adviser, I also respect her like a sister and teacher. She is very busy, but she had time to discuss my work and my life with me. She is an expert on sexuality research and I learned a lot from her. From her I learned how to do qualitative research. I am very grateful to Mr. Baker who helped me from the beginning to the end of my research. His cautiousness and conscientiousness towards his work has encouraged me to be more critical in my research. Thank you to Mr. Rodney Haynes for editing my thesis. I learn English from him as well. Last I deeply appreciate my classmates Tam and Phan who encouraged and helped me to study here. Importantly, I would like to thank the Rockefeller Foundation who has helped me to study in the Health Social Science International Program and to do my research. I would like to thank Dr. Saramany Snivorath president of Lao Red Cross who has helped me to study here. Without the cooperation of my friends in Laos, key informants, and single mothers I interviewed I could not have conducted my research successfully.

I would like to thank all of the teachers and staff of Health Social Sciences International Program. Also my appreciation goes to Ajan Perapun Sawacon, my academic advice.

Ms. Soulany Chansy

**SINGLE MOTHERS AND THEIR VULNERABILITY TO HIV/AIDS AND STIs IN
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**

SOULANY CHANSY 4938056 SHHS/M

M.A. (HEALTH SOCIAL SCIENCE)

**THESIS ADVISORS: SUCHEELA TANCHAIAN, M.A.,
PIMPAWUN BOONMONGKON, PH.D., ILJAS BAKER, M.PHIL.**

ABSTRACT

This research aimed to study the vulnerability of Lao single mothers to HIV/AIDS/STIs. The research methods included narrative interviews, non-participant observations, and key informant interviews. Information from ten single mothers living in Vientiane was collected through narrative interviews. The study uses a post modern feminist perspective to analyze how socio-cultural contexts and sexual meanings, sexual desire, and various forms of expression of sexuality influence single mother's vulnerability to HIV/AIDS/STIs.

The results reveal the socio-cultural context of single mothers which includes living with their children, living without their children and living with their families. Gender discourses surrounding being a Lao single mother in this study include those of being a good mother, good wife and femininity. Single mothers have double responsibilities. They support their family, their natal family, earn a living by themselves and are stigmatized and discriminated against. Single mothers are viewed as deviant, promiscuous, easy to have sex with, having sexual hunger and strong sexual desire, and even being willing to sell sex. Therefore, they have less opportunity to find stable or genuine boyfriends. Single mothers have their own sexual autonomy, but paradoxically, they don't have equal power to negotiate with their partners for safer sex. Their lower socioeconomic and sexual status as well as negative gender discourse leads to their vulnerability to HIV/AIDS/STIs.

**KEY WORDS: SINGLE MOTHER/VULNERABILITY/HIV/AIDS/STIs/LAOS/
SEXUALITY/DISCOURSES**

91 pp.

CONTENTS

	Pages
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vii
CHAPTER 1 INTRODUCTION	1
1.1 Background and Justification	1
1.2 Why Study Single Mothers and their Vulnerability to HIV/AIDS in the Lao PDR	3
1.3 Research Questions	7
1.4 Research Objectives	8
1.5 Research Definitions	8
CHAPTER 2 LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK	11
2.1 Theoretical Concept	11
2.2 Related Literature	20
2.3 Explanation of Conceptual Framework	25
2.4 Conceptual Framework	27
CHAPTER 3 RESEARCH METHODOLOGY	28
3.1 Research Design	28
3.2 Research Site	28
3.3 Data Collection Method	29
3.4 Research Methods	30
3.5 Data Processing and Data Analysis	32
3.6 Validity of Data	33
3.7 Ethical Consideration	36
3.8 Privacy	37
3.9 Confidentiality	37
3.10 Informed Consent	37
3.11 Benefit and Reciprocity to the Respondents	37

CONTENTS (CONTS.)

	Pages
CHAPTER 4 RESEARCH FINDINGS	39
4.1 The characteristics maternal of single mother	39
4.2 Gender discourses of single mothers in the Lao PDR	54
4.3 Sexuality discourse of single mothers	57
4.4 How social context, gender discourses on single mothers and sexuality contribute to vulnerability of HIV/AIDS/STIs in the Lao PDR	65
4.5 Gender discourse vulnerability to HIV/AIDS	67
4.6 Sexuality and vulnerability to HIV/AIDS	68
4.7 Sex work	71
CHAPTER 5 CONCLUSION, DISCUSSIONS AND RECOMMENDATIONS	72
5.1 Conclusions	72
5.2 Discussions	75
5.3 Recommendations	79
BIBLIOGRAPHY	82
APPENDIX	86
BIOGRAPHY	91

LIST OF TABLE

	Pages
Table 1 Characteristic of single mothers	46

CHAPTER 1

INTRODUCTION

1.1 Background and Justification

1.1.1 HIV/AIDS/STIs Situation in the LAO PDR

The Lao PDR is located in South East Asia, and shares borders with Thailand, Cambodia, Myanmar, China and Vietnam. Laos has poor educational and health infrastructures, and is undergoing a period of rapid social and economic change. The life expectancy at birth is 55 years (National Census, 1995). The population is approximately 5.8 million, and 73% live on less than US\$2 per day, with some 26% surviving on less than half that amount (World Bank, 2004). Just as in its five neighboring countries, the spread of HIV/AIDS is increasingly a worry for all of Lao society (Lao PDR HIV/AIDS profile, 2006). <http://www.undplao.org/www.unaids.org>.

UNAIDS and CHAS in 2005, estimated an HIV/AIDS prevalence of 0.08% of total population. This is lower than Thailand or Cambodia. The first HIV positive case was reported in 1990 and the first case of AIDS in 1992. From 1990 to June 2006 the cumulative number of HIV cases was reported as 2,000 out of 132,401 blood tests in 16 provinces (female 41%, male 59%). Of this 1,201 had progressed to AIDS. A total of 688 AIDS-related deaths have been recorded. HIV/AIDS means of transmission are: heterosexual 85%, mother to child 3.5 %, blood transfusion 0.3%, IDU 0.2%, bisexual 0.7% and unknown 10.3%. More than 50% of those infected are between 20 to 39 years old. (National HIV/AIDS report, June 2006).

The major mode of transmission for HIV infection in Laos is through heterosexual intercourse. The main determinants of HIV transmission in the Lao PDR are the increasing propensity to have multiple sexual partners, a high and increasing prevalence of STIs (National HIV/AIDS report, 2006).

The population groups considered most likely to engage in behaviors which put them at risk of contracting HIV include mobile groups such as internal and external migrant workers, service workers in entertainment places, truck drivers, the military, the police, and others who travel regularly in the course of their work. Many Lao people go to neighboring countries to seek a job. About 50 % of all HIV positive cases are among Lao migrant laborers who returned from neighboring countries eg: Thailand (National HIV/AIDS report, 2006). Those people have risky sexual practices, for example they go to visited sex workers and do not use condoms. Although there is low prevalence rate formally reported the real figures for people living with HIV/AIDS is high.

The national response to the HIV epidemic in Laos: includes many activities for the vulnerable groups and the general population. Some of them are STIs /HIV/AIDS prevention and treatment, behavioral change communication interventions, peer education, life skills training in schools, community based interventions and other measured approaches. A 100% condom use program has been implemented in three provinces namely Savannakhet, Khammouane and Oudomxay. HIV/AIDS management has been integrated into general development programs. Awareness and open discussion on HIV/AIDS and related sensitive issues are increasing among politicians. However there are still problems in the number of HIV/AIDS cases reported. Firstly, the testing service under reports cases, Secondly, due to stigmatization, people are reluctant to go for HIV/AIDS testing. In Laos is very high STIs prevalence. Laos has a National HIV/AIDS and STIs Strategy Policies include the National HIV/AIDS and STIs Policy 2001, the National Strategic and Action Plan on HIV/AIDS and STIs 2002-2005, the National Strategic and Action Plan on HIV/AIDS 2003-2005, and the National Strategic and Action Plan on HIV/AIDS and STIs for 2006-2010. The National HIV/AIDS programs are coordinated by the National Committee for Control of AIDS Bureau (NCCAB) under the Ministry of Health (National HIV/AIDS repot, 2006).

HIV/AIDS and STIs in Vientiane are a concern to the local health authorities; some single mothers have moved from the provinces to live in the city and

are at risk from HIV/AIDS and STIs. Personal conversation from Dr. Phonpaseth, who works with the Ministry of Health, and HIV/AIDS and STIs control in Vientiane.

Vientiane has a large number of people infected with HIV. From 1990 to June 2006 there were 551 reported cases of HIV, of which 316 had progressed to AIDS and 145 had died (National HIV/AIDS report, June 2006).

However, those interventions have not managed to change people's behaviors effectively. The survey found that HIV sero-prevalence among service women (service women means commercial sex or sex worker) had increased from 0.9 % in 2001 to 2 % in 2004 (National HIV/AIDS report, 2006).

Service women infected with common STIs ranged from 14% gonorrhea to 32% Chlamydia. The rate of condom use among the population is still low. (National HIV/AIDS Surveillance, 2001).

Less than 10% of female factory workers and female seasonal migrant workers and less than 30% of the police use condoms (National HIV/AIDS Surveillance, 2000-2001).

1.2 Why Study Single Mothers and their Vulnerability to HIV/AIDS in the Lao PDR

1.2.1 Characteristics of Single Mothers

Single mothers are women that have at least one child and have never married, are separated and divorced. In Lao statistic don't show number children of single mothers and single mothers who never married. The total population is 5,621,982 of which 2,821,431 are female. The number of mothers divorced and separated was 56,428 or 1 % (National Census, 2005).

In the Lao language divorced women are called "*Mae Hang*" and single mothers who have never married are called "*Mae Luk Tid*". In Laos single mothers

either live alone or with their parents. They have one or more than one child. The father of the children has left home without providing financial support. Single mothers provide child caring and nursing, and do housework.

1.2.2 Single Mothers and Vulnerability to HIV/AIDS/STIs

The present day commonly held view among people in Laos is that single mothers in Laos have many sex partners, are hungry for sex and that it is easy to have casual sex with them. Their sexual behavior is seen as 1) for money, 2) for gifts or 3) because they are lonely. Furthermore, single mothers in Laos are often perceived as poorly educated, employed in low paying work, and spending their time in bars and similar places. Their behavior is also seen as making them more vulnerable to HIV/AIDS than other groups of women. However, these attitudes towards single mothers in Laos are more anecdotal than supported by the results of studies that focus on them. In this thesis I will try to fill in the gap in the research. Before doing so, I will describe and discuss some of the attitudes held by Lao people about single mothers and some observations from casual contacts with single mothers in my work with the Red Cross in Laos.

According to my observation during my work with the Lao Red Cross Organization about single mothers in Laos, single mothers are stigmatized by society; because they are single mothers have babies out of wedlock and they are poor. Their social status is low when compared to married women. The sexual representation of single mothers is that they are easy to have sex with. Men want to have sex with single mothers, because they are viewed as women who already have sexual experience. Single mothers have difficulties to find new permanent partners, because they have children and they are not regarded as being virgins. If they engage in sexual relations with some man, the relationship does not usually last long. Single mothers are more likely to face sexual violence, sexual coercion and sexual harassment from men including their ex-husbands.

Most single mothers face financial problems in their lives because of their economic instability and low income. Single mothers may end up commercial in sex

work, because they need money for food and expenses for their children. In sex work, they have multiple sexual partners and have low sexual negotiation powers for condom use with their customers. These things increase their vulnerability to HIV/AIDS.

Being women, single mothers are vulnerable to HIV due to social and biological characteristics. The vaginal lining is more susceptible to infection, so unprotected vaginal intercourse is more dangerous for a woman than man.

Single mothers are vulnerable to HIV due to their low social statuses within the society because gender inequality makes women more vulnerable to HIV infection. Single mothers have less negotiating power for safe sex, HIV prevention methods and knowledge about HIV/AIDS and prevention methods. Women are also victims of sexual violence and domestic violence.

Single mothers are vulnerable to HIV due to their economic status. Single mothers in particular, are economically disadvantaged, as a result; they have less access to health care. Poor women have less access to information and resources that will help them make informed choices.

During my pilot study in 2000 to 2004 I interviewed Kao. She lived in Vientiane city. She was an officer. Her life experiences include supporting her family alone, having multiple sexual partners and experiencing sexual harassment from her friend's brother and colleagues. She earns money on her own and supports her daughter, sister and mother. She has sex with her ex-husband, because she is lonely. She has sex with him when he visits her daughter at home. Sometimes she has sex with him when she is in the province for work. She was sexually harassed by her friend's brother when she visited her friend's house and he knew she was a single mother. She was sexually harassed by her male colleagues when she was in the provinces for work. He thought she was an easy woman because she was a single mother. Two men thought she would be an easy woman because she was divorced. It was difficult for her to find men to love and marry her. When men knew she was a

single mother, they rejected her. Later she was lucky. In 2005 a man married her because she was still young and can earn money for the family.

Even though she was married her role in her family was low. She took care of her husband. She thought her husband married her, and did not discriminate against her. She said “I had good luck because my husband understood me, and he did not look down on me”. Her husband grew up in the USA. He didn’t care about her being a single mother. If he was a man living in Laos, he might not love and marry her. Lao society views single mothers as having low status. Men didn’t want to marry Kao because she was a single mother, and is responsible for her child and family. Her new husband thought that she was good enough to be his wife, so he married her.

1.2.3 Gender discourse and sexuality and their influence on the vulnerability of single mothers to HIV/AIDS

Based on my observations and what I learned from co-workers in other NGOs, it appears that the following are true about single mothers. Single mothers are sexually active and have unsafe sexual intercourse due to no negotiated power for condom use. They change sexual partners. Some single mothers sell sex, because they want to support their child. They are lonely and live alone. They might have new partners or remarry. They have sexual desire. Men including their ex-husbands encourage single mothers to have sex with them.

Some single mothers are sexually abused by men including ex-boyfriends and ex-husbands. Single mothers usually have low economic status. They worry about being a bad mother. They have difficulties to manage their children, because they cannot solve their problems. They care and worry that their children will have problems. They want to be good mothers. So they work hard to support their children. Single mothers are stigmatized as bad women because they do not have husbands and sometime they have many sexual partners, and are poor, and have low levels of education. Single mothers have little power in society. They cannot disclose and or share their problems with others because they are afraid of stigma.

Men want to visit single mothers for sexual pleasure and exchange money or goods. They think single mothers are poor and need money to support their children. They also think single mothers have strong sexual desires because they separated from their husbands for a long time. Single mothers are lonely. They have sex with their ex-husband when he visits the children at home. These things have an influence on single mothers' vulnerability to HIV/AIDS and STIs.

Laos has little information about single mothers, because of limited statistics and records. So I cannot get any information about single mothers' vulnerability to HIV/AIDS and STIs in the Lao PDR. This study is a new topic for the Lao PDR. However, my study on single mothers is needed because of their vulnerability to HIV/AIDS and STIs. In general, women in Laos who are single mothers could be in the groups such as young, sex workers, housewife, factories workers and other women. Most studies on single mothers that I found in the literatures research only focus on poverty, and stigma and discrimination. They don't consider single mothers and their gender and sexuality. Common sense, the experience of colleagues, NGOs who work with high risk groups of people, and from my own observation show that single mothers are highly vulnerable to HIV/AIDS. The vulnerability of single women to HIV/AIDS is more likely to relate with gender discourses around being single mother and their sexuality.

1.3 Research Questions

General Question

Why are Lao single mothers' vulnerability to HIV/AIDS and STIs?

Specific Questions

- What are the gender discourses of being a single mother in the Lao PDR?
- What is the sexuality of single mothers in the Lao society?
- How does gender discourse on single mothers and sexuality contribute to the vulnerability to HIV/AIDS in the Lao PDR?

1.4 Research Objectives

General Objective

To study how gender discourse and sexuality of Lao single mothers have contributed to their vulnerability to HIV/AIDS and STIs.

Specific Objectives

- To explore gender discourses of being a single mother in the Lao PDR.
- To study the sexuality of the single mother in the Lao PDR.
- To explore how gender discourse on single mothers and sexuality contribute to the vulnerability to HIV/AIDS and STIs.

1.5 Research Definitions

1.5.1 Single mother

A single mother is a mother who lives without the father of her children. She takes care of her children alone. She is separated, divorced, or never married. Some have marriage registration and some do not. She has been separated from her husband for more than one year. She has one or more than one child. The father of the child does not support her. She lives alone or with her parents. Single mothers earn money by her. She supports herself, her children and her family.

1.5.2 Gender discourse

Gender discourse is derived from social norms, cultural beliefs, and the media. Gender discourses included gender identity, gender roles and gender relations. A women should be a “mother” “, wife”, and “feminine”. This shapes a women’s gender identity and gender role and reflects the power relationship between women and men in society. Gender discourse is an explanation of single mother life in society. It is everything that single mothers and other people (e.g. boyfriends, parents, and officials) say about single mothers. Single mothers are unequally in practice. They have less power to make decision with their partners. Single mothers are poor and have low status in Lao society.

1.5.3 Sexuality discourse

Tarshi (2001) says that “Sexuality is part of human life. All human being are sexual and have developed their sexuality from a variety of influences, including social, cultural, biological, economic, and educational factors. Sexuality shapes people’s identity and relationships and is linked with gender power relations, health, economic, livelihood, and social development”. Single mothers have their own sexuality including sexual desire, sexual pleasure, sexual relationship, sexual meaning, and sexual partnership. They have more than one sexual partner. Single mothers are also viewed by society as hungry for sex, and easy to have sex with.

1.5.4 Vulnerable to HIV/AIDS

Vulnerability to HIV/AIDS is a term linked to social, culture, biological, economic, gender and sexuality, social culture constructed, social discourse on gender, social institute, religion, medicine, public health, government, and agency, notion of gender, sexuality definition and sexuality vulnerability and power relation of different sexual relation. Single mothers suffer from poverty, have responsibility for child care, and face social stigma. They are poor and do sex work, remarry, have casual partners, are sexually active, and have less power in sexual negotiation. These lead them vulnerable to HIV/AIDS and STIs.

1.5.5 Agency

Altermatt et al. (2003) define “agency as a combination of competence (mastery) and power (authority)”. Sexual agency is a person’s right and ability to define and control their own sexuality, which is free from coercion and exploitation. Agency here is used in terms of sexual agency of single mothers. Single mothers have their own sexual agency. They support families and children. Firstly, they have sex for money to support their families and children. Second, they have sexual desire and pleasure. Thirdly, they have sex for love and look for long-term relationships. Single mothers love and trust their boyfriends. They have less power negotiation with their parents for safe sex.

1.5.6 Sex worker

Sex worker is a woman who sells sex for money. Women have multiple sexual partners per night. Single mothers sell sex to support their children and families. They have their own job, but they sell sex occasionally. Single mothers sell sex to increase their income. These lead them vulnerable to HIV/AIDS and STIs.

CHAPTER 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Theoretical Concept

My study is “Single Mothers and their Vulnerability to HIV/AIDS and STIs in the Lao PDR”. There are some theoretical concepts that link with this topic such as sexual health, gender discourse and sexuality. In addition, I would like to use a framework with a postmodern feminist perspective to guide the collection of data and data analysis in the field. So, in this chapter I will present a literature review on the definitions of sexuality, gender discourse, postmodern feminist theory on single mothers and some other related literature.

2.1.1 Discourse

The concept of discourse varies in meanings according to different theoretical standpoints. In linguistics, discourse refers to written, spoken or both kinds of “text”. At a higher level, discourse means both the production and interpretation of text, or “text and its context”. In another sense, discourse means different type of language in social institutions such as “medical discourse” or “newspaper discourse” (Fairclough, 1992).

In the theories of Foucaultian discourse analysis, postmodern feminism argues that gender, femininity, identity, sexuality are constructed by discourse, which is fluid, diverse, and multiple (Tong, 1989).

Discourse is the “authorized vocabulary” the politics of language that set rules of words and statements and determine how and about what is to be talked about, and with whom in social institutions.

As power produces knowledge, and power directly implies one another no power relation without the correlative constitution of a field of knowledge, it is

discourse that “power and knowledge are joined together, discourse transmits and produces power” (Foucault, 1978:100-1).

In other words, discourse is a type of language/ideas/statement produced by institutions or professional people with power embedded that allows us to make sense of and “see” things. (Danaher, Schirato, & Webb, 2000).

Foucault’s, discourse is not a set of texts itself, but something which produces something else-i.e an effect or a concept. This means that discourse is an idea, a concept or an opinion or a way of life produced from a particular context which then influences other ways of thinking and behaviors. Foucault is not interested in hermeneutics that intends to discover meanings behind written words or texts (Delanney, 2005, p. 283).

“Derrida and other postmodernist mean to emphasize the primacy of the words we use, the concepts they embody, and the rules that develop within a group about what are appropriate ways of talking about things. They mediate between us and reality.”(Wallace and Wolf, 1999:407, quoted in Delaney, 2005, p.263).

Derrida does not believe in logocentrism. “Logocentrism, the primacy of the spoken words, a belief in definitive truth or reality of transcendental signified (God) which provides foundation of all language, thought and experience (Humm, 1999, p 154, cited by Kholifah, 2005, p.13).

2.1.2 Postmodern-feminism

Postmodern feminisms is distinguished from other feminisms by stating that there is no universal explanation of women’s oppression nor one way to reach freedom, and admits that there is plurality, multiplicity, and differences. In terms of power relations, “postmodern feminists have raised serious question about how differences are to be understood so as to change rather than reproduce prevailing power relations” (Giroux, 1991).

Postmodern feminism deconstructs traditional understandings about women's sexual experiences. In addition, it guides the construction of a discourse of empowerment, and normalization regarding female sexualities. Moreover, sexuality is a part of everyone's life. It is very complex and diverse. Postmodern feminists consider that sexual diversity among women should be considered as well as between men and women. Even though, lived experience of sexuality is different among women, for example, they have different numbers of partners, sexual values, degrees of interest in participating in a variety of sexual activities and choice of sexual relationships. However, women may be less interested about and less sexually active than men.

The postmodern feminist's standpoint not only brings the voice of women to the "taboo" of sexuality, but also deconstructs female sexualities and shifts. These refocus from characterizing women as victims to affirming women as innovative agents in developing satisfying sexual relationships. The purpose of using feminism in this research approach is to enhance women's health (including sexual health), promote social action, and gives voice to marginalize or oppresses people (Creswell, 1998).

In any historical situation, women have many experiences of violence and oppression. Depending on their class, age, ethnicity, and religion, women experience social-cultural and personal consciousness differently, related to their time and place (Judith Butler in Jones, 2003) Feminism has different standpoints in responding to the challenges and the condition of the world.

Judith Butler (1997) argues that postmodern feminists reject hegemony assumptions that patriarchy and imperialism are the universal cause of women's oppression. Therefore, postmodern feminism enables women to stand back and criticize the norms, values, and practices that the dominant culture (including patriarchy) seeks to impose on everyone. The basic concept of postmodern feminism is that women have difference and oppression in the multiple perspectives of class, ethnicity, age, religion, etc. There is no single cause that makes women suffer or oppressed.

Postmodern feminism views each women as unique and being able to respond to the problems or challenges differently. Therefore, there is a chance for postmodern feminists to attempt to criticize the dominant order, particularly the patriarchal aspect (Tong, 1989).

Interestingly, as cited in Killan (2002), dominant discourse is “a system of statement practices, and institutional structures that share common values”. Therefore, the dominant discourse becomes the single truth in many aspects of life. In relationship between women and men, the dominant discourse of sexuality tends to posit women subordinately based on gender relations. Within this research how the dominant discourse in the Lao PDR influences women and single mothers practice their agency and negotiate, will be the major issues.

2.1.3 Gender

Gender is a social construct that refers to a concept of men and women not from the anatomical shapes but from the social and cultural meanings, being a man with man’s role and responsibilities, and being a woman vice versa. It is a category of understanding with the meaning of “male” and “female” as social practices. Thus, we can say, gender is a social product, and that product is socially and culturally constructed.

Gender identity refers to “an individual’s self-awareness or fundamental sense of themselves as being masculine or feminine, and male or female” (*Glossary of Terms on Gender and Sexuality*, 2005). Gender identity describes the “gender” with which a person identifies. For example, one perceives oneself to be a man, a woman, or another gender.

In the *Glossary of Terms on Gender and Sexuality* (2005), gender roles are “the socially determined behaviors, tasks and responsibilities for men and women based on socially perceived differences that define how they should think, act, and feel based on their respective sex. Put another way, this is a set of behavioral norms associated with males and with females, respectively, in a given social group or system.

Gender roles are culturally defined behavior. They are seen as appropriate for males and females, including the attitudes, personality, emotions, body language, and what are considered fundamental to being males in the society (Carroll and Wolpe 1996:163).

Flax (1990) explained a new term of “gender relations” which is “a category meant to capture a complex set of social processes”, and “Through gender relations two types of person are created. Men and women are posited as exclusionary categories. One can be only one gender, never the other or both”. Flax’s definition, we can understand that there are always two extremes in one gender relationship man and women are no matter how biological factor is from two bodies in such relation.

2.1.4 Sexuality

Sexuality is a broad concept, and varies across culture and regions of the world. Different societies have difference perceptions to understand sexuality. Tarshi (2001), “defines sexuality as “part of human life. All human being are sexual and have developed their sexuality from a variety of influences, including social, cultural, biological, economic, and educational factors. Sexuality shapes people’s identity and relationships and is linked with gender power relations, health, economic, livelihood, and social development”

According to *Gender and Sexuality published by the Southeast Asian Consortium (2005)*, “sexuality is a central factor of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, culture, ethical, legal, historical and religious and spiritual factors”.

Foucault analyzes the concept and functioning of sexuality during the last two centuries. He defines sexuality in the context of both agency and structure so that

for him “Sexuality is an ‘individual matter’ involving our personal desires, fantasies, pleasures and also a matter of discourse and governmentality (sic)” (Danaher et al, 2000:135).

As an understanding of sexuality from gender perception, Dixon-Muller (1996) explained sexuality has different meanings for different people in different contexts. They also demonstrate clearly that in contrast with sexual behavior, what “people do sexually with each others or with themselves, how they present themselves sexually, how they talk and act”, sexuality is a more meaningful concept that “encompasses the physical capacity for sexual arousal and pleasure (libido) as well as personalized and shared social meanings attached to both sexual behavior and the formation of sexual and gender identities”. Dixon-Muller also developed a framework identifying four dimensions of sexuality and sexual behavior, which includes sexual partnership, acts, meaning, and drives and enjoyment. “The first two dimensions are primarily behavioral and objective; the last two dimensions are physiological or cultural subjective”. Therefore, by sexuality we understand not only sexual practices, but also what people know and believe about sex; particularly what they think is natural, suitable, proper and desirable. Sexuality includes people’s sexual identities in all their cultural and historical variety of the society they live in.

2.1.4.1 Sexual relations

Sexual relations vary throughout life. We differ considerably in our attachments, boundaries, styles and sexual intercourse. Some will be more permanent than others. Sexual relationships will be influenced by various factors that are operating in the sociopolitical environment in which they exist. Relationships can be long-term, short-term, the same sex relationship, and so on (Weinstein & Rosen, 2006). “ Sexual relationship often incorporate power disparities based on age, class, race, and patronage”, and the condition of “choice” and “change” of sexual partner (Dixon-Mueller, 1996).

2.1.4.2 Sexual meanings

Sexual meanings according to Dixon-Mueller refers to “ the nature of the body, about what is considered erotic or offensive, and about what and with whom

it is appropriate or inappropriate for men & women (according to their age and characteristics) to do or to talk about sexuality” (Dixon-Mueller, 1996). This means that the meaning of sexuality is natural, but depends on the different perspectives in different social contexts.

Dixon-Muller explained that shifts in meaning of sexuality often appear during the life cycle of both men and women. In some cultures, intercourse is considered appropriate for adulthood, while premarital and extramarital sex is thought to be improper. Sexual meanings are very fluid as are those of sexual identities. There is no fixed meaning of sexuality in society. This depends on culture, religion, and the society’s beliefs (Dixon-Mueller, 1996).

2.1.4.3 Sexual partnerships

According to Dixon-Muller (1996), sexual partnership is concerned with the number of sexual partners, current and past; the timing and duration of sexual partnerships through a person’s lifetime; socioeconomic characteristics, relationship of partners; the conditions of choice under which each partner is selected or imposed; and the rate and conditions of change of partners. However, normally, number and identity factors are incorporated into sexual networking of each person, and make influence people’s disease transmission.

2.1.4.4 Sexual practices

Sexual practices are activities related to sexual expression that are performed habitually or repeatedly *Glossary of Terms on Gender and Sexuality* (2005). From this definition all practices or behaviors in the form of physical intimacy to express desire and pleasure with any form of sexual intercourse can be understood as sexual practices. It is important to have a complete understanding about sexual practices. The appearances of sexual practices are different in various social contexts of different cultures, values, norms, time, and space. This explains why people’s sexual behavior changes with different times and cultural contexts. Depending on the socially constructed contexts, sexual relations can be expressed in two extremes of activity considered as formal and informal.

As Dixon-Mueller mentions, elements such as frequency, form of sexual expression are very important to people's behaviors in sexual and reproductive health issues (Dixon-Muller, 1996). Those elements are influenced strongly by cultural, religious, and social factors: "Another dimension of sexual practice variation concerns the frequency and periodicity of sexual behavior, with culturally required periods of abstinence, such as post-partum taboos or religious holidays, and periods of intense sexual exploration, such as adolescence or carnival (Parker, Herdt, Carballo, 1999)."

Unsafe and safe sex are behaviors that express the diversity of sexual practices influenced by culture. For example, the culturally constructed perception of condom use may be that they are inappropriate for disease prevention. Cultural norms may make a sex worker use condoms with clients or casual partners, for disease prevention, but not with her lover. In conclusion, sexual practices are socially constructed, which forces people to join in sexual acts by the way that each individual person feels is most acceptable.

2.1.4.5 Sexual desire

There is no research that has studied Lao single mother's sexual desire. Some research conducted in other countries found that women are less interested in sex than men (Fol-Lyon, Macoorra, and Scheare 1981 on Mexico, cited by Dixon-Mueller, 1993). Whereas, other research argued that women were thought to have a stronger sex desire when compared with men (Coleman 1981, cited by Dixon-Muller, 1993). Havelock Ellis found that women's sexual desire and pleasure are equally comparable to that of men. But he emphasized biological aspects of human sexuality by saying women's desires are elusive and female sexuality is passive in nature. "In sexual relations, as in life as a whole, Ellis seemed to imply, biology had assigned man the more creative role" (Robinson, 1989:20).

This study will not expose whose sexual desire is stronger, but investigate how single mothers interpret and perceive sexual desire.

2.1.5 Sexual negotiation

Broadly speaking “negotiation is an interaction process through which two parties achieve the joint agreement about ideas and needs” (McAlister-Kizzier). “Negotiation is a concept in social integrationist theory that people are not passively shaped by society and instead have agency, the ability to change their circumstances through negotiations *Gender and Sexuality published by the Southeast Asian Consortium (2005)*).

Thaweesit’s findings (2004) “indicate that Thai women negotiate modern subjectivities by refusing or suspending traditional ones. Her analysis suggests that the reconstitution of Thai women’s sense of gender and their understanding of their sexuality are constituted both by new authoritative discourses and by women’s own desires or agency”. However, the contexts of competing discourse in specific circumstance. A keynote for researchers that I realize in Thaweesit’s article is that, while it is necessary to understand sexual behaviors as they are governed by discourses, “women’s verbal expression mapping out their sexual subjectivity should not be isolated from women’s actual behaviors itself” (Thaweesit, 2004:31).

For postmodern- feminist, women have the right to negotiate with their partner for safe sex. They can refuse when they don’t want to have sex. According to Lao culture, women are powerless. Single mothers find it difficult to negotiate for safe sex with their partner. Women’s bodies are subordinated to those of men.

2.1.6 Sexual health

Sexual health is the ability of women and men to enjoy and express their sexuality, and to do so free from risk of sexually transmitted diseases, unwanted pregnancies, coercion, violence and discrimination. Sexual health also means being able to have an informed, enjoyable and safe sex life, based on self-esteem, a positive approach to human sexuality, and mutual respect in sexual relations. “Sexual health enhances life, personal relations, and the expression of one’s sexual identity. It is positively enriching, includes pleasure, and enhances self-determination, communication and relations”(Tarshi, 2001).

2.1.7 Sexual Agency

Agency is a term linked to sociologies which focus on the individual as a subject and view social action as something purposively shaped by individuals within the context to which they have given meaning. This view is usually contrasted with those sociologies which focus on social structure and imply that the individual is shaped and constrained by the structural environment in which they are located *Gender and Sexuality published by the Southeast Asian Consortium (2005)*.

Altermatt et al. (2003) define agency as a combination of competence (mastery) and power (authority). Sexual agency is a person's right and ability to define and control their own sexuality, which is free from coercion and exploitation (Jackson, 1987:55). An individual performs their role as the active agent (not passive one). This ability helps the individuals to find their own voice.

2.2 Related Literature

2.2.1 Gender discourse of Lao women

Three goods and two duties is the Lao Women's Union message. The three goods are being a good citizen, a good mother, and a good wife. The two duties, first duty is national defense/socialist construction of the country, and the second is emancipation, *Ireson (2004 stated that:*

“A good citizen studies and practices party policies. A good citizen must learn how to read and write. Good mothers “acquire knowledge and cover viewpoints [in order to take] good care of their children...in order to bring about changes in each family” since parents are children's first teachers. A good mother encourage her children to study and to work responsibly; she support her daughters' further education, rather than withdrawing them from school to do household and farm work; a good mother protects her health by having only four children. A good wife builds a socialist family based on “conjugal love, monogamy, [and] non-exploitation;...a type of family in which both husband and wife work and help each other to make progress, set good examples...and abide by the Party policies and State laws.” A good wife corrects her husband when he errs and encourages him to contribute his share to the building of a correct family life” *Ireson (2004)*

2.2.2 Gender practices of Lao women

According to Ireson (2004) in *Gender, Power, and Livelihood in the Lao PDR*, “Lao women are part of a region in which many women enjoyed some autonomy, access to resources, and decision-making power, though not equal with men. Just as for women in other parts of Southeast Asia, the Lao share important patterns in terms of women’s position, cultural ideas about gender, division of labor by sex, and family organization. However, the social position of women is relatively high in Southeast Asian countries, unlike that of their counterparts in numerous other societies”.

Gender practices of Lao women are influenced by social institutions and systems including education, religion, economic, health and family as detailed in the following:

Education: education is an important tool for national integration, extending literacy and education into rural villages and is a high priority for the new communist government. In the early 1990s, 60 percent of eligible children were enrolled in primary school, although only 30 percent completed the program. Obstacles to female education include poverty, the need for girl labor, and parental perception that education is not useful, especially for girls (Chagnon 1996).

Religion: Lao people respect Buddhism and believe women are more attached to the material world, perhaps legitimizing their involvement in commerce. But on the other hand, women are active as spirit mediums. Women and men participate in both Buddhism and the spirit culture. A boy can be a monk and learn how to read, write and do mathematics as well as learn Pali-Sanskrit and the religious texts in the temple.

Economic: The proportion of women who work in agriculture is 86%. Women are employed in commerce, education, health, industry and government administration. Self employment is a common activity for women, and the production of food or goods for sale are options for town women. Rural women often transport their goods to market to sell. Women farmers are involved in all stages of production.

Family: Family organization patterns, whether including both mothers and father's relatives or focused around mother's relatives, frequently lead to clusters of related women together in these groups, so that the entire local economy is kin-based. In many cases, these kin-based networks enable women to share labor, inherit land, attend school in towns, and mediate local economic issues.

Health: Health care in Laos is rudimentary, and the burden of bearing and raising children and performing domestic work falls heavily on women. Early and late pregnancies, short intervals between births, and high parity (many births) combined with hard physical labor and limited food availability, which lead to the maternal death rate of 653 deaths per 100,000 live births. This is among the highest in the region and in the world (UNICEF 1996:95). The national total fertility rate ranged between 6.5 and 6.8 through the early 1990s, though it declined to 5.4 by 1995 (Far Eastern Economic Review 1995-1998).

During the last half of the twentieth century, these patterns of gender inequalities in Laos were modified by war and other dramatic changes. The establishment of the Lao Communist Party in 1955, and the socialist government established throughout Laos in 1975 have had marked effects both on women and on ideas about gender through the Party's ideology of gender equality and its mass organization for women (Ireson, 2004).

2.2.3 Sexual negotiation power

According to research on power in sexual relationship in the USA, the spread of HIV/AIDS, An Blanc, *Population Council*, (2001) noted, demands a great acceleration of the learning and application process social determinant session. Condom use, the one effective means to prevent transmission of STIs, requires communication and working out some of the sexual dynamics and power relationships. Studies have demonstrated that increased power among women is often associated with increased condom use. However, because women are often expected to be ignorant and passive about sexual matters, it is difficult for them to be informed about risk reduction strategies. Even among women and girls who are informed, unequal power reduces their ability to negotiate disease protection, to express their concerns about sexual fidelity, and to say no to sex.

2.2.4 Characteristics of Single Mothers

a. Prevalence

According to Business Online, New York USA March 2001, “Single moms and dads run to 11.9 million families in the U.S, an increase of 73% since 1980. Single mothers divorced; widowed, or never married account for some 9.8 million of that total. And more and more of them are juggling play dates with business trips. By 1998, the most recent year for which data are available, that figure had jumped 79%, to 938,000. That's a far greater percentage increase than for the number of single moms with kids under 18 who completed only high school” (Jennifer Gill, 2001).

Hispanic immigrants bring near-Third World levels of fertility to America, coupled with what were once thought to be First World levels of illegitimacy. In fact, family breakdown is higher in many Hispanic countries than here. Nearly half of the children born to Hispanic mothers in the U.S. are born out of wedlock, a proportion that has been increasing rapidly with no signs of slowing down. Hispanic women have the highest unmarried birthrate in the country over three times that of whites and Asians, and nearly one and a half times that of black women, according to the Centers for Disease Control. Every 1,000 unmarried Hispanic women bore 92 children in 2003 (the latest year for which data exist), compared with 28 children for every 1,000 unmarried white women, 22 for every 1,000 unmarried Asian women, and 66 for every 1,000 unmarried black women. Forty-five percent of all Hispanic births occur outside of marriage, compared with 24 percent of white births and 15 percent of Asian births. Only the percentage of black out-of-wedlock births 68 percent exceeds the Hispanic rate. But the black population is not going to triple over the next few decades” (Randall Parker, 2006).

b. Social-Economic Characteristics of Single Mothers

According to research on the Social-Economic Characteristics of Single Mothers in the USA, the number of single mothers might be related to family status, including school attendance, labor force activity and employment, occupation, average individual income, and major income. Overall, single mothers were significantly more likely to be poor, young, suffer from mental health morbidities

(lifetime affective disorder and one or more psychiatric disorders) and use of mental health services. Examination of single mothers and mothers from two-parent families by income level revealed that poor single mothers had the highest prevalence of all mental health outcomes. Single mother status is associated with low income, risk of affective disorder, and service utilization. Among poor single mothers, these mental health risks are especially pronounced (Ellen L.Lipman, 1997).

Zimmerman (2007) found that most of the poor are single mothers and their children. Single women with children are more likely to be living in poverty, as reflected by their high poverty rates in both rural and urban places. But, in terms of the number of households living in poverty, and there are very nearly as many living in two adult households. Only 38 percent of those households living in poverty were single-mother households and 34 percent were in two-adult households. Of the remaining 28 percent, 22 percent either live alone or with no relatives (O'Hare 1996). (<http://www.ncrcrd.iastate.edu/newsletter/june97/rural-poverty.html>)

According to Curtin's study (2005), in Japan, single-mothers live in poverty have low wages, experience non-payment of child support money by absent fathers and inadequate social services, such as welfare programs, tax credits for poor families, free child care for poor mothers or other systems in which the state helps the poor by transferring resources to them. They also face high divorce rates. A new survey shows that 80% of women-headed households resulted from divorce. The problem in Japan is the reality that higher divorce rates lead to a higher incidence of poverty, and that a lot of women are working; these two facts have not yet caught up with social policy (J Sean Curtin, 2005).

c. Single mothers and social stigma

Single mothers are constantly being told that as parents they are not as good as married women, as if by getting a divorce you somehow lose the skill of being a mother. This is a staple of the many conservative commentators who seem to imply that you have not only failed in your relationship, but you also don't care about your kids. Most people know that this is simply not true. In fact many women become

and remain, single mothers because they do care about their kids; because they are concerned about the effects that a bad adult relationship has on their children; because they don't want their kids to grow up thinking that relationships are based on violence, or abuse or hostility. Statistics show that four out of every 10 marriages will end in divorce. While not all these involve children, about 40 per cent of kids will spend at least some time in a single-parent family. This is a lot of people to be telling they are abnormal and destined to fail, and the numbers are increasing. (Kathleen Swinbourne, Australia, 1997).

According to Bhakta B.Gubhaju, (2002) in a survey on *Adolescent Reproductive Health in Asia* sexual behavior experiences of adolescent females often result from the negative consequences of premarital sexual relations. A study from Free Trade Zone communities in Sri Lanka reported cases of single young women who became pregnant after having unprotected pre-marital sexual intercourse. These women started their sexual relations with their partners who promised to marry them in exchange for sexual intercourse. However, after discovering the partner's pregnancy, the man either disappeared or left for another woman. As a result, these young abandoned women suffered from the consequences of unwanted pregnancy, including unsafe abortions, and the stigmatism of being a single mother (Hettiarachy and Censual, 2001).

2.3 Explanation of Conceptual Framework

In this study on “Single Mothers and their Vulnerability to HIV/AIDS in the Lao PDR”, I apply a postmodern-feminist perspective to understand gender and sexual discourse of single mothers in the Lao PDR, and their vulnerability to HIV/AIDS. This perspective will help me to explain how the dominant discourse on single mothers' sexuality influences their sexual practices, sexual relationships and power relationships that lead to risks to their health. The dominant discourse can appear in the themes and meaning in the social context and their everyday life.

Social context is the indirect and direct influence of individuals that are in constant communication. Social context includes work environment, economic, social, physiological, culture, and family environment, lifestyle of single mothers. All contains public attitudes toward single mother.

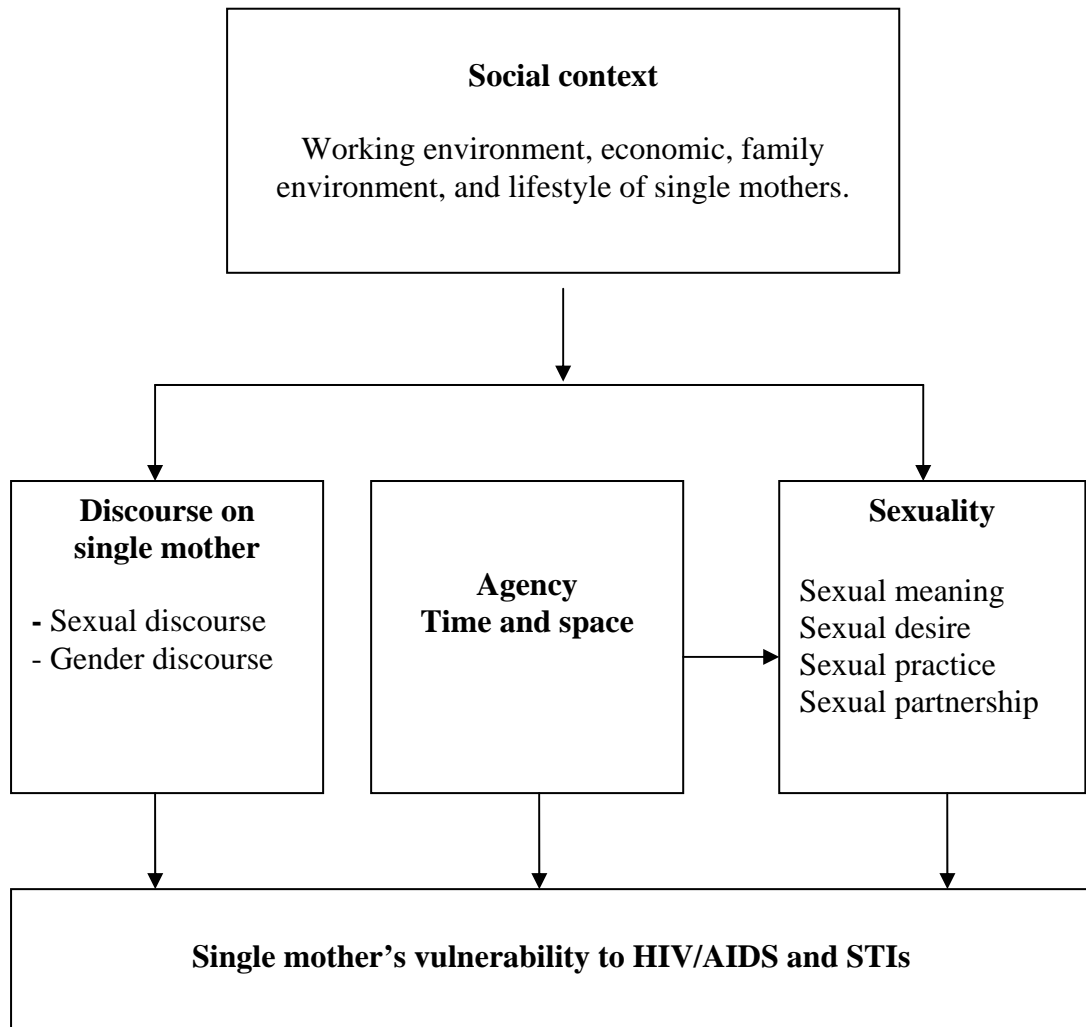
Discourses on single mothers include gender and sexual behavior. Gender discourse is derived from social norms, cultural beliefs and media. Women should be “mothers” and “wives” and “feminine”. Women’s gender identity and gender role reflects the power relationship between women and men in society.

Sexuality of single mother includes sexual meaning, sexual relations, sexual desires, sexual practices and sexual partnerships. They have sexual desire and sexual pleasure. They have many sexual partners. Perhaps they don’t think about safe sex. These elements are shaped and influenced by discourse and they also interact and affect each other.

Women have the ability to control themselves concerning sexuality. In the postmodernist feminist perspective, women are an active agent in struggling within difficult situations. This is how women are able to negotiate their sexuality in relationships.

Contemporary Laos has many entertainment places including restaurants, bars, massages places and hotels, especially in the capital city. Single mothers have the choice and freedom to go out with friends to drink and dance. They have the opportunity to meet new partners. Some single mothers have sex to support their family and children. They have difficulties and few skills to negotiate condom use with their partners. These things encourage single mother to have behavior that puts them at risk to HIV/AIDS and STIs.

2.4 Conceptual Framework



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

This research utilized qualitative research and research method including narrative interviews, key informant interviews, and non-participant observation. This study used the postmodern-feminist perspective to understand how gender discourses on single mothers and sexuality contribute to their vulnerability to HIV/AIDS and STIs. The study considers single mother's sexual problems and how they use their agency to deal with them. Postmodern feminism's perspective on discourses, sexuality, and sexual and reproductive health is applied throughout the research. Firstly, postmodern feminism, which is a women centered perspective, is a good lens to study women and gender issues. Secondly, believing in multiple, divers, fluid, and different sexualities of women enables me to understand how discourse impacts on the sexuality of different individuals, and various sexual and reproductive health problems. Thirdly, it is possible to study individual identities, agency, and negotiation since postmodern feminism acknowledges the differences among women and throws light on individual subjectivities and capacities to negotiate and make decisions depending on time and space.

3.2 Research Site

Vientiane, the capital of Laos was chosen as the research site. The reasons are as follows. Firstly, as a modern city, Vientiane is more open to the modern world than other parts of Laos. Many tourists visit Laos every year. The city has a lot of entertainment places, including bars, restaurants, hotels and such like. Vientiane is an easy place to access information. Secondly, the number of people infected with HIV/AIDS is higher when compared to other provinces. There are migrants in Vientiane who have moved from rural areas to the city to seek a job. Some have returned from working in other countries, for example, those are from Thailand.

Many single mothers come to work in the city and leave their children with their parents. They earn money in the city and send some money back home to support their children and families. After some single mothers moved to work in Vientiane they could not earn much money from their job so they decided to earn money through commercialized sex. Some single mothers have sex with their boyfriends. They don't practice safe sex. Therefore the single mothers are at an increased risk of HIV/AIDS and STIs. Lastly, the number of divorced and separated women, at two percent, is large compared to other provinces (National Census, 2005).

The research locations are four districts (Muang) in Vientiane: Chanthabouly, Sikothabong, Sisathanak, and Xaysetha. Interviewees were drawn from 6 villages (ban) in these 4 districts. The four districts are in the centre of the city. There are high percentages of divorced and separated women in Vientiane.

3.3 Data Collection Method

3.3.1 Entering the field process

The sample for this research study is ten single mothers living in Vientiane. The criteria for informant selection were as follows:

- Single mother with one or more child
- Age: between 18 to 35 years old, young women have more difficulties being responsible for children,
- Education: any educational level
- Marital status: separated, divorced, never married
- Single mothers vulnerable to HIV/AIDS and STIs: low level of education, low economic status, low negotiation for safe sex with their boyfriends and clients, and powerless
- Sexual experiences: heterosexual and homosexual
- Occupation: both employed and unemployed, and
- Different economic status.

Several key informants were selected. Two men were working for the Norwegian Church AIDS (NCA). They were responsible for HIV/AIDS and STIs prevention among sex workers including single mothers in the northern provinces of the Lao PDR. One was woman working for (team research assistant, Lao Youth action for AIDS Program, LYAP) organization. She was a research assistant. A government officer working for the Ministry of Health on control of HIV/AIDS/STD in the Vientiane capital was also selected. These informants gave me some information about single mothers and child care. Three men who were sexual partners of single mothers were also selected. One of these men was working for UNICEF. I was introduced to him by a single mother. One of the men was working as a DJ in a karaoke bar. I was introduced to him by my friend. The third man used to work in the USA. I knew him before the research started. He was a mechanic in a factory in San Diego, California.

HIV/AIDS and STIs in Vientiane are a concern to the local health authorities;. Some single mothers have moved from the provinces to live in the city and are at risk from HIV/AIDS and STIs. Personal conversation from Dr. Phonpaseth, who works with the Ministry of Health, and HIV/AIDS and STIs control in Vientiane.

3.3.2 How to recruit my informants

Single mothers were selected from communities. The name of single mothers came from the heads of the villages. I used the snowball technique to collect people for my study. One single mother was selected for an interview then she introduced her friends to me.

3.4 Research Methods

3.4.1 Narrative interview

This research used qualitative narrative interviews. The research can be described as a process of sharing and learning from each other (both researcher and the research subject), rather than for the purpose of “exploitation” of information from participants. Narrative interviewing involves people telling their life stories including their experiences and vulnerability to HIV/AIDS and STIs.

The researcher used “narrative interviews to collect data about individual lives, experiences, and perceptions and the discourse of each interviewee was jointly constructed by the interviewer and the interviewee and, at the same time attention was given to the ubiquity of narrative in unstructured interviews ” (Elliott, 2005, p21).

The interviews with single mothers’ about their life experiences are divided into four parts. The first is the single mother’s life before marriage; the second is after getting married, but while they did not have children; the third is after they have children; and the fourth is after they separated from their husbands. I introduced myself before an interview. Narrative interview guidelines were used and field notes were written out fully as soon as possible after the interviews. The questions were open-ended. The respondents were encouraged to provide qualitative information to amplify any issues which they regarded as important. The researcher interviewed all participants herself. I used conversation and storytelling. I didn’t use a tape recorder because the interviewees did not allow me to do this. It was not comfortable for them, and it felt like an unnatural conversation. More than one interview with the same person was conducted for accurate and complete information.

I tried being friends with my informants, making them feel comfortable and trusting me to share a lot of information: their life and their troubles as well. Finally I got the true information from them.

3.4.2 Non-participants observation

Non-participant observations were also used as part of the methodology. Observations were made at the places where single mothers live and those where they enjoy themselves with friends. I observed them while they spent time with their families. They took care of their children at home. They helped the family do housework and sold at home. I spent time with them to enjoy entertainment in the night clubs.

3.5 Data Processing and Data Analysis

Data was recorded by using field notes and a diary and was written up every day. The notes were checked every day to see if anything was missing. If something was not complete, follow-up interviews were done. The notes from the narrative interviews were fully transcribed. The interviewer described patterns, and checked and assigned coding and themes that emerged in the data, and how it gave meanings. All interview field notes were coded in Lao by hand, and then translated into English, because I want to keep the original meaning in Lao terms.

A postmodern perspective is used throughout the data analysis. As data collecting methods, narrative analysis and discourse analysis were used. Data analysis started when writing down field notes. The interviewer fully recorded the interviews in the field notes: including descriptive notes, analysis notes and methodological notes. A more structured analysis was carried out on my completed field notes every day with open coding and essential memos. After finishing interviews, I came up with coding categories and coded all the interviews. Analysis was done case by case, compared and explored for the underlying meanings, similarities and differences. By doing this I could get answers to my research questions.

3.5.1 Narrative analysis

“A narrative can be understood to organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole. In this way a narrative conveys the meaning of events” (Elliott, 2005:3)

I used narrative analysis for this research because narratives are powerful tools in qualitative research bringing out not only people’s motivations but also a whole range of feeling and subjectivities; including the way those emotions shift as people deal with the world around them.

In reality, a series of events can be caused and experienced by characters, and may be fictional in a certain way. The events may be spoken, written or imagined,

and it will have one or more point of view representing some or all of the participants or observers. Thus, the need of narrative analysis is to see how respondents in the interviews impose order on the flow of experience to make sense of events and actions in their lives. More than that, narrative analysis discovers the form of telling about experience, not simply the content that language refers to, but deeper meanings behind the words (Riessman, 1993).

3.5.2 Discourse analysis

My research methodology includes discourse analysis of single mothers, and narrative interviews with single mothers. Based on discourse/power notions from Michel Foucault's works, I used analysis of discourse and power in the sense that analyzing documents is not for deeper understanding but organizes the documents, divides it up, distribute it, orders, arranges it in levels, establishes series, distinguishes between what is relevant and not, discovers elements, defines unities, describes relations that seek to rationalize or systematize themselves in a relation to particular ways of 'saying the truth' (Foucault, 1972).

In the sense that knowledge and power is interviewed, discourse analysis is a way of analyzing multiple, open-ended heterogeneous trajectories of discourses, practices, and events and establishing their patterned relationship (Dean, 1994:15 cited in Ritzer, 2000), meaning to deconstruct the hidden ideas in the texts, and everyday discursive practices from which discourse are produced and reproduced.

3.6 Validity of Data

3.6.1 Data Triangulation

Information about single mother's gender discourses and sexuality, and their vulnerability to HIV/AIDS and STIs not only comes from themselves, but also from their sexual partners, key-informants and my observations.

3.6.2 Methodological Issues

Place for Narrative Interview:

I got the list of my informants from the heads of villages. The first time we met I invited them come to talk to get to know each other. Normally I invited them to a restaurant because I knew they liked to chat and have a drink and food. Other information I got from friends who have experience working with single mothers. I also asked single mothers themselves which place they would like to talk. Most of them liked to talk at the beer shops or restaurants. They liked a good atmosphere.

Self introduction:

The first time we met I introduced myself. I told them I was a student and studied in Mahidol University, Thailand. I told them about my thesis research that I wanted to study about single mothers' lifestyle including their sexuality and HIV/AIDS and STIs awareness.

Trust building:

I ordered food and drink for them. I talked with them like a sister or friend. I made them feel comfortable. Normally in Lao culture people refer to people by age. I was older than them, so they called me older sister. I encouraged them to feel relaxed and comfortable. I listened to them carefully when they talked. At the first meeting I didn't asked any personal questions. I asked them about general questions including their family, children and themselves. I didn't limit the topics. My strategy needed them to feel comfortable with me. I knew the first meeting was not easy for people who had not previously known each other.

How I built trust:

I talked and drank beer with them. I tried to adjust myself to them. Some single mothers can talk easily when they drink. Some single mothers didn't talk much at the first meeting. Some of them shared a bit of their stories but some not. When I met them the first time I just chatted with them about issues that they were interested to talk with me about. I observed them because I prepared to interview them another day. I needed to have the skill how to talk with them. I knew some people were easy to talk with and some were not. Some people liked to share their problem with me. I knew they have many problems in their families. Their problems included sexual

partners. Most single mothers have bad stories with their ex-husband. After they separated with their husband, but they still have problem with their boyfriends. Sex is not easy to talk with people you were not known well. I guided them talk about their beginning of love. After that I asked them tell me about their first sex with their partners.

Home visits help build rapport:

Single mothers need to support. Some of my informants could not come to see me. I went to visit them at home. I met their children and parents. I talked with their parents as well when I visited them. I got information from their parents. Sometime I brought food and had lunch in their house. During the visit to their house I gave candies to their children. Most informants respected me like a sister.

Women are afraid of being judged:

Even though they knew me and were comfortable to talk to me, however some of them could not share all of their personal information. During I interviewed them I was a good listener. I knew they have a lot of problems in their life. They needed to share with me. When they talked they expressed their feelings. Some single mothers shared a lot of their personal information with me, but some shared only a little. For example, one single mother shared with me about her sexual relations with her boyfriend, but she did not share her sex work experiences. I heard from her friend that in the past she had sex with many people for money. I thought it was not long enough that she knew me. Maybe she thought I and her come from different places. She was afraid that I would judge her in a negative way. It is difficult for her to share with me all her personal life.

3.6.3 Reflexivity

Reflexivity means recognizing that we are part of the social world that we want to study. Moreover, new knowledge is generated through a process of interaction between the researcher and the informants. It is an integral part of everyday social practices (Blaikie, 2000). Reflexivity in doing fieldwork research is firstly to recognize differences between theory and practice. I knew I have a different

educational background from the subjects of my study. Also I am a single women and don't have children. We are different in terms of mannerisms, and level of knowledge and how we see the outside world. I have to understand my various positions that I have and how they influence the way my informants view me and my questions and the way answers are being given by my informants since it is the key to reflexivity. I listened to them carefully, not the opposite. I learned from my experiences working with single mothers. They shared much information with me. I can see single mothers have many problems and find it difficult to deal with their lives.

3.6.4 Inter-subjectivity

Being aware of the differences between subjectivities of my participants and me is very important. Individual subjectivity can shape the way we understand and interpret our relation to the world. In order to understand women's reality, I need to understand them from their own perspectives in the local context, and avoid judgment and the influences from my own subjectivity. I tried to put myself in the same situation as my participants when I interviewed and interpreted the data. Single mothers get a lot of stress from their problems because they are responsible for their children alone. Some of them have low income which is not enough to support their children. They exchange sex for money to support their children. Single mothers also experience stigma and discrimination in society. For example one single mother sells sex for support her children. When I here she say like that I fell not happy and I think why she don't do other job to support her children. I immediately control myself don't for negative thinking. I know my response is collect data from her. After I had interviewed the single mothers, I understood their problems and why people have negative thinking about them.

3.7 Ethical Consideration

Sexuality is a sensitive issue; therefore, attention to ethical issues was necessary while conducting this study. There are four essential ethical considerations necessary in doing qualitative research, particularly in the feminist approach; they are privacy, confidentiality, informed consent, and benefit and reciprocity.

3.8 Privacy

“Privacy is the right of persons or group to determine for themselves when, how, and to what extent information about them is shared with or withheld from others” (Kimmel, 1996).

I considered the privacy of a place to have talks and personal interviews. I chose quiet and private places for interviews such as houses and other places the single mothers felt comfortable.

3.9 Confidentiality

I assigned a code my informants to keep the subjects identity anonymous. Since the number of interviews is only 10 cases, I did all the interviews, and transcribing the notes by myself. I kept my field notes in a locked cabinet, and it is only me and my advisors that can access them. I and my advisors destroyed all field notes after I finished the data analysis.

3.10 Informed Consent

According to informed consent, I introduced the informants to the purpose of my research and their role in it. They chose to volunteer with informed consent and without any coercion. They were informed that they have the right to withdraw from the study at any time for any reason and would not suffer any negative consequences.

3.11 Benefit and Reciprocity to the Respondents

Respondents were offered the opportunity to ask any questions they had about the research or myself as a researcher. I gave them the chance to share other experiences and information with me that are not related with my research questions and answer all their questions. I also gave them counseling [as among friends] that

they requested. My research design is based on humanism, and not merely public health considerations. I need to improve their knowledge on HIV/AIDS and STIs that I do it during my study.

Sometimes they called me to share their problems. I understood their feelings. I listened to them. I contributed some money for their children's school fees. I also gave money for some single mothers when they gave birth. I often thought about my role. I was a researcher not an organizer to implement a project. I know some single mothers needed a lot of help from me but I could not respond. Thus I could share some ideas with them but not all. I clarified the challenges to them. I was there to study them but not to help with their problems. Single mothers vary in their openness about their sexual activities and experiences because these are sensitive and personal matters.

CHAPTER 4

RESEARCH FINDINGS

This study is conducted in Vientiane the capital of the Lao People's Democratic Republic. Vientiane borders Nongkhai Province of Thailand. Population in Vientiane is 698,318, of which women are 349,624 Population density is 134 persons per square kilometer. Vientiane has 9 districts. The economic base is industry and construction which accounts for 50%. The GDP is 1,075 US dollars per capita (*Vientiane socio-economic plan 2006-2010*). Vientiane has 6 nationalities: Lao, Vietnamese, Chinese, Thai, Cambodian, and Myanmar. The Lao populations are ethnic Lao 93 %, Mong 3%, Thai 2% and others. The population moving to Vientiane is 81%, but they don't show number of women moving. Most people moved to Vientiane. They come from towns and villages. They have sought jobs in Vientiane. In Vientiane people have self employed 37.4%, and work for a family without payment 21.2%. The people attending school in Vientiane is 30 % and 63% they drop school. The proportion of women who have never attended school is higher than men 8 %. People that can read and write Laos language are 85% (National Census, 2005).

Life expectancy at birth for women is 71 and for men 68 years old. Women at reproductive age from 15 to 49 years old and the number of women of this age increase in Vientiane. 92% of these women have at least one child and 14.6% give birth before they were twenty years old. These percents are from National Statistic. The infant (children under one) mortality rate is 19 deaths/1000 live births. Maternal mortality rate is 228 deaths/ 100 000 live births (National Census, 2005).

4.1 The characteristics maternal of single mother

In the Lao PDR there are different types of single mothers, such as divorced and separated. Separated and divorced women are 2% in Vientiane. Four districts were selected for the research study in the center of the city. The divorced

rate of Chanthaboury district is 2.3%, Sikothaboung 1.8%, Sisethanak 2.1% and Saythany 1.7 % (National Census, 2005).

In Lao language divorced woman are called “*Mae Hang*”, and single mothers who never married are called “*Mae Luk Tid*”. In Laos there are single mothers living alone without their children, living with children and living with their parents and children. They may have one child or more. The father of the children left home without financially supporting the children. The children father left home and lives with other women. Single mothers care, nurse, take care, and do housework. They work hard to support their children and family. Most single mothers in Lao are poor and have low levels of education.

Vientiane has a number of people infected with HIV/AIDS. From 1990 to June 2006 there were 551 reported cases of HIV, of which 316 had progressed to AIDS and 145 had died.

In Laos HIV/AIDS prevalence is low 0.08, but that of STIs is high at 14%. From 2005 to June 2006 there were 25,976 reported cases of STIs. Of this number 114 were separated women and 474 were divorced women (National HIV/AIDS report, June 2006).

4.1.1 Family environment

Single mothers in my finding are divided in to three groups they are single mothers living with their children, living without children, and living with their family. Single mothers include women who are separated, divorced, and never married. Single mothers that are divorced receive divorce papers and the divorce is acknowledged by their family and society. They did not have to worry about the law if they want to re-marry. After they are divorced, they live in a different house or places from their husband. They have freedom.

Single mothers are separated generally live in different houses or places from their husbands and have not yet been formally divorced. They are careful about having a new partner because they cannot remarry legally.

Single mothers in my case study who have never married have more freedom to find new partners. They haven't registered their marriages and so they don't have marriage papers.

Single mothers living without their children

Three single mothers *Sone, Peng and Aoi*, live without their children. *Sone and Peng* came from the provinces and *Aoi* comes from Vientiane. The two single mothers from the provinces rent a small room in Vientiane city. They left their children with their parents in the provinces. The children's fathers do not support them. The mothers moved to Vientiane for work and they send money back home to support their children and families. *Aoi* lives with her stepfather. She left her daughter with her aunt in the village. She works every month and sends money to her aunt to support her daughter. *Sone, Peng and Aoi don't* support their children, but they support their children and families.

These three single mothers have time to work and earn money. They do not have to take care of their children. They live independently, and have more time with their boyfriends. They also have more time to go out with friends to chat, dance, and drink. Some of them look for a new partner. They have more opportunity to meet men to chat and have sexual relations. They have freedom about sex because they live alone and no one witnesses their sexual relations. It is easy for them to bring their boyfriend to live with them. *Peng* needed more money to support her children and so she engaged in sex work. She has one child without marriage. *Sone and Peng* got pregnant with their boyfriend

Peng "I left my daughter with my sister and mother in the village. My daughter call my sister is mother. I often send money to support my daughter. Amount money I send is depended on my income. I worked at restaurant and sell sex sometime".

Aoi "I left my daughter with my aunt in the village. I am responsible to send money to my aunt every month. I often went to visit my daughter in the village. I worked with one NGO's organization to earn money and support my daughter".

Single mothers living with their children

Don, Kai and Chan lives with their children in their own houses they get some support from their children's father, but not much. *Chan* has money from her husband to support her children every month. *Kai* has some financial support for her children. *Don* has a daughter and a son, from different fathers. Her first child's father doesn't support her daughter. The second child's father provides some financial support for her son.

These three single mothers have a more difficult life than *Sone, Peng and Aoi*. *Don* does office work and *Kai and Chan* do selling. They work full time to take care of their children. They live alone and earn money to support their children, but they also support their parents, sisters, and brothers. They have less time to go out with friends to chat and drink. Sometimes they need male companionship but have little opportunity to meet and chat with men. They get stress with their children because they take responsibility for all family members. They work very hard and have a lot of responsibilities. Some single mothers have experienced violence from their ex-husbands.

Kai "I get up early in the morning to get my children ready to school. I bring and pick up them from school. I work long hours on my business, and I take care of my children every day. Sometimes I work until midnight. I get stress a lot from my work. I have less time to go out with my friends".

Single mothers living with their families

Dang, Pai, Koi and Nong live with their parents. They do not have financial support from the fathers of their children. They have support from their family members. They have more time to go out to work, because the family helps them to look after their children. They earn money to support their children and families.

They sometimes go out with their friends to talk and drink alcohol. Some single mothers have the opportunity to meet men to talk and enjoy themselves. Some single mothers find new relationships. *Koi and Nong* enter to commercial sex work because they are poor and need money to support their children.

Single mothers living with their families don't feel comfortable to take their boyfriends home for sex. They worry their family members would say that they are not good women. Some women are sex workers have sex with their clients and boyfriends outside their houses.

Koi "I have more times to work outside. I left my daughters with my mother. She looked after my daughters for me when I went out for work. I worked at night and earn money to support my kids. I could have a good job and high salary. I do sell sex to support my children and my family. I have time to go out with my friends for chat and drink as well".

4.1.1.1 Marriage System: Registration

According to Lao Family Law (Ministry of justice, 2002), Family Registration Law: Family registration shall be conducted at the District Office of Family Registration. After [a person] has received a certificate of family registration, [that person] must notify their village chief. Resident aliens, foreign persons and stateless persons in the Lao People's Democratic Republic must adhere to this Law.

Registration of marriages shall be done at the Family Registration bureau where the couple resides or of either party or at the residence of the parents of the couple or of either party. Couples seeking to marry one another must make a written application and file that with Family Registration officials (Ministry of justice, 2002).

Wedding Ceremony: a traditional wedding ceremony may or may not be conducted, simultaneously or after the marriage registration, but [if conducted] must not have any legal impact. The matrimonial relationship shall arise from the day the marriage is registered (family law, December 1990).

Two single mothers in my case study had registered marriage. They were legally marriage. One was married in Laos, and another was married in the USA. They also were married by acknowledgments by head of village and their family members as well.

4.1.1.2 Family Law: divorce and separated

According to decree of the president of the Lao People's Democratic Republic, December 1990, family law, consideration of divorce cases: When the married couple or one of the spouses submits a request for divorce, the people's court must try to reconcile them. In the event that reconciliation does not occur immediately, additional time for consideration not exceeding three months shall be given. If the married couple do not reconcile, the court shall grant the divorce if it appears that they cannot co-habit [or] care for and preserve the family. In its decision on divorce, the court must formulate measures to protect the interests of minor children and of a husband or wife unable to work to ensure his or her subsistence. After the pronouncement of divorce by the court, the court must send two copies of its decision to the family registrar officer for registration of the divorce, and give one copy to each spouse.

Registration of Divorces: registration of divorces is done at the Family Registration bureau where the husband and wife reside or where either of them resides according to a court decision. After a court has issued a divorce decree/decision, the court must make the effective decision in two copies and send one copy to the Family Registration official for registration of the divorce and then to issue a Divorce Certificate to the husband and wife, each receiving one copy. The man or woman/who divorced, before either can be registered as newly married must first have obtained a Divorce Registration Certificate (Ministry of justice, 2002).

Re-marriage: a divorced husband and wife wishing to re-marry must register a new marriage. Custody of Children: if a husband and wife do not agree on the custody of children after divorce, the court shall decide whether the father or mother should have custody taking into consideration the children's interests. A divorced couple must care for and educate their children. The court shall decide on the child support to be provided until [the children reach] maturity based on agreement between the husband and wife or based on the court's own decision in the event that agreement cannot be reached between the husband and wife (family law, 1990).

In fact after divorce and separation single mothers look after children alone. The father of the child doesn't help with support. The child's father left home and lives with another woman. Some single mothers' divorces were not registered, because their husbands don't agree on it. However, single mothers cannot ask the child's father about child support.

Non-Registration:

In the past Lao society didn't have the above marriage system. People were married by Basi ceremony. The Basi ceremonies were acknowledgments by the head of the village and their family members. Today most Lao people are register married. Their marriages are registered. Laos has family law. Even though Lao has family law, but in the practice some single mothers are non-register married. For example 5 single mothers in my case study were illegally married. They had not registered their marriages. They were married by Basi ceremony. Their weddings were agreed between male and female families. The male's families pay money for female families for marriage. They agreed if divorced male families pay for female families double the price of marriage. They were married by acknowledgments by head of village and their family members. In a practical way single mothers didn't get anything from male families after divorced. Men left home to live in other place or with other women. They didn't have responsibility for child care. Single mothers cannot argue against with them.

Ten single mothers were interviewed. Their detailed characteristics are presented in Table 1.

Table 1 : Characteristic of single mothers

Name	Age	Education	Marital history and numbers of year of separation	Occupation	Income (Estimation \$ USA)	Number of Children	Type of contraceptive use/Abortion/Miscarriage
Dang	35	High school	- legally married - 4 years separation	- Government officer	\$ 30	- One daughter 4 years old.	- Withdrawal
Koi	31	Primary school	- Not legally married - 8 years separation	- Sells sex - Sews	\$ 100	- Two daughters, 8 and 15 years old.	- Condom - Withdrawal - One miscarriage by working hard
Nong	27	Primary school	- Never married and over one year separation.	- Sells sex - Sells balloon games.	\$ 100	- Three daughters 4 year, 5 year, and 10 years old	- Condoms - Self abortion using medicine - Withdrawal
Pai	30	High school	- Not legally married - over 2 years separation	- Sells beer and food	\$ 200	- One daughter 7 year and son 11 year old.	- Pills
Aoi	24	Secondary school	- Not legally married - 2 years separation	- NGO officer - Administrative assistant.	\$ 80	- One daughter 8 years old. Live with aunt in the village.	- Condoms

Table 1 : Characteristic of single mothers (Continued)

Name	Age	Education	Marital history and numbers of year of separation	Occupation	Income (Estimation \$ USA)	Number of Children	Type of contraceptive use/Abortion/Miscarriage
Sone	27	Primary school	- Not legally married - 4 years separation	- Sells goods at the shop - Currently unemployed	\$ 50	- Two sons, 4 year and 7 year old.	- Injection
Peng	27	Primary school	- Never married - Over 9 years old separation.	- Sells sex - Sells goods at the shop. - Unemployed.	\$ 50	- One daughter 9 year old.	- Condoms
Chan	32	Primary school	- Not legally married - Over 4 years separation	- Sells food	\$ 200	- One daughter 9 year and son 10 year old.	- Pills
Don	34	College	- Never married - Over 6 years old separation.	- International company officer - NGO officer - Private company officer	\$ 1000	- One daughter 13 year and son 7 year old.	- Condoms - One abortion at hospital
Kai	33	High school	- Legally married - Over 2 years old separation.	- Sells goods - Beauty salon.	\$ 200	- One daughter 7 year and son 2 year old.	- Pills

4.1.2 Age and age at first marriage

The age of the informants ranged from 24 to 35 years old. The average age was 30 years. Some single mothers were married at a very young age. Their ages at first marriage range from when they were 16 to 25 years old. Some of them had children at a very young age. One single mother had her first child when she was 16 years old. She separated from her husband at very young age. She was not able to take responsibility for her children and family.

4.1.3 Education

Single mothers have difference education levels. One has college level, three have high school level, one has secondary school, and five have primary school level. Most single mothers have a low level of education. They come from poor families. Some single mothers dropped out from school at a young age. Their parents could not support them. Some single mothers dropped out from school to help their family by working to earn an income. Some of them dropped out from school for marriage.

4.1.4 Marital Context

Among my ten informants, two were legally married, six not legally married, but just live together but their relationships is acknowledged by the family and village authority. Two got pregnant without knowing fathers.

The legally or not legally married mothers have been separated from their husbands for between one to nine years. *Aoi*, *Dang*, *Don*, *Koi*, *Kai* have had sexual relations with their ex-husbands after they separated. These husbands visit them and the children often. At the beginning their ex-husbands gave some gifts to the children when they visited. Later on their husbands have other women, and don't visit their children often. *Dang's* husband often takes the daughter to the children's park. He takes the daughter to stay overnight with him sometimes. *Don* has had two husbands and children from different fathers. *Don's* current husband takes care of her son. Her son lives with him. Her ex-husband doesn't support the daughter he had with her. *Koi* has two daughters with different fathers. *Koi's* current husband often takes the

daughter to visit him. He gave some money to her. He is re-married. Her ex-husband doesn't support her first daughter. *Kai's* husband visited the children sometimes. He pays the daughter's school fees.

Peng, Pai, Nong and Sone have had relationships with their husbands after they separated. After they separated their husband didn't support their children. Some single mothers don't know where their ex-husbands live.

4.1.5 Economic environment

4.1.5.1 Occupation

Single mothers have a variety of jobs. These include selling goods, working in a beauty salon, selling balloon games, sewing, office work and selling sex. Some single mothers do not currently have a job. *Kai* sells soft drinks, candies and other items. She also works in a beauty salon. Her shop is at her home. *Chan* sells noodle salad at home. *Pai* sells beer and baked meals at home. *Dang* works for the government. *Aoi* works for an NGO organization. *Don* does business with her cousins. *Koi* sews at home and sells sex. *Nong* sells balloon and sells sex. *Sone* before she was pregnant worked in a shop and after that did not have a job. *Peng* before she was pregnant worked in a shop and sold sex, but after that did not have a job.

Nong "My job is selling. I sell entertainment balloon games in the Lao festivals, temples, and special markets. I earn money by myself if I could not earn money much from my job and I sell sex. I could not earn money during raining season. That time my income is low and do extra job is sell sex. I would sell sex when I can not to earn money from my selling. I need money to buy food and candies for my daughter every day".

Koi "I don't like to work on professional job. For example I have experiences on sewing. I could work in the factories, but I would not do, because it is low salary and work hard. I could not wait my salary until the end of month. I sell sex and drink to earn money and I got money nearly every days. I have money to give my kids go to school every day. At noon time I help my mother sewing at home".

4.1.5.2 Income

Single mothers do not earn enough income from their work for their family. Their lowest income level is about US \$ 30 per month, better incomes range from US\$ 100 to US\$ 200 per month. *Don* has an income higher than the other about US\$ 1000. They have low income because they cannot find a good job. They cannot find good jobs because they have low levels of education. Single mothers have income from their own. They don't get support from the child's father. They earn money but not enough to support their children and family. Their income and expenditure are not equal. Their income is less than expenditure. Some single mothers get stress because of their expenditure. They find income in as many ways as they can. Some single mothers earn by selling sex.

Chan "I separated from my husband and started to sell things. I think I should earn money by myself. My husband doesn't support me anymore. I am actively for earn money, because I support my children and my parent. Before my husband earned money to support children and me and support my parent as well. Now I don't have him. I have less time to go out with friends. I think it is ok not to go out often, because I don't want to waste my money. I need to spend it on my family".

4.1.5.3 Earning a living alone

Single mothers can earn money, but they spend a lot for their children and families. They earn money from professional job, trades, and selling sex. Some single mothers occasionally sell sex. They have low incomes, are poor, and have a low level of education. It is hard for them to find a good job with a high salary. They take an easy job and get extra money by selling sex. Single mothers earn more money from selling sex than any other job. Selling sex is a low status job and has stigma for women in Lao society. People look down on this job, especially on single mothers who sell sex. Single mothers know selling sex is not a good job, but they don't have a choice, because they need money to support their children.

Kai "I have a shop and beauty salon. I can earn money from my business, but I spend too much for my living cost includes my children. I am difficult to as the same time I taking care of my son and selling goods in my shop. My son is only two years old. During I am working. My son

often runs to the road. I often take him come to the house. My house and shop near the road is good for trade. My son doesn't want to go to school garden. Sometime I miss my customers because I breast feed my son and could not take care of my customers".

Peng "I earn money from my sell sex. I sell sex occasionally. I sell it when I don't have money, because I could not find the job. I stop sell sex when I have a job and money. I am living in the city and earn money alone to support my daughter and family at village".

4.1.5.4 Double responsibility

Single mothers have a double responsibility. They are taking care of their children, themselves and their family. They have too many responsibilities including time; work; earning money and decision-making. They want to be a good mother to support their children. Single mothers live without children and do not get any support from the child's fathers and family members. They are work and send money to support their children and their families in the provinces. Single mothers who live with children work and do business. Those women work harder than other single mothers. They have full time to take responsibility to take care of their children at home and have less time for relaxation. Single mothers who live with their family are not supported by the child's father, but they get help from family members. They have financial responsibilities for their families, children and themselves.

Peng "I leave my daughter with my sister and mother in the village. I am response to send money to support my daughter often. Amount money I send is depending on my income".

Koi "I have finance responsibility to my family and children. I work for two jobs to support them. I also have responsibility of my school children free and health treatment".

4.1.6 Reproductive Health Status

4.1.6.1 Numbers of children

Single mothers in my study have one or more than one child. Of the ten single mothers in my case study, two have one child, six have two children, and

one has three children. *Dang* has one daughter. Her daughter attends the kindergarten. Her husband sometimes takes her to school daughter. *Aoi* has one daughter. Her daughter doesn't attend school, because she left her daughter with her aunt in the village. She is young, and it is not of school age yet. Her father doesn't support or visit her. *Sone* has two sons. Her sons live with her mother in her village. They attend school in the village. Their father doesn't support or visit them. *Koi* has two daughters. The father doesn't support the school fee or visit them. *Nong* has three daughters. One of her daughters is supported by *Nong's* mother and two daughters are supported by *Nong* herself. They don't attended school. The child's father doesn't support them or visit them. *Peng* has one daughter. Her daughter attends school in the village. She doesn't get support from her father, and her father never visits her. *Don* has two children. Her daughter attends school but isn't supported by her father. Her son attends school but isn't supported by his father. *Pai* has two children, one daughter, and a son. They attend school but are not supported by their father. *Chan* has two children. They are supported by their father. Their father visits them sometimes. *Kai* has two children. Her daughter attends school. She is supported by her father. In my cases studies at the beginning of the separation the children's father often visit their children. After the children's fathers re-marry or they have new partners they reduced the time to visit their children. They are busy with their new wife and children.

Single mothers separated from their husbands don't think about having any more children. They don't have financial support for their children. Some single mother's boyfriends need to have babies with them. They refuse because they don't want to have babies. They have abortions and use contraceptives to prevent having children.

4.1.6.2 Abortion

Of the ten single mothers some have had abortions. *Don* had an abortion in a private clinic because her baby still small less one year. *Koi* had miscarriage by working hard. She does construction work. *Nong* did the abortion at home by herself.

Nong “I took Chinese medicine for my abortion. I did it at home with my boyfriend. I nearly die because I got pregnant for 4 month. I did abortion because I don’t want a baby. I am poor and have three children already”.

In Laos abortion is illegal. It is difficult for single mothers to have an abortion in a hospital. They are not married women. They are afraid society will look at them negatively. They know abortion is dangerous for their health. They do it because they are poor and do not have money to pay for a doctor. The other reason is they don’t want the responsibility of a child. Normally in Laos women do abortions with Chinese medicine. Chinese medicine is sold in Laos. They can buy from the pharmacy. The cost is not high if compared to having an abortion in a clinic.

4.1.6.3 Contraception

Single mothers use pills, condoms, and withdrawal for contraception. *Chan* uses pills for contraception. *Pai* uses pills for contraception, and *Sone* injections and condoms. *Dang* uses condoms and withdrawal for contraception. *Don* use condoms for contraception. *Peng* use condoms for contraception. *Koi* use condoms and withdrawal, *Aoi* use condoms for contraception. *Nong* use condoms and withdrawal. *Kai* use pills for contraception.

Chan “I used the pills for contraceptive. I don’t want to get pregnant with my boyfriend”.

Sone “I inject for contraceptive. I go to see a doctor every 6 months for contraceptive”.

Single mothers shared information and experiences using contraception. Most single mothers use contraceptives to prevent pregnancy. They don’t frequently think about HIV/AIDS and STIs prevention. They buy the contraceptive pills at the pharmacy. The cost of the pills is affordable for them. There have many kinds of pills and many levels of quality.

4.2 Gender discourses of single mothers in the Lao PDR

4.2.1 Stigma and discrimination

Currently single mothers have less stigma and discrimination from the society than in the past, because the Lao government has improved social policies. Laos has changed its socio-economic character. The country has an important organization called the Lao Women's Union, which represents the interests of all women in the Lao PDR. Women and men have equal rights such as education, health, work, making decisions and so on, but they don't talk about equality in terms of sexuality. Women work and support their family, but in practice are still dominated by men. Men have power over women especially in matters concerning sexuality. Women cannot talk about whether a man is good or bad, but men talk about women. Women have difficulty to express their sexuality. Single mothers get a negative reaction from society. The policy on gender in Lao cannot easily change the values and behavior of people.

Gender discourse is the social discourse related with of single mother's life produced and reproduced in Lao society by social institutions religion, family, schools village, media, state, madras etc. It is everything that single mothers significant others (boyfriends, parents, and officials) say about them. Gender discourse can include certain aspects including gender identities, gender roles, and gender relations and their sexuality. A woman should be a mother, wife, and a good citizen. This shapes women's gender identity and gender role in Laos.

4.2.2 Mae Hang

Lao people call divorced and separated women *Mae Hang*. *Mae* means mother. *Hang* means being abandoned by her husband, or stay alone without husband.

She may or may not have children. She does not live with her husband. She is divorced or separated and this is acknowledged by her family and society. She might have received or not have received divorce papers. She can be seen by society as a vulnerable woman and worthless. Her image in society is being an incomplete woman and having multiple sexual partners.

4.2.3 Mae Luk Tid

Lao people call unmarried women with children *Mae Luk Tid*. *Mae* is mother. *Luk Tid* means to have children without marrying. She lives alone without the child's father. She has one or more than one child. She may live with her boyfriend but this is not recognized legally or socially. She is viewed by society as bad. Her image is deviant, promiscuous and a bad woman. She has less value than Mae Hang, because she has a child but no husband.

Bea (team research assistant, Lao Youth action for AIDS Program, LYAP) "People in Lao society call single mothers who divorced 'Mae Hang' and single mothers who did not married 'Mae Luk Tid'. 'Mae Luk Tid' has less value than 'Mae Hang because they were not married and have children".

4.2.4 Mae Ying Bor Dee: she is not a good woman

Traditional Lao culture views men and women differently. Men work outside to support the family. They can go out to have fun with friends. They can have many sexual partners. Women stay at home to take care of the family. They don't go out to chat with friends. They have only one sexual partner. They only have sex within marriage.

For Lao society idea "Good women stay home and take care of the family, talk politely, respect and listen to parents, older people, and others. They don't go out to drink and chat with men. They marry and have sex inside marriage only. They don't have sex before marriage. They are not divorced".

For Lao society idea "Bad women are women who have the opposite characteristics of good women. They do not stay home and take care of the family, they talk impolitely, do not respect and listen to parents, older people, and others. They do go out to drink and chat with men. They have sex outside marriage. Bad women and girls have sex before marriage. They are divorced women, single mothers and they sell sex".

Nong: my father told other “My daughter Nong has children by different father. Men have sex with her and left children with her. She often went out at night time. She didn’t listen to me.

“*Mea Ying Bor dee*” is a bad woman. She is sexually active and not afraid of men”.

Nong: my boyfriend told me that “*Mueng Pen kali mean* you are a prostitute if I didn’t love you and nobody would love you. Who would love you, because *Mueng Pane Maeying Bor Dee* mean you are not a good woman”.

Nong “I have sex with one man in the guesthouse. I stay overnight with him. The morning he pay me, and say to me that I am not good girl, because I selling sex. He left me at guesthouse alone”.

4.2.5 Mae Ying Chai Ngai: she needs to have sex

“*Mae Ying Chai Ngai*” means a separated woman who is easy to have sex with. She readily trusts men. She is full of sexual desires and needs sex all the time. She engages in casual sex more often than other women. She doesn’t care about her body because she is single and not a virgin. Men want to have sex with her for pleasure.

Mr. Sithon Soundala NGO’s staff in Norwegian Church AIDS (NCA) “Lao society thinks single mothers are easy women. She has sexual desire and needs to have sex with a man. Men would like to enjoy with them and have sex. But men need to have sex with them for pleasure. Men call single mother an easy woman *Mae Ying Chai Ngai*. They didn’t care about their body, because they have had children and have had sex before”.

Mr Pex (single mother’s sexual partners) “I loved single mothers, because they give me money. They take good care of me. I have sex with single mothers for my sexual out let. *Lao Thongkhan Mee Sex* means she needs to have sex. They are easy to have sex with”.

4.3 Sexuality discourse of single mothers

Sexuality is a broad concept, and varies across culture and regions of the world. Deference societies have difference perceptions to understand about sexuality. Tarshi (2001), defines sexuality as “part of human life. All human beings are sexual and have developed their sexuality from a variety of influences, including social, cultural, biological, economic, and educational factors. Sexuality shapes people’s identity and relationships and is linked with gender power relations, health, economic, livelihood, and social development”. Sexuality includes sexual meanings, sexual partnerships, sexual practices and sexual desire and pleasure. I will describe sexuality of single mothers according to these four dimensions as follows below.

4.3.1 Sexual meanings

4.3.1.1 Love and care

Single mothers love their partners. They respect their sexual partners. They trust their boyfriends. They have sexual relations with their boyfriends. Single mother are good at taking care of their partners such as cooking, washing clothes and taking care of them when they get sick.

Even in the context of sexual relations, single mothers follow their boyfriends. They do like that, because they think it is difficult for them to have a boyfriend. They don’t want people looking down on them, because they don’t have partners. They don’t want to lose their boyfriend. They think their status is lower than married women.

Chan “I love my boyfriend. I do everything to make him happy when I have sex with him”.

Nong “I love my boyfriend and have sex with him. I don’t want him go out and have sex with other women. I cook and wash clothes for him”.

Done “I have son with my boyfriend and I love him. He and I share idea with each other. We look after each other when got sick. I respect him like husband”.

4.3.1.2 Loneliness

Single mothers are lonely, and they need partners. They have been separated from their husband for a long time. Single mothers are responsible for the family alone and get stress. They don't want to stay at home alone, because they can't forget their past. They like to go to entertainment, look for boyfriends and drink with friends and men. Those things reduce their loneliness and stress. Some single mothers have sex with their ex-husband because they are lonely. They have sex with ex-husbands when their husband visited their children at home.

Pai "I am taking care of my children alone. I was lonely. I need to have boyfriend to share idea and problems. I met my boyfriend in my village. He is often visiting me at my beer shop. I love him because he good talking with me".

Nong "I have sex with my temporally boyfriend because I was lonely. I have sex with him for pleasure".

4.3.1.3 Need material and financial support

Single mothers support their children and families alone. They need funds to support their children and families. *Dang, Chan and Pai* has sex with their boyfriends, because they need money to support themselves, their children and their families. *Nong, Koi and Peng* has sex with clients to support their children. They have sexual desire with their boyfriend. They feel good when they have sex with their boyfriends. They don't have sexual desire with their clients, but they pretend that they need to have sex with their clients.

Pai "I have sex with my foreigner boyfriend because he supports me with money. I have good feeling with him".

Dang "I have sex with my foreign boyfriend, because he support me money every money. Sometimes I don't have sexual desire with him".

Dang "I am still young and separated from my husband over 4 years. I have sex with my Lao boyfriend because I have sexual desire and love him, but I have sex with my foreigner boyfriend because I need money from him to support my child".

Koi "I have sex with my clients for money only. I did not love them. I would not stay with them along. I have sex with them when I really need money to support my children".

Women sometimes have difference way of sexual relationship. They have different ways to earn money. Some single mothers have sexual relations with their boyfriend for more than one year. They boyfriends give them money every month. They also get gifts from their boyfriends. Some single mothers have sex with their clients for money. They have sex with them to support their children. They have short term sexual relations with them. They don't have sexual desire with their clients.

4.3.2 Sexual partnerships

Single mothers have multiple sexual partners. Their partners include boyfriends, temporally boyfriends, ex-husbands and clients. Their boyfriends and clients include Lao and foreign men.

Peng, Don, Koi and Pai has sexual relations with three boyfriends. *Aoi, Sone and Dang* has sexual relations with two boyfriends. *Chan* has sexual relations with one boyfriend. Their boyfriends are about 20, over 30 and 50 years old. They are students, police cadet, police officers, an artist, company officers, construction workers, and employers. They met their boyfriends in night clubs, friend houses, beer shops, parties and their offices. They sexual relations with their boyfriends about 5 months, 8 months, one year and over one year. They have sex with their boyfriends in Guesthouses, their boyfriend's house and their own house.

Peng, Nong, Koi has had sexual relationship with over about 50 clients since they have been sexuality active. Their clients are about 20 to 50 years old. They are officers, un-employed, construction officers, government staff, businessman and other. They met their clients in the night club, and guesthouses. They have short term sexual relations with them. They have sex with them one night, half day and one hour.

Koi, Aoi and Kai has sexual relations with their ex-husbands. They have had sex with their ex-husband from the beginning of the separation. They have sex with their ex-husband when their husbands visit their home.

4.3.2.1 Steady sexual relation

Single mothers are looking for love and long-term relationships. They want boyfriends to share ideas and problems. Their boyfriends are constructions workers, officers and students. Their boyfriends' ages are over 20 to 50 years old.

Their boyfriends take good care of them. Some of their boyfriends cannot stay with them for long. They stay with them for about 5 months to over one year. They met and know their boyfriends at parties, beer shops and from friend houses. Most of the single mothers' boyfriends left them because they don't want to be responsible for the children. They stay with them for sexual desire and pleasure. Single mothers have a difficulty to keep long term sexual partners. Most men prefer to have single women to love and marry. Men have more choices to select woman in Lao.

Don "My boyfriend was officer. I love him about eight months. I knew him in my office. I have sex with him often and have feeling good. He was romantic man, and has good sex. I was sad because he left me".

Nong "My boyfriend lives with me only 5 months. I love him and have good taken care of him but he could not stay with me. He was bad tempered. Sometimes he hit me".

Peng "I have sexual relationship with my boyfriend not long. He has known I got pregnancy, and he left me".

4.3.2.2 Causal Sexual relation

Some single mothers have sex with their ex-husbands. They have sex when their ex-husband who visits them. They are lonely and their husband encourages them to have sex. In one case a single mother was raped by her ex-husband when he visited her. Some single mothers have sex with their temporary boyfriends.

Kai "My ex-husband visited me and my children. He raped me because he was angry with me after separated each other".

Aoi "My ex-husband visited me and my daughter. He has sex with me because I was lonely, and long times don't see each other".

Nong "I have sex with my boyfriend. I met in the night club. I have temporary sex with him when I and him sexual desire".

4.3.2.3 One night stand: Transactional

Single mothers support their children and family. They engage in selling sex. They have difficulty to getting clients, because they are not single women who sell sex. They have short time for sexual relationship with their clients. They have sex with their clients such as one night, half day and by the hour.

Nong “I have sex with my clients only one night. After I finish have sex with them, and I do not think about them anymore. I meet them in the night club and take them to guesthouses”.

Koi “I have sex with clients not all night. After finish have one sex, and I go back to my house. I miss my daughters”.

Nong “I have sex with a Chinese man. He doesn’t want to pay me, because he cannot negotiate with me about over night. I don’t want to stay with him for all night. I need to stay with him for only an hour”.

4.3.3 Sexual desires and pleasures

Almost all single mothers have sexual desire. They have sexual desire when they are with their boyfriends and ex-husbands. They have sexual desire because of their physical need, and feeling of love and desire for intimacy as well as loneliness. Some single mothers have sexual desire when they drink alcohol with their partners. They also have sexual pleasure and enjoyment when they have sex with their clients.

Don “I have sexual desire with my boyfriend. I have feeling good when I have sex with him”.

Aoi “I have sexual desire with my ex-husband when he visited me and my daughter because I was lonely”.

Koi “I have sexual desire with my clients when I have drunk beer with them because I miss my boyfriend”.

Nong “I have sexual desire sometime with my clients because they were good talking with me”.

Peng “I have sexual please with my clients. I stimulate them to have sex with me.

Koi “Sometimes I have sex for pleasures with my clients. They are my regular clients”.

Don “I have sex with my boyfriend, and I have orgasm every time. He is good in for play. And I was sexuality stimulated by him every time when I have sex with him”.

4.3.4 Sexual practices

Single mothers told me that they have sex by vaginal intercourse with their boyfriends, clients, temporary boyfriend, and ex-husband. They do not have oral and anal sex or other positions. In reality single mother have various style of sex with their

boyfriends and clients. They might have oral, anal sex, and different positions. They cannot express their feelings, and tell all those activities. Some single mothers use amphetamines (Ya Ba) with their clients and their boyfriends for increasing their sexual arousal. One used amphetamines in her friend's house. The cost of amphetamines is high. She buys amphetamines from her friend. She uses amphetamines occasionally. They use amphetamines when they have sex with their clients and their boyfriends. They use amphetamines at home when they have sex with their boyfriends, and they use amphetamines at the guesthouses and hotels when they have sex with their clients.

Koi "I use Ya Ba for stimulate sex. I have long hours to work at night for service clients".

Nong "I use Ya Ba for sexual arousal. I use Ya Ba at home when I have sex with my boyfriend

4.3.5 Vulnerability structural constitution to HIV/AIDS/STIs

4.3.5.1 Having multiple partners

Single mothers have multiple partners. Their partners include boyfriends, clients, temporary boyfriends and ex-husbands. Single mothers have more than one sexual partner. Some of them have two or three boyfriends and more than 50 sexual clients in their life time. The partners include employees and unemployed. They also have Lao and foreigner partners. Their partners are officers, students, construction workers and others.

4.3.5.2 Coerced and unwanted sex

In my case studies some single mothers experience sexual violence from their ex-husband or unwanted sex with their boyfriends and clients. For example, *Kai* was raped by her ex-husband when he visited her children at home. Her ex-husband forced her to have sex. She wasn't happy to have sex with him, but she has hardly refused him. She thinks he is her ex-husband, and he still has relations with his children.

Aoi and Koi have sex with their ex-husbands when their ex-husbands visit their children at home. *Aoi and Koi* don't want to have sex with their ex-husbands, but they hardly to refuse them. Their husband often comes to visit their

children. Normally single mothers have sex with their ex-husband shortly after separation.

Dang sometimes doesn't want to have sex with her foreign boyfriend when he needs it, but she must have sex with him because he gave financial supports to her.

4.3.5.3 Taking drug

Some single mothers take Ya Ba to stimulate sex. They believe that using amphetamines will increase their sexual activity when they have sex with their clients and boyfriends. Amphetamine helps them to have sex longer. Single mothers use amphetamines when they have sex with their clients and boyfriends. Single mothers use Ya Ba, and they have difficulty to control themselves. They could not protect themselves to have safe sex. They might risk to HIV/AIDS. In the research don't tell discourse of children about single mothers have multiple sexual partners.

4.3.5.4 Unsafe sex

Some single mothers decide not to use condoms with their clients. They don't use condom with a client who is good looking and clean. Single mothers' belief those men have high education and know about HIV/AIDS transmission. Those men might not have HIV/AIDS and STIs. Those men take good care of them and have many funny stories. Single mothers don't use condoms with their clients who look dirty because they need money from those people to support their children. They also have difficulty to tell those men use condoms with them.

Single mothers also have sex with their boyfriends without protection against HIV/AIDS because they have long time sexual relations with their boyfriend. They also love and trust their boyfriend.

Nong "I have sex with my one client. He doesn't want to use condom with me. I negotiated with him. Finally, he use condom, but he cut the top of the condom without telling me".

Nong "I don't use condom with her clients who good looking and taking. She agreed with him when he doesn't want to use condom too".

Koi “I don’t use condom with my boyfriend because I trust him. I think he is my boyfriend, so I no need to use condom with him”.

4.3.5.5 Low sexual negotiation power for condom use

Single mothers have low power to negotiate with their partners to use condoms. They also have less opportunity to attend AIDS workshops or seminars to learn how to negotiate with their sexual partners. Their sexual partners have more power to make decision about sexual desire. Single mothers have low power negotiate to use condoms with their clients. They also have difficulties to tell their clients to use condoms, because the latter pay them money. Some clients don’t want to use condoms because they believe that they don’t have HIV/AIDS. They also belief condoms will reduce their feeling when they have sex. Single mothers often don’t use condoms with their clients. *Peng and Nong* often don’t use condoms with their clients because their clients don’t want to use them. They follow what their clients want for sex because they are single mothers who sell sex, and it is difficult to find clients.

They cannot use condoms with their boyfriends, because they respect their relationship like husband and wife. They are honest with their boyfriends and have sex only with them. Their boyfriends don’t want to use condoms, because they think condoms will reduce their feelings when they have sex. Single mothers rarely use condom with their boyfriends almost their sexual life time. Single mothers have their own sexual autonomy, but paradoxically, they don’t have equal power to negotiate with their partners for safe sex.

4.3.5.6 The loss of human security and social status in society

Single mothers do sex work. They have sex with their clients. They are at risk of getting HIV/AIDS and STIs. They are sex workers and low status. They have low power to negotiate with clients and boyfriends. They are stigmatized by society and men. Lao have security at work in general job. Sex work in Lao is illegal job. Bar owner do not response for sex worker after work. Single mothers don’t sell sex regularly. They are not staff in the bar or night club. Single mothers use bar or night club too seek clients. They drink beer with clients for money and sell sex.

Sometimes after work they go home alone. They feel not safe the way back home because they are afraid of gangster rape them or steal their money. Some single mothers are unfair to pay for sex from their clients. They don't get any help from guesthouse owners.

Koi "One night I finished my drink with clients. I walk home alone. The street is quiet. I was so afraid some man will rape me on the street".

Nong "I have sex with Chinese man. He didn't pay me in the price agreement. He wants to hit me but guesthouse owner doesn't help me".

4.4 How social context, gender discourses on single mothers and sexuality contribute to vulnerability of HIV/AIDS/STIs in the Lao PDR

4.4.1 Social Context vulnerability to HIV/AIDS

Social context includes working environment, economic factors, family environment, and the lifestyle of single mothers. The impact of social context makes single mothers vulnerable to HIV/AIDS.

4.4.1.1 Working environment

Most single mothers work outside their home. They work in small shops, bars, restaurants, and offices. Some of them do work at home. Single mothers live without their children, so they work full time to take care of their children and natal families. Single mothers who work outside have more opportunity to meet their friends and partners. *Aoi*, *Sone* and *Peng* have more time to go out to work because they are living without children. *Peng* works in a small shop. She was approached to have sex by the shop owner. Koi works in the bar recommended by her friend and finally decided to sell her body for sex.

Peng "I work in the small shop in the city. The shop owner is Chinese. He is kind to me, and he provides me room to sleep and food to eat. He knows I am single mother, and I need work to support my daughter. I work in his shop for 5 months. During that time, I don't feel comfortable to live

with him because he asks me often to have sex with him. He wants to have sex with me secretly. I can't accept his idea because I respect him and his wife like my family. I try to go out with my friends to chat, and finally I meet my boyfriend. I have sex with him and I got pregnant with him. After he knew I got pregnant with my boyfriend, and he stop employ me".

4.4.1.2 Economic factors

Most single mothers in my case studies. They come from poor families. Their families are large. Their parents can't support them much because their parents have low income, and they are also responsible for other family members. In the opposite way, single mothers have to support both their children and their natal families. Single mothers themselves have low income and are poor. They earn money but not enough to support their children. They don't get support from their children's fathers. Single mothers have difference education levels. Most of them have low levels of education. They cannot earn much from their jobs. Some single mothers dropped out from school to help their family by working to earn income. Most single mothers are sellers, and sell goods in small shops. Some of them sell sex to support their children and natal families.

Peng "I work in the restaurant but my income is low. I need more money to support my daughter, so I sell sex. I earn money from sell sex more than other job I do".

4.4.1.3 Family environment

Single mothers living without children are different from single mothers living with their families because they have more freedom. They aren't controlled by their families. They can go out with their boyfriends, and it is more conversation for them to have sex with their boyfriends. Sometime they have sex with their boyfriends at home. Their boyfriends can come and easily in their house. Some of them rent a guesthouse to have sex with their boyfriends.

Single mothers living with children have less time go out with friends and boyfriends. They have sex with their boyfriend but outside of their house. They have sex with their boyfriend in the guesthouses. They have sex with their boyfriend is not regularly.

Single mothers living with family have time go to go to work outside, because their family helps them to look after the children. They have the chance to go out with friends and boyfriends, but are controlled by their families. They have gone out to have sex with their boyfriends but it is not easily. They have sex with their boyfriends in the guesthouses.

Dang “I live with my family, so I have difficulty to have sex with my boyfriend in my house. I have secret sex with my boyfriends in the guesthouses. My family doesn’t know I have sexual relationship with my boyfriends”.

Peng “I live alone and without my child. I can live with my boyfriend in his house, and have sex with him easy. I don’t worry my family complain to me because they live far away from me”.

4.4.1.4 Lifestyle of single mothers

Single mothers have their own lifestyle. They copy from Lao fashion and models from Thailand and others country. They make up, and they wear modern clothes. They go out to chat with their friends. They drink beer and dance with their clients and boyfriends and engage in sexual relation. They free sex with their clients and boyfriends unsafe sex.

4.5 Gender discourse vulnerability to HIV/AIDS

Gender discourse vulnerability to HIV/AIDS includes motherhood responsibilities, looking for long term relationship, fulfilling sexual desire, and agency.

Single mothers support their children and families. They are keys person in families to earn money. They need their children live in good condition. They earn money in the difference way include sell sex to support their children. Single mothers response children and families. They are not virgin. They have difficult to look for men to live with them for a long term. They change many partners because men left them. They have multiple sexual partners. Single mothers have sexual desire as the same as general women. They need sexual partners. They have their own agency. They know themselves they are single mothers. They don’t have husband but they

have sex with men who they love and trust. They respect their lover like husband. They have unsafe sex with their lover.

Peng “My boyfriend doesn’t want to use condoms with me because I am his girlfriend. He might use condom with other women. I also don’t want to use condom with my boyfriend because I love him”.

The single mothers are one group of Lao women. They work and support their children and natal families. However many people in the society discriminate against single mothers in Lao society, but it still exists. Single mothers face stigma and discrimination from society. They blame themselves as not good women. They think they are not good women, so they can do what they want, for example going out with friends and boyfriends at night to dance and drink. They have sex with many men. They don’t care what people say about them. They think they cannot find a good man, and no man wants to love them.

Dang “I am a single mother. I have sexual relationship with my two boyfriends the same time. People in my village might gossip me, but I am be careful when I go with my boyfriend for sex. I have sex with my boyfriends in the guesthouses, but these places far way my village”

Peng “I am single mother, sell sex, and got pregnant with my boyfriend. My friends, family and relative don’t accept me. I can’t get help from them. Even I got pregnant I still sell sex until pregnant big enough. I stop sell sex because I protect my baby in my womb”

4.6 Sexuality and vulnerability to HIV/AIDS

Single mothers have sexual practice with their boyfriends, ex-husbands and clients. Most of them have vaginal sex. Possibly they have oral and anal sex but they are shy to tell the truth. They won’t tell the position of sex practice either.

4.6.1 Sexual meaning: as sexual discourse, love, trust and duty

Single mothers have sex with their boyfriends for love. They also trust that their boyfriend don’t have other women. They respect their boyfriends like a husband and have sex with them often. Single mothers also think they have difficulty to have a

long term relationship with a boyfriend and to marry them. They take good care of their boyfriends because they don't want to lose them. Single mother have sexual desire with their boyfriends. They have good feelings when they have sex with their boyfriends. They don't use condoms with their boyfriend because they love and trust them. They also think sex with their boyfriend is their duty.

Peng "I love my boyfriend because I have a daughter with him. I respect him like husband, and I share all my problems with him. He and I rent a house and live together. I never use condom when I have sex with my boyfriend because I think boyfriend and girlfriend no need to use condom. I also trust that he don't have sex with other women".

Dang "I love my boyfriend the beginning I use condom with him when have sex, but later I don't use condom with him because I have sexual relationship with him a long time. I trust him don't have sex with other women because I never seen he go out with other women. I think he is a good man, and he has no risk to HIV/AIDS. My boyfriend is a student he has knowledge about HIV/AIDS and STIs. I don't worry about him".

Nong "I love my boyfriend so much. I often have sex with him, but I never use condom with him. I think condom use only with clients, but not use condom with boyfriend. I also trust my boyfriend".

4.6.2 Economic purpose: use condom or not use condoms

Single mother have sex with clients for money. They need money from clients to support their children and families. Sometimes they negotiate to use condoms sometimes with their clients. They use condom with men who they think might have diseases. Sometime single mothers don't have good experiences about their clients. They must have sex with their clients, because they pay her money.

Peng "I use condoms with clients who might have HIV/AIDS. I quest from their characters, and they might be used amphetamine or drink alcohol too much"

Nong "I use condom with the clients who not clean. I observe the way they talk and clothes they wear. I think these men might have AIDS diseases"

4.6.3 Partnership power: don't want to use condoms

Sometimes single mothers want to use condom with clients but their clients don't use condoms. Single mothers have difficulty to tell the men to use condom, because they need money from them. Some single mothers have low sexual negotiation powers. Some single mothers don't have sexual desire with their boyfriends, but they must have sex with them when they need sex. Sometimes single mothers don't use condoms with their boyfriend when have sex with them because he doesn't want to use condoms.

Dang "Sometimes I want to use condom with my foreign boyfriend, but he doesn't want to use condom with me. He believes that he doesn't have HIV, and he has knowledge about HIV/AIDS. I must have sex with him because he supports me".

Peng "Sometimes my clients don't want to use condom with me because they believe that they don't have HIV/AIDS disease. They also don't want to use condom with me because they think condom might reduce their feeling when they have sex. I want to use condom with them because I worry about HIV/AIDS, but I don't know how to negotiation with them".

Nong "Sometimes my clients don't want to use condom with me because they believe I don't have HIV/AIDS disease. They observe my body by looking. They said if I have AIDS my skin is not nice. I am not agreed with them, but I have low negotiation skill and I also need money from them".

4.6.4 Violence:

Some single mothers experience sexual violence with their ex-husband. They don't want to have sex with their ex-husband, but they are forced to have sex with them.

Kai "I don't want to have sex with my ex-husband, but he forced me to have sex. He raped me".

In conclusion single mother have own sexual agency to establish her sexual relation to fulfill her sexual needs and desire as well as to find male partner to establish new family or partners relation. They have sex with boyfriends, clients and ex-boyfriends. Sometimes they don't use condoms with their partners because of love

and trust. Some of them have less power and low negotiation skills with their partners to use condoms and some single mother have forced sex by their ex-boyfriends. Due to economic needs some single mothers don't use condoms with unclean person. All of these issues make single mothers vulnerable to HIV/AIDS.

4.7 Sex work

Single mothers know that sell sex is not accepted by society. They are poor and need money to support their children and family, so they make decision to sell sex. They have sex without condom with their clients. They have many partners in their lifetimes refer case which make them vulnerable to unsafe sex. The context in sex work, women must have multiple sexual partners per night. They have a lot of sexual partners. Single mothers don't know much about STIs. They heard about STIs from friends and their partners. They know virginal desire and gonorrhea. They never got STIs from their partners.

Peng "I do sex work. My job is not accepted in Lao society, especially men don't respect me. People think my job is not good job and low class in Lao society. I do sex work because I need money to support my daughter".

Nong "I sell sex. People in my village think I have sexual desire. I was stigmatized in my community because they think I am not good woman. Men dominate me when have sex with them. Sometimes my clients don't want to pay me for sex. They said I am bad woman because I sell sex. I must to sell sex because I am poor and need money to support my children".

CHAPTER 5

CONCLUSION, DISCUSSIONS AND RECOMMENDATIONS

5.1 Conclusions

The population in Vientiane is 698,318 of which women are 349, 624. Two percent of the women are divorced or separated in Vientiane (National Census, March 2005). The numbers of single mothers and age is not shown in the statistic. Some single mothers have a child but were never married. The economy is growing fast. People like to move to Vientiane to seek jobs and to improve their life. Vientiane has many entertainment places such as bars, restaurants, hotels and karaoke bars. Vientiane also has many sightseeing places. Those things are encouraged tourists to come to visit Vientiane. Many single mothers move from rural areas to the city to work. They earn money from their jobs and send it home to support their children and families. Single mothers are poor. Some single mothers use entertainments to seek clients for sex work or partners to have sex with them. They have a poor understanding of HIV/AIDS and STIs. The number of people in 2006 infected with HIV/AIDS in Vientiane capital was high amounting to 551 HIV infected and 316 with AIDS. There were also 145 AIDS-related deaths. Single mothers in Vientiane are vulnerability to HIV/AIDS and STIs.

I apply postmodern feminist to my study. I use narrative interview, and the snowball technique. I selected 10 single mothers living in Vientiane. The age of my informant ranged from 24 to 35 years old. Single mothers have a variety of jobs. These include selling goods, working in a beauty salon, selling balloon games, sewing, office work and selling sex. Some these single mothers do not currently have a job.

The single mothers in my study are poor and have low incomes. They have too many responsibilities their children, themselves and their families. They are key

persons to earn money and support their children and family. They have a low level of education. They also have low knowledge about HIV/AIDS and STIs.

According to gender discourse on mothers, wives, and femininity, Lao women should be good mothers, wives, and citizens. Single mothers are stigmatized and discriminated against by Lao society. Single mothers are viewed by society as not complete women, having multiple partners, easy to have sex with, having sexual hunger and having sexual desire, and even as willing to sell sex. Single mothers sometimes have to move to live in another community to avoid people's gossip. Single mothers who are not married and sell sex are stigmatized more than single mothers who are separated and divorced. People in the community think the former are bad women. They are sexually active and promiscuous. They have children but the child has no father and sometimes they have children with different fathers. They don't respect Lao culture. Normally women never have children before marrying. They are rejected by society because they have multiple sex partners. Normally in Laos women do not have sex outside marriage. They take care of their children at home.

Single mothers have choice and agency. They can have sex with clients or boyfriends. They care for their children and family. They are earned money alone. They go out to work and earn money to support their children and family. Some single mothers like drinking and relaxing with their friends. They are independent. They engage in casual sex. They are free to express their sexuality. They earn money from drinking with clients and selling sex. They don't have much time to stay at home to take care of children and family. They are not virgins and it is easy for them to have sex with their boyfriends and partners. They think they are not feminine women. They can do what they want by their own choice. Some single mothers use condoms with their partners to protect against pregnancy and HIV/AIDS and STIs. Some single mothers use contraceptives for their health.

According to sexual discourse, single mothers are despised by men. Men think single mothers are easy to have sex with because they see them as hungry for

sex. They are not virgin women. They like to have sex with them for happiness, desire and to gain experience in sexual matters but they have short term sexual relations with them. Single mothers sell sex to earn money to support their children. They are stigmatized and discriminated against more than single mothers who do not sell sex. Talking about sex is taboo in Laos. Lao women have sex within marriage. They don't talk about sex. If women who talk about sex, people think they might be sexually active and they might have many sexual partners. In reality Lao single mothers have sex outside marriage. They have many sexual partners. They might have different styles of sex, but in my study single mothers find it difficult to talk about their lifestyle of sex.

According to single mothers, they have their own sexuality. They have sex for love, because they are lonely, for money and because of coercion. They have sex with their boyfriend because they love and care for him. They have sex with their partners because they get stress and loneliness. They have sex with clients because they need money from them. Some single mothers are forced to have sex by their ex-husbands. Single mothers are of reproductive age and have been separated from their husband for a long time. Single mothers have sexual desire. Some single mothers use amphetamines when having sex with their partners. They also use condoms and contraceptives sometimes. Some single mothers have abortions. Single mothers' sexual relations with a partner do not last for a long time. The man usually thinks of the women for only sexual pleasure but doesn't want the responsibility of the children.

Single mothers are vulnerable to HIV/AIDS and STIs. Single mothers can be seen as a vulnerable group in Lao society as few men in Lao society are willing to have a long term relationship with a woman who already has a child or to marry them. Single mothers feel the need for sexual fulfillment so they are likely to engage in short term affairs with men and they have little influence on whether a condom is used. Single mothers have low negotiating skills. They have difficulty to negotiate with their partners for safe sex. Their lower socioeconomic and sexual status leads them to be vulnerable to contracting HIV/AIDS and STIs. However, despite the restrictions and pressures that the dominant discourse places on them, the Lao single

mothers in my study retained some freedom to negotiate and some sense of their own agency.

5.2 Discussions

Interestingly, as cited in Killan (2002), the dominant discourse is “a system of statement practices, and institutional structures that share common values”. Therefore, the dominant discourse becomes the single truth in many aspects of life. In relationships between women and men, the dominant discourse of sexuality tends to posit women subordinately based on gender relations. Within this research how the dominant discourse in Lao PDR influences women and how single mother practice their agency and negotiate is the major issue.

5.2.1 Sexuality agency and sexual rights

Single mothers have their own sexual agency. They support children and families. They sell sex for money. They have sexual desire. They have sex for love. They have less power to negotiation for safe sex with their partners.

After single mothers divorce and are separated from their husbands they earn money alone to support their children and families. The children fathers’ don’t help with financial support. They don’t get support much from their parents and families members.

Single mothers have to sell sex to increase their income. They do not sell sex all the time. They sell sex occasionally. They volunteers to sell sex. Normally single mothers don’t want to sell sex, but they think sell sex is a one way for them to earn money to support their children and families. Some single mothers have sex with their clients for money, but some have sex with their boyfriends to support their children and families. Single mothers who have foreign boyfriends have more financial support for their children and families. Single mothers are young and reproductive age. They have sexual desire because they are divorced and separated from their husbands for a long time. Single mothers have sex in the hope of long-term

relationships. They have difficult to find the man to live with them and marry them, because they are single mothers and support children, and they are not virgins.

Therefore, they changed partners often. They have multiple sexual partners.

Some single mothers love and trust their boyfriends. They don't use condoms with their boyfriends because they love and respect them like a husband. They express their love with their boyfriend. Their boyfriends also don't want to use condoms because they think condoms are used with other women not for girlfriend or wife. Some single mothers have less power to negotiate with their partners for safe sex. Some single mothers want to use condom with their clients but they have less skill for negotiation. They also don't have enough power to negotiate with their clients because the lattes are men.

Sexual rights, like human right are universal. They belong to everyone: women and men, young people and adults, rich and poor, rural and urban, gay and straight, immigrant and indigenous, mothers, fathers, sons, daughters, grandparents, husbands, and wives from every country of every region in the world. Single mothers have their own sexual right. In the practical way single mothers have difficulties to protect their sexual rights. They face coerced and violence sex from their ex-husband. They cannot openly to talk with other people, because they are shy. They have difficult to go to get justice to deal with their problems. They are not strong enough and they are poor so they do not have enough money to run their problem in the legal system.

Single mothers have their own choice and their styles. They have an independent life. They have free sex, so they can have sex with their partners. They have access to mass media from television, newspapers, radio, friends, and others. They change to new styles because of these media.

Single mothers have many agencies in their life. In the above I have explained why single mothers' sexual agencies make them vulnerable to HIV/AIDS and STIs. They know their own problems but they cannot solve them. They are single mothers and work alone to support children and families. They are happy or not happy but they must to do it. They also have their own sexuality. They have the right to it. They have sexual desire. Postmodern sex is not for reproductive, and in marriage. Sex is for fun. Today many people have sex for fun.

5.2.2 Moral discourse: good or bad women

Society uses moral discourse in viewing female sexuality. In this discourse the standard for female sexuality includes: sex for reproduction, sex only within marriage, and women must be asexual after they are separated or divorced.

Sex for reproduction: Lao people, in general, have an idea of who is a bad woman and who is a good woman. A good woman should be a mother. She has sex for reproduction. She prepares herself for motherhood. She nurses and cares for her baby. Her responsibility is to take care of children at home.

Sex only within marriage: In general gender inequalities yield a disproportionate burden on women. In theory in Lao society there is gender equality, but in practice women have less power. Women should have sex only within marriage. Society will stigmatize and discriminate against them if they have sex outside of marriage.

Women must be asexual after they are separated or divorced: Again from the ideas of Lao society separated and divorced women should take responsibility to care for their children and families. They should not be interested in sex. They are not married and to have sex outside marriage is not good. Lao society views them as bad women and hungry for sex.

Hence, single mothers who are perceived to have sex outside marriage or do have sex outside of marriage are unacceptable in society.

Some single mothers negotiate with themselves what it means to be good and bad women. They don't accept that people in their community look down on them as bad women. They think they are good enough for their children and families. They earn money by themselves to support their children and families. They have a job like other people. Some single mothers have a high income from their professional job. They think they are good because they don't do harm to people in society. They need love and support from their boyfriends.

Single mothers think that they are "bad women": From the general idea in Lao society two single mothers in my case study saw themselves as 'bad women' because they are single mothers and sell sex. They don't care much because people talk about them as bad women, because they need money to support their children and families. They think they act in the right way. Some single mothers said they are poor and don't have money, but nobody in their community helps them to support their children and families.

Single mothers negotiate with self-identity: They are single mothers. They don't have husbands. They support themselves, their children, and their families. Most single mothers in my case study have sexual partners. They share ideas with their partners to improve their life. They get some financial support from their boyfriends. They have the right to have sex with their boyfriends and clients.

From my study single mothers are good. They support their children and families after they are divorced and separated. They have sex with their boyfriends because they love and trust them. Some of them get support from their boyfriends. They sell sex because they need money to support their children and families. Single mothers the same needs as women in general.

5.2.3 Methodological issue

Lao society talk about sex is taboo, especially when women talking about sex. Men think woman who talks about sex. She might have sexual active. Sex is a sensitive topic. Sex is not easy to talk with people you were not known well. This is

why I have to discuss methodological issues. Preparing questions is careful about sex. Before talking about sex we talked about falling in love, what that means, and what it leads to. After that we ask them to tell their first sex with their partners. Information about sex is not get easy from the first interview. We can get more information about sex after second interview.

Single mothers have their own Inter-subjectivities. They have their own idea. They live without husband, they have sex without married and some sell sex for support children and families. They have casual sex. After we have known single mothers then we must accept their subjectivities. We adjust to them in conversation.

Important things we don't look down on them. We have food, drink and chat with them like friend and sister. We make them comfortable and trust us. Single mothers live with their children and families; we go to visit their children and families at home. We give some food for their children and families. Sometimes we have food with their families as well. Trust building not only with the single mothers, but also with their families is a good strategy as well.

Single mothers have their own life style. They have own single mothers group to chat and share experiences. Their style includes wearing modern clothes, drinking, smoking and dancing. Some single mothers talk impolitely with other including their boyfriends and clients. They often go to night club for reduce their stress. Some single mothers go to night cup to drink with their boyfriends. But some of them go to night club for seeking clients for sell sex. I use methodological issues in the above to research guide. Single mothers are openly to share their own experiences.

5.3 Recommendations

5.3.1 Policy recommendation

HIV/AIDS and STIs prevention projects in Laos: single mothers should be a target of AIDS prevention. Single mothers are vulnerable to HIV/AIDS and STIs in Laos from the result of my study. They are not equal on gender and sexuality. They

are single mothers and have less power than their sexual partners. Single mothers don't have negotiation skills with their partners for safe sex. NGO organization or government working on HIV/AIDS prevention should provide work and material for them. Information, Education, and Communication (IEC); Behavior Communication Change (BCC); and media should be appropriate to the status and vulnerability of single mothers. Condoms issues need education for single mothers and their partners. These people miss understand about condom use. They don't use condom because they see their sexual partners as good looking and therefore he does not have HIV/AIDS and STIs.

The Lao government empathize work with single mothers in Laos. Lao policy on gender equality should include sexuality issues. The Lao Women's Union should empower single mothers on gender and sexuality to enhance women's health, and promote social action. Single mothers should be involved in social work in the community. They should share experiences with the community to understand their situation. These ways single mothers will face reduced stigma and discrimination in Lao society.

Single mothers are poor. The Lao Women's Union should have projects on income generating to help single mothers. Children of single mothers who have low income should get government help such as free school and some welfare assistance. In my study children of single mothers don't have enough to support their school fees. Single mothers get into financial trouble when their children's school starts.

These things the Lao government cannot do alone. The government should discuss and plan with the UN and NGOs to work on HIV/AIDS and STIs, and how to work with single mothers in Laos to improve their health and their life.

5.3.2 Further research

I recommend future research should select a mixed group such as single mothers who are rich and poor, they have sexual activity and non sexual activity, they sell or not sell sex, and they have difference ages young and old.

Future research on single mothers in Lao should consider. First, economics make single mothers vulnerability to HIV/AIDS/STIs. Single mothers support their children and families. They have partners based on economic needs. Some of them sell sex for money. Second, culture makes single mother vulnerability to HIV/AIDS/STIs. Single mothers are stigmatization in Lao society. They think they are not complete women. Some of them accept themselves. They do what they want including free sex and unsafe sex. Third, more research is needed about knowledge on HIV/AIDS and STIs of single mothers and their partners. STIs in Lao is high but I didn't interview much about this in my research, because in focus on discourse and sexuality of single mothers in Lao PDR.

BIBLIOGRAPHY

- A Glossary of Terms in Gender and Sexuality. (2005). Nakhon Pathom: Southeast Asian Consortium on Gender, Sexuality and Health.
- Altermatt, T. William. (2003). Agency and virtue: dimensions underlying subgroups of women. *Sex roles: A Journal of Research*. Vol.Dec.
- Blaikie, Norman. (2000). *Designing Social Research*. Polity Press; UK.
- Butler, Judith. (1997). *Fashionable Subjects: Causal Idioms of Postmodern Feminist*.
- Chagnon, Jacquelyn. (1996). *Women in Development: Lao People's Democratic Republic*, Manila: Asian Development Bank.
- Coleman, Samuel. (1981). The culture context of condom use in Japan. *Studies in Family Planning* 12(1):28-40.
- Cresswell, John. (1998). *Qualitative Inquiry and Research Design*. Sage Publication.
- Curtin, J. S. (2005). Japan, land of rising poverty.
- Danaher, G. Schirato, T, & Webb, J. (2000). *Understanding Foucault*: Sage Publications.
- Delaney, T. (2005). Modern and postmodern theory. In *Contemporary, social theory: Investigation and application* (pp 259-289). New Jersey: Pearson Education, Inc.
- Dixon-Muller, R. (1996). *Learning about Sexuality: A practical beginning*.
- Dixon-Muller, D. (1993). The Sexuality Connection in Reproductive Health. *Studies in Family Planning*. (pp. 12(15):269-282), 24(5): 269-282.
- Elliott, J. (2005). *Using Narrative in Social Research*. London, Thousand Oaks, New Delhi: SAGE Publication.
- Fairclough, N. (1992). *Discourse and Social Change*: Polity Press Forest.
- S, Strange, V, Oakley, A., & Team, T. R. S. (2004). What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme. *Culture, Health & Sexuality*, 6(4), 337–354.
- Foucault. (1978). *The will to knowledge* (Vol. Vol.01). London: Penguin book.

- Foucault, M. (1972). *The Archaeology of Knowledge and the Discourse on Language* (S. Smith, Trans.). New York: Harper.
- Gill, Jennifer, (2001). *Single Moms in Corporate America* [Electronic Version].
- Giroux, H. A. (Ed.). (1991). *Postmodernism, feminism, and cultural politics*. New York: State University of New York Press.
- Gubhaju Bhakta B, (2002). *Adolescent Reproductive Health in Asia*.
- Hettiarachchy, Tilak and Stephen L. Schensul (2001). The Risks of Pregnancy and the Consequences among Young Unmarried Women Working in a Free Trade Zone in Sri Lanka, *Asia-Pacific Population Journal*, 16(2): 125-140.
- HIV/AIDS Country report. (2006). *National Committee for the Control of AIDS*, report period: January 2003-December 2005.
- HIV/AIDS Report. (2006). *Center for HIV/AIDS/STIs*, report period: 2005- June 2006.
- Ireson-Doolittle, Carol G. M.-B. (2004). *The Lao, Gender, Power, and Livelihood: United States of America*. Westview Press.
- Jackson, John. M. (1987). "Fact of life" or the eroticization of women's oppression Sexology and the social construction of heterosexuality. In: *The Cultural Construction of Sexuality*. Caplan P, ed Routledge.
- Janell, Carroll L. and Paul Root Wolpe. (1996). *Sexuality and Gender in Society*, Harper Collins College Publisher: New York.
- Jones, Pip. (2003). *Introducing Social Theory*. Polite Press.
- Kholifah, D,R. (2005). *Constructing discourse on sexuality and sexual subjectivity among single young women in Presenter (Muslim Boarding School), West Java, Indonesia*. M.A. Thesis, Faculty of Social Sciences and Humanities, Mahidol University, Salaya, Nakhon Pathom.
- Killian, Kyle. D. (2002). *Family Process, Vol. 41, No. 4, 2002 O FPI, Inc.*
- Kimmel, Eric-A. (1996). quote from Yuni Windarti thesis: Meaning of gifts and favors for sexual behavior among youth in dating relationships in Sleman, Daerah Isimewa Yogyakarta Indonesia.
- Lao PDR HIV/AIDS profile (2006). <http://www.undplao.org/> www.unaids.org.
<http://www.adra.org/site/News2?page=NewsArticle&id=5251>

- Lipman, Ellen. (1997). Socio-economic Characteristics of single mothers
[Electronic Version].
- MoH, (2001). *Behavioral Surveillance Survey*, Lao People's Democratic Republic.
- MoH, (2004). Second Generation Surveillance 2nd Round on HIV, STIs and Behavior,
Lao People's Democratic Republic.
- National Statistical Centre. (2005). Result from the Population Census, Country
Report, and Vientiane.
- National Statistical Centre. (1995). Result from the Population Census, Country
Report.
- O'Hare, William P. 1996. *A New Look at Poverty in American*. Population Bulletin
Vol 51, No. 2.
- Osborn-Kaufman- *Political Research Quarterly*.1997; 50: 649-674.
- Parker, R. (2006). Health Mac Donald: Hispanics Highest Single Mother Fertility.
- Parker Richard, & Aggleton, P. (1999). Cultural, Society and Sexuality: A reader,
Parker Richard and Aggleton, UCL Press, 1999:UCL [Electronic Version]. Retrieved
18 November.
- Population Council. (2001). *Power in sexual Relationship*.
- Riessman, Catherine. (1993), quote from Dinh Thai SON Thesis: Male migrant sex
worker in Hanoi, Vietnam.
- Ritzer, G. (2000). *Sociological theory* (5 ed.): McGraw-Hill International.
- Robinson, Paul. (1989). The Modernization of sex: Havelock Ellis. Alfred Kinsey,
William Masters and Virginia Johnson (2nd ed). Cornell University Press,
Ithaca, New York.
- Siliphong, P. (2005). Lao PDR Gender Profile.
- Swinbourne, Kathleen. (1997). Stigma of single mum sign of a faulty society,
Australian [Electronic Version].
- Tarshi, (2001). Common Ground Sexuality.
- Thaweesit, S. (2004). Representations of Gender and sexual identity in research .
In Research sexuality and sexual health in Southeast Asia and China.
Selected Papers from the 6th Asia-Pacific social sciences and medicine
conference, Kunming-China.

Tong, Rosemarie. (1989). *Feminist thought: A comprehensive introduction*.

West view Press: United States of America: 217-239.

UNIFEM. (2000). Gender HIV and Human Rights: A training Manual.

United Nations Children's Fund (UNICEF). (1996). *Children and Their Families in the Lao People's Democratic Republic*. Vientiane: UNICEF.

Vientiane socio-economic plan 2006-2010.

Weinstein, E., & Rosen, E. (2006). Teaching about Human Sexuality and Family: Thomson Wadsworth.

World Bank. (2004). *Lao PDR Economic Monitor*, The World Bank Vientiane Office.

World Bank. (2006). The Economics of Effective AIDS Treatment. *Evaluating Policy Options for Thailand*.

Zimmerman, J. N. Rural Poverty Myths and Realities.

<http://www.ncrcrd.iastate.edu/newsletter/june97/rural-poverty.html>)

APPENDIX

GUIDELINES FOR SINGLE MOTHERS

1. Thesis guidelines

1.1 Background and warm-up

- How are you? Are you busy?
- Are you working? What is job? Do you like it?
- How old are you?
- Whom do you live with? How many people in your family? Who are they? How are they?
- Is it far from your own family to your parents' family? How are you parenting? How many persons are living with your parents?

1.2 Working experience and income

- Working experience and income included second and third period
- Please tell me about your work and source of your income?
- Is income your earn enough to support your child and yourself if not what do you do?

1.3 Discourse on single mothers

- What do you think Lao society thinks about Mae Hang and Mae Luk Tid?
- What do you think Lao society thinks about single mothers?
- List ideas about Mae Hang . From whom and where did you get these ideas?
- How do you feel about these explaining?
- Your own explanation about “widow” and single mother”?

1.4 Sexuality

- Please tell me your life story since you were young and when you met your first boyfriend?
- Please describe social sexual relationship with your each partner?

1.5 Agency and Negotiation

- Please tell me do you ever have sex with your partners, if you do how do you negotiate condom use with him?
- How do you feel if you don't like to have sex but he wants to have sex with you?

1.6 Guideline for Key informants: NGOs and Government officers and community leaders

- What do you think Lao society thinks about Mae Hang and Mae Luk Tid?
- What do you think Lao society thinks about single mothers?
- Please tell me what the life of single mother is like, how do they take care of their children?
- What are their social networks?
- Do they have boyfriends?
- What does society think about their sexuality?
- What type of sexual relationships do single mother have? Casual sexual relationship?
- What are the problems for single mothers?
- Are women still subordinate to men in Lao society?

Name	Condom use	Reason	Sex negotiation	Reason	View
Dang	-Use the beginning with her Lao boyfriend, and not use later	-Love and trust	Low -Philippine man argue that he is clean and question her	-No skill -Economic reason	High
	-Not use with her Philippine boyfriend		High -Negotiation with clients	-Afraid HIV and have knowledge about AIDS	Low
Koi	-With her sex -Not with three boyfriends	-Love and trust -Has no AIDS	Low -Negotiation with clients	-No skill -Economic reason	High
Nong	-Not use condom with clients -Not use condom with three boyfriend	-Love and trust	Low -He argue that he is clean and have knowledge HIV/AIDS	-No skill -Economic reason	High
Pai	-Use condom with boyfriend	-Love and trust -Has no AIDS -Don't want to use	High -Negotiate with boyfriend	-Afraid HIV and have knowledge about AIDS	Low
Aoi	-Use condom with Boyfriends	-No trust boyfriend	High -He argue that he is clean and no AIDS, and he say boyfriend and girlfriend no need to use condom	-No skill -Economic reason	High
Sone	-Not with boyfriend	-Love and trust -Don't want to use condoms			

Name	Condom use	Reason	Sex negotiation	Reason	View
Peng	-Not use condom with clients -Not use condom with two boyfriend	-Love and trust -Don't want to use condom	High -Boyfriends argue that he is clean and no AIDS, and he say boyfriend and girlfriend no need to use condoms. -Client argue they play money already, and they don't need to use condom	-No skill -Economic reason	High
Chan	-Not use condom with two boyfriend	-Love and trust -Don't want to use condom	High -Boyfriends argue that he is clean and no AIDS, and he has knowledge about AIDS	-No skill -Economic reason	High
Don	-Not use condom with three boyfriends	-Love and trust -Don't want to use condom	-Boyfriends argue that he is clean and no AIDS, and he has knowledge about AIDS	-No skill	High
Kai	-Not use condom with ex-husband	-Raped	High -Violence	-No skill -Powerless	High

BIOGRAPHY

NAME	Ms. Soulany Chansy
DATE OF BIRTH	11 May 1966
PLACE OF BIRTH	LAO PDR
INSTITUTION ATTENDED	
INSTITUTION ATTENDED	2008 M.A. (Health Social Sciences) Faculty of Social Sciences and Humanities, Mahidol University, Nakornpathom, Thailand.
	1993 Bachelor of Medicine Faculty of Sanitation and Epidemiology, Narimanob University, Azerbaijan, Baku (former Soviet Union).
SCHOLARSHIP	Rockefeller In academic year 2006-2008 Rockefeller Foundation Research in 2007-2008 Foundation
HOME ADDRESS	HIV/AIDS/STIs Program Manager Lao Red Cross Society Avenue Setthathirath Impasse Xieng Nhuen Vientiane P.O Box: 2948