

บทความที่ :

Article :

1



หญิงขายบริการทางเพศต่างชาติในประเทศไทย :  
การสำรวจและนัยเชิงนโยบายด้านสุขภาพ

Migrant Female Sex Workers in Thailand :  
Survey and Health Policy Implication

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### บทคัดย่อ

บทความวิจัยนี้มีวัตถุประสงค์ของการศึกษาได้แก่ 1) เพื่อศึกษาหญิงขายบริการทางเพศต่างชาติในประเทศไทยว่าเกิดจากการค้ามนุษย์หรือสมัครใจมาเอง 2) เพื่อศึกษาแรงจูงใจในการขายบริการทางเพศของหญิงต่างชาติในประเทศไทย 3) เพื่อศึกษาการใช้ถุงยางอนามัยของคนกลุ่มนี้ การศึกษาอาศัยการวิจัยเชิงคุณภาพและเชิงปริมาณ ตัวอย่างเป็นหญิงขายบริการทางเพศต่างชาติจากสามจังหวัดได้แก่กรุงเทพมหานคร ฉะเชิงเทรา และสงขลา การสำรวจทำระหว่างปี 2554-55 การวิจัยเชิงปริมาณใช้การสำรวจโดยแบบสอบถามหญิงขายบริการทางเพศต่างชาติจำนวน 278 คน การวิจัยเชิงคุณภาพใช้การสัมภาษณ์เจาะลึกหญิงขายบริการทางเพศต่างชาติจำนวน 32 คน ทั้งหมดมาจากประเทศลาว พม่า กัมพูชา จีน และเวียดนาม ผลการศึกษาพบว่าปัจจัยทางเศรษฐกิจเป็นปัจจัยสำคัญที่ทำให้หญิงต่างชาติเหล่านี้ตัดสินใจมาขายบริการทางเพศ ดังนั้นจึงไม่จำเป็นเสมอไปว่าหญิงขายบริการเหล่านี้จะถูกบังคับให้มาขายบริการ โดยหญิงขายบริการมีรายได้มากพอที่จะส่งเงินกลับไปให้ครอบครัวที่ประเทศของตนเอง และมีเวลาการทำงานที่ยืดหยุ่น ส่วนมากจะมาทำงานตั้งแต่อายุน้อยและวางแผนที่จะเลิกขายบริการทางเพศเมื่อมีเงินสะสมมากเพียงพอที่จะนำไปใช้ในประเทศของตนเองในอนาคต การศึกษาพบว่า 1 ใน 6 ของหญิงขายบริการทางเพศใช้ถุงยางอนามัย “บางครั้ง/ไม่ใช้เลย” การใช้ถุงยางอนามัยไม่สม่ำเสมอจึงเป็นปัญหาที่สำคัญในการเพิ่มโอกาสติดเชื้อ HIV การประชาสัมพันธ์ให้ใช้ถุงยางอนามัยและการเข้าถึงถุงยางอนามัยอย่างสะดวกจึงยังคงเป็นนโยบายที่มีความสำคัญที่จะหยุดการระบาดของโรคติดเชื้อไวรัส HIV/โรคเอดส์ การณรงค์ประชาสัมพันธ์เกี่ยวกับการป้องกันโรคเอดส์และการให้ข้อมูลกับหญิงขายบริการทางเพศและผู้ชายที่ใช้บริการทางเพศจึงมีความสำคัญในการลดอัตราการติดเชื้อไวรัส HIV

**คำสำคัญ:** หญิงขายบริการทางเพศต่างชาติ; แรงจูงใจ; การใช้ถุงยางอนามัย

### Abstract

The article focuses on the migrant female sex worker population in Thailand. The objectives are 1) To study whether said sex workers are working voluntarily 2) To investigate the reasons for their entry into commercial sex work 3) To study condom use among migrant sex workers. The study was conducted in three provinces: Bangkok, Chachoensao (in the eastern region), and Songkla (in the southern region) during 2011-2012. 278 questionnaire surveys were administered, and 32 in-depth interviews were conducted. Participants were migrant female sex workers from Laos, Myanmar, Cambodia, China and Vietnam. It is found that economics is the major factor driving these women into the sex trade. Therefore, sex workers are not always forced to work. They have the possibility of earning cash to bring home, and have flexibility in working hours. Most of them enter the workforce at a young age and plan to retire when they have enough resources to settle in their hometown. The findings reveal about one sixth of sex workers admit to using condoms “sometimes/never”. Inconsistent condom use is a crucial challenge in this area. Condom promotion and broadening access to condoms remains an important policy in stopping the spread of HIV/AIDS. Aggressively promoting prevention and education campaigns carrying AIDS-prevention messages to sex workers and their customers is vital in keeping the HIV infection rate down.

**Keywords:** Migrant Female Sex Worker; Incentive; Condom Use

## Introduction

Estimates on the number of sex workers in Thailand vary widely: from 75,000 according to the Thai Government Public Health Department; 25,000 to more than a million according to Limanon, P., and Prajaknetr, P, 2007; Bureau of Emerging Infectious Diseases, 2012; to close to 2 million according to several well-informed non-governmental organization (NGO) groups. Female sex workers, as of 2013, accounted for 10% of Thailand's new HIV infections (Global information and education on HIV and AIDS, 2018). As of 2015, only 31% of young female sex workers in Bangkok, and only 50% in Chiang Mai, had been provided HIV-related information or services in the preceding 12 months, compared to 80% for other key populations such as men who have sex with men (MSM) (UNICEF, 2015). Only 12% of young female sex workers in Chiang Mai, and 18% in Bangkok, had tested for HIV in the same time period. In fact, as of a 2004–2006 study, street-based female sex workers in Bangkok were found to have a much higher HIV prevalence than other female sex workers (4.2%) (Manopaiboon, C., et al., 2013).

Prostitution has only been illegal in Thailand for the past 50 years. Prior to that, sex workers paid a high tax fee to the government every three months. Brothel owners paid a separate tax. The Ministry of Public Health categorized service places where sex workers might work, including parlors, go-go bars, coffee shops, barber shops, coffee shops, massage shops, karaoke bars, “sing-a-song girl” bars, gentlemen's clubs, “shot-time” motels, and brothels.

The Thai economy's rapid development, relative to that of neighboring countries such as Laos, Myanmar, Cambodia, and Vietnam,

was a main push factor for migration from these countries to Thailand, in search of better employment opportunities. Several additional factors contributed to the influx of illegal migrants. First, an enormous wage differential between Thailand and her neighbors: ten times with Myanmar, and five times with Laos and Cambodia. Second, the lack of work opportunities in migrants' countries of origin, in addition to unfavorable living conditions. Third, informally organized networks of private placement agencies (with cooperation from both officials and business). Fourth, enforcement difficulties due to the large number of crossing points along the thousands of kilometers of the Thai border (Chalamwong, Y, 1998). During the registration period for workers starting in August 2009, about 1.3 million migrant workers from Burma, Laos and Cambodia registered. According to the Ministry of Labor. There are a total of 352,748 migrant workers from Burma, and 550,003 migrant workers from Burma, Laos and Cambodia who hold temporary passports. Worker support groups, meanwhile, estimate that there are about two million Burmese migrant workers, both legal and illegal, in Thailand. It was estimated that these migrant workers sent at least US\$1 billion back home each year (Chalamwong, Y, 1998). Among these migrants is the subgroup of female sex workers. Like the others, they seek opportunities to earn money. However, since they have no legal status, they are prone to being exploited within the commercial sex industry.

This study's objectives are 1) To study whether migrant female sex workers in Thailand are working voluntarily 2) To study the forces driving them to sell sex 3) To study condom use among migrant sex workers.

## Literature Review

### Sex Trade and Human Trafficking

Human trafficking involves the illegal trade of people for the purpose of work. Trafficking, based on U.N. data, is a \$32 billion annual industry, with around 2.5 million victims at any given time (Soroptimist, 2012). Developing countries have the highest incidences of trafficking, with trafficking victims most often among the poor. Human trafficking often involves the sex trade. In Nigeria, girls of school age are trafficked from their homes to places within and outside Nigeria for labor and prostitution. UNICEF estimated that between 60–80% of girls in the sex trade in Italy were Nigerians. The largest group of sex trafficking victims is adult women, followed by girl children (Onyejekwe, C.J., 2005).

The U.S. State Department report in 2011 ranks countries on human trafficking. Human trafficking is flourishing in the Democratic Republic of Congo, North Korea, Saudi Arabia and Iran, with little effort by the countries' governments to combat it. The trafficking report describes the psychological strategies that pimps use to gain control over the millions of victims exploited in the global commercial sex trade. According to the National Human Trafficking Resource Center (2012), sex traffickers “frequently subject their victims to debt-bondage”, in which they claim debts (such as the cost of victims’ living or transport) and force victims into servitude for repayment of said debt. Sex traffickers “condition” their victims using

*“starvation, confinement, beatings, physical abuse, rape, gang rape, threats of violence to the victims and the victims’ families, forced drug use and*

*the threat of shaming their victims by revealing their activities to their family and their families' friends."*

National Human Trafficking Resource Center (2012)

The National Human Trafficking Resource Center (2012) indicates the types of sex workers remain quite consistent, regardless of whether said workers are trafficked or enter the sex trade voluntary. Said types include 'call girls' and escort girls, sex workers in parlors or brothels, street-sex workers who solicit from the sidewalk, part-timers who supplement a separate income, and drug-involved female sex workers. They might exchange sex for money or drugs (Surratt, H.L. et.al, 2005a).

Sex Trafficking operations include “prostitution, pornography, stripping, live-sex shows, mail-order brides, military prostitution and sex tourism” (Deshpande, N. A., & Nour, N. M., 2013). Sex trafficking operations can be found both in highly-visible venues such as street prostitution, and in more-underground systems such as closed brothels that operate out of residential homes. Sex trafficking victims end up in a variety of settings such as massage parlors, spas, and strip clubs. Victims who start out dancing or stripping in clubs may eventually be coerced into prostitution and pornography. (National Human Trafficking Resource Center, 2012)

### **Sex Trade, Health Risks, and Condom Use**

Sex workers face numerous health risks. Physical risks include drug and alcohol addiction; physical injuries including vaginal/anal tearing; traumatic brain injuries (TBI); sexually transmitted diseases (e.g., HIV/AIDS, gonorrhea, syphilis, UTIs, pubic lice); sterility, miscarriages; other diseases (e.g., TB, hepatitis, malaria, pneumonia); and forced abortions.



Psychological problems include fear, shame, grief, distrust, hatred of men, self-hatred, suicide, suicidal thoughts, and Posttraumatic Stress Disorder (PTSD). (National Human Trafficking Resource Center, 2012)

Nemoto, T; et al (2008) reported that according to the Vietnamese Ministry of Health and the National Committee for AIDS Prevention and Drug and Prostitution Control, Vietnam's HIV epidemic is concentrated among people engaged in high-risk behaviors, such as female sex workers and injection drug users. However, a higher rates of HIV infection were found among intravenous drug users (IDUs) than female sex workers (FSWs) (Nemoto, T, et al., 2008). Ghys and his colleagues (2003) predicted that the key factors in the spread of AIDS in Vietnam would be transmission from FSWs to their male customers and from male customers to their female sex partners.

China exhibits an increased risk of sexually-contracted HIV among female sex workers (Yang, X; et al., 2010). The State Council estimates a total of around 50,000 new infections every year (State Council, 2008), of which UNAIDS believes a significant number to be sex workers. Despite prostitution being officially illegal, it is estimated that there are between two and four million sex workers in China. Its sex industry has grown along with its economy, particularly in Shenzhen and other prosperous cities. (Many clients travel to Shenzhen from Hong Kong, an hour away.)

Morris, M., Pramualratana, A., Podhisita, C., & Wawer, M. J. (1995) evaluate the various HIV intervention efforts among the poor in Thailand. The study reported the frequency of condom use among commercial sex partners (CSP) in this population. About 60% of women who worked in brothels consistently use condoms. Among low-income men, only 20–30% consistently used condoms with female commercial sex partners in the previous year. Customers who have a lower frequency of sex with

commercial sex workers (CSW) tend to more-consistently use condoms (Celentano, D.D., et al., 1993).

### **Research Methodology**

Female migrant sex workers were recruited from three provinces: Bangkok, which has a high concentration of migrant female sex workers; Chachoensao, the eastern region near Bangkok; and Songkla, the province, among those adjacent to Malaysia, most visited by Malaysian men. Prior to recruiting said samples, ethnographic mapping and snowball sampling were employed to identify the demographic composition of the sex worker populations and areas where commercial sex trade was concentrated. A structured questionnaire survey and in depth interview was conducted. Qualitative results are intended to provide more detailed information on the results of the questionnaires.

A total of 278 questionnaire were completed and 32 in-depth interviews were conducted. The majority (195) of participants were from Songkla province, 60 were from Chachoensao province, and 23 were from Bangkok.

### **Research Result**

Study participants ranged in age from 14-36 years (average age was 22 years). 40% of them had only elementary educations while another 40% had no education at all. 50% of them were from Myanmar; the rest were from Laos (29%), Cambodia (12%), China (5%), and Vietnam (4%). Almost half (46%) of them had been farmers before entering the sex industry.

Participants worked in karaoke shops (66%), massage parlors (18%), spas (6%), brothels (5%), and pubs or cocktail lounges (3% each). Most of said workplaces were intended as establishments for sex workers, with their legitimate business as a front for law enforcement officers. Some study participants reported even so-called karaoke shops to include several rooms for sexual activities. Some proprietors provided rooms where women could have sex with customers; they, in turn, pocketed half the woman's fee. In other cases, women would follow their customers to guest houses or hotels.

Table 1 :Characteristics of Female Migrant Sex Workers

(n =278)

Characteristics	Number of respondents	Percentage of respondents
<b>Countries of Origin</b>		
Myanmar	138	49.6
Laos	80	28.8
Cambodia	33	11.9
China	15	5.4
Vietnam	10	3.6
No data	2	0.7
<b>Education</b>		
No education	110	39.6
Elementary school	108	38.8
Junior high school	53	19.1
Senior high school	6	2.2
Bachelor Degree	1	0.4
<b>Job before entering sex trade</b>		
Never work	31	11.2
Farmer	129	46.4

Characteristics	Number of respondents	Percentage of respondents
Hired labor	44	15.8
Merchant	22	7.9
Industrial/construction worker	11	4.0
Maid/cleaning	10	3.6
Chat service	9	3.2
Food runner	8	2.9
Thai massage	6	2.2
Other	5	1.8
No data	3	1.1

### *Coercive Status of Sex Workers*

Most study participants had not been forced into prostitution, but had voluntarily entered the sex trade. Rather than stories of coercion, participants discussed economic incentives (“In my home country, the salary is very low” (case 1, Laotian sex worker)) or a lack of better opportunities available to them (“where else could I work? I have had very little education” (case 1, Myanmar sex worker)). When we interviewed them, some shared, as motivation for getting involved in the trade, aspirations to save their families from poverty: “My family is very poor; we have many siblings. We do not have enough money to buy food” (case 2, Myanmar sex worker). There is, in the region, a social norm of duty and obligation towards one’s parents and families. Some participants wanted to pay their families’ debts; others wanted to build houses, buy land or send money home to raise their children or take care of their parents: “My mom is paralyzed. I have to help my dad work for money to send my brother to school. So I came to Thailand to work and send money back home” (case 1, Vietnamese sex worker); “I sent money back home to

Vietnam: 7000-9000 Baht each time. It is enough for my parents to send my sibling to school” (case 2, Vietnamese sex worker); “I am alone; every Baht is for my son” (case 2, Laotian sex worker). However, both quantitative and qualitative results agreed that migrant women joined the sex trade because of a desire for higher income. While they could take jobs in restaurants or in hired labor, earning enough to get by, their earned income as a sex worker may more than triple (see Table 3). In order to maximize their income, sex workers in Had Yai, near the Malaysian border, did not accept Thai customers, reporting that Malaysian men paid much higher than Thai men.

Some of the participants’ hometowns reportedly were accepting of women who were sex workers but brought money back home. Some told their parents, who agreed with their decision. Others did not tell their families that they had become sex workers: “My mom does not know that I sell sex. She thinks that I work in a restaurant” (case 3, Myanmar sex worker). Before entering the sex trade, almost all of them had prior sex experience with their boyfriends or husbands.

Table 2 : Work of Female Migrant Sex Workers

(n =278)

History	Number of respondents	Percentage of respondents
<b>Voluntary work as a sex worker</b>		
Voluntary	271	97.5
Involuntary		
- being forced	5	1.8
- being deceived	1	0.4
No data	1	0.4
<b>Work to pay debt</b>		

History	Number of respondents	Percentage of respondents
Yes	100	36.0
No	178	64.0

### Reasons for entry into commercial sex work

Almost half of respondents (48.6%) stated that they left their former job due to low, insufficient, or unsatisfactory income. 31.7% simply said they wanted a new job. 6.1% mentioned not being able to find a job, or former employers closing down their business. Others needed money for parents or a new home (6.1%), followed friends into sex work (4.7%), or had problems with former employers or coworkers (2.9%). Most study participants (78%) agreed that the income they received as a sex worker in Thailand met or exceeded their expectations (see Figure 1): “In the past I worked in construction and my income, at the time, could not make ends meet. My income selling sex is much higher than before” (case 2, Vietnamese sex worker); “I am, as of yet, not considering leaving this industry. I do not want to experience difficulties like before. I prefer having a higher income” (case 1, Cambodian sex worker); “I came to Thailand to work. I earned a higher income and also have more flexible working hours. It is much better than I had expected (case 1, Chinese sex worker); “I want to save money so that I can open a grocery shop or restaurant in my home country after I retire from this work” (case 3, Laotian sex worker).

Figure 1: Reason to leave former job

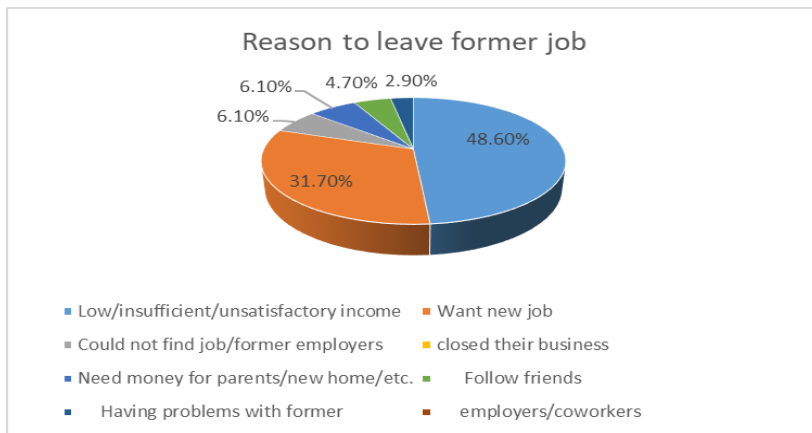


Table 3 : Income of Female Migrant Sex Workers and their expectation  
(n =278)

Income range (Baht)	Number of respondents	Percentage of respondents
<4,900	4	1.4
5,000-9,900	47	16.9
10,000-19,900	72	25.9
20,000-29,900	68	24.5
30,000-39,900	41	14.8
40,000-49,900	20	7.2
>50,000	24	8.6
No data	4	1.4
<b>Meet income expectation</b>		
Much more than their expectation	29	10.4
More than their expectation	118	42.4
As expected	70	25.2

Income range (Baht)	Number of respondents	Percentage of respondents
Less than their expectation	55	19.8
Much less than their expectation	4	1.4
No data	1	0.8

Note: (1) \$1 is about 31 Baht

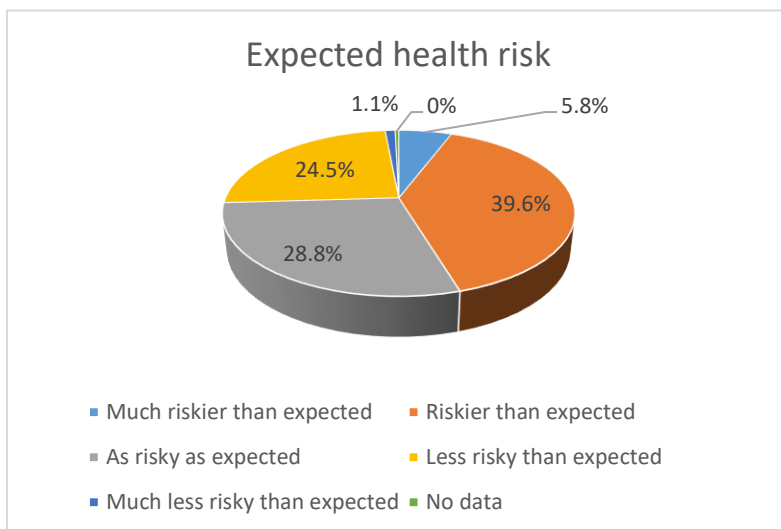
(2) Thailand's average salaries: no education: 4,800 Baht; elementary school: 6,090 Baht. It should be noted that Thailand's salaries are higher than most neighboring countries.

### Condom use among migrant sex workers

When asked whether the health risk is greater or less than their expectation, 45.4% thought the health risk was greater than expected while 25.6% thought it to be less risky (see Figure 2). Condom use among immigrant female sex workers and their customers is shown in Table 5. 91% of study participants guessed that sex workers in general would always ask their customers to wear a condom, while 1.8% believed they would never ask. However, 88% of them guessed that sex workers in general would use a condom with every customer. This implies that not all sex workers were able to convince their customers to use condoms.



Figure 2 : Expected health risk of sex workers



To prevent HIV infection for themselves, 94% of study participants reported that they asked their customers to use condoms every time. However, 1.8% never asked their customers to use a condom: “I did everything my customers wanted. I am not picky. I just want them to come see me often” (case 3, Myanmar sex worker). However, only 72% reported that they always use a condom when having sex: “Most of my customers use condoms, but some do not agree to use them. If they give me a lot of money, I would say ok” (Laotian sex worker) and 10.1% reportedly never use condoms (suggesting possible over-reporting among those who supposedly always requested condom use from their customers). 80.9% of study participants reported never having had sex without a condom in order to make more money and 85% reported never having had sex without a condom due to the unavailability of one. However, only 63% always carried condoms with themselves. 65% of study participants

always suggested that their partner wear a condom and 4% never suggested such. This indicates that condom use was markedly lower with lovers or nonpaying partners than with customers.

Table 5 : HIV Prevention

(n =278)		
Issues	Number of respondents	Percentage of respondents
<b>Sex workers in general asking their customers to use condom</b>		
Every time	253	91.0
Many times	20	7.2
Never	5	1.8
<b>Sex workers in general use condom with their customers</b>		
Every customers	244	87.8
About 75% of the customers	30	10.8
About 50% of the customers	4	1.4
About 25% of the customers	0	0
Never use condom	0	0
<b>Study participants asking customers to use condom</b>		
Every time	262	94.2
Many times	10	3.6
Never	5	1.8
No data	1	0.4
<b>Having sex with a condom</b>		
Always	200	71.9
Very often	12	4.3
Often	18	6.5
Sometimes	19	6.8
Never	28	10.1

No data	1	0.4
<b>Having sex without a condom to make more money</b>		
Always	1	0.4
Very often	2	0.7
Often	11	4.0
Sometimes	39	14.0
Never	225	80.9
<b>Having sex without a condom because condom is not available</b>		
Always	1	0.4
Very often	1	0.4
Often	11	4.0
Sometimes	28	10.1
Never	237	85.3
<b>Suggest partner to use condom</b>		
Always	181	65.1
Very often	11	4.0
Often	47	16.9
Sometimes	28	10.1
Never	11	4.0
<b>carrying condoms with themselves</b>		
Always	174	62.6
Very often	36	12.9
Often	35	12.6
Sometimes	23	8.3
Never	10	3.6

Most owners (98%) allowed sex workers to request that their customers use condoms. Sex workers regularly encountered customers who are unwilling to use condoms. In some cases, sex workers had to insist on condom use or to ensure that intercourse does not take place.

They could tell the owners to negotiate and refuse to provide sex services without one. In such cases, some owners would not refund money to the customers. 77% of owners provided condoms to sex workers with no costs. Sometimes they can get free condoms from public clinics or hospitals. Most sex workers (96%) knew where to get condoms. Some sex workers visit HIV testing and counseling centers. Those who visit the clinics can reportedly obtain condoms, counseling, HIV tests, and treatment for sexually transmitted diseases. Some public clinics might provide free services, but most went to private clinics and had to pay. Sometimes the owners have doctors visit their establishment every 2-3 months. Said visiting doctor also provides information on HIV prevention.

Table 6: Condom Provision and knowledge on condom use

(n =278)

Issues	Number of respondents	Percentage of respondents
<b>Provision of condoms by owners</b>		
Yes	214	77.0
No	63	22.7
No data	1	0.4
<b>Owners allow sex workers to request customers to use condom</b>		
Yes	273	98.2
No	4	1.4
No data	1	0.4
<b>Know where to get condoms</b>		
Yes	268	96.4
No	10	3.6

<b>Know how to put a condom on a customer</b>		
Yes	268	96.4
No	10	3.6
<b>Know how to use female condom</b>		
Yes	87	31.3
No	191	68.7
No data	1	0.4

### Conclusion, Comments and Suggestions

The main driving force of female migrant sex workers is economics. Most reported that they came to Thailand voluntarily, expecting a higher income, and most ended up meeting this expectation. To elaborate, the common surveyed reason for said workers leaving their former jobs (mostly farming, hired labor, merchant) was simply low/insufficient income or wanting a new job. They have little or no education and have little to offer in trade other than themselves. Most send money back home, though only 6% indicated a specific need of money for parents/a new house.

For HIV prevention, most sex workers reported asking their customers to use condoms every time, but only 72% always used a condom when having sex. This might imply that sex workers were not able to convince their resistant customers or use non-penetrative sexual activities. 81% of sex workers reported never making more money by not using a condom, and 85% reported never having sex without a condom due to one being unavailable. 63% always carried a condom with themselves.

The findings reveal one sixth of sex workers admit to using condoms “sometimes/never.” Inconsistent condom use is a crucial challenge in this area. Therefore, condom promotion and broadening access to condoms is important for stopping the spread of HIV/AIDS. Aggressively promoting prevention and education campaigns carrying AIDS-prevention messages to sex workers and their customers is vital in keeping the HIV infection rate down. There is a big gap between knowledge and practice and people need to be aware of it and persuaded to change their behavior.

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