



No Recourse Left: The Impact of Poverty on the Resilience of Women from the Migrant-Sending Countries of Central Asia to HIV/AIDS

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Summary

In recent years, Central Asia has found itself with one of the fastest-growing HIV epidemics in the world. Poverty, while not a direct cause of HIV/AIDS infection in the region, is a recurring theme in any overview of the many ways Central Asian women find themselves susceptible to the disease. This paper attempts to trace poverty as a variable that negatively affects the resilience of women in the migrant-sending countries of Central Asia (Tajikistan, Uzbekistan, and Kyrgyzstan); resilience is defined as “the capacity of individuals, families, communities, systems and institutions to anticipate, withstand and/or judiciously engage with catastrophic events and/or experiences” (Strauch, Muller, and Almedom 2008). In the paper, the direct and indirect effects of poverty on women’s social capital are analyzed, as well as its impact on women’s tendencies towards high-risk behavior. The evidence presented suggests that HIV prevention for women in the region should be expanded from current approaches that focus largely on existing high-risk populations, and that a shift in our HIV paradigm is necessary in order to understand the disease as a social health issue that requires structural reforms to effectively halt.

Introduction

In Central Asia, approaches to HIV/AIDS prevention for women have tended to be directly prophylactic, with both efforts and study focused on prevention among existing high-risk groups such as intravenous drug users (IDUs) and commercial sex workers (CSWs) (Renton et al. 2006). Given the continuous rise of infection among women in the region over the past decade, however, it is increasingly clear that an ecological approach to the epidemic may also merit consideration (Donoghoe, Lazarus, and Matic 2005). By considering the structural factors that lead women into risky situations, it may be possible to stem the rising tide of infections, both by ameliorating risk for women in potentially hazardous situations and by decreasing the number of women at risk.

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Poverty, while not a direct cause of HIV/AIDS infection, is a recurring theme in any overview of the many ways women find themselves susceptible to the disease. In addition to negatively affecting both the employment situation and the job market for Central Asian women, increased financial instability in the region has also led to labor migration trends that have seriously affected the underlying structure of these societies, effectively depleting the supply of social capital on which women might otherwise rely in times of financial stress. Furthermore, poverty has also led increasing numbers of men to high-risk jobs such as narcotrafficking, thus increasing the risk that women will take on sexual partners who are HIV positive.

This paper attempts to trace poverty as a variable that negatively affects the resilience of women in the migrant-sending countries of Central Asia (Tajikistan, Uzbekistan, and Kyrgyzstan). Resilience is defined as “the capacity of individuals, families, communities, systems and institutions to anticipate, withstand and/or judiciously engage with catastrophic events and/or experiences” (Strauch, Muller, and Almedom 2008). While some linkages have been posited in Western cultures between decreased economic opportunity and poor health outcomes (Smolak 2010), less significant analysis has been devoted to the role it plays specific to HIV/AIDS in Central Asia. My argument focuses on “capability poverty” – a measure that incorporates access to public services, assets, and employment (Falkingham 1999) – in addition to the more conventional “income poverty.”

In the paper, I argue that both capability and income poverty have the potential to hurt women’s ability to anticipate and withstand this public health emergency in three major ways: by increasing economic pressure to engage in high-risk occupations and work patterns, by depleting the social capital on which women might otherwise rely in times of financial stress, and by increasing the risk level of their sexual partners. The overall effect is to make both women and their partners increasingly more likely to engage in high-risk activities by necessity, rather than allowing them to make considered choices about their chosen activities and occupations that might allow them to sidestep potential exposure to HIV.

Because accurate numbers remain difficult to obtain, this paper can only be considered a beginning investigation into the possible effects of poverty on this

demographic's resilience; nonetheless, existing trends suggest that, at the very least, further fieldwork be conducted in this area. They also suggest that HIV/AIDS should be considered a holistic "social health" issue, one whose solutions will require structural reforms in addition to preventative efforts. While this approach has been adopted in some academic circles, the continuing focus of major donors such as USAID on direct prevention and treatment rather than the integration of structural reforms suggests that continued promotion of awareness of HIV's extenuating factors is necessary.

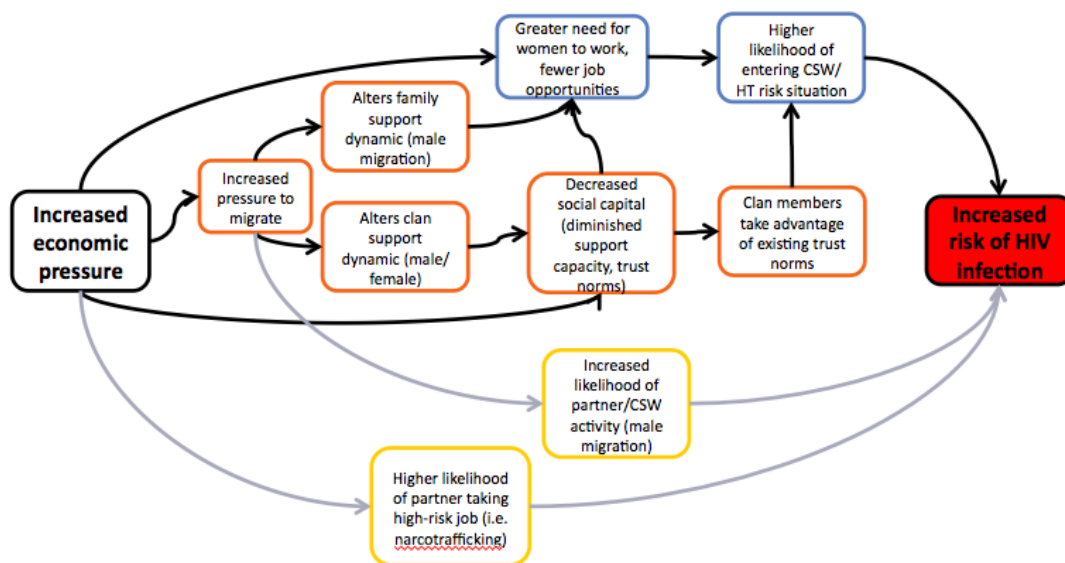


Figure 1: A causal pathway of the effects of poverty on female resilience to HIV.

Methodology

This paper focuses on the countries of Tajikistan, Uzbekistan, and Kyrgyzstan, which are classified as "migrant-sending" rather than "migrant-receiving" based on the proportion of population exit and entry (Marat 2009). Because Kazakhstan, the fourth country in Central Asia, has a marginally stronger economy based on the presence of considerable oil reserves, it tends to receive many more migrants than it sends (Marat

2009). For the migrant-sending countries, however, common poverty-related factors affecting women are considerably easier to isolate.²

My analyses for this paper are drawn largely from existing literature and statistics documenting the linkages between poverty, social capital, and various high-risk activities, as well as that detailing the linkages between those activities and increased likelihood of HIV/AIDS contraction. The purpose of this research is to collate existing knowledge of these potential causal pathways, with poverty as the common driving factor, and examine it through the framework of resilience.

Background

The Central Asian countries are among the poorest of the post-Soviet states. After the fall of the USSR, the region was left with an economic infrastructure heavily dependent on an empire that no longer existed (Sievers 2003). Combined with poorly executed transitions to a free-market economy and widespread resource mismanagement (Sievers 2003), this led to skyrocketing unemployment, with 26 million jobs lost in the decade after independence (UNICEF 1999). The rise in unemployment has led to huge increases in the number of labor migrants, who tend to leave rural areas in hopes of finding jobs in better-off cities or countries. In Tajikistan, for example, one in four households are reported to have a migrant member (Marat 2009).

Women face additional obstacles in the post-Soviet workforce with the renewal of formerly abandoned patriarchal norms (Corcoran-Nantes 2005). While women under the Soviet system had considerable participatory power, the position of women underwent what Corcoran-Nantes characterizes as a “rapid deterioration” in the years following the fall of the USSR. Without the enforced gender parity of Soviet rule, women have found themselves increasingly unable to advocate for education, equitable working conditions, and political representation (Lubin et al. 2007).

The post-Soviet period has also been marked by a significant rise in disease, especially HIV/AIDS and tuberculosis (Zahorka and Bodiang 2002). While infection

² Turkmenistan, the fifth country considered to be part of Central Asia, has a roughly neutral net migration count (Marat 2009). Additionally, information about HIV/AIDS statistics in the country is for the most part unavailable due to governmental restrictions. For those reasons, it is not included in this analysis.

statistics reported by the governments of these countries remain incomplete, the limited numbers available reveal a significant (and, in the case of Uzbekistan, exponential) increase in the rates of new infections diagnosed each year. (See Figure 1.)

Newly Diagnosed HIV/AIDS Infections in Central Asia, 1998-2008

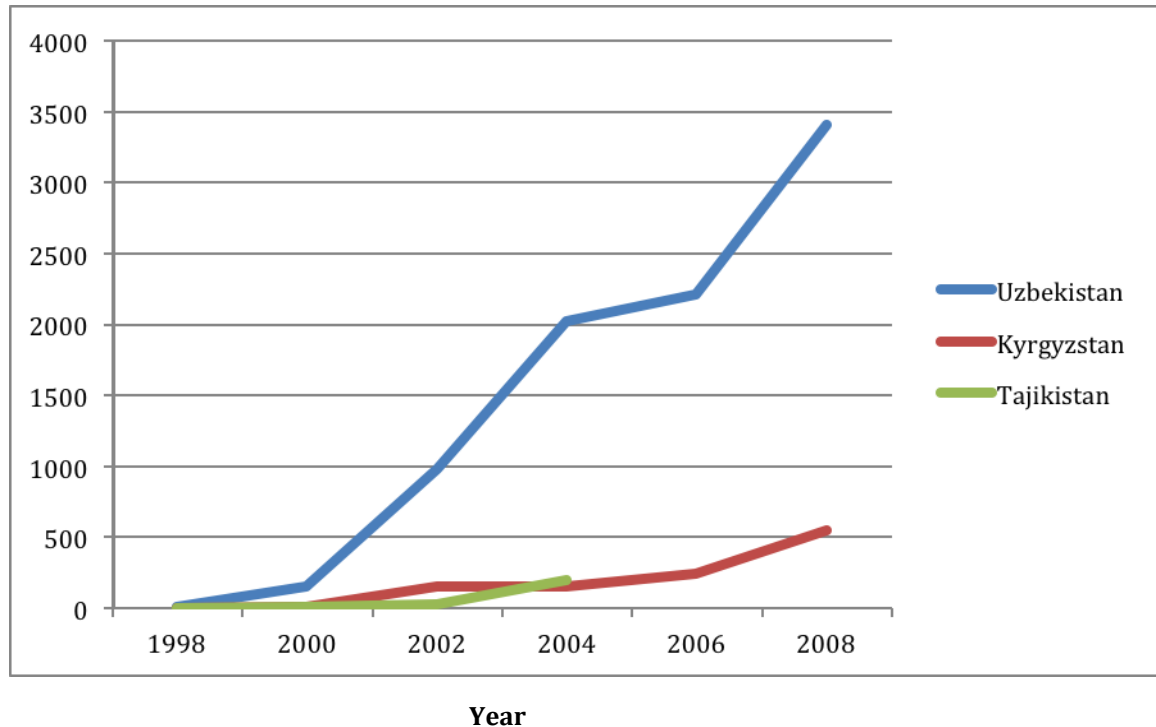


Figure 2: Newly Reported Infections, 1998-2008. (Source: UNAIDS, USAID, WHO) (note: no data is available for Tajikistan in the year 2006)

While the population numbers of people living with HIV/AIDS (PLWHA) remain low relative to the rest of the world, UNAIDS has calculated that the disease is spreading faster in Central Asia than anywhere else in the world (Krastev 2008).

Poverty, Female Resilience, and High-Risk Employment Patterns

Perhaps the most obvious manner in which economic pressures negatively affect women's capacity to anticipate HIV infection is by drastically limiting their employment options. While commercial sex work remains highly stigmatized in Central Asia (Oberzaucher 2006), all of the countries in the region have seen dramatic increases in the number of sex workers (Pickup 2003). In Dushanbe (the capital of Tajikistan) alone, the number of CSWs nearly doubled over a three-year period, from 2,725 to 5,000 (Sarang

2005). Surveys of sex workers in these cities have suggested that both internal migrants and immigrants comprise an active portion of this population (Amin 2005; Marat 2009)

Given the dubious perceptions and frequently illegal nature of commercial sex work, confirmation from women of their participation in CSW can be difficult to obtain, which suggests that the numbers available may actually be low estimates (Bosc 2001). Both anecdotal and statistical evidence, however, suggests that the rise in voluntary participation in sex work has been precipitated, at least in part, by increased economic necessity (Sarang 2005). Human capital indicators, such as literacy, are decreasing but remain high in the region (UNICEF reports, for example, that 99% of Uzbekistan's residents are literate) (Anon 2004), a factor that suggests that women are not turning to commercial sex work because of a lack of education or capacity.

Further supporting the theory that commercial sex employment is driven at least somewhat by economics is evidence from a survey of Central Asian sex workers conducted by the Central and Eastern European Harm Reduction Network, which revealed that CSWs were more likely to engage in unsafe sexual activity (e.g. forgoing condom usage) in exchange for more money (Sarang 2005). Furthermore, sex work is the sole source of income for the vast majority of sex workers (Watson 2000), 85% of whom are also supporting children or other family members (Sarang 2005).

Economic pressure also leads many women into situations of human trafficking, in which women find themselves involuntarily working as sex workers. Surveys of human trafficking victims have shown that they often serve as the head of their household and have at least one child to support (Bosc 2001), and many do not receive any sort of federal unemployment benefit (Watson 2000). Advertisements or word of mouth convey promises of retail jobs, domestic work or mail-order bride positions, generally requiring relocation (Watson 2000); after migration, women often find themselves living illegally in foreign countries with little to no legal protection (UN Office on Drugs and Crime 2006). The power dynamics of sex work in Central Asia make HIV/AIDS transmission far more likely than among non-sex workers (Sarang 2005). Error! Bookmark not defined. Because women find themselves in such an occupation for financial reasons, they often have little recourse but to acquiesce to customers' demands, which makes implementing preventative measures such as condom usage difficult (Oberzaucher 2006).

The unwillingness of the police to intervene in situations in which sex workers may feel threatened (Smolak 2010) contributes further to sex workers' difficulties in implementing prophylactic and protective measures.

The same issues apply, but with greater magnitude, to victims of human trafficking, who may face threats of violence and familial retribution if they attempt to assert their right to protection (Bosc 2001). Given the unwillingness of the governments of these countries to acknowledge trafficking in persons as a major issue (Mattar 2005), victims have little recourse in seeking to escape the human slave trade.

The ultimate effect of these trends on female resilience is a decreased capacity to anticipate HIV/AIDS infection. Even with prior knowledge of how the infection is transmitted (Todd et al. 2007), women under intense pressure to provide for themselves and their families may not be able to avoid entering the sex trade, where their ability to take action to protect themselves from HIV is further compromised. As Anya Sarang describes it in the CEE/HRN report, "Much of the region, especially in Central Asia, comprises culturally conservative countries in which women who engage in any sex act outside of marriage are frequently abused, shunned, and ostracized by their families and society overall. That they would turn to—or be forced into—sex work provides some of the strongest proof possible that many nations' social and economic safety nets have frayed into irrelevance. Young women engaged in sex work are among the most vulnerable members of male-dominated societies from every perspective imaginable."

Poverty, Female Resilience, and Social Capital

While decreased employment opportunities do contribute to women's likelihood to engage in high-risk employment patterns, such a pathway does not provide a full explanation for this increased vulnerability. In Central Asia, where familial clans are the basic unit of societal structure, women in earlier times have been able to rely on their clan networks when faced with severe poverty (Collins 2006). There is evidence, however, that economic pressures are eroding both the availability and capacity of such networks for women. Because many of the effects of poverty on social capital are at least in part attributable to relatively recent labor migration patterns, only preliminary study has been done on the consequences of these population shifts for existing societal structures, and it

is possible that their effects are only beginning to be seen. However, initial findings suggest that this is an area of potentially great significance that merits further study.

Definition and utility of “social capital”

The construct of social capital is one with a wide variety of definitions, all of which attempt to quantify the effects of relationships and networks on human well-being (Foley and Edwards 1999). Much of the literature regarding social capital and health focuses on either the effect of various diseases (HIV/AIDS very much included) on a culture’s supply of social capital or the effects of behavioral norms on high-risk activities (Campbell 2001). However, an empirical review of the concept of social capital by Michael Foley and Bob Edwards in the *Journal of Public Policy* finds “little to recommend in the use of ‘social capital’...to represent norms, values, and attitudes,” while social-structural interpretations of social capital...have demonstrated considerable capacity to draw attention to, and illuminate, the many ways in which social resources are made available for individual or group benefit, which we take to be the prime focus and central attraction of the social capital concept (Foley and Edwards 1999). The case of the migrant-sending countries of Central Asia, where high stigmatization of HIV/AIDS risk behaviors has failed to stem the growth of the CSW and IDU populations, would seem to bear this analysis out.

For that reason, this paper considers “social capital” as a variable that focuses on resources available to individuals. In this paper, I use Eric Sievers’ definition of the term, applied to the region in his book *The Post-Soviet Decline of Central Asia: Sustainable Development and Comprehensive Capital*, in which he defines a social capital asset as a network combining two or more people and a society’s stock of social capital as “the sum and breadth of such networks” (Sievers 2003). Such a definition is especially useful in the context of Central Asia, where interpersonal clan networks have historically played a significant role in individual survival (Starr 2006).

Social capital before the fall of the Soviet Union

According to Kathleen Collins, a clan is defined as “an informal social institution in which actual or notional kinship based on blood or marriage forms the central bond among members” (Collins 2002). Clans have “defined Central Asian life for centuries,”

in part due to the persistent presence of outside conquerors (Carrington 2008). Clans function as an extended safety net based on loyalty (UN Office on Drugs and Crime 2006), and play an integral role in day-to-day life: depending on location and clan, everything from budget to cooking pot may be shared between clan members (Kandiyoti 1999). The rise of Soviet oppression, rather than weakening these structures, may actually have strengthened them (Rose 1998).

Social capital and clan structure after the fall of the Soviet Union

While clans have retained much of their importance in the post-Soviet period (Starr 2006), there is evidence that increased economic pressures have begun to weaken the support networks – and thus, the social capital – available to their members, especially women. For a woman living under the poverty line in the region, this can take several forms: labor migration can remove her spouse, creating increased pressure for her to serve as a breadwinner; economic pressures may require her to migrate, which deprives her of the highly localized networks that might otherwise support her as she looks for a job; family and clan members themselves may be facing economic strain that prevents them from providing financial and employment assistance; clan members may be tempted by economic incentives to take advantage of existing trust norms by luring women into human trafficking; and increased general patterns of migration among clan members may simply unravel formerly dense – but highly localized – clan networks.

Direct Effects of Individual and Spousal Migration

As previously mentioned, the vast majority of women engaging in sex work are functioning as economic supports for other people in their lives. One frequent reason for this is that partners, with whom they could divide support responsibilities, have also been forced to leave the more rural areas of the migrant-sending countries in order to find work; while remittances from these absentee spouses may be weeks or months in coming, sex work provides an “immediate financial exchange” (Smolak 2010). Effectively, this depletes social capital in that it deprives women of one asset of social capital – that is, a relationship between two people. As a result, women have an increased burden in terms of family support, without the economies of scale present with two salaries (Bosc 2001).

Female migrants, meanwhile, are often separated from the clan networks on which they have traditionally relied, a fact that deprives them of support as they seek to find a safe way in which to provide for themselves and their families. According to Sarang's CEE/HRN survey of support organizations for female migrants and sex workers,

Nearly all projects surveyed for this report said that a substantial proportion—often more than half—of their clients were migrants from rural areas, regional cities, or other countries in the region. Migrants are usually more likely than natives to be vulnerable to harassment and abuse from authorities and clients, often because they are reluctant to report violations (they may be illegal immigrants) or are unfamiliar with their surroundings. Their isolation may be exacerbated by a lack of family assistance or social support network (Sarang 2005).

Such women are also more likely to be unaware of social services, such as harm reduction services, about which they might otherwise have heard through word of mouth (Sarang 2005), which further compromises their ability to educate themselves on and protect themselves from HIV/AIDS infection. In addition, female migrants are more likely to be in a financially precarious position (Renton et al. 2006), and without the support networks that might otherwise provide job leads or assistance with child support (Marat 2009), they may find themselves more quickly required to turn to available high-risk employment (IRIN 2006).

Decreased capacity of clan support networks

As previously described, clans have historically played a vital role in supporting individuals' financial and physical well-being. This is due in part to the depth and breadth of the networks they provide. However, the capacity of the clans themselves have been diminished by poverty-driven migratory labor patterns that disrupts the traditional structure of the clan, by lessened individual ability to support other clan members financially, and by poverty-driven erosion of trust norms that may decrease the number of networks a woman is willing to use.

Fraying of clan networks

Clan-based networks, as they currently exist, provide a vital survival tool for their members, especially those considered to be “non-elite.”³ Indeed, as Collins’ comprehensive ethnography of clan structure describes it, “Even if non-elites wanted to escape the network, they would have difficulty surviving outside of it” (Collins 2006). Clans assist with the social and economic crises of their members, helping with “finding jobs, dealing at the bazaar, gaining access to education, getting loans, obtaining goods in an economy of shortages, and obtaining social or political advancement” (Collins 2006).

Because clans are defined in part by their ability to live, work, and play together (Starr 2006), however, the drastic increase in rural-to-urban migration has begun to affect the efficacy of these networks. Kostyukova’s ethnography of Kyrgyzstan showed that the traditional *aul* structure of Kyrgyz clans was under severe strain due to increased migration, causing network fragmentation (Kostyukova 2002). Collins, too, argues that the “dramatic increase” in labor migration is likely to “transform” clan relations (Collins 2006).

Inability of clan networks to provide financial support

As previously stated, one of the major purposes of the clan network is to function as what the UN characterizes as a “social safety net” (UN Office on Drugs and Crime 2006). However, overall poverty diminishes the strength of these networks in terms of mutual support. Kanji’s survey of women’s livelihoods in Tajikistan (2002), for example, found that respondents reported that they were increasingly unable or reluctant to request assistance from friends and neighbors, as so many families were having difficulty procuring enough food for their own households. As Kandiyoti (1999) characterizes it, “The decision of whether to share daily consumption, or not, involves a wide range of considerations, both monetary and relational, and may undergo modifications depending on changing circumstances.”

³ While the definition of “elite” may vary from clan to clan across the countries in question, women are less likely than men to acquire this status given their traditionally subordinate role in clan life.

Decline in traditional clan trust norms

Human trafficking victims are often brought into their situation by recruiters – men or women who promise marriage, jobs, and financial stability to women in poverty. These recruiters, employed by traffickers, tend to be known to the victim, often taking the form of formerly trustworthy roles such as relatives or friends (Marat 2009); parents, especially in constrained financial circumstances, are also reported to be major links between young women and traffickers (Mattar 2005). In many cases, victims themselves may be brought back to recruit among friends and relatives in exchange for financial remuneration (UNICEF 2009).

The rise in human trafficking, coupled with the formerly vital role that clan ties play in both individual and collective life, suggest extreme financial pressures being exerted on the recruiter. Because clan members exist in a densely woven network of interconnection, strong norms of community trust exist (Collins 2002) that may not be broken lightly, as the potential damage may be irreparable.

The sum of this decline in social capital, in layman's terms, is that while cultural expectation remains that support networks can provide for women in times of financial stress, the actual economic and social support that women are both able and willing to take advantage of is less abundant. The likelihood, then, of women finding themselves in positions of vulnerability – in which they are not empowered to anticipate infection and make the safest choices available to them – is greatly increased.

Poverty, Female Resilience, and Partner Risk

The last component of the effect of poverty on the resilience of Central Asian women to HIV/AIDS is the potential risks increased poverty creates for their sexual partners. While unemployment has disproportionately affected women, men in the migrant-sending countries have also seen a decline in available jobs, which has contributed to increased risk in two major ways: by increasing the likelihood of participation in a high-risk occupation (in the case of men, this is more likely to involve narcotrafficking than sex work (Donoghoe, Lazarus, and Matic 2005)), and by increasing the likelihood of commercial sex worker usage (Godinho 2005). Male migrants are also more likely to emigrate to Kazakhstan and Russia, where HIV infection rates are even

higher than in the migrant-sending countries of Central Asia, a factor that further exacerbates their risk of infection (Aslan 2008). Marriage norms and financial dependency in the region, however, often prevent women from engaging in protective measures even with committed sexual partners (Oberzaucher 2006), and such potentially hazardous relationships further decrease their resilience to HIV/AIDS exposure.

Sexual Partners and Narcotrafficking

Trafficking in narcotics has been on the rise in the region for the better part of the past two decades, with opiates produced in Afghanistan frequently sent along the so-called “Northern Route” that cuts through Tajikistan, Uzbekistan, and Kyrgyzstan (Thachuk 2007). Drug abuse rates increase along these routes (UN Office on Drugs and Crime 2006), and correlation between narcotrafficking, intravenous drug use, and HIV/AIDS infection is so high that epidemiologist Chris Beyrer has actually traced the spread of HIV along the most commonly used drug transportation routes in the region (Beyrer and Stachowiak 2002).⁴

The increased participation in drug trafficking in Central Asia can be understood as part of the region’s overall economic decline (Donoghoe, Lazarus, and Matic 2005). As the former Kyrgyz chair of the Commission on Drug Control describes it, “In some regions, the only way to survive is to take part in the drug trade” (Burghart and Sabonis-Helf 2004). In Tajikistan, where calamitous economic mismanagement means that even white-collar employees such as doctors and civil servants barely make enough to survive, displays of conspicuous wealth – such as cars – are derisively referred to as “drug mobiles.” “If you see a nice car in Tajikistan,” says CACI’s Svante Cornell, “some say, ‘I wonder how many kilos it cost’” (Buckley 2005).

There are several established routes in the region through which narcotics tend to be trafficked although traffickers have also been known to take more hidden mountain routes (UNODC 2008). Drug trafficking, then, is an inherently migratory trade, requiring

⁴ Beyrer’s analysis of trends involving HIV and heroin trafficking actually allowed him to predict the HIV outbreak that struck Almaty in 2000. For more on the subject, see: Beyrer C. “HIV infection and heroin trafficking in Eastern Europe and Central Asia.” *International Journal of Harm Reduction* 2002;4:4-6.

both travel to the route and travel up and down the trafficking corridor. After encountering these increased opportunities for disease exposure, men may return to their families, bringing HIV with them.

Male Migration and CSW Usage

Male migrant workers are also more likely to visit commercial sex workers, a group that, as previously discussed, already has a considerably higher probability of infection than other demographics. According to a recent World Bank study, most migrants “engage in risky sexual behaviors (having on average 2-3 different sex partners over the course of 6-9 months)” (Godinho 2005). Condom usage among CSWs remain low (Todd et al. 2007), increasing the likelihood of HIV/AIDS transmission.

Furthermore, most CSW clients are also married (Thorne, Ferencic, and Malyuta 2010). This, then, makes it more likely that migrants at risk for sexually transmitted diseases may bring those diseases home to their wives and partners. Despite significant advances in women’s rights over the course of the Soviet period (Corcoran-Nantes 2005), women are often still expected to submit to their husbands (Lubin et al. 2007), which makes self-protection – even when it means self-preservation – difficult.

Finally, the majority of male migrants emigrate to and from Kazakhstan and Russia (Pickup 2003), where work is more plentiful – and where HIV infections continue to outpace those of the migrant-sending countries (Anon 2010). The likelihood of acquiring HIV from commercial sex workers or from intravenous drug use in these countries, then, is even higher, a fact that puts women at further risk.

Conclusions and Policy Recommendations

While it is clear that some sort of relationship exists between poverty and HIV risk behavior among women of the Central Asian migrant-sending countries, further study is undoubtedly needed in order to better understand the issues at hand and quantify the magnitude of the hazard. Given the difficult nature of seeking information from high-risk populations, fieldwork is especially vital in this regard. Consistent monitoring of evolutions in clan structure and their impact on women will also be necessary in order to

mitigate these effects and contribute to community health and cultural preservation efforts.

Nonetheless, the connection between poverty and diminished HIV resilience underscores the necessity of viewing AIDS as a holistic social phenomenon and treating it as such. For that reason, gender-focused structural reforms should be understood as a vital part of the fight against HIV. While job creation programs and community/network facilitation among female migrants may not appear to have a direct correlation with AIDS prevention efforts, such efforts do work to alleviate poverty, a key factor in the decision of many women to enter the field of sex work. Similarly, although not gender-focused, efforts to supplant the drug trade with other means of economic sustenance can be viewed as a crucial way to reduce drug consumption and HIV risk among both men and women. None of these measures, of course, can or should replace immediate harm reduction strategies among high-risk populations, but it is increasingly evident that harm reduction alone is failing to curb the epidemic's growth.

Finally, female resilience can be enhanced greatly through culturally-sensitive female empowerment mechanisms. If a culture is developed in which women, even in high-risk situations, are able to implement protective mechanisms such as condoms, they will greatly reduce the chances of acquiring HIV. Women who choose to engage in sex work should be assisted in organizing themselves in order to advocate for better wages, greater condom availability, and easier access to AIDS prevention, testing, and treatment. Because the clan-based patriarchy has a long history, its alteration will not be an easy process, but it may be possible to start with Soviet-based gender reforms – with which the Central Asian cultures are familiar – and evolve from there.

HIV, like poverty, is debilitating on both an individual and a societal level. It is only through enabling women to support themselves that they will be able to make the choices that will keep them as healthy and vital members of Central Asian society. Without empowerment, however, there may be no end in sight to the epidemic.

Acknowledgements

I would like to acknowledge the contributions of Joann Lindemayer and David Hastings for their invaluable feedback regarding the research of this paper. Additionally, I am especially grateful to Dr. Astier Almedom for her continued support and steady faith in my research efforts.

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