HIV Related Knowledge and Prevention Among Thai Female Commercial Sex Workers in Japan

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Abstract

A survey of 87 Thai female commercial sex workers (TCSW) was conducted in Tokyo and surrounding areas to investigate their: 1) living conditions, 2) knowledge about HIV/AIDS and sources of information, and 3) working conditions and dealings with clients. Data were mainly collected by "snowballing" with semi-structured interviews. The results showed a majority of participants knew HIV could be contracted through sexual intercourse and that condom use could protect against HIV infection. However, some TCSW reported failing to use condoms despite having requested clients to do so. Reasons for client compliance with condom use were discussed. Although a majority of the participants underwent HIV testing at least once every 3 months, they did not learn much about HIV prevention through public information and education. The results suggest that workers and clients need more detailed information concerning HIV prevention as well as a greater accessibility.

Key words: HIV/AIDS, Thai commercial sex workers, Knowledge, Condom use, Client of sex worker,

Introduction

Since the end of the 1980s, two phenomena have significantly contributed to the HIV epidemic in Japanese^{1,2)}. Firstly, the high prevalence of HIV infection (between 10-20%) among commercial sex workers (CSW) in Thailand^{3,4)} influences the Japanese HIV epidemic through Japanese tourists and businessmen who use the CSW's services. Secondly, many Thai women have migrated to Japan and have become involved in the Japanese sex industry. In 1992, when the number of Thai migrant workers reached its zenith, approximately 40,000 Thai female commercial sex workers (TCSW) were estimated to be working in the Japanese sex industry²⁾. These TCSW are considered to be a major source of heterosexual transmission of HIV in Japan^{5,6)}.

By the end of 1997, Japan reported a cumulative total of 2,490 cases of HIV infection and 1,056 cases of AIDS, excluding

those who had been infected through blood transfusions⁷⁾. In most of the early cases infection occurred through homosexual contact. Since 1991, however, the major mode of transmission for HIV infection has been heterosexual contact, accounting for about 50% of the total reported cases. Since 1995, heterosexual transmission has accounted for a majority of AIDS cases. Among these, the majority of cases involved Japanese men (41%) and foreign female sex workers, mostly from Thailand (34%). The number of TCSW reported as infected with HIV in Japan increased from seven cases in 1992 to twenty-four cases in 1994. Moreover, Ichikawa, et al., reported an HIV infection rate of 1.2% (2 out of 165) among Japanese male clients of TCSW⁸⁾. Therefore, even though CSW may play a key role in the heterosexual transmission of HIV infection in Japan, some of these TCSW may, in fact, have contracted HIV from their clients and transfer the virus to subsequent sexual partners.

The main purposes of this survey were to describe: 1) demographic features associated with the lifestyle of TCSW before and after travel to Japan, 2) their knowledge and sources of information regarding HIV/AIDS, and 3) their working conditions, especially their deals with clients, their risk or preventive behaviors, and the motivations for such behaviors. This study was undertaken in order to make recommendations on how HIV infection through commercial heterosexual contact

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might be prevented.

Methods

Subjects and materials

We selected the "kanto koshin-etsu" region of Japan, which refers to the Tokyo Metropolitan area and surrounding prefectures as the study site, since the Japanese AIDS Surveillance Committee reported that two-third of HIV/AIDS cases had emanated from this area. In the study site there are several Thai enclaves with "red-light areas" where TCSW are concentrated. The study site also has several refuge shelters that assist abused women. Most of these women were TCSW. The survey was conducted both in the "red-light areas" and shelters located in the study site.

Since most TCSW are undocumented workers, there is no record of the numbers of such workers in any of these areas. However, a preliminary survey the authors conducted in preparation for this study found more than 200 TCSW working in each survey site. Accordingly, a non-random snowball sampling was used as a means to approach the participants who were working in these areas. Furthermore, every TCSW who took refuge in a women's shelter during the survey period participated in the study. Since the Japanese sex industry has developed many forms of business, the participating TCSW worked in various areas of the sex trade including as bar hostesses, street walkers, brothel based sex workers, and call girls.

A questionnaire containing four main areas of investigation was prepared. The first section focused on participants' socio-demographic data, such as age, education, marital status, and experience in the sex trade. The second part surveyed participants' living conditions in Japan, including period of stay, Japanese language ability, and ways of spending leisure time. The third part included questions concerning their knowledge of HIV/AIDS and the sources of information on HIV/AIDS, before and after coming to Japan. The fourth section focused on behaviors for preventing HIV transmission, and such related issues include: 1) questions on frequency of undergoing HIV antibody tests and factors influencing such behavior, 2) facts about sex work such as number of clients, condom use, and contraceptives, and 3) deals made with clients, in particular, requesting clients use of condom, reasons for the request, reactions of clients when requested to use condom, and the TCSW perceptions of such reactions. Multiple choice were used in the first three sections of the investigation, while in the last section mainly open-ended questions were used.

Data collection

Before conducting the survey, the authors visited the participants' work places and apartments, as well as Thai restaurants the subjects frequented, in order to pretest the questionnaire. We found that although there was no difficulty in getting participants to return the questionnaires, some questionnaires were returned incomplete, particularly those questions related to sensitive issues such as sex patterns and deals with clients. This may have been due to participants' distrust of researchers and/or problems with literacy.

To overcome the problem of incomplete responses, we decided to adapt the questionnaire and to change the survey method. We changed the language of the questionnaire from formal or medical terms to simple and direct terms with which

participants seemed to be familiar. For the survey method, we conducted out-reach as we had during the pre-test, consulting the respondents about their problems including their health problems, but excluding HIV/AIDS. Once we had established a level of trust with the participants, we explained the purposes of the survey. After receiving verbal consent to participate in the study, we conducted semi-structured interviews where possible. When the safety of both researcher and subject could not be assured, such as when the TCSW's "boss" was present, an anonymous questionnaire was used. We conducted both the interview and the questionnaires in Thai language from November 1993 to March 1994.

During the five-month survey period, we recruited 87 TCSW, all of whom agreed to participate. We interviewed 66 TCSW (50 persons recruited by out-reach activities and snowballing, and 16 persons from women's shelters) and surveyed the remaining 21, who were also recruited by out-reach, by anonymous questionnaire. The response rate of the questionnaire was 100%.

Data analysis

Data analysis primarily included calculation of means and percentages for participants' socio-demographic data and other issues. A Pearson's χ^2 test was used to determine the differences in proportions of participants' socio-demographic data, HIV/AIDS related knowledge and condom use, and the frequency of HIV antibody test, request for condom use and clients' reaction. Although the participating TCSW worked in different types of sex businesses and lived in the different areas, their answers and comments about the study were similar. Therefore, the data were analyzed across these groups.

Results

1. Participants' characteristics and their living in Japan

The age of participants averaged 25.5 years, with a range of from 17 to 38 yrs. Fifty participants (58%) had received primary or lower level of education. Thirty-six (41%) were single, and 26(30%) had regular sex partners. Eighty-four (97%) reported their last job just before traveling to Japan was not in the sex industry, and only one participant said her last job was as a CSW. However, 23 participants (26%) said they had experience in commercial sex work.

All participants held 90 days tourist visas when they came to Japan. The average period of stay, however was 23.4 months (ranging from 3 weeks to 5 years), which indicating most of them were in Japan illegally. Seventy-two (83%) said they needed to pay 3.5 to 4 million yen or approximately 35 to 40 thousand US dollars as a so-called "nii" (debt) to their managers or "boss" (pimps or mamasans), and during the survey period 28 (32%) said they had not finished paying their "debt" yet. Thirty-seven (43%) lived alone or with their partners, and the other 50 (57%) shared apartments with other TCSW. Sixty-two (71%) said their Japanese language ability was poor, and one said she did not speak Japanese at all. When asked how they usually spend their leisure time (multiple answers), 43(50%) reported they just rest at home, 35(40%) write or call their family in Thailand, and only 24(28%) go out frequently (Table 1).

2. HIV/AIDS related knowledge and sources of information

Eighty-four participants (97%) knew that HIV could be

Table 1 Socio-demographic Data (N=87)

	n (%)
Age	Average = 25.5 ± 4.7 yrs (range:17-38)
Educational background	
Up to primary school	50 (57.5)
Junior high school	18 (20.7)
High school	14 (16.1)
Above high school	4 (4.6)
No answer	1 (1.1)
Marital Status	
Single	36 (41.4)
Cohabiting	26 (29.9)
Divorced/Separated	20 (23.0)
Widowed	4 (4.6)
No answer	1 (1.1)
Last job before coming to Japan	
Employee/Laborer *	61 (70.1)
Self employed **	10 (11.5)
Student	2 (2.3)
CSW	1 (1.1)
Unemployed	9 (10.4)
Others	2 (2.3)
No answer	2 (2.3)
Experience in commercial sex work	
Yes	23 (26.4)
No	61 (70.1)
No answer	3 (3.5)
Length of stay in Japan	
Average = 23.4 ± 3.6 months (range:3 weeks - 5 years)	
Paying off "debt" to the managers	
Paid off	44 (50.6)
Still paying	28 (32.3)
No debt at all	11 (12.6)
No answer	4 (4.6)
Japanese language ability	
No difficulty in daily conversation	24 (27.6)
Not enough for daily conversation	62 (71.3)
None	1 (1.1)
Ways to spend leisure time ***	
Stay at home	43 (49.4)
Write or call family in Thailand	35 (40.2)
Going out	24 (27.6)
Chatting with friends	18 (20.7)

* including house maid, sales clerk, and other manual work

** including street vender

*** multiple answers

CSW : commercial sex workers

transmitted through sexual intercourse. Seventy-three (84%) knew that HIV infection could be prevented by using a condom, and 71 (82%) knew that taking oral contraceptive pills would not protect themselves from HIV infection. On the other hand, relatively few participants knew that contact with HIV positive people in daily life through sharing food and utensils (62%), or sharing a toilet (55%) would not put them at risk of getting HIV (Table 2).

When asked about their sources of information regarding HIV/AIDS (Table 3), participants reported that their knowledge and information regarding HIV/AIDS were mainly gained when they were in Thailand, most commonly through the mass media (46%), followed by pamphlets or posters (34%), schools (27%), and friends/family (25%). In Japan, their major sources were Japanese TV (24%), friends or colleagues (24%), pamphlets

Table 2 Knowledge of HIV/AIDS (N=87)

	Correct Responses n (%)
At present, AIDS is an incurable disease.	75 (86.2)
AIDS is transmitted by sexual intercourse.	84 (96.6)
We may get AIDS by sharing food or kitchen utensils. ^(F)	54 (62.1)
We may get AIDS by sharing a bathroom or toilet. ^(F)	48 (55.2)
We can protect ourselves from AIDS by using a condom.	73 (83.9)
We can protect ourselves from AIDS by taking contraceptive pills. ^(F)	71 (81.6)

^(F) The correct answers are "false".

Table 3 Sources of information on HIV/AIDS (N=87)

	multiple answers n (%)
Sources in Thailand	
TV / newspapers / magazines	39 (45.9)
Pamphlets / Posters	29 (34.1)
Schools	23 (27.1)
Family / Friends	21 (24.7)
Sources in Japan	
TV	20 (23.5)
Thai friends or colleagues	20 (23.5)
Pamphlets	6 (7.1)
Thai newspapers / magazines	6 (7.1)
Friends / "boss" who are non-Thai	6 (7.1)

Table 4 Details on HIV antibody tests

	n (%)
Undergoing for the test in the past 12 months (N=87)	
Regularly	64 (73.6)
Not regularly	21 (24.1)
No answer	2 (2.3)
Frequency of undergoing for the test (N=64) *	
At least once every three months	50 (78.1)
Once every four months	2 (3.1)
Once every five months	2 (3.1)
Once every six months	7 (10.9)
Once every seven to eight months	3 (4.7)
Reasons for not to undergo HIV test regularly (N=21) *	
Lack of information about the testing sector	7 (33.3)
Financial problems	3 (14.3)
Feel healthy	3 (14.3)
Just arrived in Japan	3 (14.3)
Afraid of being arrested by the police	2 (9.5)
Language barrier	2 (9.5)
Afraid of a bad result	1 (4.8)

* open-ended questions

(7%), Thai newspapers or magazines (7%), and non-Thai friends or their "boss" (7%). However, participants reported that the contents and language used in the pamphlets distributed in Japan were too difficult and they could hardly understand them.

3. HIV antibody test

Sixty-four participants (74%) reported that they had regularly undergone the HIV antibody test during the past 12 months (Table 4). Among those who regularly received the test, 50 (78%) said they usually were tested at least once every three months. Twenty-one participants who did not undergo testing

Table 5 Correlation between participants' knowledge of HIV/AIDS and their frequencies of undergoing HIV antibody test* and asking clients for condom use*

	Participants who gave correct answers to all issues shown in Table 2	Participants who did not give correct answers to all issues shown in Table 2
Regularly undergo HIV test	13 (59.1)	51 (81.0)
Not regularly undergo HIV test	9 (40.9)	12 (19.0)
Always / usually asked clients to use condom	18 (100.0)	34 (68.0)
Not always / usually asked clients to use condom	-	16 (32.0)

() = percentage

* p<0.05

Table 6 Participants' commercial sex work during the previous month of the survey (N = 68)

No. of clients per week	Range=0-70, Mean=6.1, Median=3, Mode=2
Less than 4 clients	52 (76.5)
5-9 clients	8 (11.8)
10-14 clients	3 (4.4)
15-19 clients	2 (2.9)
More than 20 clients	3 (4.4)
Condom use per 10 intercourses	Range=0-10, Mean=5.6, Median=6.5, Mode=10
Never	12 (17.6)
1-3 times	15 (22.1)
4-6 times	7 (10.3)
7-9 times	12 (17.6)
Every time	22 (32.4)

() = percentage

Table 7 Commonly used contraceptive methods (multiple answers; N = 87)

	n (%)
Pill	56 (64.4)
Condom	18 (20.7)
Sterilization	3 (3.4)
Injection	2 (2.3)
IUD	1 (1.1)
Nothing	12 (13.8)
No answer	4 (4.6)

regularly said the main reason for not doing so was because the "boss" did not take them to the clinic and they did not have enough information about where to receive the test (33%). Other reasons included financial problems (14%), feeling healthy (14%), and because they were newcomers who had been in Japan for less than six months (14%), fear of police (10%), Japanese language problems (10%), and fear of a bad result (5%).

Because some of the participants indicated that financial problems prevented them from receiving the test, further discussion took place. All of them reported that because they were illegal workers and were not able to join National Health Insurance, a single test would cost them 10 to 15 thousand yen (approximately \$100 to 150 US at the time of survey) depending on the clinic. The participants who had already finished paying their "debt" had to pay the test fee themselves. For those who still had to pay the "debt", the "boss" usually paid for the test, then added that amount of money to their "debt". Actually, two out of

three participants who said that they did not have money to take the test were still paying their "debt" at the time of survey. However, the results showed that knowledge of HIV/AIDS was not the factor persuaded the participants to undergo HIV antibody test (Table 5).

4. Commercial sex work

Although the nature of commercial sex work may present a barrier to open discussion, 68 out of 87 participants agreed to discuss their experiences. Nineteen participants refused to talk about their work. Some of these TCSW stated that they could not get even one client for several days after the Japanese economy went into recession, and so they had no idea how to answer the questions about numbers of clients or frequency of condom use. Others said they did not want to upset themselves by remembering what was going on when they were working.

The results describing the 68 participants' commercial sex work during the previous month are shown in Table 6. The average number of clients per week was 6.1 with a range of 0 to 70. Majority of the participants (77%) had less than 4 clients per week, while 4% reported 20 or more clients. A participant who had 70 clients per week was interviewed at the women's refuge. She was forced to work in a brothel managed by Japanese organized crime, the "yakuza", and none of her clients used condoms. With the exception of this case, the participants' number of clients per week ranged from 0 to 30 clients. Twenty-two (32%) of the participants said they used condoms in every sexual intercourse during the previous month, while 12 (18%) of them said they never used condoms. The average frequency of condom use per ten sexual contacts was 5.6 with a range of 0 to 10.

The contraceptive methods commonly used by participants are reported in Table 7. The preferred method was oral contraceptive pills (64%), while only 18 (21%) participants reported condom as a commonly used contraception.

5) Deals with clients

5.1) Request for condom use

Fifty-two out of sixty-eight participants (77%) said they usually asked their clients to use condoms, while only 4 (6%) said they had never done so (Figure). Most of the participants who sometimes asked clients to use condoms said they usually had considered each client's characteristics, such as cleanliness or kindness, before deciding to ask them to use a condom.

Most of the participants (80%) said they tried to convince clients to use condoms because they feared getting AIDS, while 9 (14%) said they did so "for contraception". Other reasons reported were "because clients were drunk" (3%), and "those clients were patrons" (3%). Of the 16 participants who never asked or sometimes did not ask their clients to use condoms, 8 (50%) said it was because "clients said that condoms reduce their feeling during sex and they did not want to use them", 4 (25%) said it was because "those clients were patrons and the clients said there had been no problem up to now, so it should be OK from now on too". One woman responded that they did not have enough time, while three women responded that clients intended to use condoms without being asked to do so.

The results suggested that requests for condom use may be effected by participants' knowledge of HIV/AIDS, since all of the participants who gave all correct answers regarding HIV/AIDS

Fig. Participants' negotiation with clients on condom use (%)

related knowledge regularly asked their clients to use condoms ($p < 0.05$; Table 5).

5.2) Clients' reaction when requested to use condoms

When we asked "how did most of the clients react when you requested they use a condom?", the majority (84%) said their clients agreed to use one. However, more than half of the clients who agreed to use condoms (57%) used them reluctantly, and 8 (13%) participants said clients did not use condoms even after making the request (Figure).

Slightly more than half of the participants who said most of their clients agreed to use condoms when requested (56%) claimed "the client had done so because I convinced them through a serious warning", and 20 women (37%) said "it was because clients were also afraid of contracting AIDS". However, half of the participants who said most of their clients refused to use condoms even when requested, reported clients did not do so "because clients disliked condom", and 3 participants said "it was because clients thought that it was not necessary for patrons like themselves to use condoms".

Discussion

The survey was able to question only 87 TCSW, which was lower than expected after the success of the pilot. The main reason for this is most likely due to the survey period. Since 1993, the Japanese Immigration Office has stepped up efforts to deport illegal workers. According to data collected by the Immigration Bureau, more than 20,000 Thai workers, including TCSW, were arrested and were sent back to Thailand during the year 1993-94⁹⁾. Furthermore, it should be noted that the survey method used here may lead to the problem of sampling bias. However, there are very few studies of CSW in Japan, since they are a hard-to-reach population. With this study, we were able to reach TCSW working in a variety of forms within the sex trade.

Therefore, the survey findings describe some important phenomena and figures about commercial sex work, particularly among the reachable TCSW and their Japanese male clients. These findings may be important in designing STD/HIV prevention programs for these groups. In particular, intervention is needed since new TCSW are continually arriving to work in the Japanese sex industry.

In this study, more than half of the participants received only up to junior high school education and approximately 21% completed their secondary school education. These figures matched the distribution among women of similar age in Thai population. Only one participant said she worked as a CSW just before she came to Japan, and one-fourth said they had experience in commercial sex work. Some participants who had arrived in Japan just before this survey was conducted reported that newly arriving TCSW were asked to undergo an HIV antibody test and only HIV seronegative women would have a chance to come to work in the Japanese sex business. This may explain why HIV infection rates among TCSW in Japan (overall average between 1990-1994 were 3.0%) are much lower than those in Thailand^{3,10)}. Therefore, it is clear that at the time of arrival, majority of TCSW were not among the high risk population, and that intervention for HIV prevention among TCSW and clients is urgently needed in order to maintain their low prevalence of HIV infection.

Intervention for prevention of HIV infection among TCSW What should be informed and how to implement?

Although the level of HIV/AIDS related knowledge, preventive or risky behaviors, or the deals with clients could not be predicted by the socio-demographic characteristics of the participants, our findings did show that the level of HIV/AIDS related knowledge positively correlated with the behavior in practicing safer sex.

However, even though the majority of participants had knowledge of HIV/AIDS, particularly concerning the issues directly related to their work, many of them said that they did not receive an HIV antibody test because they felt healthy. Many of them said they did not use condoms with their patrons and usually considered the clients' cleanliness before asking for condom use. These responses suggest that many participants did not realize that someone who is infected with HIV may look "clean" or "healthy".

Although the results show that a small number of the target group had been exposed to information on HIV/AIDS through media campaigns, such as from TV or pamphlets provided by both the Japanese government and NGOs, none of them were exposed to the available Thai language video tapes. It is very likely that they understood little of the information regarding HIV/AIDS they saw on television, because of their low Japanese language ability which was barely good enough for simple daily conversation in some cases (Table 1). In addition, many of the participants reported that the contents of the Thai language pamphlets, including the words used, were too difficult to understand. Therefore, it seems that such information campaigns have failed to reach their target. Moreover, the illegal stay of these participants in Japan might have resisted them to go out in public, and the access to information was further limited. Accordingly, in addition to public education, intervention for HIV prevention should be directed specifically at the target group through other means such as out-reach.

Peer education which has been successfully used with similar populations in other countries ^{11,12}, seems to be an appropriate strategy for this target group. The results show that participants' knowledge of HIV/AIDS was mostly obtained from their colleagues. As they belong to a marginal community and work illegally, peers may be the most trustworthy agents. A previous result from the survey of Japanese CSW showed that the CSW's success in condom application is correlated to the learning from peers and the managers ¹³. These results, and report on the success of negotiation with clients about condom use in this study, suggest that if we can assist TCSW to exchange information about their experiences and technique of negotiating and making deals with clients, more TCSW may be able to practice safer sex. However, supporting illegal residents, who are also working in an illegal business, poses a dilemma for the government.

The collaboration between governmental agencies and NGOs may play an important role in such circumstances. For instance, while the number of TCSW who received HIV antibody tests at private clinics has decreased ¹⁴, the number of TCSW who visited a public health center in one of the survey areas after consulting with NGOs has increased ¹⁵. The growing number of TCSW visiting public health centers was reported to be due to the availability of NGO's counselors who speak Thai, the free-of-charge test, and the assurance that none of them would be arrested if the results of the test become positive, although the centers belong to the government. Such information was spread through personal communication, which developed trust between clients and providers, and ultimately led to the programs' success. However, some TCSW complained of financial problems, language barriers, and fear of the police when undergoing HIV testing. This indicates the information that free-of-charge anonymous HIV testing is available at every public health center across the country should be more widely publicized. This kind of service, along with Thai language counseling, should be provided in more cities where TCSW are concentrated.

During the survey, many participants reported both successes and failures in convincing clients to use condoms. Clients' behavior may be influenced by expectations they have concerning sex with CSW as can be seen from the following conversation:

Interviewer: When you asked your clients to use condoms, how did they react usually?

TCSW: It depends. Some agreed and some did not.

Interviewer: For those who disagreed, what was their explanation to you?

TCSW: They said if they had to use condoms, it's better to sleep with their wives. Why would they want to spend money on me?

Interviewer: Anything else?

TCSW: Yeah, some said they don't feel like having sex with a condom. It reduces their sensitivity.

Although it is well known that the rate of condom use for contraception among the Japanese is one of the highest in the world¹⁶, the survey results and the previous conversation, which was repeated by many TCSW, are especially significant. TCSW reported that clients told TCSW they used condoms with their spouses but expressed reluctance to use condoms with TCSW because contraception is not the clients' responsibility in the sex

business. These behaviors may have resulted from the dissatisfaction many Japanese men have with condoms. Some studies^{16,17} reported that a large proportion of Japanese husbands dislike using condoms with their spouse, but the limited number of contraceptive methods in Japan leaves them no choice. Therefore, condom use should be promoted among Japanese men for both contraception and prevention of STD and HIV.

The carelessness of clients was further described in the following dialogue:

Interviewer: When you asked your clients to use condom, how did they usually react?

TCSW: It depends. Some agreed and some did not.

Interviewer: Could you give me some examples?

TCSW: Well, most of the clients who got drunk would not agree to use one.

Interviewer: What did they say to you?

TCSW: Well, I couldn't understand the drunk people's language. As you know my Japanese is quite awful.

Interviewer: I understand. But you wanted to use a condom, right?

TCSW: Of course.

Interviewer: What did you do then?

TCSW: I always tried to put a condom on but not always with success. Once, the client took it off and threw it in my face.

These conversations show that negotiation with clients is a difficult task for these women. The outcome of negotiations was due not only to the clients' preferences, but also the TCSW's Japanese language ability and her determination. As some of them said "...although I hate this job and I'm afraid of getting AIDS, it's too difficult to ask clients to use condoms in some instances. So, I just give up and let it be. I'm too tired. I'm really sick of it...".

Reports of the use of several types of contraceptive methods which are generally not available in Japan such as pills, injection or IUD, suggested that many TCSW had access to such methods through connections, probably their "boss". The need to pay off their "debt", and the lack of correlation between level of knowledge of HIV/AIDS and undergoing HIV test, as well as finding and suggestion from other studies^{14,18} that managers had TCSW undergo HIV testing, suggests that the "boss" may play an important role in STD/HIV prevention as well. Convincing managers to support the CSW to work safely may be an important intervention.

Conclusion

In this study, the finding of one TCSW who was forced to work in the brothel managed by the Japanese yakusa suggested that some TCSW work not only in "hard-to-reach" areas, but also in "out-of-reach" areas. Unfortunately, our survey was unable to reach such workers who may need more protection and support. However, the survey findings have numerous implications for the prevention of HIV infection among reachable TCSW. It is clear that more specific details on HIV/AIDS, available in Thai language using words that are easy to understand, should be provided directly to the targets. Out-reach and peer education seem to be a suitable approach. Although these suggestions are not different from the

interventions which have been implemented in other countries, a meaningful response from the Japanese government to this issue is still a long way off. The government continues to give off contradictory signals: while the Ministry of Health and Welfare is trying to provide information on and intervention to HIV infection to the TCSW, the Immigration Bureau routinely cracks down on them¹⁹⁾. To focus on the CSW alone might not be an effective strategy. The crackdown may have pushed TCSW as well as their clients into a less known, less accessible, and more dangerous area of the sex trade²⁰⁾. In fact, many TCSW return to Japan again to work without documents even after being arrested and deported²¹⁾. These suggest the need for a clear national policy towards migrant sex workers and HIV/AIDS education and

intervention, based on collaboration between related governmental bodies and NGOs, with a focus on the demand for sex with foreign CSW among Japanese males, and the risks of both clients and workers involved in commercial sex. It is time to be more realistic about commercial sex work if Japan intends to maintain a low prevalence of HIV infection.

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