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Keywords

sex tourism, southeast Asia, sex trade, Thailand, development

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Tourism and the Sex Trade Industry In Southeast Asia

Ashley Mason

Tourism has the potential to be an important agent of development in transitional societies. Tourism is an international phenomenon that acts on a global scale bringing about unprecedented changes in many countries. Sex tourism is one such change that has been wrought in a number of Southeast Asian countries, such as Thailand. This paper is a discussion of the health and well-being of female prostitutes engaged in the sex tourism industry in Southeast Asia. By focusing on assessing the health of the women, in relation to both HIV/AIDS and mental health, a window will be opened through which it will be possible to view the processes of development and tourism. A discussion of the historical and economic factors that are behind the rise of sex tourism will be followed by an account of the patterns of HIV/AIDS transmission and prevalence among sex trade workers. A discussion of the changing patterns of demand and consumption by mass tourism will also factor into understanding the continuing complexity of the situation. As well, the ways in which poverty and marginality play a part in sex trade and tourism will be factored into the equation, relative to both individuals and nations in the global economic market. The last section will bring up a number of questions and areas of investigation that have not been fully explored, both within this paper and in the tourism literature in general. It is hoped that this section will also point out a number of areas that are crying out for future anthropological and cross-disciplinary study.

As this paper focuses on sex tourism in Asia and how it is a product of the process of tourism and development, any understanding of the processes at work must be analyzed first from a historical perspective. It is important to understand the multitude of factors that have created the complex conditions that promote and protect sex tourism. Thus, the political economy of Asian sex tourism will be demonstrated to be part of a complex historical process, involving both economic and political phenomenon. As well, any attempt to discuss the importance of understanding Asian sex tourism in a broad perspective must take into account the complexity of forces stemming

from the individual motivations of women who enter the industry. The health aspects of tourist development of this type will also be discussed since it is an important, though often overlooked, aspect of any form of development. I hope to bring together various sources in order to understand and situate Asian sex tourism within the powerful global economic currents of world development

Throughout this paper I will primarily draw upon information regarding the sex trade in the context of tourism in Thailand. The vast majority of information on this subject is confined to research gathered in Thailand, principally because of the clear historical background of the industry and the country's relative political and academic accessibility compared to other Southeast Asian nations. The sex trade related to tourism is also found in other Southeast Asian countries, such as the Philippines, Taiwan, Korea and Vietnam. Increasingly, as the tolerance for entering sex tourism declines in the primary guest nation of Japan, women from these other Southeast Asian countries are imported into large Japanese cities to work. Unfortunately, there is very little information related to this major shift of location and how it affects the women involved. I will attempt to specify the country of origin regarding the information I have obtained on this subject, in order to avoid contributing to homogenizing female prostitutes from various backgrounds and in different niches of the industry. Due to the nature of the information I will be drawing on the inevitability of some homogenization in the form of generalized references to Southeast Asia, or "women involved in the sex industry" will unfortunately happen.

A BRIEF HISTORY OF THE DYNAMICS OF MASS TOURISM AND PROSTITUTION IN SOUTHEAST ASIA

Sex tourism in Thailand dominates the country's tourist market. Males traveling to Thailand represent roughly seventy percent of arrivals. Even after business travel is factored out of that percentage, inbound tourism is almost thirty

percent more male dominated than one could predict without using the appeal of sex tourism as the corresponding factor (Edwards cited in Leheny 1995). As a source of revenue for Thailand, tourism is the largest single generator of foreign exchange earning and may surpass the entire country's agricultural earnings (Leheny 1995). Tourism is aggressively marketed and promoted by the Tourism Authority of Thailand because of the foreign currency earning potential. Sex tourism is an important draw for tourists to Thailand and other Southeast Asian countries, even though demand by local customers actually accounts for more prostitution in total (Cohen 1982). Clearly, tourists traveling to Thailand to indulge in sex tourism will also participate in other aspects of the tourist economy, such as accommodation, meals, and transportation. Thus marketing, or at least protecting, the sex trade industry has economic benefits for the host country that extend well beyond the sphere of sex tourism specifically.

Today, world annual travel spending of two trillion dollars exceeds the Gross National Product of any country in the world, with the exception of the United States and Japan. It is estimated that by the year 2000, tourism will be the largest industry in the world (Jarari et al. 1990). Tourism brings together people of diverse nations who are separated by vast economic, political and social differences, thus affecting both the host and guest cultures. Sex tourism in Asia is an excellent example of the power tourism has to drastically affect one nation for the pleasure of another more powerful nation. Leheny (1995) notes that the shape of the sex tourism market depends largely on a shifting array of political and sociocultural forces that determine the composition of the demand for tourism services. Furthermore, "social change in a source of tourism demand can have profound effects on the structure of the industry, the type of tourism and the gender roles it reproduces in host regions" (Leheny 1995). This pattern of international demand by guest nations and corresponding supplication in supply by host nations characterizes the history of sex tourism in Southeast Asia. A brief overview of the historical forces that have exerted pressure on host nations of sex tourism will demonstrate, as Leheny accurately states, the existence of sex tourism relies on a peculiar and unstable combination of sexuality, nationalism and economic power (1995:369).

The sex trade in Southeast Asia did not begin with international tourism. Some researchers trace the beginning of prostitution in Thailand back hundreds of years to ancient Buddhist conceptions of gender roles, which historically made women subordinate to men, thereby creating a pattern of gender relations that have endured to today (Tranh-Dan 1983). The increase in prostitution in Thailand has alternatively been aligned with the commercialization of the rice trade in the nineteenth century (Lee 1991). The Bowring Treaty of 1855 opened Thailand to foreign laborers, most of whom were young men from rural south China, who planned on supplementing their families income for a short time in the mining industry, followed by their eventual return home (Leheny 1995). As well, expansion in the size of the rice trade led to a large increase in the number of Chinese migrants to the area around the port of Bangkok, resulting in an increase in the demand for prostitution (Leheny 1991).

In the early 1960's American military personnel began arriving in large numbers in Thailand and other parts of Southeast Asia. In 1966 American servicemen began traveling to Thailand on one-week rest and recreation trips from South Vietnam. Lee points out that "during the twelve years of U.S. military 'occupation' there was massive growth in the number of prostitutes in bars, nightclubs and brothels in Bangkok and around the bases in the Northeast [of Thailand]" (1991:79). The presence of the United States military had definite effects on the supply/demand relationship of the sex trade in Thailand and Southeast Asia. By the late 1960's there were forty thousand U.S. military personnel stationed at various bases in Thailand and approximately half a million stationed in Vietnam (Thanh-Dan 1983). Entertainment centers catering to the needs of the military soon grew up around the bases, forming a service infrastructure that became redundant after the American withdrawal from Southeast Asia. In fact, the massive presence of military forces also led to the diversification of the sex industry, "moving [it] beyond the rudimentary structure of simple brothels, which had largely catered to local men, to massage parlors, dance halls, and other more complex environments for the marketing of sex" (Leheny 1995:373). Tranh-Dan (1983) points out that a similar pattern of prostitution mobility in

response to military demand was found in the Philippines and Korea during the 1960's.

Following the end of the Vietnam War and the dispersal of the American troops, the large prostitution industry that had arisen under military demand was left without clientele. Tourists quickly filled this demand side of the equation, with male tourists outnumbering female tourists two to one (Lee 1991). The first wave of tourists involved in the direct consumption of sex tourism were Americans and Europeans. However, by the early 1970's Japanese involvement surpassed all other nations through the marketing of all-inclusive package tours that appealed to lower income Japanese with little knowledge of foreign languages (Muroi and Sasaki 1997). The 1970's saw the continued rise in the number of Japanese tourists to Southeast Asia. Muroi and Sasaki point out that during the 1970's:

Arrivals [to Southeast Asia] were dominated by men, who constituted eighty to ninety percent of all travelers from Japan in 1979, in contrast to tourism to West European countries and the USA, where men were fifty to sixty percent of the total... (1997:185)

During this period, the Japanese demand for sex tourism was so entrenched that some companies, as reward to their male employees for extraordinary or lengthy service, used sex tours as a reward.

Just as the demand for the sex trade changed according to the tastes of U.S. servicemen during the 1960's, the pressure of Japanese customers has similarly influenced the location and form of the sex industry through the 1970's and 1980's. As mentioned above, the male Japanese demand for the sex trade in marginal Southeast Asia countries boomed with the increase in cheap travel. Global economic development had created a disparity in wealth between nations, a fact that would further contribute to the commodification of sexual services by women. Tourism made prostitution an:

[I]nternationally traded commodity [through the] growing integration of the tourist industry linking hotel chains and package holiday firms...allowing the

spare capacity in aircraft seats and hotel beds to be matched to a growing metropolitan demand for esoteric and competitively-priced sexual services at tourist destinations. (Tranh-Dan 1983:534)

The international tourism community contributed to this process by funding and actively promoting tourism while turning a blind-eye to the accompanying rise in prostitution. Tourism was seen simply as a viable way for 'Third World' countries to earn badly needed foreign currency. Tranh-Dan (1983) points out that the trend of many Asian governments in the 1970's and 1980's was to allocate large amounts of money to the aggressive promotion of national airlines, to promote tourism through advertising, and to provide hotel accommodations and tourist infrastructure. Thus, it is evident that international pressure from a variety of sources significantly contributed to, and continues to set the stage for, sex tourism in Southeast Asia.

More recently, new patterns have begun to form in the sex industry in Asia, particularly as it relates to Japanese tourists. From 1981 onwards, the rate of growth of Japanese women traveling abroad increased significantly, in some cases outnumbering men (Muroi and Sasaki 1997). The governments and tourist authorities of the Asian countries began realizing the economic potential of this situation and began to actively market tourism toward Japanese women. A related change in the pattern of sex tourism ensued. Japanese women firmly avoided frequenting the areas renowned for sex tourism in the past, and in fact began to publicly criticize the sex trade (Muroi and Sasaki 1997). Protest campaigns against sex tourism soon spread to include the major nations involved in sex tourism, particularly as consumed by Japanese men. Clearly, the organizations placing pressure on the governments of host nations to 'clean up' their tourist centers had the extra weight of a potential tourist currency behind them, thereby adding incentive for change in the form of new sources of foreign currency.

In addition, women's groups based in host nations had also gained strength and protested adamantly against the promotion of sex tourism in their countries (Handley 1989). Through this period of backlash against state protection of sex

tourism, governments, such as that in Thailand, conveniently ignored the accusations that they had sanctioned and encouraged the commodification of their female citizens for profit (Handley 1989). Yet, in 1981 the government of Thailand did order a crack down on the sex trade with little success. Richter (1989) discusses the difficulty that the government of Thailand had in trying to abolish something which was already illegal. The somewhat decisive move by the Thai government to target prostitutes had the double effect of canceling many Japanese and Asian sex tours, as well as, strengthening the hold of unscrupulous entrepreneurs who now had an even tighter grip on the women involved in their establishments (Richter 1989).

The explicit pressure placed on sex tourism host nations in the 1980's did eventually have the desired effect of toning down international advertising. It also had the unforeseen affect of shifting the location of sex tourism from host nations to the primary guest nation of Japan. The decline in sex tourism in Thailand and the rest of Southeast Asia was accompanied by a rise in the migration of women to work in the sex trade in Japanese urban centers, such as Tokyo (Muroi and Sasaki 1997). Very little has been written about this latest development in the tourist sex industry, yet a number of hypotheses can be put forth. It is logical to assume that women who now have to travel to Japan to gain some modicum of economic earning potential are faced with an entirely new set of problems and pressures that they must deal with. In the following section, an assessment of the health and well-being of women involved in the sex trade, and an analysis of the differential problems faced by sex trade migrants to Japan will be discussed.

The most salient feature of this newest trend in sex tourism is the visible effect that the demand of one nation can inadvertently place on another in the context of tourism development. The women involved in sex tourism are players in a global process that has placed them and their home countries in a position of marginality in relation to the 'First World'. The relationship between them, based on the liaison of tourism, is facilitated by "women's bodies which underpin the balance of payments" (Lee 1991:79). Although the economic relationship of tourism development is at least partially founded in the exploitation of women in

the sex trade in Southeast Asia, it should not be assumed that the women involved are passive actors in this process. As Cohen argues, the women who turn to prostitution are engaging the circumstances they are presented with, in terms of economics, cultural ideals and personal freedom, and are making the best of the choices they have (1982). We should not make assumptions about the victimization of women in the sex trade in Southeast Asia, but rather seek to understand the numerous and complex circumstances which present them with prostitution as a relatively lucrative option.

ASSESSING HEALTH AND DEVELOPMENT: MENTAL HEALTH AND OTHER CONCERNS

This section will attempt to provide a brief outline of the mental health concerns that face female prostitutes engaged in sex tourism. Even a short purview of the sex tourism literature makes it clear that the mental health of the women involved in the industry is neglected in research, in favor of concentrating on more global processes affecting the phenomenon of sex tourism in general. Yet, I would argue that working with a 'bottom-up' approach, by first addressing the individual state of women's health, would shed new light on sex tourism. At this point, a review of the available literature on the mental health of sex trade workers is in order. Unfortunately, throughout this section the generalizing term of "the women" will have to be used since no differentiation is made between actual women's experiences. Again, I would argue that this acts to complete the objectification and homogenization of women in sex tourism, thereby making them a more generic, faceless mass that is easier for governments and the tourism industry to politely ignore.

Prostitutes involved in the sex industry generally live on the fringes of poverty and waver back and forth between times of relative affluence and destitution. Illness may hamper their ability to conduct business, so it is likely that the women conceal their health problems from their employers. The costs of health care are also high for prostitutes. Prostitution and abortion are illegal in Southeast Asia, and only certain doctors are allowed to deal with prostitutes, thus, the women must pay for health services from their earnings

(Thanh-Dan 1983). Hazardous backstreet abortions often lead to secondary medical implications and mental depression, which in turn may contribute to drug addiction and alcoholism (Tranh-Dan 1983). The working cycle of the prostitute is also relatively short, thus curbing their potential earning power. In addition, the costs of entering into prostitution are especially high because health services are poor and inequitable, and little public support exists for protective legislation for sex trade workers (Tranh-Dan 1983).

Relatively little attention has been paid to the assessment of the health of women involved in the commercial sex trade throughout Southeast Asia in the context of tourism development. Generally little differentiation is made between various types of women working as prostitutes. Rather, they are discussed in the literature as a homogeneous group who have been forced or chose to enter prostitution for the same reasons. The lack of in-depth study into the health and well-being of the women can be taken as a sign of their objectification and commercialization through international forces of development. The bulk of research on sex tourism focuses on the economic and political economy of the sex trade and ignores the realities of survival for the women involved. Only rarely have I seen any mention of internal demographic differences between women involved in prostitution in Southeast Asia. One example is presented by Ford and Koetsawang who mention the presence of different levels of social stigmatization towards prostitution and variance in community social sanctions between different regions in Thailand (1991). They note that in Northeast Thailand, a daughter's involvement in the commercial sex industry may be tolerated as a means of coping with the family's poverty, while in the slightly more prosperous Southern region, family sanctions against prostitution are stronger. In this second case, the women who become involved in prostitution are more likely to keep their occupation a secret from their family and community. This example illustrates an important area of concern for evaluating the different strains and stresses prostitution may place on women.

In attempting to assess the relationship between health and development in the context of sex tourism, it is important to look for factors, such as varying levels of regional participation, in order

to gain a clear picture of the individual experiences of the women involved. By treating all prostitutes as a homogenous group, we dilute their experiences and commit a grave mistake. Future investigations should seek to understand the various health strains these women are subjected to in relation to their different niches within prostitution and their background prior to entering the profession.

The gradual shift in prostitution in the 1980's away from tourist destination countries to the tourist countries of origin, led to large numbers of women migrating out of their home country. This principal shift has seen women now entering Japan to work in the sex industry, as opposed to Japanese men entering the host country. The women enter Japan and the sex industry with the same hopes for a better life that propelled earlier women to enter the industry in their home countries. Yet, as Muroi and Sasaki argue, we should recognize that women migrating from the four primary countries (Korea, Taiwan, the Philippines and Thailand) into Japan do not have the same working conditions, nor do they engage in the same types of jobs (1997). I would also add that there are variations in the woman's perception of their involvement in the industry and varying factors that propelled them into it. Muroi and Sasaki, in their analysis of sex tourism, discuss the differing levels of use of women's shelters in Japan by prostitutes of varying nationalities. They determine that within the sex trade industry in Japan:

Korea and Taiwan have been two of the destination countries for Japanese sex tourism. . . [yet] it can be concluded that Korea and Taiwanese women do not make up the main work force of prostitutes [as opposed to women engaged as masseurs or hostesses] in Japan and if any of them are engaged in prostitution, they have relatively secure working conditions. (1997:202)

They cite a number of factors responsible for the disparity in the experiences of the women once they reach Japan. For example, Korean and Taiwanese women began arriving in Japan before Filipino and Thai women. Because of the historic

relationship between Japan, Korea, and Taiwan from World War II and beyond, many of these women have relatives living in Japan or have visited there before entering the sex trade. As well, this entry gap has allowed Korean and Taiwanese women to establish themselves as bar owners rather than hostesses alone. Many have been in Japan long enough to marry and thereby secure some economic stability. Muroi and Sasaki (1997) also note that Korean and Taiwanese women come to Japan for more diverse purposes such as employment, study, vocational training, and to visit relatives, as opposed to Thai and Filipino women.

In contrast, Filipino and Thai women make up the majority of prostitutes in Japan, but differences between their experiences do exist. Thai women have a weaker and less secure position in Japan than Filipino women do. This situation is created through a number of reinforcing structural barriers that the women live within. According to Muroi and Sasaki, Thai women go through more levels of brokerage in their recruitment compared to Filipino women (1997). These levels include a local recruiter in their native village, a Thai broker who forges their passport and makes necessary arrangements for their transportation to Japan, a Japanese broker who supplies women to bars, and finally the owner of the bar or nightclub. This lengthy connection process serves to ensure that the Thai women have a larger debt to repay to the brokers and bar owners before they are allowed to work for themselves. The average debt is reported to be between three and a half to four million yen, an amount that takes a number of years to repay (Muroi and Sasaki 1997). Clearly, the recruiters, bar owners, and brokers make enormous profits by targeting Thai women for the Japanese sex trade.

Visa status also differs between Thai and Filipino women. Filipino women are granted entertainer's visas relatively easily, due to a Filipino government policy that encourages working abroad. In contrast, Thai women can usually only secure a tourist visa that does not allow the holder to stay more than 90 days. They cannot openly look for a job without becoming illegal workers. Thus, Thai women are in a position of insecurity in Japan that is easily exploited by the bar owners for profit. The last point to consider that differentiates these women's experiences is that Thai women do not usually

speak Japanese or English, while Filipino women often do speak English (Muroi and Sasaki 1997). Thai women tend to be more isolated because of their inability to communicate with the majority population. Filipino women, on the other hand, are more likely to communicate with their Japanese customers in English. It is also noted by Muroi and Sasaki, that due to the complexity of factors which leave Thai women in a vulnerable and precarious situation, they tend to be more restricted by the bar owners and forbidden to go out alone. In contrast, Filipino women use social meeting places, such as church, as a means to make friends and find support (Muroi and Sasaki 1997).

Clearly, there are important differences between the experiences of women from various nationalities involved in the sex trade based in Japan. It can logically be surmised that the same quantity of variation in experience is present regarding the women involved in the sex trade in their native countries, even if there is no systematic research to demonstrate it. Furthermore, such differences in terms of mental health based on indicators of isolation and exploitation, should be addressed on a more individualistic basis than what has been done up to this point. A number of factors could provide insight into the mental health of women involved in the sex trade, both at home and abroad. For example, a systematic investigation into the various perceptions of prostitution according to religious orientation could potentially point out differences in self-perception and perhaps feelings of guilt or shame associated with working in the sex trade.

One of the only studies that has attempted to discover the aspirations and hopes of women in the sex trade, beyond bettering their economic situation, is that by Erik Cohen in 1982. He attempted to gain an understanding of the pressures and stresses that prostitution put on the lives of women living on a small street in Bangkok, Thailand. The women he spoke with were motivated to enter the sex trade initially to help provide supplementary income for their families in their home villages. They also had the hope of entering into a permanent relationship with a farang (tourist), which would provide them with both emotional stability and economic support. The women lived in a pattern where they engaged in multiple short-term relationships with farangs that ended up having very little stability or

permanency. Cohen comments on the pain of many women after a breakup with a farang boyfriend who had been providing economic and emotional support:

The attitudes of the girls undergo a parallel change in the wake of disillusionment. It is common for a girl to get quite deeply involved in a love-relationship with one of the first farangs whom she meets. The trauma of breakup of the relationship or of separation after the departure of the boyfriend usually provokes a personal crisis, which eventuates in a more guarded or discriminating attitude toward farangs. Some become completely detached, at most feigning involvement in "staged" relationships. . . Owing to the ambiguity and ephemerality of such liaisons, the careers of these girls are punctuated by emotional crises of varying degrees. (Cohen 1982:421)

The dependency of the women on their customers for economic consistency is a destabilizing factor that places them in a position of constant pressure to please their customers and boyfriends in order to survive. Cohen (1982) also observes that the women suffer a significant level of depression after a breakup with a permanent customer. As their economic situation declines without extra support they often experience mental anguish and depression as they fall back into their old life ways (1982). It is evident that the sex trade does not provide a lucrative lifestyle for the women who engage in it. Instead, they are faced with personal difficulties, harsh life conditions and other stresses that have implications for their health and well-being. Very little attention has been given to this aspect of the sex trade in Southeast Asia, again pointing out that there are still numerous areas that desperately need attention if we are to elaborate on our understanding of the relationship between tourism and development.

ASSESSING HEALTH AND DEVELOPMENT: HIV/AIDS AND PROSTITUTION

As mentioned above, prostitution in Thailand is illegal, making it extremely difficult to collect any accurate numbers of the women involved. Many women float into and out of the sex trade over time as their economic needs necessitate. The continual recruitment of women and young girls into the industry also makes collection of statistics difficult. It has been estimated that a quarter of a million women are involved in the sex trade in Bangkok alone (Phongpaichit 1982). Knowing the actual numbers of women involved in sex tourism is important in assessing the health and health risks of the industry's population, and the population in general, in relation to HIV/AIDS.

The government of Thailand has shown a consistent lack of concern regarding the transmission of HIV/AIDS since the disease's first appearance in the early 1980's. The disease was generally dismissed as something that did not affect Asian peoples and was reported as a disease solely of foreigners (Smith 1990: 782). Awareness of HIV/AIDS first appeared in Thailand in connection with sex tourism. Smith notes that:

The cases of HIV reported during the mid 1980's were restricted to members of the extensive network of gay bars and homosexual prostitutes serving foreign men. Health Ministry officials and many leading medical experts dismissed the threat of an AIDS epidemic in the country as a whole, believing it to be a disease of foreign homosexuals and their Thai contacts. (1990:781)

As the 1980's wore on, the Thai government remained inert with respect to HIV/AIDS policy. The number of people affected by the disease was not made public bringing about accusations that the government was covering up the incidence of the disease in order to protect its interests in sex tourism. When the official view on HIV/AIDS came under scrutiny by the media, the government was requested to provide the public and those in high-risk occupations with better information on the disease. This demonstrates that primacy was initially given to the interests of the tourist industry

over protection of the public's health (Cohen 1988).

The official denial of the threat of HIV/AIDS had consequences for the health of workers involved in the sex trade. Cohen notes that:

The attitude of denial of danger and lack of concern with the threat of the disease was until recently also characteristic of the participants in the sex industry and its customers. Until early 1987 "sex workers" were either unaware of the existence of the disease, or denied that it may pose a threat to them personally, or to their customers. Neither did the authorities take any steps to enlighten them as to the nature of the disease or on the ways to protect themselves from infection. (1988:469)

As public opinion mounted against the government for its lack of policy and action on HIV/AIDS, the blame began to shift and fell on female sex trade workers. The scale of the sex trade industry meant that it had the most potential for the widespread transmission of the disease to all strata of society (Ford and Koetsawang 1991). There is the chance of infection from foreigners to Thais, and Thais infecting tourists, who in turn infect their sexual partners upon their return home.

By the late 1980's, some sex establishments began to demand that the women in their employment undergo regular blood tests for HIV/AIDS, as well as enforcing the use of condoms with customers. The reasons for the enforcement of such practices have been questioned. Cohen argues that these are ambiguous health-monitoring devices that appear to protect the workers' welfare but also help to assuage the customers' fear of catching the disease (1988). The use of condoms is especially ambiguous since the relationship between the women and their long-term partners may resemble more of an emotional relationship, rather than a business transaction (Cohen 1982, 1988). In addition, the ability of the women to enforce the use of condoms with customers may be severely circumspect. Customers may object to using them, thereby

placing the women in a situation where they must lose financial reward unless they comply. As well, prostitutes who are infected with HIV/AIDS may simply leave the establishment they are working at and move to a new sex trade establishment (Kingman 1988).

There are differences in the infection rates between areas of the sex trade business. Although HIV/AIDS is a concern among prostitutes serving foreigners, greater numbers of these prostitutes are aware of the risks of the disease when compared to other women. Smith (1990) notes that the group most at risk is the poorly paid prostitutes working in brothels in Thailand that serve Thai men. They may not even have the resources to buy condoms for their customers to use, let alone endure the risk of losing business on account of insisting customers use them. Most recently, it was estimated that two-hundred thousand to three-hundred thousand people in Thailand are infected with HIV/AIDS (Smith 1990). In one study conducted in northern Thailand, a survey of 100 prostitutes found that close to half were infected, with the highest rate among those women working in the low class brothels (Smith 1990; Hiebert and Ladd 1993). Yet, the highest rates of HIV/AIDS infection in Thailand is found among injecting drug users, some of whom are also involved in the sex trade (Ford and Koetsawang 1991).

It is clear that the health implications from working within the sex trade industry can have grave consequences. The prevalence of STD's among sex workers has not been covered in this section, but Richter notes that outbound charters from Thailand have often been dubbed the "gonorrhea express", indicating the sex trade has a wide range of health concerns (1989). Perhaps the most important link that can be drawn from the prevalence of HIV/AIDS in Thailand, is the connection between poverty and prostitution. It is within the context of poverty that women are attracted to the relative economic affluence of the commercial sex industry. As noted for the differential distribution of HIV/AIDS between various sectors of the industry, poverty also plays a role in determining the ability of women to protect their own health interests once engaged in prostitution.

The initial disregard of the threat of HIV/AIDS by the government of Thailand, also points out the relationship between tourism,

development, and economic marginality in a global system. Tourism as an agent of change has had enormous benefits for the economic positioning of Thailand, but it has also placed it in a position of dependence on wealthy 'First World' nations. As a result, the transmission of HIV/AIDS had the potential to break that relationship by making sex tourism an adventure too risky for foreigners to engage. Thus, the original official policy of silence can be understood as a mechanism to protect valuable foreign currency by the government. Unfortunately, the women involved as sex trade workers can be viewed as so-called 'sacrificial lambs' who face the consequences of this tourism development.

This section has sought to emphasize the local and national level effects of HIV/AIDS, as it is related to particular historical and social factors in Thailand. Today, the allocation of scarce resources in Thailand and other Southeast Asian nations, will be the most important element affecting women involved in the sex trade. Sensitive research should be directed at understanding the complex relationships between far reaching social and political factors that sustain and foster the commercial sex industry. As well, the assessment of health should play a prominent role in seeking to understand the complexity of factors that intertwine within the context of tourism and development in the sex industry.

FUTURE AREAS OF CONCERN REGARDING PROSTITUTION, MASS TOURISM AND DEVELOPMENT IN SOUTHEAST ASIA

The study of tourism as a global, economic force only began in the 1950's. Thus, as a relatively recent area of study, it has much to develop in terms of the academic infrastructure of journals and publications, as well as, in cross-disciplinary coordination. This paper has focused on tourism as an agent of change in the context of sex tourism in Southeast Asia. I have attempted to outline the historical development of large-scale prostitution, from local demand to tourist demand, and place it in the broader context of global processes. The scope of this paper is limited due to its length and the lack of available material to draw from. As such, in the present section I will discuss the obvious gaps in this paper and in the sex

tourism literature in general. At the same time, I will propose a number of avenues that need to be addressed in order for this subject to be understood in its complexity.

The most glaring omission from this paper is the role of male prostitutes and children in the sex trade. The even sketchy numbers for women involved in the industry surpass those recorded for men and children. There is little known about the reasons that instigate male involvement in sex tourism. Just as the reasons for women's involvement in sex tourism reflect individual mechanisms for coping with the pressures of survival in a global system, it can be assumed that the same variety of factors propel men to enter the industry. The involvement of children in sex tourism is perhaps the most frightening area that should be addressed. Again, the factors that intermesh and involve children in the sex trade should be examined, rather than supplanting the conditions discovered for women's involvement.

The different realities for men and children in the assessment of tourism as an agent of development must also be explored. For example, it has been demonstrated that there are distinct patterns of health risk associated with female prostitutes in Southeast Asia, and that a number of factors, such as government control of HIV/AIDS information, have had severe ramifications for women's health. As well, the patterns of economic stability secured through various relationships with tourists, and the patterns of mobility by women in the sex trade, effect the prevalence of HIV/AIDS and other health issues. As Ford and Koetsawang point out in their study of the cultural context of HIV transmission in Thailand, involvement in the commercial sex industry is characterized by a high degree of geographical and occupational mobility (1991). This mobility in turn affects the ability of health care workers to disseminate information on health issues such as HIV/AIDS. It would seem logical to surmise that differential involvement by men in the sex trade would also result in specific structural difficulties, hampering efforts to provide health information and support. The absence of regular medical attention and information to more marginal groups, such as male and children prostitutes, may further accelerate the transmission of HIV/AIDS.

The interaction between prostitution and drug dependency is another avenue that has not been investigated in the literature on sex tourism. Cross-disciplinary information regarding drug dependency and the spread of HIV/AIDS in North America and Europe could provide a useful starting point. Yet, there is no reason to assume that the patterns of drug dependency among sex trade workers in Southeast Asia have anything more than a superficial resemblance to other drug cultures. As well, the political economy of drug production would likely have entirely different dynamics behind it in Southeast Asia than in North America or Europe.

Research assessing the health costs of tourist development on the consumer side of the equation, have been seriously disregarded in the sex tourism industry. An analysis of this type would need to attempt to understand the different patterns of consumption and mobility of tourists engaging in sex tourism. Generalizing the experiences, economic conditions, or motivations for engaging in the sex trade create the same type of homogenizing difficulties, whereby the complexity of the situation is reduced irrevocably. For example, in keeping with the concerns of this paper, an account of the frequency of transmission of diseases such as HIV/AIDS or STD's, both to and from tourists, could have important implications for understanding the patterns of transmission with greater accuracy. Medical intervention for HIV/AIDS in Southeast Asia to this point has focused almost exclusively on guaranteeing the cleanliness of the sex trade workers in order to quell the fears of potential customers. In Thailand, prostitutes and drug users can be forced into testing for HIV/AIDS, but the same does not stand for the customers (Handley 1989). Such measures serve to provide assurance to clients that the women in Thailand's sex trade are "clean". It would be worthwhile to ask for whose benefit such medical treatments are demanded. It seems that the nations involved most heavily in sex tourism wish to ensure the women's health primarily for economic reasons, rather than ensuring the customer's health or the safety of the women. It is an ironic situation considering the sex industry in Asia was originally seen as immune from HIV/AIDS, since HIV/AIDS was considered to be a disease of foreigners.

Perhaps the most important area of sex tourism that needs to be addressed in the future is the consequences on the industry, both from a macro and micro perspective, in relation to the current economic crisis in Asia. The marginality of Southeast Asia in comparison to 'First World' nations, such as the United States and Japan, was a primary factor in the original upsurge of the sex trade. Tourism is a powerful means through which a culturally embedded economy and its associated values can be transformed through the relationship with guest nations. Thus, the 'whole economy' must be considered when evaluating the impact of development through tourism. In this light, the current economic crises could potentially force host nations, such as Thailand, into a state of greater dependency on foreign currency that is generated through, or in association with, the sex trade. In addition, the rural poverty that is the major personal impetus behind women entering the industry can only logically be exasperated by a global economic decline that pivots on Southeast Asia. The precarious and unstable economic situation of women once they are involved in the industry could also lead to greater dependency on a dwindling number of tourists. Alternatively, the depressed economic market in Asia could serve to attract more tourists, lured by the increased value of their foreign currency. In this case, women could face greater competition for the available tourist money as the economic situation worsens. The health of women will also likely suffer because of the economic crises, since their earnings will be devalued while expenses such as medical care will likely increase. A micro understanding of global economic relationships clearly provides another window to view the relationship between tourism and development. A global financial crisis such as the "Asian Flu" should attract our attention as it potentially provides another complex factor affecting the experiences and lives of women involved in the sex industry.

CONCLUSIONS

This paper has attempted to highlight a number of global processes that interconnect to set the stage for sex tourism in Southeast Asia. The relationship between tourism as an agent of development has been explored through a

discussion of sex tourism. The historical precedent set in Southeast Asia demonstrates that it is necessary to understand a phenomenon, such as sex tourism, along a lengthy continuum, rather than as a static or momentary occurrence. The U.S. military presence in Asia was discussed as a major contributor to the original rise of prostitution, followed by demand by tourists. As the relationship of demand migrated from military personnel to North American and European tourists, other accompanying government and international policy changes fostered and encouraged this shift. One result of this realignment of demand was the upsurge of sex tours marketed directly toward male tourists. The bulk of tourist demand gradually became a Japanese phenomenon, followed by a shift in public approval of sex tourism. It was demonstrated that as Japanese women gained an economic voice in international tourism, their outrage against sex tourism pushed forward the elimination of public advertising by host country governments. An unintended result of this action was a re-orientation of the industry away from the pattern of travelling abroad to partake in sex tours, facilitated by the importation of sex trade migrants to Japan, who thereby continued to fill demand for sex tourism.

These macro processes and historical events were then shown to have consequences on the experiences of women involved in sex tourism. An attempt at assessing the health and well-being of the women was played against the historical processes that foster the industry. Some of the stresses that the women encounter through their involvement in sex tourism were discussed. As well, the relationship between the transmission of HIV/AIDS and the sex trade is shown to have been controlled by the host country's government interests in continuing the flow of foreign currency. In the last section of this paper, various avenues that were not explored were addressed while simultaneously pointing out new areas of study that could provide insight into the relationship between prostitution, development, and tourism.

It is clear that tourism, prostitution, and development are interconnected in multiple and intricate ways and have implications for the health and well-being of the people involved in them. Any understanding of sex tourism in Southeast

Asia must attempt to involve as many factors as possible into the exploration of the affects of development. Yet, development studies are without any systematic approach or formula that defines the elements that research should embrace, thus the process seems to be unlimited. The assessment of health and development is a long and arduous, but has the potential to provide fruitful results. The current example of the affinity between health, development, and tourism does not do justice to the true complexity of the relationship, but does attempt to involve a number of macro global processes and micro factors into the equation. In the future, any attempt to understand tourism, development, and health, be it in the context of the sex trade in Southeast Asia or in any other example, should recognize that there are no boundaries that delineate the edges of these issues and processes. Rather, they are global and relate to both micro and macro levels of experience, and thus should be addressed and understood as multi-dimensional agents of change.

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