

B. Country Report: Cambodia

1. Country Profile

The Kingdom of Cambodia is situated in the southwest of the lower Mekong Delta. The total land area of the country is 181,000 square kilometres and it shares borders with Thailand in the west and north, Lao PDR in the north, Vietnam in the east and southeast, and gulf of Thailand in the southwest (see GMS map at the front of this report). It has a coastline of 440 kilometres that is rich in marine resources. The country has one of the world's largest fresh water lakes, "Tonle Sap", situated in the middle of the central plains which extend southwards to the home of the vast majority of the population. The mountainous northeast and northwest areas of the country are sparsely populated. Because of over two decades of war and civil strife the socio-economic condition of the country is severely damaged. Agriculture remains the main source of income for the vast majority of the predominantly rural population. Industry and service sectors are still in very early stages, only beginning to offer some jobs in some of the main cities and towns.

Table 2: Country Profile – Cambodia

Land Area	181,000 square kilometres
Number of Provinces/Municipalities	24
Total Population	11.4 million
Population Density per square kilometre	64
Total Fertility Rate	4.1
Annual Population Growth	2.49%
Infant Mortality*	104/1000 live births
Urban Population	15.7%
Life Expectancy (in years)	M 50.3, F 58.6
Male-Female Ratio	93:100
Literacy Rate	M 79%, F 57%
GDP per capita	US\$300*

*Source: 1998 population census and *UNICEF 2000*

According to the 1998 census, the total population of the country is 11,437,656, of which 999,804 reside in the capital city, Phnom Penh. Cambodia has a young population with children aged 0-14 years of age forming 42.8%. This is largely due to the death of a large number of adults, especially men, during the preceding twenty years of war. This fact is clearly evident in the sex ratio of the population. According to the 1962 census, the sex ratio was 99.9. This ratio drastically fell to 86 in 1980. Since then, it has been rising gradually, reaching about 93 in 1998. Even now, the sex ratio is very low (about 70) among people over 40 years of age. This skewed sex imbalance places an extra strain on what is already male dominated Cambodian society. With a surplus of women it also suggests that some men could readily seek to have multiple partners. According to the latest census, 14.2% of the country's population are in the age bracket of 20-30 years, the most sexually active phase of life, and another 11.8% are in the age bracket of 15-19 years, who are quickly catching with

sexual behaviours of their elders. These young people were born during and after the war in the 1970s and 80s.

2. Population Migration and Mobility

Cambodia has a very traumatic history in its recent past, beginning from the early 1970s and extending into the early 1990s. During the early phase of the war about a third of its population died due to mass killing and starvation and almost the whole population was displaced. Many people fled the country to seek refuge in Thailand, of which about half a million were granted resettlement in the USA, Canada, Australia, France and other countries. Following a UN-brokered peace agreement in 1991, the remaining 370,000 refugees returned home from the Thai border camps. A great many of these people, as well as others who stayed in the country, experienced trauma and disruption in their family and neighbourhood. Their tradition and culture were severely disrupted, including sexual and social mores. The resettlement and reintegration that took place after 1991 saw many people not returning to their place of origin (National Institute of Statistics 1998). Many of them resettled elsewhere, especially in the urban areas of Phnom Penh, Battambang, Siem Riep, Sihanoukville etc. Even today, a large number of people continue to search for a suitable place for living and move from Province to Province.

During 1991-94, a large contingent of about 24,000 UN peace keepers and other personnel came to Cambodia. Predominantly young men and without family, these peacekeepers played a crucial role in the social and economic life of Cambodia at that time. Along with the peace keepers and UN election organisers, a large number of Cambodian interpreters and support staff moved from place to place inside the country. This population attracted a large number of entrepreneurs with large entertainment venues opening and an expansion of the commercial sex industry. Thousands of Cambodian sex workers were joined by Vietnamese, Thai, Philippine and Chinese sex workers. This was a boom period for the Cambodian sex industry that had reportedly reached over 100,000 sex workers. There were red-light areas, entertainment places, special restaurants etc in almost all provincial towns. In addition, cross-border movements of people, traders, sex workers and sex seekers intensified, especially along the Thai-Cambodia border. Many foreigners and Cambodians as well used to cross the border to Thailand for sex services. Many Cambodian military, policemen, traders and migrant workers also availed themselves of the sex services in Cambodia and Thailand. As a result, transmission of sexually transmitted diseases, including HIV/AIDS, intensified during this period. The peace keepers were only one part of the mobility of the time that created a situation that was conducive to the rapid transmission of STDs, including HIV.

While the situation described above has significant bearing on the present day HIV/AIDS situation in the country, this report will concern itself with more contemporary issues of population mobility. The report covers both internal and external mobility and migration, as well as the risk situations by which the mobile and local populations become vulnerable to HIV/AIDS.

2.1 Internal and International Migration and Mobility

In the 1998 census, individual information was collected on birthplace, previous residence, and reasons for migration from the previous residence (National Institute of Statistics 1998). The census showed that 26.8% of the total population moved from their birthplace, with a much higher proportion in urban areas (56.6%) than in rural areas (21.2%). Over two-thirds (68.5%) of the population never changed their residence. This is higher in rural areas (73.7%) than in urban areas (41.1%). There was no significant gender difference in the mobility. Of the 31.5% of the population who lived outside their present residence, 58.8% moved within

the Province, 35.3% moved to another Province, and 5.9% moved outside Cambodia. The latter group were refugees in Thailand. Reasons for migration were as follows: 37.0% for family movement, 14.5% for employment, 13.9% for repatriation/return after displacement, 13.2% for marriage, 8.1% for movement of workplace, 6.0% for insecurity or natural calamities, 2.0% for education and 5.1% for other reasons. The census further identified that the migration stream was more from rural to rural areas (64.2%), than rural to urban (17.3%), urban to urban (12.3%) or urban to rural (6.2%).

The census does not capture many others who move from place to place for short or long periods, usually within the country but also abroad. The purposes of such movement vary greatly, but are mostly related to economic or work matters, such as migrant labourers, truckers, fisherfolk and seafarers, traders and businessmen, military and border policemen, students and trainees, and tourists and visitors. Human trafficking enters into the broad picture of movement as well. Among the international migrants, most of them travel abroad for employment. Cambodia has a long porous border with the economically much more prosperous Thailand. As a result, large numbers of people cross the border, often illegally. In recent years, Cambodia has joined other countries in the region as a labour exporting country, mainly to Malaysia.

2.2 Cross-border Population Mobility

Cambodia shares a border with two of its larger neighbours – Thailand and Vietnam - as well as a small segment with Lao PDR (Map 1). Both the Thai-Cambodia and Vietnam-Cambodia borders are long, with a difficult terrain in often remote areas with forest cover. They also contain areas of significant historical importance. The physical borders are no serious boundary to population mobility but the poor roads are a deterrent to large scale population mobility. Several border crossings have opened up with Thailand and Vietnam, mainly for trade and tourism. However, the size and characteristics of population mobility depend largely on political and economic factors between the countries and are described below.

Thai-Cambodia Border: This border had been the focus of many years of war and civil unrest and is still laden with thousands of landmines. Up until 1999, there were Cambodian refugee camps along this border. Since 1979, a total of 745,000 Cambodian refugees arrived in Thailand, of whom 510,000 returned home and 235,000 resettled in third countries (UNHCR 2000). Poipet-Aranyaprathet is the main crossing point between the two countries and thousands of people cross the border here for trade, tourism, work and other activities. Since the reopening of Poipet in 1992, it has swelled into a shanty town of 70,000 people. The opening of seven luxury casinos over recent times bears a stark contrast with the character of the town. Thousands of Cambodian commuters cross to work in Thailand every day, at the same time as several hundred Thais cross to work in the casinos. Despite the deterioration of the road from Poipet to the rest of the country, trade and business are still brisk and thousands of people are involved in transportation, day labouring, porting, trading, services and entertainment businesses. Several hotels have opened up in Cambodia and demand for the rooms is high. The town has one of the most active sex industries, involving both Cambodian and Vietnamese women and girls.

Koh Kong-Khlong Yai is the other important border crossing accessible both by sea and land. Fishing and logging are the two main economic activities, although the latter has slowed down in recent years due to bans on cross-border logging. Many migrant fisherfolk from all over the country converge here either to work in Koh Kong, or to work in Thailand. There is a casino here too. Like Poipet, this place is famous for its sex industry, frequented by Cambodians but also by Thais from the other side of the border. A third but potentially important crossing is at O'smach-Kab Cherng. Due to difficult road conditions, this place is

not so active for trade but remains the main link with northeast Thailand. There is a small but active sex industry here too. Overall the trend of population mobility on this border is Cambodians going to Thailand, although a significant number of Thais enter Cambodia for trade, tourism and gambling.

Cambodia-Vietnam Border: The 950 kilometres border is very porous, especially in the southern sector where many Vietnamese cross the border to Cambodia. The major land crossing between the two countries is at Bavet (Svay Rieng Province). About 300-400 people move through this border crossing daily (CARE 2000). Most people crossing are Vietnamese, many of who continue to Phnom Penh and other large cities. There are some traders in Bavet who buy and sell goods with the Vietnamese. In Bavet there are about 100 service girls. The other less active land border crossings are at Phum Krek (Kampong Cham Province) and smaller border roads in Takeo Province. In addition, the Mekong River provides an important waterway to go to Vietnam. All these border crossings are regularly used by large numbers of Vietnamese migrant workers, fisherfolk and entertainment workers who travel to Cambodia. Very few Cambodians cross over to Vietnam.

Cambodia-Lao PDR Border: Despite very close political relations between the two countries, transportation infrastructure remains underdeveloped, mainly due to a lack of profitable economic activities across the border. The main crossing point between the two countries is at Vuen Kham-Muang Khong border crossing, linking Stung Treng City of Cambodia with Pakse of Lao PDR. Other important crossing points are at Sralau and Ban Prai. It is widely anticipated that, following the upgrading of roads in the area, population mobility will increase to exploit the vast natural resources in the forest and fertile land.

2.3 Trafficking of Women and Children

Human trafficking has become an extremely serious problem in Cambodia in the past years, mostly internal but also across the border to Thailand. Needless to say, most of the subjects of trafficking are women and children, with linkages between trafficking and prostitution. It has been found that most of the Cambodian sex workers enter the business involuntarily (ADHOC 1999), either by deception, abduction or selling by 'friends', parents and relatives (see details in sex workers section). There are active networks of agents, pimps and brothel owners. This situation prevails for many girls and women working in brothels in Phnom Penh and other major cities and towns in the country.

In Poipet, some of the women described the process as follows:

- tricked by a trafficker who promised a good job but instead sold her to a brothel for 7,000 Baht;
- an agent contacted her in the village and, with her consent, paid 5,000 Baht to her parents that she is now paying back by working in the brothel;
- a soldier kidnapped, raped and then sold her to the brothel for 5,000 Baht (IOM 1999).

Trafficking of women for prostitution to the Thai-Cambodian border is concentrated around the areas where there is a border trade or fishing industry, such as Poipet and Koh Kong respectively, and perhaps at O'smach. The ADHOC and IOM reports contain several studies detailing trafficking of women into prostitution in Cambodia and Thailand. The IOM report also describes the situation of some of the Cambodian and Vietnamese women and children arrested for illegal entry into Thailand. Out of 107 arrested 40, or 37.4%, got help from the facilitators to enter Thailand. Facilitators take a 'fee' to arrange their travel and offer jobs and good income by simply begging in Bangkok. Some Vietnamese girls and women are also trafficked into Cambodia and some them to Thailand (see Vietnam report).

2.4 Specific Migrant and Mobile Population Groups

In this section we offer a short description and discussion of migrant and mobile population groups of importance in the country. This covers such basic issues as the ‘continuum of population mobility’ ie place of origin, mobility process, places of destinations and return and/or resettlement, and also exposure to HIV risk situations. This section can be read along with the section on the typologies of migrant and mobile populations, which is set out in table form in the following section.

(1) Sex and Entertainment Workers

The subdued sex industry of Cambodia received a big boost in 1991 with the arrival of 24,000 or more military and civil workers of the United Nations Transitional Authority in Cambodia (UNTAC), along with thousands of other foreigners providing services to them. The number of Vietnamese sex and entertainment workers multiplied rapidly, and they were joined by their sisters from Thailand, the Philippines and PRC. More and more Cambodian women entered the sex businesses during this period and commercial sex took a firm root in society. At present there are an estimated 10-20,000 direct sex workers in brothels and another 50,000 indirect sex workers (eg beer promotion girls, karaoke attendants etc.) (NCHADS 1999). NGOs and other independent sources put a higher figure at 100,000 or more. There has been some active debate over the number of Vietnamese sex workers in the country. In Sihanoukville, among 500 brothel based sex workers, 80% are Cambodians and 20% Vietnamese. Nationwide, the breakdown of Cambodian and Vietnamese sex workers could be similar to Sihanoukville, although in recent years there has been a marked reduction in Vietnamese women. In general, sex workers are very mobile and are often rotated from place to place by their owners. This is more common for the brothel-based workers than the indirect sex workers operating out of entertainment businesses.

Cambodian sex workers: There are some notable differences between Vietnamese and Cambodian sex workers. As discussed above, most of the Cambodian girls enter the sex industry involuntarily (ADHOC 1999). The ADHOC report cites economic and social problems as the main reasons for their entry into the sex business. Causes of voluntary entry, as mentioned in the report, were poverty, paying off debts, no job, no family support, being ‘broken hearted’ etc. This is a serious social problem in Cambodia today as families are broken and community support is very weak to cope with the situation. It appears that most of the sex workers originate from relatively poor Kampong Cham, Prey Veng, Svay Rieng, Kandal and Takeo Provinces. However, no concrete research has been done so far on this important issue. This is an area that requires more research to establish areas of concentration so that similar actions can be developed for long-term preventive and rehabilitation programs.

Vietnamese sex workers: The small but still very popular Vietnamese sex worker works in large cities like Phnom Penh, Battambang and Sihanoukville. Smaller numbers are seen in Koh Kong, Poi Pet, Kampong Cham, Pursat and Siem Riep. Many of these girls and women enter this business ‘knowingly’ to earn money for themselves and their family. They know the kind of work they have to do before coming, often through someone who had been in Cambodia, although there could be some gaps in the content of information. Occasionally, some Vietnamese girls are cheated or lured into prostitution against their will. While it is widely acknowledged that almost all Vietnamese sex workers originate from the Mekong Delta region in South Vietnam (CARAM 1999 & MSF 2000), no precise information is available as to whether there are some areas of concentration by District or Province. Qualitative interviews in Vietnam and Cambodia reveal that many of the girls come from An Giang Province but some are also from Can Tho, Kien Giang, Long An etc. This issue of ‘place of origin’ should be investigated further because knowing the definitive location is

crucial for the development of much needed long-term programming for the reduction of new girls entering into the sex business. It will also further strengthen the work of the Government and NGOs for the return and rehabilitation of the sex workers who are already working in Cambodia or elsewhere.

(2) Fisherfolk and Seafarers

HIV vulnerability of the fisherfolk in Koh Kong has been identified as an important issue (Chantavanich and Beesey et al 1999, Pramualratana et al 1996). The situation is much worse for the migrant fisherfolk such as Cambodians in Thailand or Burmese in Thailand (Paul and Chantavanich et al 1999). In a recent situation assessment at Koh Kong and Sihanoukville, a team of Cambodian researchers reconfirmed the situations as indicated above (UNICEF and CARE Cambodia 1999). While this latest assessment provided graphic pictures of the commercial sex industry and the seafarers, it failed to shed light on such important issues as the number of boats and fisherfolk, the number of sex workers, other groups of mobile population that interact with them and, more importantly, the HIV vulnerability of the local population. Thousands of Cambodian fisherfolk are very mobile in Cambodian waters, docking in at port towns Koh Kong, Sihanoukville, Kep etc. They too migrate to Thailand for better earnings (Chantavanich and Beesey et al 1999), and many of them work in Khlong Yai (Trad), Rayong, Chantaburi, Chonburi and as far as Pattani and Songkhla in the south. In Rayong alone, the provincial authorities estimate that there are up to 40,000 Cambodians (PATH, undated). The links between the fisherfolk and drinking and unsafe commercial sex, are well known, and HIV surveillance confirms high prevalence among sex workers in the various areas.

Cargo ship crews visit Sihanoukville and utilise sex and entertainment services there. It is also a place frequented by a large number of truck drivers and other transport workers, as well as thousands of local and foreign tourists many of whom avail themselves of the commercial sex services. Local men and women get entangled with this sexual network and this is clearly reflected in the high prevalence of HIV among the general population, eg pregnant women. A similar HIV/AIDS risk situation exists in Koh Kong where, in addition to the fisherfolk and sex workers, thousands of migrant logging workers, transport workers and the local population are heavily affected. In fact, HIV prevalence among pregnant women in Koh Kong is the highest for any Province in Cambodia (NCHADS, 1998).

One should also seriously consider investigating the mobility and HIV vulnerability of thousands of inland fisherfolk, including that of the Vietnamese migrants in the Tonle Sap and Mekong River. In the fishing ports of Krakor (Pursat), Kampong Chhnang, Kandal, Phnom Penh, Kampong Cham, Kampong Thom, Siem Riep etc. thousands of local and mobile fisherfolk gather. Many of these ports have thriving red light districts that could easily be visited by the fisherfolk.

(3) 'Uniformed Officials' and Demining Teams

One of the important aspects of recent mobility patterns is the mobility of thousands of 'uniformed officials' such as soldiers, policemen and other security personnel across the country, especially to the north and northwest. Often without family and working in difficult conditions, these officials have higher incomes than most other occupational groups. As a result, they avail themselves of opportunities to entertain themselves in restaurants and bars and often patronise sex workers. Some reports firmly suggest direct or indirect involvement of the 'uniformed officials' in commercial sex businesses and establishments. In others, they are given free sex services in exchange for the authorisation and security for the operation of the venues. Nationwide HIV sentinel surveys show that policemen have higher prevalence than the general male population (NCHADS 1998 and 1999) and, in some Provinces like Koh

Kong, it was as high as 21% in 1997. Similarly, military also have higher prevalence in most of the Provinces. The highest records were in Sihanoukville as 17.3% and 14.3% positive in 1996 and 1997 respectively (NCHADS). HIV prevalence is also high in Prey Veng, Koh Kong and Battambang Provinces.

'Semi-military' demining teams are also heavily implicated in the spread of HIV. Most of them are former military and work on clearing the minefields in various locations (CMAC Cambodia 1998). They too are involved in similar risk situations as those of the military and police, indicating an exceptionally high HIV vulnerability for a large proportion of young males. This is of some concern given that approximately 31,500 soldiers will be 'demobilised' over the next three years and reintegrated into civil society (IOM project document 1999). Like their counterparts in the active military, many of these people are HIV positive and will have difficulty adapting to a new work environment. In addition, it is very important to strengthen the HIV prevention activities in this population, as they will now be deprived of the specific HIV prevention activities of the regular military.

(4) Transport Workers

Although much of the road transport infrastructure of the country was damaged during the years of war, there has been a significant increase in the number of vehicles on the roads since 1996. According to a rapid assessment survey conducted by the NCHADS in late 1999 on Highway No. 1 and 5, HIV vulnerability along both roads is very high (NCHADS 2000). Road No. 1 connects Phnom Penh and Kandal with Prey Veng and Svay Rieng Provinces and ends at Bavet on the Cambodia-Vietnam border. Road No. 5 is a vital lifeline of the country, beginning in Phnom Penh and running through Kampong Chhnang, Pursat, Battambang and Banteay Meanchey Provinces, ending at Poipet on the Thai-Cambodia border. The assessment team has identified several Hot Spots along both roads and the existence of various direct and indirect commercial sex establishments at these locations. In addition to many karaoke, night clubs, restaurants, hotels etc. that provide indirect services, they located 27 brothels along Road No. 1 and 206 along Road No. 5, with a 'growing number' of sex workers. These places are usually frequented by truck drivers and their assistants and are of particular concern because of their work conditions, separated from family and community, relatively high income, and drinking behaviour.

Although not studied in the above assessment, informed sources indicate that a similar situation exists on Highway No.4 leading to Sihanoukville, Highway No. 6 to Siem Riep and Kampong Thom and Highway No. 7 from Kampong Cham to the Vietnam border. In all these truck or taxi stops, transport workers interact with many local as well as other mobile people, and thus the risk situation is not limited to drivers alone but all population groups.

(5) Traders

Trade and commerce in Cambodia is still run by individuals and families. This ranges from petty trading in the market and on the roadside to long distance marketing of goods within the country or across borders, particularly the Thai-Cambodia border. Many traders are very mobile whereby they travel to buy and sell their merchandise at different places. These people – both men and women – have very busy and stressful lives. Usually their earnings are good and, with a disposable income, they have money for rest and recreation. When they travel alone and spend nights with friends and acquaintances they are prone to get involved in drinking and sometimes visit sex workers. Some female traders, away from their family and living a stressful life, sometimes get involved in casual sex with 'friends'. In these situations their HIV vulnerability increases dramatically.

(6) Garment Workers

Garment factories are a booming industry in Cambodia, taking advantage of extremely low wages. There are a large number of garment factories, most of them located in Phnom Penh and Kandal, with a few in Kampong Som. This industry employs up to 100,000 full and part-time workers (Sophal 1999). Nearly 85% of these young workers are women (CARE Cambodia 1999). These young women and men come from the countryside in search of a regular income and a brighter future. They have little education and few skills to find alternative jobs. They usually earn about US\$ 50-80 a month but some earn as little as seven dollars. After paying for their lodging, food and other expenses, they have little in the way of savings, and little money to send home.

Away from family and the social controls of the community, these young women and men are confronted with the opportunity to change their social norms and behaviours. They have a fair knowledge of HIV/AIDS although the exact nature of progression of the disease is not clearly understood (CARE Cambodia 1999). Young girls are likely to develop sexual relations with boyfriends but, due to social and cultural norms, safe sex is not often practised. There are a number of karaoke bars near the garment factories. It is still unclear if or to what extent the young female factory workers are linked with the indirect commercial sex work in these venues. In any event, many of the young women are sexually active; some have had STDs but declined to go to a doctor's clinic, instead relying on quack medicine. There have been reported cases of unwanted pregnancies and resultant abortions. In sum, the influx of 80,000 young women to a city of one million people could be a cause of serious gender imbalance, affecting social and sexual behaviours in the communities where they live.

(7) Cross-border Migrant Labourers

Thousands of young Cambodians cross the border for employment in Thailand. During the 1996-97 registration of migrant workers in Thailand, 8.7% of 293,652 registered workers were Cambodians (Paul 1997). Based on this, it was estimated at that time that, out of a total one million, there could be up to 87,000 Cambodian migrant labourers in the country. This is almost equal to the number of garment workers in Phnom Penh and about 12% of the total workforce of Battambang, Banteay Meanchey and Siem Riep Provinces (Sophal and Sovannarith 1999). In Aranyaprathet and adjacent areas 2,500-5,000 daily commuters cross from Poipet for work and another 500-1,000 take up temporary jobs in agriculture (Chanatavanich, Beesey et al 1999). Most of these workers originated from neighbouring Banteay Meanchey, Battambang, Siem Riep, Pursat but also as far as Takeo and Prey Veng. The above study also suggests a total of 2,360 migrant workers in the Khlong Yai district of Trat Province. Kampot was the most common hometown followed by Kampong Cham, Prey Veng and Kampong Thom. The Cambodians work in various jobs such as fisheries in Trad, Chantaburi, Rayong, Chonburi and as far away as Pattani and Songkhla. Thousand of others work in agriculture and day labouring including commuters in the border Provinces such as Sakeo, Trad, Chantaburi and Surin. A recent rapid survey by PATH showed there are about 40,000 Cambodians in Rayong Province alone (PATH 1999). Many Cambodians also work in factories in and around Bangkok. As there is no organised labour recruitment system, most of these Cambodians remain undocumented and are therefore deprived of social benefits including access to the organised health care system (Chanatavanich, Beesey et al 1999 and Sophal 1999). There are many women and children in this group and at least some of the women are employed in sex and entertainment businesses especially in Khlong Yai (Trad).

The Asian financial crisis almost crippled the building industry in Thailand in 1997 and had an adverse affect on work opportunities for Cambodian labourers. A recent survey of 14 villages in Battambang showed that there was large reduction in the number of jobs available

for migrants (Sophal and Sovannarith 1999). Farming and porter's jobs on the border were not so affected. The subsequent policy of the Thai government to replace migrant workers not only led to a huge return of migrants, but also made workers more susceptible to harassment and arrest by Thai police. More seriously, more than half of those who remained on jobs were not paid, either as a result of being cheated by the employers or the collapse of the companies. Detailed behavioural surveys conducted in two border locations – Aranyaprathet and Khlong Yai – showed a lack of knowledge of HIV/AIDS/STDs among migrants, confirming the risk situation for the rapid transmission of the disease (Chantavanich, Beesey et al 1999). Another assessment at Khlong Yai was also supportive of the same findings (CARE 1999).

(8) Vietnamese Migrant Workers

In March 1993, just weeks before the UNTAC conducted elections in the country, hundreds of fishing boats were towed down the Mekong River under a UN naval escort, towards the Vietnam-Cambodia border. This flotilla of boats carried an estimated 30-40,000 ethnic Vietnamese fisherfolk and their families who were fleeing politically motivated ethnic violence against them (Minority Rights Group International Profile 1995). Many others are still living in the country and scattered along various parts of the Tonle Sap and Mekong Rivers notably Pursat, Kampong Chanang, Kampong Cham, Kampong Tom, Kandal and Phnom Penh Provinces. They are part of the large community of ethnic Vietnamese who have been living in the country for many generations. Most of these people live in floating villages and have their family with them. The exact number and the nationality of these people are an extremely sensitive matter in Cambodian government politics.

There are two other distinguishable groups of Vietnamese populations in Cambodia, namely, migrant construction workers and sex/entertainment workers. Vietnamese migrant workers comprise a large number of construction workers employed in house building and other urban development. They also work in bridge and transport infrastructure development. Numbered in thousands, this predominantly male populations work in Phnom Penh, Kampong Cham, Battambang and all other large Provinces. Only some of them have families with them, mainly those who have been living in the country for a long time. There are also Vietnamese blacksmiths, goldsmiths and other artisans. Among female workers there are many barbers, tailors and dressmakers. Vietnamese sex and entertainment workers are another prominent group of immigrants to the country (see sex workers).

(9) Foreign Tourists and Visitors

Like many other countries in the region, Cambodia has been actively promoting tourism for much needed cash revenue. The famous Angkor Wat, along with some other points of historical interest, attracts tens of thousands of tourists each year. There is, however, a special segment of tourists for whom the main attractions are cheap sex and entertainment services. Some East Asian sex tourists reportedly come to Phnom Penh and from the airport go straight to one of the popular red light areas to pick up the girl of their choice before checking into their hotel room. Tourists are among the main clients of many sex workers, particularly in Phnom Penh, Siem Riep, Sihanoukville and Battambang. As mentioned earlier, visitors to the casinos in Poipet and Koh Kong are important clients of the 'high cost' sex workers in those places. In addition to the usual sex-tourists, there is also a small but active group of paedophiles who prey on hundreds of young street boys and girls in Phnom Penh and Siem Riep. Some reports have indicated a link between resident expatriates and a paedophile ring abroad. The presence of 10,000 or so skilled and professional foreign workers (excluding Vietnamese) also has a direct and indirect bearing on casual and commercial sexual networking in the country.

(10) Hill Tribe and Ethnic Minorities

Khmer Leou or literally ‘upper Cambodians’ are small clans equivalent to Thai, Vietnamese or Laotian hill tribes. Concentrated in the mountainous northeast Provinces of Ratanakiri and Mondolkiri, which border Vietnam. They usually live on traditional ‘slash and burn’ agricultural practices. Trans-border migration of these hill tribes people is common, as they often do not recognise the border demarcation. Many communities may be affected by development over time. Entering into an unfamiliar world, they could be vulnerable to HIV through sexual transmission, or through injecting drug use if it gets introduced to their community.

3. Typology of Migrant and Mobile Populations

In this section we begin with a fundamental classification of population mobility and migration in the country, namely internal or domestic migration and mobility, and external or international migration and mobility (Table 3). The international migrants are then divided into immigrants, that is, foreigners entering the country and emigrants - (Cambodian) nationals going out of the country. This classification is very important for determining the legal status of the migrants, particularly that of the international migrants. International migrants are often divided into regular or documented migrants, and irregular or undocumented migrants, which is not considered in detail here as it is beyond the scope of this short report, but it does have implications for programming for international migrants. It should be emphasised here that there is a significant overlapping between internal and external migration especially at the cross-border locations where both groups converge. People who are internal migrants today may end up crossing the border and become international migrants. Similarly, some regular migrants may become irregular (often termed illegal in police records) through overstaying or losing their registration.

Table 3 also identifies migrant and mobile people by occupations. This is perhaps the simplest way to classify a population as they can be found at particular work-sites. But this is also considered over-simplistic in terms of HIV risk situation assessment. Most of the migrants are unskilled who tend to change jobs frequently. Many migrant labourers in Thailand started in construction work and then switched to agriculture or fisheries. Some women domestic helpers and retail workers changed to sex and entertainment workers. Although we find some strong correlations between occupation and HIV vulnerability, it is important to understand overall dynamics of migration and the risk situation associated with it. Migrants should also be classified by gender as there has been a ‘feminisation’ in Asia of many migration streams, and this includes Cambodia. There are gender implications for HIV vulnerability that are different for men and women.

Besides the broad classifications as described above, migrants could also be grouped into some of the following criteria, particularly in the ‘micro-analysis’ of the situations that are very closely related to their HIV vulnerability (Chantavanich, Paul *et al* 1999 & Chantavanich, Beese et al 1999):

- Age: very crucial as young people are more likely to get involved in risk situation;
- Marital status and accompanying family: marriage may not be so significant unless accompanied by family members;
- Duration of stay: often signifies integration with the host community;
- Living situations (stay with whom): single people are more likely to get involved in risk behaviours;

- Income level: higher income of men increased buying power of commercial sex but lower income of women increases their vulnerability to sell sex;

In Table 3 we attempt to provide some indications about the size of populations involved in individual occupation groups as well as some of the locations. This is by no means a complete list, as we didn't have all the relevant information. Nonetheless, we believe that this is a helpful guide on how to develop a complete list in a country that can be done by a knowledgeable group. Developing a complete listing will assist in the overall mapping of the situations (also see Hot Spots in the latter section). It will also help to prioritise population groups and locations, and development of comprehensive 'responses' for the situations.

Before describing the overall HIV risk situation of individual groups, attempts have been made to understand unsafe sex and injecting drug use of the people concerned. Although these specific risk behaviours put people directly at risk for HIV transmission, it is often found that the 'environment' in which people live, work and interact affects their behaviour. So it is very important to consider all these factors together and thereby explain the 'risk situation' of that particular group.

Table 3: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Cambodia

Migrant and Mobile Population Groups	Population Size	Geographical Locations	Risk Situation Assessment
A. Internal Migrants/Mobiles			
Road Construction Workers	**	Svay Rieng, Prey Veng and along Highway #5	**
Garment workers	***	Phnom Penh, Kandal, Sihanoukville	*
Students and Trainees	**	Phnom Penh and other big cities	*
Sex and Entertainment Workers	**	Many cities and towns, including border areas	*****
Male and Female Traders	***	Many cities and towns, especially Thai border areas	***
Road Transport Workers	***	Along Highway 5, 4, 1, 6, border crossings etc	***
Fisherfolk and Seafarers	**	Koh Kong, Kg. Som, other ports, including borders	****
Tourists and Visitors	**	Large cities, border and tourist destinations	**
State Officials	*****	All over the country, including border areas	**
Uniformed Officials and Deminers	****	All over the country, especially in the border areas	***
Private Sector/Businessmen	***	All over the country, including border areas	**
Street Children	*	Phnom Penh and cities, including border areas	**
B. Cambodian Emigrants			
Contract Labours Abroad	*	To Malaysia	*
Migrant Labourers	*	To Thailand	***
Migrant Fisherfolk	*	To Thailand	****
Migrant Sex Workers	*	To Thailand	*****
C. Foreign Immigrants			
Vietnamese Sex Workers	*	Many large cities	****
Vietnamese Construction Workers	**	Major cities	**
Tourists and Visitors	**	Mostly Asian in Phnom Penh and other cities	**

** The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)*

4. HIV/AIDS Situations

The first HIV infection in Cambodia was identified in 1991, in a man donating blood at the National Blood Transfusion Centre in Phnom Penh. Even before that, eight more HIV cases were identified in the Khmer refugee camps along the Thai-Cambodia border, the first being in 1989 (UNBRO). Almost all of these earlier cases returned to Cambodia along with 370,000 returnees from the camps in 1991-92. In 1992, the first serological survey in selected sentinel groups showed HIV prevalence of 9.2% in sex workers and 4.2% in inpatients with sexually transmitted infections (STIs).

Since then, the prevalence of HIV infection among direct sex workers in the areas in which they were tested every year rose from 9.2% in 1992 to 42.6% in 1998, then dropped to 33.2% in 1999 (NCHADS). The comparable weighted prevalence in women attending antenatal clinics rose from 2.6% in 1995 to 3.4% in 1997 and then levelled at 2.6% again in 1999. Among policemen, it rose from 8.1% in 1995 to 10.2% in 1998 but significantly decreased to 4.7% in 1999. The prevalence of HIV also rose steadily in other risk groups, but the clear trend for many of these groups has been difficult to establish because of little continuity in testing and problems in achieving the desired sample sizes, especially antenatal clinic attendees.

4.1 Characteristics of the HIV Epidemic

HIV infection is now well established in Cambodia. In 1999, the HIV prevalence rates in direct sex workers were 33.2%, 'beer girls' 19.8% and freelance sex workers 16.7% (Table 4). HIV prevalence in women of childbearing age ranges from 0.0% to 8.0% with an average of 2.6%. The prevalence in police ranged from 1.3% to 24.0% with an average of 4.7%. This report also shows a prevalence of 1.8% in household males and 1.2% in household females (tested only five Provinces).

Table 4: HIV Seroprevalence Among Sentinel Groups in 1999(in percent)

Sentinel Groups	Lowest Prevalence	Highest Prevalence	Group Mean Prevalence
Direct Sex Workers	7.3	51.8	33.2
Beer Girls (Commercial Sex Workers)	6.4	29.0	19.8
Freelance Sex Workers	3.3	47.8	16.7
Policemen	1.3	24.0	4.7
Antenatal Clinic Attendees	0.0	8.0	2.6
Household Males	0.6	33.3	1.8
Household Females	0.7	2.3	1.2
TB Patients	2.2	18.8	7.9

Data source: NCHADS Cambodia

It is now very clear from these data that HIV has now spread to the general population in almost every Province and that the major mode of transmission is heterosexual sex. Symptomatic HIV patients and AIDS cases are now occurring in great numbers, indicating that the epidemic is well established. According to a WHO sponsored consensus report in

1999, there was a cumulative total of 240,963 HIV infections in the country, including 219,344 current infections. There was a cumulative total of 21,619 deaths, including 8,257 in 1999. HIV prevalence in adults (15-49 years of age) has reached 4.46%, the highest in any Asian country. The estimated male-female sex ratio of the prevalence of HIV infection in blood donors was 1.6:1; the International Organization for Migration (IOM) testing was 3:1; and reported AIDS cases at Calmette Hospital was 2:1 prevalence. However, based on 1999 sentinel surveillance data, it was estimated that the current HIV could be slightly lower than the previous estimates ie. 170,000, an issue that require further analysis.

4.2 Geographical Distribution of HIV/AIDS

Although HIV/AIDS is prevalent throughout the country, there are some important features to be noticed. First, from the earlier seroprevalence data it is evident that the epidemic started along the Thai-Cambodia border. In 1996, the data show that the HIV prevalence among sex workers, policemen and other sentinel groups in Koh Kong, Bantey Meanchey and Battambang were much higher than the national average (Paul S, based on data from NCHADS). These Provinces had intense population mobility during 1991-1994, which includes the return of refugees, UNTAC and other foreign populations, entry of Thai traders, sex and entertainment workers, and movement of Cambodian traders and sex workers to the border Provinces, including entry into Thailand. Although mobility had reduced to some extent in 1995, this area still has much more mobility than rest of the country. Both Poipet and Koh Kong are the two most active border towns in the country, with large sex and entertainment businesses.

Table 5: HIV Prevalence in Selected Sentinel Groups

	Sex Workers			Pregnant Women			Policemen		
	1996	1997	1998	1996	1997	1998*	1996	1997	1998
Koh Kong	51.1	52.0	41.0	5.3	19.5	6.0	14.3	21.0	25.8
Battambang	58.3	47.1	53.3	4.4	4.0	3.3	11.6	8.7	5.3
B. Meanchey	54.5	58.7	54.0	1.7	3.8	0.2	11.8	n.a.	10.0
Sihanoukville	51.5	n.a.	57.3	2.1	2.9	3.5	13.7	n.a.	11.8
Phnom Penh	41.6	44.4	61.3	3.2	0.8	3.8	5.2	n.a.	8.7
Svay Rieng	36.2	23.9	25.0	0.9	0.9	2.5	0.0	5.0	0.7
CAMBODIA	40.9	39.8	42.6	1.7	3.2	2.4	5.5	6.0	6.2

**Married women, not necessarily pregnant; n.a. = no survey/no data; Data source: NCHADS*

In contrast, Provinces along the Vietnam border did not show a rapid rise in HIV prevalence. Phnom Penh and Kampong Som showed higher prevalence but these are the major cities, with large numbers of mobile populations along with many sex and entertainment services.

4.3 HIV Risk Situations in Relation to Migration and Mobility

The detection of the HIV/AIDS epidemic in Cambodia coincided with the sudden influx of thousands of foreigners into the country in 1991, along with the return of 370,000 refugees from the Thai-Cambodia border. During 1991-94, population mobility was very intense throughout the country, especially in the northwestern Provinces bordering Thailand. The mobility involved UN peace keepers and civil officials, Cambodian police and military, traders and businessmen, returnee refugees, migrant workers, state officials, transport workers and sex and entertainment workers. This situation resulted in the rapid transmission of the disease in Banteay Meanchey, Battambang, Koh Kong and Siem Riep. HIV sentinel surveillance in 1996 and 1997 confirms that the prevalence was much higher in these Provinces than the national average (Table 5). Military, policemen and deminers – all of whom are very mobile – had very high sero-positivity. Among women, antenatal clinic attendees, who usually reflect the general population, prevalence was significantly higher in Koh Kong and Battambang. Local people in these border Provinces constantly interact with large numbers of mobile people passing through their area and thus are becoming part of the overall HIV risk situation. Both local men and women get involved in it through casual and commercial sex. Koh Kong is also a home of thousands of fisherfolk who are very mobile and often engage in high risk situations. HIV serosurveys of Cambodian (and others) fisherfolk in Thailand show a prevalence rate of 20.2% in Khlong Yai, Trad (Entz 2000). This is an alarming sign indeed but the situation is equally serious among pregnant women where, for four consecutive years in 1995 through 1998, more than 10% (range 9.1 – 12.0%) of pregnant Cambodian women were found to be HIV positive (Chantavanich S, Beesey A *et al*).

HIV prevalence is very high in Phnom Penh and Sihanoukville – both of which have very high numbers of migrant and mobile populations that include Cambodians and foreigners. HIV prevalence remains very low in secluded Provinces such as Stung Treng, Kampong Thom and Mondol Kiri. But contemporary population mobility and HIV transmission has expanded beyond the high risk groups and now is spreading among the general population. Mobility still seems to play a major factor in pushing people into high risk situations.

4.4 Hot Spots for Mobile Population and HIV/AIDS

Beyond doubt, it has been accepted that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in Cambodia. As shown in the typology of mobile populations above, many of these groups interact among themselves or, in another words, they become part of the risk situation at a location. It is therefore crucial to identify locations with significant numbers of mobile populations as well as risk situations for HIV transmission, thus the so called Hot Spots. A well designed mapping of Hot Spots of the country will assist the government and other agencies to prioritise projects and develop integrated programming. Table 6 provides a guide on how to develop a Hot Spots list (also see Map 4), ascertained here from focus group discussions and other consultations with government and NGO representatives. Each of the sites has a brief description of people involved, with an overall measure of risk situations, determined from known behaviours, size of population groups and sex industry (see Methodology). This table should be updated and discussed among knowledgeable people in the country before being put as a priority list.

Table 6: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Cambodia

Hot Spots	Population Groups Involved	Pop Size	HIV Risk Situations
Poipet/Sisophon	Traders, transport workers, migrant labourers, sex workers (inc. Vietnamese), tourists, state officials, uniformed officials	***	*****
Koh Kong	Fisherfolk, sex workers (inc. Vietnamese), traders, state officials, uniformed officials, IDUs, transport workers, local populations, migrant labourers, tourists and visitors	**	****
O'smach	Traders, sex workers, migrants, uniformed officials, transport workers	*	***
Battambang	Transport workers, traders, uniformed officials, mostly sex workers, students, tourists, migrant labourers	****	***
Siem Riep	Transport workers, tourists, traders, uniformed officials, sex workers	***	**
Pursat	Transport workers, loggers, traders, uniformed officials, sex workers (inc. Vietnamese), lake fisherfolk	**	**
Kampong Chhnang	Transport workers, traders, uniformed officials, sex workers, lake fisherfolk	**	**
Phnom Penh	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese), students, tourists, garment workers, street children	*****	****
Kandal	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese), migrant workers, lake fisherfolk	***	***
Prey Veng/Nak Loeung East	Transport workers, traders, uniformed officials, sex workers	**	**
Svay Rieng/Bavet	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese)	*	***
Kampong Cham	Transport workers, traders, uniformed officials, sex workers, migrant workers, lake fisherfolk, students	****	**
Sihanoukville	Fisherfolk and seafarers, tourists, transport workers, traders, uniformed officials, sex workers (inc. Vietnamese)	***	***

** The number of asterisks proportionately signifies population size or severity of risk situations.*

5. Discussion and Conclusion

HIV/AIDS has taken deep root in Cambodia and coincided with a time of widespread movement in the country. Prior to the elections of 1992, the UN peacekeeping mission (UNTAC), with a large number of mobile civil and military personnel accompanied by thousands of other foreigners who provided service, logistics and entertainment, entered the country. Thousands of Cambodians also moved to work with UNTAC, NGOs and private businesses companies. The country itself was then going through the last phase of almost twenty years of war that caused massive displacement of population, and bruised social and cultural identities. Thousands of local military and police personnel and demining teams were a common scene everywhere, almost all of them without family with them. This was also the time when 360,000 refugees from Thai border camps returned home. Overall, this was a period of massive population mobility of both locals and foreigners, including mobility to and from Thailand where the epidemic was already entrenched.

Commercial sex became widely available with mainly Cambodian girls and women, but also there were Vietnamese, Thai, Filipino, and Chinese women. Almost all provincial cities and many large district towns had direct and indirect sex venues. Knowledge and preventive measures for HIV/AIDS were totally lacking. The incidence of STDs increased dramatically and HIV positive cases began to emerge mainly from the blood donor screening. Since then population mobility has continued to play a crucial role in the rapid transmission of HIV in Cambodia.

After UNTAC's departure, Cambodia has a markedly different set of migrant and mobile people consisting of transport workers, traders and migrant labourers. Mobility of 'uniformed officials', demining teams and state civil officials is common everywhere. There are thousands of migrant garment and factory workers and students in Phnom Penh. Fisherfolk and seafarers' activities increased in the coastal areas as well as those involving the Thai fishing industry. Sex and entertainment workers, particularly 'beer girls', have increasingly become common phenomena. Most population groups have particular patterns of HIV vulnerability. Risk situations occur where there is interaction between the different groups as well as with local populations. Cambodia today has the highest HIV prevalence in Asia with an adult infection rate of 4.04 % and about 220,000 HIV positive people (UNAIDS 2000).

It is through the commercial sex industry that HIV has spread rapidly. A range of people, including many mobile or migrant people, are regular clients of sex workers. And up until the present, most sex workers do not have access to proper medical check-ups, including STD treatment. Condom use is only beginning to improve in some places. In addition, sex workers are constantly rotated from one place to another by their 'owners' and thereby carry disease to different areas. Overall, uncontrolled, and perhaps 'unhygienic' commercial sex has played, and still is playing, a key role in the transmission of HIV.

Among the male clientele, 'uniformed officials' are the largest group of people involved in HIV risk situations. Their job assignments, income, and authority place them in a very commanding position to exploit all forms of entertainment services and, in the process, they make themselves vulnerable to HIV transmission. Of course, many of them did not have prior knowledge of the disease and prevention measures. Ironically, many of these uniformed officials are involved in operating entertainment businesses that include sex services. Some state officials and private sector employees, particularly those who travel outside their home, also avail themselves of entertainment and sex services. They too are vulnerable to HIV risk situations.

Because of their special working conditions, living environment and social status, fisherfolk are deemed to be highly vulnerable to HIV. The subculture that has grown up around fisherfolk and ports, characterised by drinking in bars and low-cost commercial sex venues nearby, leaves them susceptible to STDs and HIV. It may be similar for seafarers but the culture may vary, they may be more informed and less willing to take risks. Similarly, transport workers and traders, especially those who travel long distances, can also be highly vulnerable. In each of the truck stops, there are facilities for 'sexual release' and many transport workers avail themselves of such opportunities. Because of their mobility, transport workers, fisherfolk and seafarers are vulnerable to HIV infection and then spreading HIV elsewhere, especially to their spouses or girlfriends back home.

Garment workers and migrant students in Phnom Penh, although very large in number, are vulnerable, but in different ways and not to the same degree. Being away from home and without social controls, these young people may engage in casual sexual relations and some men will also visit sex workers. The problem lies with the women as much with the men, in the sense that they need to have the means to protect themselves. They need to be able to reject sexual advances or to negotiate safe sex. Both can be difficult. There is, mainly anecdotal, evidence to suggest that some female garment workers or students, are also involved in commercial sex. Such situations are known to have occurred in Thailand and Japan and it is likely that many young women, at a time of rising consumerism, will be tempted by the financial rewards and pseudo glamour of sex work.

Finally, the HIV epidemic in Cambodia is linked with massive population mobility before and during the UNTAC period. And now those links are mainly with different mobile population groups. Like elsewhere, many of the mobile population groups in Cambodia, such as fisherfolk, transport workers, uniformed officials, traders and businessmen, are involved in high-risk situations. Available HIV testing of fisherfolk, police and military personnel strongly supports this assertion. Considering the increases in population mobility, it is of the utmost importance that they be incorporated into the mainstream HIV/AIDS programming in the country.