

## **New challenges: HIV/AIDS and drugs**

Misconceptions about HIV/AIDS have led in some parts of the world to an increased demand for young sex partners, including very young children. In addition to the fallacy that children are less likely to contract and transmit HIV/AIDS, in some countries of Asia there are long-established myths about the rejuvenating powers of youth. In China, for centuries people have married young partners in the belief that sex with them would restore youth to the aged. This has not only been transposed into non-marital sex but also been transferred to other Asian cultures, increasing the demand for young women for sex. In a final twist, the myth has developed into a belief that the 'rejuvenating' powers of the child can actually cure HIV/AIDS, pushing the age of the desired sex partner ever lower.

In fact, the myths and the reality surrounding HIV/AIDS result in the disease playing a two-pronged role in the commercial sexual exploitation of children.

The reality of HIV/AIDS is that it is transmitted through unsafe sex practices that result in an exchange of bodily fluids, and is particularly prevalent among communities characterized by frequent and changing sexual partners such as commercial sex sectors in many parts of the world. Although adult sex workers in some countries are able to insist on condom use, in societies where women have a subservient role, female sex workers find it much more difficult to impose safe sex practices, and the incidence of sexually transmitted diseases, including HIV/AIDS, is high.

### **Increased risks for children**

Children trapped in prostitution are at higher at risk of infection, since their developing bodies mean they are both less able to resist sexual dominance and more vulnerable to the injuries of aggression. Since HIV/AIDS is transmitted both in semen and in blood, the child is doubly at risk.

The child's subservient role in commercial sex, both because of their size and the nature of the exploitative relationship in which they find themselves, also means that they are often obliged to take multiple clients each day. Children report being forced to receive ten or twelve customers a day, further increasing their risk of injury and infection.

The generally deplorable conditions in which they are held, moreover, reduce even further their ability to resist force or build up their strength against infection. In addition to poor conditions reported in many brothels, some children are also deprived of food and water, fresh air and medical treatment when they are ill.

The result of both the reality and myth of HIV/AIDS, therefore, is the increasing incidence of the disease in many parts of the world where commercial sex, including the commercial sexual exploitation of children, is common. Africa and Asia, where the general incidence of HIV/AIDS is high, are particularly badly affected.

In situations of armed conflict, for example in Africa and Eastern Europe in the second half of the 1990s, the spread of HIV/AIDS has been exacerbated by the use of rape as a weapon of war. There are also links between other situations of disadvantage and vulnerability to HIV/AIDS: street children, internally displaced children and refugee children, as well as HIV/AIDS orphans, are vulnerable to both commercial sexual exploitation and to HIV/AIDS infection as a result of the many related threats to their well-being: separation from family and community, poverty and the need to survive, isolation and sometimes poor health.

## **Manipulated by drugs**

For somewhat different reasons, children in prostitution in other parts of the world are also at risk of HIV infection. In developed as well as developing countries, children and adolescents are frequently held in exploitative sex through the use of drugs. As with HIV/AIDS, the role of drugs in the commercial sexual exploitation of children is multi-faceted.

Drugs are used to manipulate children into the world of commercial sex; drug dependency ensures that they remain in it.

In many industrialized countries, adolescents with drug habits are known to turn to prostitution to earn the money to buy supplies. It is sometimes said that such young people 'choose' prostitution. In fact, they too have been trapped in commercial sexual exploitation, this time with the drug dealers and pushers acting as surrogate pimps and effectively taking away the children's options.

There are also reports from children who have been coerced into prostitution that exploiters use drugs to keep children docile and subservient. For many children trapped in commercial sex, also, drugs come as a welcome relief from the pain and degradation to which they are subjected. Increased doses ensure that they become dependent and so more compliant and unable to escape.

The administering of drugs has been documented in the kidnapping and trafficking of very young children for commercial sexual exploitation, for example into paedophile rings operating in Europe. The two young girls who were found alive in the basement dungeon of a house in Belgium in August 1996, for example, reported that they had been given tranquillizing drugs to make them sleep and to keep them docile.

Given the central role played by drugs in the commercial sexual exploitation of children, it is not surprising that the trafficking of children across international borders often parallels cross-border drug trafficking routes and uses similar and sometimes the same organized networks. This is true of the gangs who move drugs, women and children across the borders of the countries of the Mekong Delta in Asia. It is also true of European trafficking syndicates and routes, and of smuggling between and among countries of North and South/Central America.