

# **Motherhood, fertility and ambivalence among young prostitutes in Thailand**

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## **Introduction**

In many ways, child prostitution is a very well studied, and certainly much discussed, problem. Its legal implications have been extensively analysed, in particular how to deal with, and prosecute foreign men who abuse children abroad (World Congress Against the Sexual Exploitation of Children, 1996). Its role in the spread of AIDS has been of equal concern (Sittitrai and Brown, 1994). However, there are certain issues which have been almost entirely overlooked but which are vital for a fuller understanding of the lives of children who do become prostitutes. The most obvious ones surround matters of reproductive health and pregnancy, which have been almost entirely neglected except in the context of AIDS research. Yet grave threats though they are, and although they have been concentrated on to the exclusion of almost all else, AIDS and HIV are not the primary concern of young women and children who work as prostitutes. Young prostitutes are at great risk from all sexually transmitted diseases and from pregnancies occurring when they do not have the emotional or physical stamina to cope properly. It is therefore important to examine why contraceptive use is so low, why knowledge of sexually transmitted diseases is so patchy and, most importantly, how motherhood is perceived and experienced and how that affects the limited choices of children who become pregnant through prostitution.

The ethnography in this chapter is based on fifteen months fieldwork in a community in Thailand which survived through child prostitution. This community, called Baan Nua, consisted of around 100 people, of whom many either worked as prostitutes, or lived off their income. Baan Nua was situated on the edge of a tourist resort notorious for the large numbers of foreign 'sex tourists'. Within this market there was an underground demand for child prostitutes. Although not

openly advertised, at the time of research it was relatively easy for foreign men to find children for sexual purposes, and several of them had regular foreign clients.

Baan Nua was made up of migrants from the poorer north and north-east regions of Thailand who had settled on their site about fifteen years earlier. Many were originally farmers, but the land on which they built was very small and unsuitable for growing crops or raising livestock. As far as possible, therefore, they earned their living in the informal economy around the city, selling, begging, scavenging, and most importantly of all, through child prostitution. There were sixty-five children in this community (defined as those under eighteen) and over thirty of them had worked or were working as prostitutes. They included both boys and girls and ranged in age from eight to fourteen. For the purposes of this chapter, I will concentrate on a handful of child prostitutes aged between twelve and sixteen who represent the problems inherent when children give birth to children and who illustrate the difficulties and ambivalence many of the children feel about early pregnancy and motherhood.

### **The Position of Motherhood**

The importance of motherhood in Thai society is a much studied phenomenon. The mother in Thailand is often portrayed as the linchpin who keeps families together, the moral basis for all kinship relationships, and the economic and practical source of household survival (Landon, 1939; Hanks, 1964; Potter, 1976; Potter, 1979; Keyes, 1984; Blanc-Szanton, 1985; Kirsch, 1985; Thitsa, 1990; Muecke, 1992; van Esterik, 1996). A mother has a pivotal role within the family as its moral centre, as the conduit of property through the matrilineal line and because of the customs of matrilocal residence (Hanks, 1964; Potter, 1979; Blanc-Szanton, 1985). However in contrast to the western paradigm of parental self-sacrifice on behalf of children, emphasis in most rural communities, including Baan Nua, is placed on reciprocity and the duties that a child has to his or her mother. To be born in itself incurs a debt of gratitude that a child can never repay. A parent once told me that 'even though Buddha showed his mother the way to enlightenment, he could not pay

back the debt he owed her for giving birth to him'. This belief is expressed by the concept of *bun khun*, the debt of gratitude that children owe to their parents (and especially their mothers) for their existence (Mulder, 1979; Havanon and Chairut, 1985; Vichit-Vadakan, 1990). Tantiwiranond and Pandey (1987: 134) explain that '...according to the Thai Buddhist moral scale, parents are entitled to be "moral creditors" (*phu mii phra khun*) because of their presumably self-sacrificing labour of bearing and rearing children... while children are moral debtors'. Similarly, van Esterik (1996: 27) notes: 'In rural contexts, women express the idea that one raises a child in expectation of explicit returns. A daughter repays the debt to her mother by remaining in the parental household to care for her parents in old age, while a son ordains as a Buddhist monk to pay his mother back for her breast milk'. It is a child's duty as soon as she or he is able, to support their parents and to repay the care they have been given. In a rural setting, this means working on the family farm, or more recently, working in a factory in a nearby town, and sending money home (Ford and Saiprasert 1993). In Baan Nua, it means prostitution.

For girls, motherhood is also the most profound marker of adulthood and the event that changes them into women. Motherhood brings not only obligations and filial duties which must be met by the child but it also brings a profound change in social status. Even relatively recent studies of both rural and urban areas (Potter, 1979; Muecke, 1981; Rabibhadana, 1985; Mills, 1990; Muecke, 1992) have emphasised the continuing centrality of motherhood, while acknowledging that women are marrying later and having fewer children. Motherhood remains a defining event of women's lives and one that has a profound change on their social status. Both Hanks (1964) and Yoddumnern-Attig et al. (1994) point out that it is the birth of a live child and not marriage that signifies adulthood. Keyes states that a 'basic status change occurs in these villages when a mother gives birth to a child; from that point on she will be known as "mother" by all' (1984: 229). Motherhood becomes synonymous with adulthood because it means a change in status from someone who only has obligations to someone who can call on the obligations of others.

When talking about reproductive health, these briefly sketched cultural issues are important to remember. On the one hand, the girls in Baan Nua were in the worst possible position to have

children. They were prostitutes with high levels of sexually transmitted diseases, their general health was bad, many had drug and alcohol dependencies. Nevertheless, not all of them saw motherhood as something to avoid and although often accompanied by extreme ambivalence, many welcomed it. Motherhood brought with it the possibility of a new status and it meant a child who would be indebted to you and, in his or her turn, would be compelled to support you.

## **Prostitution and Motherhood**

Baan Nua survived more or less entirely on the income of children who worked as prostitutes and it was through this income that it continued to function as a community. All the children lived with their families and sold sexual services exclusively to the foreign tourists who visited the city. Unlike the stereotype of child prostitutes which is often presented in the media or by campaigners, these children had not been kidnapped, drugged or debt-bonded into brothels (Centre for the Protection of Children's Rights, 1991; O'Grady, 1992; O'Grady, 1994; Hiew, 1992; ECPAT, 1992; Hall, 1992; Ireland 1993). Instead they lived in communities with their families, contributing their income to the family finances. While they suffered poverty and extreme deprivation, they were able to exercise a degree of physical freedom and autonomy was forbidden to children living in brothels (Asia Partnership for Human Development, 1992; Asia Watch, 1993). Many children were the sole earners in their families, supporting parents and other siblings.

In order to understand why prostitution occurred and flourished, it is important to understand the dynamics of the community and the responsibility that children felt towards their parents. Issues of filial duty and reciprocity were central to the dynamics of life in the community as children felt duty bound to support their parents (Montgomery, 1996). Within Baan Nua there was no family land to farm and there were few jobs available to uneducated children from the slums around the city that would earn enough income to support a family. Activities such as scavenging on rubbish tips for scrap metal and begging or selling food in the street had often been tried and given up because they brought in too little money or were more suitable for younger children.

Prostitution was the only job which had adequate returns and many children turned to it as a way of fulfilling their perceived obligations. Although many outsiders have demanded that such children be removed from their families (Koompraphant, 1993:56), the children themselves lived in fear of being sent away from their parents.

Unsurprisingly therefore, motherhood was viewed ambivalently within the community, especially among the young teenage girls who were most vulnerable to becoming pregnant. Motherhood was alternatively feared and celebrated, and attitudes towards it were highly changeable. Despite the widespread availability of contraception in Thailand, and the high level of knowledge among these girls of the causes of pregnancy, birth control was almost never used. I will return to this point at the end of this chapter, but it is worth noting that no active steps were taken to avoid pregnancy, even when the girls claimed not to want a child.

Teenage motherhood, like child prostitution is problematic, not least because it blurs distinctions between adulthood and childhood. While early pregnancy is not uncommon in rural Thailand, it runs counter to western (and increasingly to indigenous middle class) views on the correct form of childhood. Childhood is viewed as an asexual time of innocence, play and seclusion (Ennew, 1986; Ennew and Milne, 1989; Holland, 1992). Sexuality and sexual experience are not considered to be part of a child's experience and juvenile pregnancy reflects an awkward gap between theory and reality. When teenagers become pregnant through prostitution, it becomes even more troublesome, especially when issues of abuse and exploitation are inescapable. In this case fertility and reproduction cannot be looked at in isolation from the wider context of these resource-poor settings (see both Unnithan-Kumar and Russell this volume). It is not remarkable, therefore, that motherhood in these circumstances is regarded with apprehension by the girls themselves and by outside agencies which aim to prevent prostitution. However, even in these conditions pregnancy and motherhood are not viewed entirely negatively and elicit a range of reactions. They may actually be welcomed as a positive change in both status and work patterns, or they can be ignored, denied or even ended through abortion or adoption. In the circumstances, the change in status noted by many previous authors is not always automatic, and the links between

motherhood and adulthood are far from definitive. Motherhood among child prostitutes becomes ambiguous; it can be both an entry into, and a denial of, adulthood and the young mothers themselves respond to it in various, and often contradictory, ways.

It is worth mentioning the issue of fatherhood briefly. Although girls are the main focus of this chapter, it is important to indicate that boys also worked as prostitutes and undoubtedly fathered children. However, because this was less obvious, it was almost impossible to obtain any information about it. It was possible to note that fatherhood did not bring the same status change as motherhood and men with children were not necessarily considered adults because they had fathered a child. It was hard to generalise about this because there were so few young men who had fathered children and then stayed around to look after them; but fatherhood did imply fewer of the burdens of reciprocity and filial duty. Children in Baan Nua did feel some sense of duty towards their fathers, but it was never as strong as their feelings towards their mothers (Mulder, 1979). Many of the fathers were absent and this affected relationships with their children. But within Baan Nua men were usually peripheral. They could not work in the village and rarely held down jobs outside it, and they left all the important decisions about finance to their female relatives. Therefore, many young men drifted off to other villages or occasionally to find work in other areas of the country. The ties that bound women to Baan Nua - their children, their children's income, their lifestyle - were not so strong for men who always remain marginal to the fundamental structure of Baan Nua which was based around women and their kin.

### *Lek*

When I met Lek in 1993 she was around thirteen years old and pregnant with her first child. She had been working as a prostitute for many years and at that time was the only source of income for her family of five (her mother, father, brother, sister and nephew). Both she and her mother Saew claimed that she voluntarily became a prostitute. Saew said that she knew nothing about it until it was too late and had no idea how to stop it once she found out. Lek was insistent that the work she

did help fulfil her obligations to her parents and immediately gave all the money that she earned to her mother who often gambled it away or simply lost it. Although Lek has up to twenty different clients a year – all westerners (*farangs*) - her most regular partner for many years has been a British man known as James whom she calls a boyfriend rather than a client. While she knew she was carrying a child of mixed-race (*luuk khnung*), she did not know which of her clients was the father.

Lek's feelings towards the child were highly ambivalent. On the one hand, she hoped that either James or one of her other clients would take responsibility for her and give her more money because of it. But on the other hand, she did not want the child, feeling that it would prevent her from earning money and would tie her down. She also felt that her nephew was already the favourite of the family and that another child would mean that she would be even more neglected by her mother. When James refused to give her any extra money or to pay for the expenses surrounding the birth, she tried to induce an abortion. There was no knowledge in the community about abortifacient drugs or money to pay for a surgical abortion and so Lek tried to induce an abortion by hitting herself repeatedly in the stomach and jumping off a wall. However, even these measures were ambivalent. Lek knew of nobody who had managed to induce an abortion in this way, and when her mother found out, she forbade her to try again. Saew had very strong feelings about abortion and as a Buddhist believed to be a form of murder. Lek did as her mother asked.

Lek continued to work for the full course of her pregnancy and continued also in her secondary work as a pimp for the other children in the village. She gave birth prematurely in March 1994 to a daughter who she wanted Saew to raise in the rural community in North-East of Thailand from where she originally came; but her mother would not go. Lek thought about putting the child into an orphanage allowing her to be adopted but eventually decided against it, returning to prostitution as a means of supporting the child. Six weeks after the birth, Lek was back at work, leaving the baby in the care of her mother. Her brother refused to give her financial help towards the birth so she turned to another western client who paid all her medical expenses and expected sex in return.

Lek's case illustrates many of the difficulties surrounding pregnancy and motherhood for young prostitutes. It shows quite clearly the exploitation and abuse perpetrated by western men who are not prepared to show any responsibility for the girls beyond paying for sex. It also depicts the conflicting dilemmas that the children face; between responsibility to their children and to their parents, and the difficulties they have in obtaining any sort of help other than from the men who were guilty of the abuse in the first place. Apart from her mother forbidding an abortion, Lek's family gave her little help and support.

Others around Lek offered no different example. Lek's sister-in-law Tik had also had a child early. When she was fourteen, she lived briefly with Lek's brother Tam while working as a prostitute and gave birth to Tam's child. After they split up, their son was given to Saew to raise and Tam gave up work to live off Lek's income. I once asked Saew if she was worried about either Lek or Tik giving birth so young but she replied that she was not because she had married at twelve and given birth at thirteen and did not think it was an unusual or difficult thing.

The people of Baan Nua retained some of the traditional respect for motherhood and it was usual to address women with children as *maer* (mother). This denoted both status and respect but among the younger generation it was inconsistent and based as much on social factors as biological ones. I never heard anyone refer to either Tik or Lek as *maer* even after giving birth. Both had children young, at fourteen, but there was no status change involved because they did not behave socially as mothers. In Tik's case this took the extreme form of pretending that she was considerably younger than her years and denying the fact of her maternity. She would claim that her son was in fact her nephew or her younger brother and whenever I asked her age she told me that she was fourteen whereas she was, in fact, about twenty. She insisted on going to school with the other children of the village and sitting with the other fourteen-year-old girls and acting as if she were still a child. Similarly, Lek did not deny her maternity but neglected her baby, forgetting to feed it and usually leaving her mother to look after her. For Lek, motherhood and adulthood were not the same and her neglect of her child suggested that she was not ready for the responsibilities that she saw as commensurate with adulthood. However, that both Tik and Lek explicitly rejected

adulthood by denying or neglecting their children and refusing to be responsible for them, which suggested that they were aware of the value placed on motherhood and of its role in marking the boundary between adulthood and childhood. Motherhood does not, therefore, automatically make a child an adult. To perform its transformative function it has to be recognised socially by the community and by the mother herself. In this instance, motherhood, like adulthood and childhood, has become an ambiguous and shifting category, continually open to reinterpretation (see Boyden, this volume).

Lek's ambivalence towards her daughter was clear. She did not want to give her up for adoption, and although she placed her in an orphanage, could not bring herself to leave her there permanently and reclaimed her after six weeks. Despite her inadequacies as a parent and the lack of help, she attempted to look after the child by working to provide an income for her upkeep. Although Lek was often deeply pessimistic and would not talk about the future, saying things like 'I don't dream any more', she was also quite adamant that she wanted a different life for her child away from prostitution. Unfortunately, however, she had little idea of how to make that happen and hoped that salvation would come in the form of one of her clients who would take her away from Baan Nua and provide for her. She clung to the notion that James was a boyfriend, not a client, and consistently and vehemently denied that he abused or took advantage of her in any way.

Lek's daughter also represented explicit returns. Lek had someone who had duties to her and was no longer someone who only had obligations. Although the majority of very young children (under seven) did not work as prostitutes in Baan Nua, they were still expected to bring in an income. Many of them begged from tourists or attempted to sell chewing gum and garlands of flowers to them. Several scavenged on the nearby rubbish dump and sold the scrap metal they found there to dealers. Although this brought in tiny amounts of money and had high risks, as soon as they were able, all children were expected to earn money. In as little as three years time Lek's daughter would be able to start contributing money to the household, and the community values of Baan Nua dictated that she would turn it over to her mother in a show of filial duty. A child, even an unwanted child, could be a source of moral and financial recompense.

A child also provides a source and focus of love which should not be underestimated, however obvious this point seems. There is always a tendency to assume that parents who allow their children to work as prostitutes must be abusive and exploitative and that if they loved their children, they would forbid such work. However, in Baan Nua deliberate abuse was uncommon and children were much loved by their parents who looked after them as far as they could, sent them to a rudimentary school run by a small local charity group, and shielded them from the authorities. But life was extremely difficult for everyone, and children had to contribute as best they could, even if this meant prostitution. There was no sense that parents deliberately inflicted harm on their children, and indeed in some cases, this was explicitly denied. A mother of an eight-year-old boy prostitute once said, 'It's only for one hour, what harm can come to him in an hour?' Although this attitude might be viewed as wilful ignorance, children were far more than a potential source of income for their parents and children were welcomed and enjoyed. This is not to romanticise their life or people's attitudes to their children; clearly children were being abused and exploited but this was done more from ignorance or perceived necessity than malice.

Similarly, although none of the young women who had children expressed it in these terms, babies also gave uncomplicated love. The child prostitutes of Baan Nua suffered from inadequate parenting and exploitative sexual relationships and friendships could be hard to sustain when all the children were chasing the same clients. I would suggest therefore that a baby gave many of these children a kind of love they received nowhere else. Although parents did love their children and children reciprocated that love, it was clear that many mothers were found it difficult to raise their children and often misused alcohol or drugs, especially glue. Several were coping with both young children and their own grandchildren and had little time for the older children. Lek in particular felt neglected and undervalued by her mother and was scared that another child in the family would further supplant her. Despite Lek's equivocal feelings about her daughter, the child provided Lek with a focus and a love she did not get elsewhere. This was not an issue the children ever talked about and it is important not to project feelings onto them, but it did seem that babies represented security, emotional, social and financial, for these young mothers.

## **Reproductive Health**

Despite the obvious health risks involved in prostitution, there is surprisingly little literature on the reproductive health of young prostitutes, except in relation to AIDS. It is very hard to discover how and if young prostitutes avoid pregnancy or sexually transmitted diseases. Campaigns by the media and non-governmental organisations stress the high risks of HIV infection among children released from brothels (O'Grady, 1994), but there is very little known about other aspects of their reproductive health. What few reports there are suggest that fertility is controlled by pimps and brothel owners and that the children have very limited control over their own bodies (Centre for the Protection of Children's Rights, 1991; Asia Watch 1993). A report by Asia Watch claimed that in brothels along the Thai/Burmese border, where many women and girls are held against their will, it is usual that for children to be compelled or persuaded to take oral contraceptives (and to have abortions when necessary) by the owner to prevent any disruption to their working lives and the levels of income they earn (Asia Watch, 1993).

The children in Baan Nua, however, sold sex on a freelance basis and had no brothel or pimp to tell them to use contraception. Although pregnancy and sexually transmitted diseases were the two of the most obvious physical dangers of child prostitution, the children took no steps to avoid them. Both the pill and condoms were readily available over the counter in pharmacies and even supermarkets in the city; but they were rarely used. Cost, of course, was a consideration, and many of the children did not have the extra money to pay for them; but there were other issues which made it harder for children than adults to protect themselves from sexually transmitted diseases. Condoms in particular were problematic for children as the children's clients usually refused to wear them and to negotiate their use would take a command of English and a level of confidence and power that they did not have, that the children did not have. Although many of the children did struggle to gain some control over their clients, this usually took the form of negotiating higher payments for sex rather than protecting their own health.

It is claimed by O'Grady (1992) and Muntabhorn (1992) that there has been an increase in the numbers of child prostitutes because men are now demanding younger children who are believed to be free of sexually transmitted diseases, especially AIDS. In the absence of any detailed studies about the sexual preferences of the clients of child prostitutes, this can only be speculation. However, if true, it is a dangerous assumption since, far from being resistant to disease, children seem to be particularly prone. A child's body is not suited to penetration by an adult and the sexual act can inflict great damage in the form of tearing and bruising. The standards of health and hygiene in Baan Nua were generally poor, with no running water, poor food quality and non-existent medical care. As any disease to a child with poor health and a weakened immune system, can be devastating, the dangers of opportunistic infections among the children was high and the cuts and lesions they received from their clients made them particularly vulnerable to secondary infections.

More general aspects of reproductive health seem almost forgotten. The concern with AIDS has subsumed interest in all the other diseases from which these children suffer (Ennew et al., 1996) and yet these other diseases, whether sexually transmitted or not, are of more immediate concern to the children. Indeed, there is little point in getting tested for HIV. If they do test positive, the children have no access to medical help and they cannot insist on condom use. To inform a client of their status or to give up prostitution would mean losing their only source of income. It was therefore unsurprising that few of the children wanted to discuss AIDS or HIV even though their knowledge of transmission was relatively good.

I do not know what other diseases the children suffered from. Certainly most of them had open sores on their arms and faces and suffered from gastro-intestinal diseases. Many were addicted to glue sniffing and appeared to have breathing problems as a consequence. Over half appeared to be underweight or malnourished. I suspected that several suffered from tuberculosis and at least two had measles. It would also be reasonable to suppose that many suffered from sexually transmitted diseases. When one sixteen-year-old girl from the community was taken to the public hospital, she was found to be suffering from gonorrhoea, chlamydia and syphilis. Given

that she shared clients with other children in Baan Nua, sexually transmitted diseases must have been endemic. Yet hospital visits were the exception rather than the rule. The people of Baan Nua did not like going to the hospital; they were afraid of being reported for letting their children work as prostitutes, for not sending them to government school, or for the illegal use of the land on which they were living. They also felt the hospital staff patronised upon them and would test them for AIDS and other diseases without ever giving them the results. They relied therefore on pharmacies for medication (which in Thailand do not need prescriptions to dispense) and took antibiotics when they could afford them and were in serious pain but rarely finished courses. More often they simply ignored the diseases until they went away or became asymptomatic.

Fertility rates therefore were not as high as might be expected. Certain sexually transmitted diseases such as chlamydia can lead to pelvic inflammation and infertility and the high levels of poor health and malnutrition meant that many girls did not menstruate and saw themselves as unlikely to become pregnant. Few precautions against pregnancy were taken as they were perceived as expensive and unnecessary. The rarity with which the children attended hospital meant that longer-term forms of contraception such as Depo-Provera or intra-uterine devices could not be given or even discussed, and in any case might not have been suitable given the poor health of the girls.

Underlying attitudes also made contraceptive use problematic. The expense and the hassle involved, and the perceived lack of need for contraceptives certainly influenced some of the children; but equally as important was their belief in, and reliance on *karma*. *Karma* is a central tenet in Buddhist theology and (to over-simplify) refers to the responsibility of a person for the sum total of their actions in all their incarnations, past and present. Certain actions can make merit, such as filial duty and fulfilling family obligations, which in turn improves *karma*. Buddhists are always struggling to improve their *karma* in order to improve their position in their next life and to be reborn in a higher or more comfortable situation. Most of the children in Baan Nua claimed to be Buddhists, and although their understanding of the religion was very simplistic it provided a cultural and religious reference to their lives to which they referred constantly.

However, the belief in *karma* often manifested itself in ways that may appear as extreme fatalism to outsiders. Contraception was not used as it was believed that if it was your *karma* to get pregnant or AIDS it could not be avoided. Writing about male sexual behaviour in northern Thailand, Graham Fordham makes a similar point (Fordham 1995). Despite extremely high levels of AIDS awareness and the availability of cheap condoms, men did not use them. Condoms, they claimed, not only reduced their pleasure but were unnecessary. If they were going to get AIDS, it was their fate and that could not be avoided. If they were not destined to becoming HIV positive, then it simply would not happen. In Baan Nua, this attitude was also prevalent. I asked several young prostitutes if they were worried about pregnancy. While they all replied that they did not want a baby in their circumstances, none believed that they had any control over it. If it was their fate to be pregnant, then it would happen.

### *Nuk*

The case of Nuk illustrates the apparent fatalism that many children in Baan Nua felt about their lives and the difficulties many had in imagining any way of changing their circumstances. When I first met Nuk, she was fourteen and living with Paul, a regular buyer of sex in Baan Nua who later became Lek's client. Nuk had been with Paul for two years and had negotiated a deal with him whereby she agreed not to have sex with other men and in return for a weekly sum of money. She lived with Paul in an apartment in the centre of the city, but he spoke only a little Thai while she spoke no English. As a result, she frequently became lonely and would return to Baan Nua where her family still lived. Nuk had a very serious addiction to glue and often, after a heavy bout of sniffing, she would collapse and become paralysed. Occasionally she was taken to the free public hospital, but they could do little for her and usually sent her home. She and Paul quarrelled constantly about her addiction and he threw her out regularly because she would not give up.

After one especially heavy session of glue sniffing, Nuk collapsed and was taken to hospital, where she was diagnosed as being HIV positive and having TB. She had a great deal of difficulty breathing and had to be put on a drip, but as no-one could afford to pay for long-term

treatment, she discharged herself. She refused all treatment after that and her condition grew steadily worse. She died five months later, ostensibly of TB. She had spent her last few months telling everyone that she wanted to die and that she saw no point in fighting her fate by staying alive. She had lost her way of earning money and was now simply a burden on her family. In some ways she was right. Her HIV infection and ill health, as well as her lack of access to medical treatment and to the drugs that keep HIV from developing into AIDS, meant that probably she would have died sooner rather than later; but she never questioned the inevitability of her death or the path of her life.

## **Conclusion**

Child prostitution is an extremely emotive and sensitive subject, and in the urgency to campaign and protest against exploitation, it is unsurprisingly that other issues such as pregnancy and reproductive health have been overlooked. Yet pregnancy, motherhood and sexual health are precisely the areas that need to be studied if the cycle of abuse is to be broken. There is still far too little data about the health of child prostitutes and the overwhelming concentration on HIV and their eventual deaths from AIDS-related illnesses means that more emphasis is placed on how children die than how they live. Yet communities such as Baan Nua show that although children may struggle they do have lives apart from prostitution and that their communities do continue. Yet prostitution is so pervasive in such places that the perception is that selling sex is the only way to bring in money and sexually transmitted diseases and pregnancy are simply occupational hazards. It seems likely that many of the children born to young prostitutes will, in their turn, also become prostitutes, working to support their young mothers who worked to support theirs.

The anthropologist is not always the best person to make policy recommendations. Still, cases such as Baan Nua do show the importance of anthropological understandings. Campaigns against child prostitution and the spread of AIDS have reached Baan Nua and people are aware of them; but they needed more than information. Attitudes and belief in fate and *karma* mean that

despite their knowledge, they took no action to protect themselves. It is vital to condemn child prostitution and campaign to end it; but it is easy to look at prostitution, fertility and reproductive health on a macro level and to overlook how these concepts are played out at a local level where they influence the way individuals see themselves as daughters, mothers and as members of their communities. For some of these girls, motherhood was a positive experience, bringing with it prestige and a change in status. Others struggled with it, yet were accorded little help. With so much money being directed into AIDS research or to prosecuting their clients, the children themselves have been overlooked. Of course money should be spent on the former but by concentrating so exclusively on AIDS and prosecution, the causes of child prostitution are never fully tackled, only the symptoms.

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