

Transnational Human Trafficking and HIV/AIDS: Women in Asia

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Transnational human trafficking and HIV/AIDS are two important social problems that cannot be discussed separately in the current era of globalization, where people are sold and bought across borders in sex industries. Vulnerability of women in the developing countries of South Asia has tremendously contributed toward the increased rate of human trafficking and HIV/AIDS. Due to the transnational nature of these phenomena, these issues have become convoluted and thus challenging to local practitioners or activists. However, there has been a paucity of research investigating these phenomena in tandem. The aim of this article was to conceptually analyze a possible prevention model for explaining the interconnectivity of transnational human trafficking and HIV/AIDS. Three theoretical foundations will be presented through a model explaining the connectedness of these issues and their impact on women's vulnerability in South Asia: transnationalism, deviant place theory, and the multilevel model of behavioral change. The authors will discuss implications for practice, policy, and research based on their conceptual analysis.

Keywords: *HIV/AIDS, human trafficking, South Asia, transnational*

Introduction

Human trafficking is one of the imperative social concerns worldwide and is considered as modern-day slavery. According to the United Nations Office on Drugs and Crime, there are three components of human trafficking: the act, the means, and the purpose (United Nations Office on Drugs and Crime, n.d.). The United

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Nations Office on Drugs and Crime asserts that human trafficking involves recruitment, transfer, transport, sheltering, and receiving people through coercion and deception or by providing monetary benefits to the victim's family. The worst example of human rights violation is female sex trade human trafficking, which is the exploitation of victims through forced prostitution (Rebugio, 2008; United Nations Office on Drugs and Crime, 2009). This is increasing at the transnational level and hence warrants attention from social workers and policy makers.

Women and children are the vulnerable targets for victimization globally, specifically in South Asia, due to the many aftereffects of globalization: free markets, technology, gender inequality, and poverty (Huda, 2006). In transnational human trafficking (THT), victims are trafficked across borders. This practice has become rampant in the past few years. It is a transnational problem involving the violation of human rights (U.S. Department of State, 2010). Moreover, female sex trade human trafficking victims are more common than other types of forced labor: "At least 700,000 persons annually, primarily women and children, are trafficked across international borders. Many of these women become part of the international sex trade, often by force, fraud, or coercion" (p. 1469). In the case of Nepal, children and women are trafficked to India and the Gulf countries (UNICEF, 2015). Every year, 5,000 to 7,000 Nepali women and girls are trafficked to India and 150,000 to 200,000 of them are currently working in Indian brothels in many cities (Sanghera & Kapur, 2000).

Available data indicate that South Asia has the second largest number of transnationally trafficked victims; it is estimated that 150,000 to 200,000 people are trafficked annually in South Asia (United Nations Office on Drugs and Crime, 2009). One of the consequences of human trafficking is that the majority of trafficked women are diagnosed with HIV/AIDS. It is disturbing that around 5 million people are living with HIV in South, East, and Southeast Asia (*Criminalisation of HIV Non-disclosure, Exposure and Transmission*, 2012). Nepal, which is one of the underdeveloped nations in Southeast Asia, has been a source country for transnational female sex trade trafficking, with many victims trafficked to India. Statistics show that 12,000 Nepali children are trafficked to India annually, mainly for the purpose of sexual exploitation (Walk Free Foundation, 2018). In addition, 7,000 women and girls are trafficked annually from Nepal to India and 200,000 of them are currently working in brothels in India (United Nations Global Initiatives to Fight Human Trafficking, 2014).

When practitioners and policy makers try to address the issue of THT of women and HIV/AIDS simultaneously, there are multiple factors that need to be investigated closely, including (1) prevention of THT, (2) prevention of HIV/AIDS infection among trafficked women, (3) protection of victims once they are rescued, and (4) promotion of both physical and psychological health once victims are integrated into a host society or repatriated to countries of origin. These factors have implications for social work practice and policy. As the case of India demonstrates, prosecution is not always effective and victims are further victimized (Hameed, Hlatshwayo, Tanner, Türker, & Yang, 2010).

Studies conducted in the past primarily focused on human trafficking and HIV/AIDS independently, and there is a dearth of literature examining the relationship between human trafficking and HIV/AIDS. As a result, there also has been a paucity of investigations on how nations collaborate to fight the transnational nature of this dehumanizing crime. Investigating one side of the human trafficking-HIV/AIDS phenomenon does not bring about any holistic solution or intervention. Hence, the purpose of this article was to conceptually and theoretically analyze the significant relationship between THT and HIV/AIDS, and the transnational relationship between victims' countries of origin and the destination countries where women are trafficked. The authors will discuss the implications for future interventions and focus on the impact of transnational social work on issues related to human trafficking and HIV in South Asia.

Literature Review

Transnational Human Trafficking

THT is not a new phenomenon. It is a significant violation of human rights and it became the focus of attention for international communities from the early 1990s onward. The number of victims increased after the rise of globalization (Noyori-Corbett & Moxley, 2015). Consequently, two seminal transnational policies addressing human trafficking were introduced by the international community: the UN Protocol to Prevent, Suppress and Punish Trafficking of Persons, especially Women and Children, which was supplemental to the United Nations Convention against Transnational Organized Crime (United Nations, 2000) and the U.S. Trafficking Victims Protection Act (2000).

The United Nations Office on Drugs and Crime (2006) categorized nations with victims of human trafficking into countries of origin, transit, and destination. The countries of origin for the majority of the human trafficking victims were Asia, Central and Southeastern Europe, and the Commonwealth of Independent States. It was reported that victims were transported through 98 transit countries in Central, Southeastern, and Western Europe to 137 destination countries.

Current State of Transnational Human Trafficking in South Asia

Victims have been transnationally trafficked mainly from Nepal and Bangladesh (Silverman et al., 2007). Both men and women in Nepal and Bangladesh are vulnerable and are often trafficked to Pakistan, Bahrain, Kuwait, the United Arab Emirates, and India for both labor and sexual exploitation (Rahaman, 2015). It is important to note that a significantly higher number of women were trafficked to South Asia than to other parts of the world.

More than 60% of the 7,800 victims identified between 2012 and 2014 were trafficked for sexual exploitation. Domestic servitude and other types of forced labor also affect women. Women and children from rural and

disadvantaged villages are frequently involved. Child marriage is common in Cambodia, China, Myanmar, and Vietnam's Mekong region (Caballero-Anthony, 2018).

In the study conducted by Silverman et al. (2008), the contributing factors for women to become the victims of human trafficking were poverty, gender inequality, and violence. Women and girls in South Asia look for better economic opportunities outside of their countries due to their lack of rights and their experiences with inequality in the job market (Crawford, 2010; UNICEF, 2017). Countries like Nepal and India in Southeast Asia are predominantly guided by patriarchal societal values and norms that increase women's vulnerability to domestic violence. In many instances, women are trafficked by their own husbands or boyfriends (Crawford, 2010). Young women trafficked from Nepal to India are vulnerable to HIV/AIDS (Silverman et al., 2008) due to the rapidly growing sex industry in India. Also, women from Nepal migrate in order to pursue a better life and to flee from their country's political unrest and community violence (Singh, Mills, Honeyman, Suvedi, & Pant, 2005).

Thailand, Cambodia, Myanmar, Indonesia, Singapore, and Malaysia are some of the other countries where human trafficking is rampant (Munro, 2012). Munro conducted a study to analyze the reasons for this trend. He concluded that borderlands in South Asia are relatively long with less state control; hence, it is easy for criminals to transfer humans across nations. Social patronage networks are accelerating the transfer of illegal commodities at borders. Being closer to the borders and away from the interior of a state makes people more vulnerable to becoming involved in criminal activities because of lawlessness. Munro further explained that rapid development of advancing countries around these borders along with lawlessness made borderlands a perfect place for the sex industry.

The border at Cambodia is well known for the "casino belt" where many foreigners visit for entertainment. Issues of exploitation of vulnerable Cambodian people became serious, especially after the civil conflicts ended and economic development started (Munro, 2012). Most of the Cambodians trafficked to Thailand to flee from poverty know what they will become involved in. Victims believe that they are doing the right thing as a good daughter or son, which makes them more vulnerable to traffickers who are their family members and neighbors (Keo, Bouhours, Broadhurst, & Bouhours, 2014).

Munro (2012) described two other major borders where traffickers of human beings are active. The Indonesia–Singapore–Malaysia border is a unique example of a sea borderland. Due to an imbalance of economic development between Indonesia and these two other countries, strict social control in Singapore and Malaysia, and the attraction of the sex industry in Indonesia, many Indonesian women and girls are trafficked within the country to serve customers from Singapore and Malaysia. Lastly, the border between Thailand and Myanmar has been a hub of traffickers since ethnic minorities from Myanmar escaped from persecution, and as a result, became vulnerable as undocumented aliens.

HIV/AIDS in South Asia

Sex trafficking is recognized as a significant gender-based human rights violation with significant individual and public health consequences and is being discussed as a potentially severe pathway in the spread of human immunodeficiency virus (HIV) throughout developing countries. Girls and women account for over 80% of the estimated 600,000 to 800,000 trafficked annually. Each year, an estimated 150,000 girls and women are trafficked inside and between South Asian nations (Poudel & Carryer, 2000; United Nations, 2007; U.S. Department of States, 2005).

HIV/AIDS is a key social concern in South Asia. Although the prevalence of HIV/AIDS is widespread, the number of people infected and affected by it varies across countries in South Asia. In the year 2010, 3.5 million people were living with HIV/AIDS in South Asia, and women accounted for 37% of the total number. It is important to note that India, Indonesia, Myanmar, Nepal, and Thailand are the countries with the largest number of people living with HIV infection (World Health Organization, 2011).

HIV infection is highly prevalent among female sex workers, injecting drug users, same-sex couples, and transgender populations. Although the number of HIV counseling and testing centers has been increasing considerably over the years, research indicates that utilization of this service by the infected population is very low (World Health Organization, 2011). This is mainly due to a lack of awareness among people living with HIV infection. It is important that nongovernmental organizations (NGOs) and international nongovernmental organizations (INGOs) working with people living with HIV/AIDS in South Asia make people aware of the services they provide. Also these agencies working across nations in South Asia should communicate and collaborate to collectively develop the best intervention and awareness program possible (*The South-East Asia Court of Women on HIV and Human Trafficking*, 2010).

Relationship Among Transnational Human Trafficking, Sex Work, and HIV in South Asia: An Example in India

In South Asia, India has one of the largest sex industries and thus has become one of the largest destination countries for victims forced to enter into sex work who were trafficked from other nations in South Asia (Silverman et al., 2007). India is also known to be a transit country for victims and thus has become a source for spreading HIV/AIDS to neighboring countries such as Nepal, Bangladesh, and Sri Lanka. Sixty percent of female victims of human trafficking to India for sex exploitation are adolescents between twelve and sixteen years old (Huda, 2006).

Many Nepalese girls and women are trafficked to India's commercial sex industry, the largest receiver of sex-trafficked girls and women in the area. International human rights organizations estimated that 5,000 to 7,000 Nepalese girls and women were sex trafficked to India each year. The lengthy civil war in Nepal is regarded to have contributed to a considerable increase in gender-based

forced migration. The possibility of HIV infection is one of the most severe possible health implications of sex trafficking (U.S. Department of States, 2000; Human rights; Silverman et al., 2006; Singh et al., 2005).

According to Huda, one significant reason for victims being very young is the local belief that having sex with a virgin cures HIV infection and other sexually transmitted disease. Several studies conducted in South Asia indicate that there is a high rate of HIV diagnosis among the victims of human trafficking (World Health Organization, 2011). Silverman et al. (2007) conducted a study to find the rate of HIV infection among deported Nepalese women who were the victims of human trafficking. Research participants were recruited through the Nepalese NGOs providing services to the survivors of human trafficking who were deported to Nepal. Medical and case records of 287 deported girls and women trafficked from Nepal were examined. The results of the study indicated that 38% of the research participants were diagnosed with HIV infection. The findings further revealed that the girls who were below fifteen years of age were at a higher risk of contracting HIV infection than those who were eighteen years or older. The majority of the women who were diagnosed with HIV and the length of time these victims were trafficked into forced prostitution positively correlated with HIV infection. Findings from this study clearly indicate the need for programs and interventions focusing on reducing human trafficking among young girls.

Another study examined the rate and predictors of HIV infection among victims of human trafficking. Study participants were 175 women who were rescued from the brothels of Mumbai, India. The results indicated that 22.9% of the women who were the victim of trafficking were diagnosed with HIV infection. It was further reported that these victims were trafficked from the states of Karnataka, Maharashtra, and West Bengal in India. It was found that the rate of HIV was higher among women who were confined to the brothel for a longer period of time (18 months or more). The findings from this study demonstrate the need for organizations and programs to work toward the rescue of human trafficking victims (Silverman et al., 2006).

Studies also indicate rates of HIV/AIDS infection and contextual background of the phenomenon. Thirty-eight percent of 287 females between the ages of seven and thirty-two, trafficked from Nepal to India and forced to enter sex work, were found to be infected with HIV (Dharmadhikari, Gupta, Decker, Raj, & Silverman, 2009). According to the study conducted in Andhra Pradesh, India, women who entered sex work as a result of being trafficked are more vulnerable to HIV infection than women who entered sex work through other paths (Gupta, Reed, Kershaw, & Blankenship, 2011). Findings from the studies conducted in South Asia consistently show the high rate of HIV among the women who were victims of human trafficking. However, none of the studies known to the authors theoretically/conceptually analyzed and/or empirically examined the relationship between THT and HIV/AIDS in South Asia. It is evident that the rate of HIV is high among the victims of human trafficking. Women could be vulnerable to HIV infection due to their lack of power to deny unprotected sex and their inability to

negotiate for condom use. The majority of these victims may not be aware that they are susceptible to contracting HIV infection (Crawford, 2010; United Nations Office on Drugs and Crime, 2009; Zimmerman et al., 2008).

One qualitative investigation among 48 survivors of sex trafficking in India (Silverman et al., 2007), which explored contextual factors around THT and HIV, indicated that there is an absence of autonomy in victims' lives since the time they were forced into sex work. The absence of autonomy was due to the initial violent rape when they were forced into sex work, fear of rejecting sex, fear of discussing the use of condoms with clients, learned behavior of substance use while being trafficked, and lack of access to health care services while being trafficked. These factors may result in underreporting of the incidences. Hence, it is critical to examine the relationship between THT and HIV/AIDS among the victims to help the public health and human rights communities work toward the prevention of both HIV and human trafficking in South Asia.

Current Trends and Obstacles of Social Services to Victims of Human Trafficking with HIV/AIDS in South Asia

Although the countries in South Asia have adopted a systematic approach to combat the issue of human trafficking and HIV/AIDS, the NGOs working across the different nations of South Asia have very little consistency in implementing the projects funded by the United Nations Development Programme (*The South-East Asia Court of Women on HIV and Human Trafficking*, 2010). The main focus of the programs implemented by NGOs is to raise awareness of the prevention of human trafficking and HIV in communities. One of the main issues with these transnational community health centers and NGOs working toward the prevention of human trafficking and HIV is their inability to adopt holistic interventions. These organizations are treating the problem of human trafficking and HIV as two separate entities. None of the programs implemented under the National AIDS Control Project emphasizes the vulnerability of trafficked women to HIV infection. There is little discussion of violence against women as the cause of human trafficking and HIV infection. This issue has now been recognized and therefore efforts are being made by human rights activists and advocates to implement a holistic program in South Asia.

Researchers have argued that the laws in the majority of the South Asian countries do not provide protection against human trafficking (Rahaman, 2015; Silverman et al., 2007). There is disparity in the constitutions of India (1950), Nepal, and Bangladesh (1972). The constitutions of India and Nepal consider trafficking and forced labor of any form as a violation of fundamental human rights, whereas the Constitution of Bangladesh considers forced labor and prostitution as a crime but does not emphasize trafficking as a violation of human rights (Rahaman, 2015).

To address these issues, the UN Protocol was enacted in 2000. Although, it is widely accepted by most of the South Asian countries, the laws are not implemented properly. As a result, victims of human trafficking are not protected and

may end up in the sex industry again. Although there is protection for victims under the protocol of the United Nations, protection efforts fail because there is no holistic approach to the prevention of human trafficking. Laws related to the needs of specific countries must be implemented in order to protect the victims of human trafficking from being revictimized (Rahaman, 2015).

Conceptualization of Twofold Vulnerability

Three Theoretical Backgrounds

The authors perceive the phenomena of THT and HIV/AIDS as significantly and closely related issues in South Asia that need immediate attention of global and local communities. Thus, in an attempt to conceptualize a connected prevention model of these two major global issues within one framework, the authors applied three theoretical foundations. First, THT and HIV/AIDS both need to be looked at through the perspective of transnationalism and criminology theory (the deviant place theory). Victims of THT are also victims of globalization and global capitalism who are vulnerable to a trafficker's false promises and want to leave their place and situation for survival (Noyori-Corbett, Natale, & New, 2015). Vulnerability to being trafficked and becoming infected with HIV is increased by community disorganization at both local and transnational borders. Statistics show the seriousness of the geminated vulnerability between THT and HIV in India and Nepal. While only 21% of sex workers in the cities of Nepal were reported vulnerable to HIV/AIDS (Joint United Nations Programme on HIV/AIDS, 2000), 72% of sex workers in Mumbai, India, are recognized as vulnerable to HIV (Salunke, Shaukat, Hira, & Jagtap, 1998). A practice model to decrease vulnerabilities to THT and HIV will be discussed. The multilevel model of behavior change explains the spread of HIV among victims of THT in South Asia.

Transnationalism

Transnationalism is a theory of international relations and its conceptions have constantly been altered since globalization began. The assimilation of multiple specific factors in history shows how convoluted transnationalism has become and how it has transformed along with the globalization process. Guarnizo and Smith (1998, p. 4) described four factors that have affected transnationalism:

- (1) Globalization of capitalism with its destabilizing effects on less industrialized countries
- (2) The technological revolution in transportation and communication
- (3) Global political transformation such as decolonization and the universalization of human rights
- (4) The expansion of social networks that facilitate the reproduction of transnational migration, economic organization, and politics

As globalization and global capitalism enhance people's movement across borders along with movement of commodities (Noyori-Corbett, 2012), there seems to be a direct link among transnationalism theory, human trafficking, and the spread of HIV/AIDS in South Asia, particularly across borders. Depending upon how these factors progress or regress, both the phenomena of human trafficking and HIV/AIDS change their profiles either toward prevention or proliferation. This theory explains how incidents spread among different nations more quickly in the present than before globalization began (Guarnizo & Smith, 1998). It means that communication among nations, both governments and NGOs, for the prevention of criminal acts and spread of infectious disease is seriously needed.

Deviant Place Theory

One of the well-known victimization theories, the deviant place theory, explains how the less fortunate in a society become more vulnerable to crime. Stark (1987) asserted that both environmental and individual factors influence crime rates in certain areas. This means that a person living in a disorganized community who cannot afford to move to a safer neighborhood is more at risk of becoming a victim. Often minorities in a society live in disorganized communities; this social inequality enhances their risk of becoming victims (Wilson, 1990). This can explain the vulnerability of certain populations to both THT and HIV/AIDS, especially women in the Global South where crimes such as THT take place. The vulnerability of women being trafficked transnationally becomes exacerbated when crime takes place across borders.

Multilevel Model of Change in Vulnerabilities: Trafficking and HIV/AIDS

Kaufman, Cornish, Zimmerman, and Johnson (2015) introduced a multilevel approach to HIV/AIDS care that described possible factors in ecosystems influencing HIV/AIDS-related behavior. These possible factors influence not only care for the infected individuals but also prevention. The authors conceptualized how these factors in certain ecosystem levels impacted the vulnerability of a woman to become infected with HIV, as well as the interrelationships with factors around the vulnerability of human trafficking victims in less industrialized countries, as indicated in the literature review (see Table 1). The interrelatedness of these factors shows in particular how the different levels of ecosystems may cause a person to become more vulnerable both to THT in a source country and to HIV in a destination country. In a source country, women's vulnerability to trafficking is influenced by gender inequality, socioeconomic status, power relationships within a family, disorganized communities, cultural norms, racism, sexism, political priorities, public policies and law, and existence and effectiveness of law enforcement. In a destination country, women's vulnerability to trafficking and becoming infected with HIV is impacted by access to knowledge and information; control by traffickers; power

Table 1 Common multi-level factors influencing both THT and HIV/AIDS

Individual	Knowledge, information, socioeconomic status, perceived control, empowerment
Interpersonal	Relationship power and equity, social support and trust, social network
Community	Community organization, racism, sexism, cultural norms
Structure	Poverty, access to information, political context and priorities, funding for appropriate interventions, education curriculum, public policy & laws (criminalization), enforcement of laws, gender equality

relationships with traffickers; and understanding of public policies, law, and law enforcement for victims.

Gender Inequality and Its Relationship to Human Trafficking

The issues of gender inequality in South Asia are deeply interrelated with these three theories. Nepal is a patriarchal society where discrimination against women and gender bias are considered to be the cultural norm (Crawford & Kaufman, 2008). Hence, Nepali women who are vulnerable are more likely to be oppressed by their male counterparts. An example of institutional discrimination against women in Nepal is that Nepali law prevents women from inheriting property except in rare cases (Poudel & Carryer, 2000). In addition, a child born to a single mother will not be granted citizenship until and unless the father is identified. Females are not enrolled in school, particularly in rural areas, and the rates of males enrolled in schools are considerably higher than those of females. This clearly indicates that the status of women in Nepal is much lower than that of males and that women in rural areas are even more oppressed by males due to the existence of patriarchal societal values and norms. This increases the Nepali woman's vulnerability to sex trafficking. Their lack of economic and educational empowerment in turn leads to an inability to negotiate for safe sex and hence they are also at higher risk of contracting HIV.

Socioeconomic Strata of Women and Their Vulnerability to Trafficking

Another important factor that increases Nepali women's vulnerability to trafficking and HIV is their low socioeconomic strata. Women from rural areas with less investment in human capital are at higher risk of being trafficked (Barner, Okech, & Camp, 2014). Women in poverty are told that they will receive a higher paying job if they migrate to urban areas across borders, and with that prospect the women move forward to find themselves caught as victims of trafficking; due to economic constraints, they are never able to get back to their country. The unprotected sexual contact in turn increases their vulnerability to HIV.

Women from countries like Nepal are affected by the issue of human trafficking due to the income inequalities existing there (Barner et al., 2014). The majority of

the women in Nepal live in extreme poverty, meaning that they make less than \$2 per day, and in order to escape poverty they fall into the traps of traffickers (Crawford & Kaufman, 2008). Due to their desperation to escape poverty, women believe traffickers' false promises of a better life and they are trafficked across the border to India where they are forced into prostitution. Often, the victims receive little or no pay, which leads to them living in extreme poverty again (Barner et al., 2014).

Twofold Vulnerability of Women in South Asia and Its Prevention

Once women are in the clutches of human trafficking and HIV/AIDS infection, they cannot be rescued. For prevention at the micro level, women and girls who are at risk of being trafficked in South Asia need to be educated about the seriousness and consequences of both human trafficking activities and HIV/AIDS infection. Education needs to be made available for the general empowerment of women and girls in the Global South. This empowerment needs to be emphasized in terms of gender equality in both personal and societal relationships with others. The socioeconomic status of an individual influences the choice of the community in which to reside, which can in turn make an individual more vulnerable to crime. Global capitalism is described in relation to transnationalism, which has a negative economic impact on less industrialized countries, thus making women vulnerable. In the globalization era, the divide between relationship power and equity among transnational communities becomes wider.

At the same time, macro interventions are the most fundamental measures of prevention for these two phenomena. These interventions are aimed at reducing the vulnerability of women and girls to trafficking in their countries of origin, which usually happen to be less advanced (*The South-East Asia Court of Women on HIV and Human Trafficking*, 2010). Women's vulnerability may be caused by their societal inequality, feminized poverty, racism, social isolation in a community, or the lack of adequate policy (Kaufman et al., 2015; Noyori-Corbett & Moxley, 2015). External support for the organization of a disorganized community where crimes occur, especially communities closer to the border, is essential. Community disorganization may be caused by multiple factors, especially in the Global South (e.g., national economy, poverty, lack of structural resources, and/or disaster). The economic gap between nations in South Asia and the resulting imbalance are a major reason why women become vulnerable in less fortunate nations. Differences in factors in every ecosystem among nations will increase the vulnerability of these women in less industrialized countries. Overlooked structural factors of transnational issues such as strict immigration policies, education of law enforcement on transnational issues, differences in political priorities among nations, and/or cross-national intervention make women more vulnerable. Transnational activities among nations also contribute to the disorganization of communities because they allow criminals to easily move in and out of a nation.

Thus, reducing potential victims' vulnerability in each ecosystem including physical space will be the most effective prevention measure with the least

damage. This should be done through transnational collaboration among countries affected by these phenomena. As reviewed in the previous section, the major factors believed to be causing this vulnerability and affecting multiple countries simultaneously are globalization, free markets, technology, gender inequality, community disorganization, economic poverty, and violence (Huda, 2006; Silverman et al., 2007). Also, especially in the destination countries of THT victims, education of local law enforcement, change in public policies to prevent treating victims as criminals, education regarding condom use in brothels, and outreach for possible victims are all needed. Implementation of these initiatives might help decrease the number of cases of both THT and HIV/AIDS. Figure 1 and Table 1 show how the three perspectives of geminated vulnerability interact with each other.

Discussions and Implications for Transnational Practice

There are two areas of implications for reducing the twofold vulnerability of women in South Asia: A holistic approach of social work practices in the transnational spaces and transnational advocacy networks to address THT and HIV will be discussed.

Transnational Human Trafficking, HIV/AIDS, and the Holistic Approach of Social Work

The literature on THT clearly indicates the vulnerability of women victims of sex trafficking to the high rate of contraction of HIV/AIDS infection. It is believed

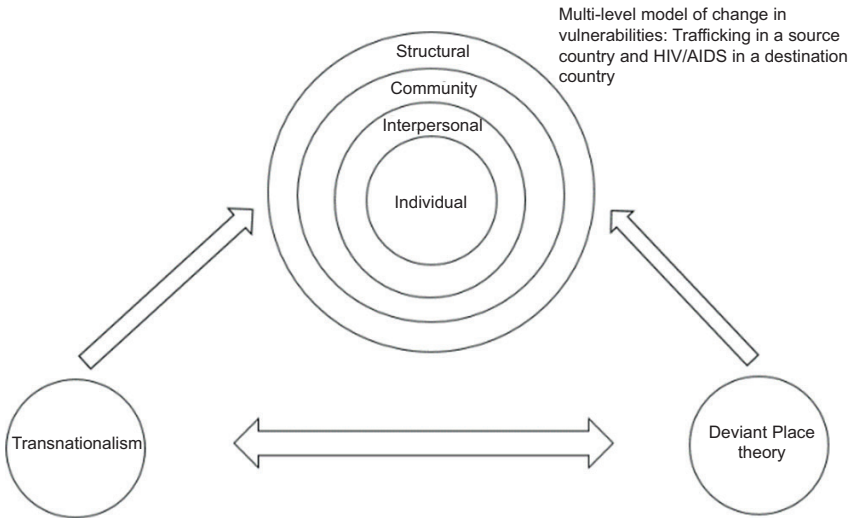


Figure 1 Conceptualization of twofold vulnerability: connectedness between THT and HIV/Aids in South Asia.

that the victims of human trafficking who end up in the sex industry are not able to negotiate for condom use and therefore have unsafe sex, which considerably increases their risk of contracting HIV infection. However, women trafficked to sex industries in other countries are more vulnerable to infection with HIV, not only for this reason but also due to the ecosystems of the society to which they are trafficked. They cannot expect dignity, equality, social support and trust, inclusion in a social network, supportive law enforcement, migrant/prostitution supportive policies, or supportive cultural norms. This is a serious human rights issue in which the victims are sexually exploited and thereby lose their human dignity as well as their physical and mental health and well-being.

South Asian countries should make an effort to reduce and prevent HIV/AIDS infection among these victims. The effort to collaboratively address these issues by governments in South Asia would require understanding the social and structural factors both within and across borders that increase women's vulnerability to trafficking and HIV. It is important that the NGOs and INGOs working for the victims of human trafficking integrate HIV prevention programs in their approach to deal with the issue of human trafficking as this is one of the key factors that is currently missing.

Transnational Advocacy Networks for Policy and Practice Changes

Through the recent formation of transnational policies, including America's Trafficking Victims Protection Act (2000) and the U.N. protocol, governments with more power in the global community have been criticized for forcing their values on governments with less power through sanctions (Clawson, Small, Go, & Myles, 2003; Weitzer, 2007). Sanctions are supposed to influence governments negatively, by isolating them and causing them to become reluctant to address the root causes of human trafficking in their countries and initiate policy creation or amendment to respond to expectations of global communities (Rebugio, 2008). As a matter of fact, even nearly a decade and a half after the formation of the transnational policies mentioned earlier, some countries with serious human trafficking problems are still expected by the global community to introduce more efforts to address this dehumanizing crime (U.S. Department of State, 2010). Managing this transnational challenge of fighting human trafficking exclusively through communications among states and intergovernmental organizations has drawbacks. Nongovernmental organizations have been the actors mediating this transnational problem when governments and intergovernmental organizations have failed to take action (Rebugio, 2008; Samarasinghe & Burton, 2007). A significant number of NGOs in both countries of origin and destination countries have been active in lobbying, research, prevention measures, and raising awareness (Tzvetkova, 2002). However, not much transnational collaboration among these NGOs to address human trafficking has been reported. Not only the THT problem but also HIV/AIDS issues need to be advocated by raising awareness among transnational communities through, for example, transnational advocacy

networks for better policies and practices. Transnational advocacy networks need to be developed in the border states where serious lawlessness is often found and laws are not strict enough to bring changes. Moreover, transnational advocacy networks can be utilized to bring changes in the definition of refugees by the UN high commissioner for refugees so that vulnerable women fleeing their countries, not only because of persecution but also because of human rights violations, will be protected in the recipient country.

Transnational advocacy networks are formed not only between advanced countries and advancing countries or between the Global North and the Global South. A transnational advocacy network's shape has its locus where activists try to publicize high-value subjects (Keck & Sikkink, 1999). Accordingly, such a network is very useful among countries that have different value systems. Working across a border between two countries where different sets of values exist, nongovernmental organizations that are attempting to prevent further violation of the human rights of victims, such as illegal migrants and HIV-infected persons, and to prevent both THT and HIV/AIDS need to collaborate closely for better practice and policies.

Conclusion

It can be concluded that evidence-based intervention programs should be developed to address and reduce the issues of social and economic vulnerability among the women in South Asian regions. As evidenced by the literature, economic disparity, gender inequality, relationship inequity, community disorganization, poverty, restricted access to information, political context, education inequality, and restrictive immigration policies are the main factors that affect vulnerability to both sex trafficking and HIV. Working on this twofold vulnerability through multiple levels of the individual, interpersonal, community, structure, and transnational system is suggested as an effective intervention.

In order to integrate services for human trafficking and HIV/AIDS, it is important to foster dialogue among NGOs and INGOs working for the victims of sex trafficking and HIV/AIDS. Policy makers, social work advocates, and practitioners working in the field of sex trafficking and HIV/AIDS should make a joint effort to develop effective and sustainable programs for the benefit of sex-trafficked women with HIV/AIDS.

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