

D. Country Report: Myanmar

1. Country Profile

Myanmar is a land of natural beauty and cultural heritage. It has a large area of about 680,000 square kilometres and a population of over 46 million. The country has common borders with PRC in the north and northeast, Lao PDR in the east, Thailand in the southeast, and India and Bangladesh in the west. It has long coastline of over 2,000 kilometres stretching from Bangladesh in the north to Thailand in the south. About half the area of Myanmar is covered by dense forests with an abundance of springs, waterfalls, rivers, streams, herbs and flora, and wildlife.

Table 12: Country Profile – Myanmar

Land Area	680,000 square kilometres
Number of States and Divisions	7 states and 7 divisions
Total Population	48.9 million
Total Fertility Rate	3.63 per women (est.)
Annual Population Growth	2.1 %
Infant Mortality*	80 /1000 live births
Urban Population	n.a.
Life Expectancy (in years) **	M=59 & F=62.3 yrs
Male-Female Ratio	1.01 males/female
Literacy Rate *	M=88% and F=78
GDP per capita*	US\$ 220

*Source: Myanmar Govt, *UNICEF and **UNDP*

The administrative structure of the country is divided into the predominantly ethnic Burman area (sub-divided into seven divisions), and seven special states for ethnic minority populations: Kayah, Kayin, Mon, Shan, Chin, Kachin, and Rakhine. The Burman area stretches along the Ayerawady River Delta and Andaman Sea and, by and large, is densely populated. Ethnic Burmans constitute over half of the total population.

According to a 1993 estimate, the ethnic minority population is 21 million. Each minority state has a unique cultural identity and social structure but also encompasses other ethnic groups apart from the main ethnic group. Many of these minority groups are in conflict with the Burman dominated government. They have been waging war against the government administration and forces in various places. These ethnic conflicts are one of the major sources of population displacement in and outside the country. Millions of people have been displaced, relocated and resettled from their birthplace. Thousands of others have fled the country to refugee camps in neighbouring Thailand, Bangladesh or elsewhere. The border areas with Thailand have mostly been controlled by the various ethnic groups rather than the Myanmar government and population mobility along this border has been very fluid. Most of the minority groups have signed ceasefires with the government, allowing the government to have more control, especially in terms of trade, which was previously mostly controlled by the minority groups. Many of these areas are also home to transborder ethnic minorities or hill tribe populations who live along both sides of the border.

Myanmar has achieved a credible literacy rate of over 80% although women are still lagging behind (78%) compared to men (88%) (UNDP 2000). Despite the government's effort to provide access to health care for all, the infant mortality rate is still one of the highest in the region at 80 per 1000 live births. TB, malaria and other communicable diseases are still prevalent in many parts of the country and cause significant morbidity and mortality due of lack of proper treatment facilities.

While the rest of Southeast Asia progressed economically, the economy of Myanmar has been stagnant with intermittent growth in some areas and deterioration in others. The continuing political struggle and the ensuing economic hardship has forced millions of people to move from place to place for jobs and income. Up to a million are thought to be in Thailand at present, although it may be less as many have been pushed back in recent months as part of the crackdown on undocumented migrants. Before the crack-down there may have been many more than one million at any one time, according to some estimates. Some have travelled to Malaysia and Singapore for employment.

2. Migration and Mobility

2.1 Internal Migration and Mobility

Internal population mobility has been a phenomenon in Myanmar since its independence from Britain half a century ago. Many of the ethnic minority groups (eg Mon, Shan, Karen and Kareni) have a long history of conflict with the Burmese, especially the Mon. For most, the conflict intensified after independence following active suppression of the ethnic minorities. Many of the minorities moved towards Thailand and have been granted Thai citizenship. Several thousand have temporary permits and are expecting to receive Thai nationality. There are 103,364 refugees, mostly Karen and Kareni, still living in refugee camps in Thailand (UNHCR September 2000). In addition, there are many students and democracy supporters who also fled the country following the 1988 crackdown on the demonstrators in Yangon (Rangoon) and other major cities. Most of them are living in Thailand but are also in India and elsewhere, including western countries. Overall, the Thai-Myanmar border has become a sanctuary and transit for many dissident Burmese and ethnic minorities. On the western border, over 245,000 Rohingyas or Arakanese entered Bangladesh in 1992. Most of them returned home while about 21,000 are still resisting repatriation (IFRC 2000).

Ongoing political isolation and trade embargoes have caused a further deterioration of the Myanmar economy. Universities and higher education institutions have been closed for several years but the government is now opening some institutions. Students and young people do not have the opportunity for higher education nor productive employment. In addition, the government and local authorities continue to impose taxes on people that make their life more and more difficult. As a result of these complex socio-political and economic constraints, thousands of Burmese people are moving from place to place, and also moving to Thailand and elsewhere in search of jobs, income and political asylum.

Mandalay, Magway and Sagaing suffer heavily during dry season and this results in a high rate of emigration. Many young men go to work in ruby mines in the Shan State and jade mines in the Kachin State. Others go to Tachileik, Muse, Myawaddy and Kawthaung for jobs and many of them cross the border to Thailand, with some going to PRC (see cross border migrant workers). People from Magway and Sagaing go to the India border too. Many migrants also flock to Yangon for temporary or permanent work and live in one of the several migrant worker communities around Yangon, namely, Hlaing Tharyar, Dagon Myothit and Shwe Pyi Thar.

The government has been organising several resettlement programs based on economic, ethnic or social development factors. Some of the prominent resettlement areas are Aungban and Mong La (Shan State), Kawthaung and Myeik. Approximately 50,000 of the Wa ethnic minority people in eastern section of the Shan State are being resettled in areas closer to Thailand, away from the PRC border. This resettlement, supervised by the Wa themselves, is reportedly part of their effort to reduce opium production in the area. The movement however, is of great concern to the Thai government for security and drug trafficking reasons.

2.2 Cross Border Migration and Mobility

In general, the nature and size of cross border population mobility depends on a range of different factors, but particularly cross-border trade and investment, and they are described in this section.

Thai-Myanmar border: There is a 2,400 kilometre long border between Thailand and Myanmar, stretching from the infamous Golden Triangle in the north to Kawthaung in the south. Due to the difficult terrain and thick forests, as well as long standing political differences between Thailand and Myanmar, roads and transportation infrastructure are generally poorly developed in the border areas. At present there are four major ‘official’ border crossing points. From north to south, they are: (i) Mae Sai-Tachileik, (ii) Mae Sot-Myawaddy, (iii) Sangkhlaburi-Phayathongsu or Three Pagoda Pass, and (iv) Ranong-Kawthaung. In addition there are many other smaller and ‘unofficial’ border crossings in many places. As a whole the border is very porous and generally is not rigidly monitored by either country, which allows for a continuous flow of people between the countries.

Many areas of the Thai-Myanmar border have become home for a mixture of Burmese refugees, political activists, local villagers and migrant workers (Paul 2000). There are also many traders, transport workers, tourists and visitors of both countries that vary from place to place. Tachileik-Mae Sai is famous for commuting workers crossing into Thailand, which includes women entering to work in entertainment, massage and sex work. The area has been a major route for drug trafficking but is probably better known in the 1990s as a key point of organised trafficking of women and children to different parts of Thailand and beyond. It is also a major centre for road transport workers, traders, tourists and visitors. The Burmese community on the Thai side of the border is relatively small. Myawaddy-Mae Sot is predominantly a transit point for thousands of Burmese migrant labourers plus women who enter the sex trade in Thailand, many of whom live in the Mae Sot border town. Following the construction of a cross border bridge, road transport from the town to Martaban port in Andaman sea is being upgraded and road transport is expected to expand in coming years. Kawthaung-Ranong is a sea border crossing and a large number of Myanmar people cross over to Ranong on the other side of the border. In comparison, Phayathongsu-Sangkhlaburi, or Three Pagoda Pass, despite its historical importance, has yet to become a major crossing point between the countries because of difficult road conditions inside Myanmar. Despite this, a large number of (undocumented) migrant workers enter Thailand here, as the area is not strictly monitored by the authorities.

The upper Thai-Myanmar border is also known for its notorious production of opium, as part of the Golden Triangle, and for drug trafficking routes. In recent years other drug production facilities for methamphetamine and ecstasy have reportedly proliferated in this region. This area has been the focus for the trafficking of girls and women for sex work mostly from Myanmar but also from PRC. Even now Mae Sai, Mae Sot and Ranong have a large number of Myanmar women working in sex work. It is not clear if many of them are victims of recent trafficking or not. What is known though is that some of them were trafficked to the brothels

in the past and following closure of many brothels in some parts some could not find alternative ways of living and stayed on in sex work.

PRC-Myanmar border: Another intriguing area is the 2,185 kilometre long PRC-Myanmar border. Over last two decades both countries have developed this area for closer trade and commerce. The main highway connects Mandalay with Kunming, passing through the Muse-Ruili border crossing. Large numbers of heavy trucks and light vehicles move across the border carrying people and goods. Many trucks stop without crossing on both sides, but particularly going into PRC, thus there are usually waiting vehicles. These are also border market areas, which have developed into rest and recreation places for travellers and transport workers. The other two notable crossings in this area are at Panghsai and Chin Shwe Haw. This area is known for its drug trafficking routes and has a high concentration of IDUs. Ruili has a sizeable Burmese population, including traders and women working in the sex industry. Mong La-Daluo is another important crossing especially for the traffic flowing in and out Thailand through Mae Sai-Tachileik crossing. This area of the Shan State is actually referred to as the Wa State, the home of the Wa ethnic group. Bangsang is also an important crossing in this area as the Chinese town across the border in Menglian is being promoted as a trade and tourist centre. Many Kokang Chinese come to the Wa State for trade and investment. The Wa State is well known for its notorious heroin, and lately methamphetamine, production and trafficking. Casinos and other entertainment businesses have been developed in Bangsang, the capital of Wa State. In the north, a road linking Myitkyina of Kachin state with that of Tengchong of Baoshan area in PRC. This area is becoming active, especially for trafficking purposes following a crackdown in the region of the Old Burma Road. Commercial sex venues are available in almost all of these places and are served by both Burmese and Chinese girls. In most places, Burmese girls dominate whereas Chinese girls can be seen in specific high priced venues. Casual sex relations also develop among the travellers and locals. In Muse and other Burmese towns Chinese men come to marry Burmese women, some of whom go to PRC with their husbands. Others are left behind but are frequently visited by their husbands, sometimes for the purposes of having more children than permitted by PRC's one child policy. Many truckers and traders are involved in these practices.

The whole PRC border area, and not only the major highways, can be used for trafficking heroin and other opiates out of the Golden Triangle. The amount of drug trafficking along these routes may be gauged by the number of drug users along them. In Yunnan, it is a serious problem and many young Chinese men are taking up drug habits, perhaps with the influence of the traffickers. Injecting drug use has been the main mode of HIV transmission in Yunnan and eastern Burma, although there is evidence of increasing transmission via sexual contact in recent years.

India-Myanmar border: This 1,463 kilometre long border covers a difficult and often inaccessible terrain. Some border posts have recently been opened to facilitate trade and commerce but the border was used long before that by drug traffickers as their supply route became constrained in Thailand and later in China. Tamu-Moreh in the Sagaing Division of Myanmar is the main launching point and follows the route through Moreh and then across the border by road to Impal, the capital of Manipur State. Movement of people across the border is rather open. However, the Indian side of the border is "so open, anyone can walk through with a head-load [of heroin]" (Chinai and Goswami, 1997). Large numbers of drug users can be found along the routes and in the area on both sides of the border. In Manipur, injecting heroin use has been identified as a serious public health and security problem and HIV/AIDS are spreading rapidly among young people and transport workers. The HIV subtypes in Manipur are similar to Myanmar (that is, B and E) and not typical of the rest of India,

where sub-types C and A predominate. Cross-border drug trafficking with the other two neighbouring Indian states of Mizoram and Nagaland could lead to epidemics like in Manipur. As indicated earlier, the movement of people in border areas, many of whom cross the border, is of great concern not only because of drug trafficking and IDU, but also due to apparent increase in commercial and casual sex among mobile and local populations.

Bangladesh-Myanmar border: This 193kilometre-long border is the shortest of the borders but is not without problems. Most of this border on the Myanmar side is in Rakhine state (Arakan) where a large number of ethnic Rohingya live. There has been constant conflict between the Buddhist Burman and Muslim Rohingya and, as a result, many of the latter crossed into Bangladesh in 1978 and again in 1991. Even now, about 21,000 Rohingya are in the refugee camps in Bangladesh (IFRC 2000). The mobility of the Rohingyas across the border to Bangladesh is somewhat fluid because of their close ethnic and religious relations with the predominantly Muslim Bangladeshis.

A small amount of trade of consumer goods takes place between the two countries across the Naf River. It is reported that the drug trade (including heroin) from the India-Myanmar border is now spilling over to Bangladesh. Both countries are on the Bay of Bengal where the sea is noted for cross border fishing, mostly in Thai owned vessels. Many of these Thai and Burmese fisherfolk land in Bangladeshi ports and, among other activities, they have sexual contact with the Bangladeshis especially through commercial sex.

2.3 Trafficking of Women and Children

Trafficking, or human smuggling, is widespread in Myanmar. Thailand has had millions of migrants over the past decade and many have paid recruiters to get a safe passage. Usually operates to 23 destinations - Thailand and Yunnan. Thailand is the preferable destination due to the availability of work and the ease of getting across the border. However, many go to Yunnan in China as well, even though there is tighter enforcement of borders. People crossing borders comprise various ethnicities but a large proportion are Burman, in addition to other minority groups, many of whom are closer to the borders. The route for a lot of Burmans begins in the central dry zone areas, covering Mandalay, Sagaing and Magwe. The severe drought since 1988 has driven many people out of their communities to eke out a living. They mostly head for Kawkerik as the transit point where they can take pick-up trucks or hi-lux vans to Myawaddy, which is the major crossing into Thailand. Those not from the dry zone area often come from Yangon or surrounding areas. From Yangon to Pa-an is the first stage of such a trip, approximately six hours. Then it is a further 2-3 hours to reach Moulemein, then onto Kawkerik following the same route as those from the central zone. Internal and cross-border mobility are closely related. This is an example of migrants starting out as internally displaced persons then becoming cross-border migrants.

The traffickers or facilitators begin their operations at the transit point of Kawkerik, although there are also such agents at the village level. However, they earn very little money, approximately 3,000 Kyat, providing information more about transportation than employment. It is usually in the border areas, like Myawaddy, where recruitment and job offers take place. Once across the border, more organised human smuggling networks and services can be found. As for the southern route migrants, who are predominantly Mon, usually travel through Ye and Tavoy to Kawthaung then cross the border to Ranong, in Thailand. And between these two the other area is Three Pagoda Pass. Opposite Kawthaung and Myawaddy on the Thai side, both areas are known for the sex trade, especially Ranong. But now there are similar establishments on both sides of the border. Thus, the areas are known for women being trafficked into the sex trade and this is common in the north as well.

The route to Yunnan in the north is also taken by many from the south, via the Northern Shan State. Migrants hang around the Chinese border in Muse waiting for employment. Some cross the border to stay in small towns near Ruili. There is a community of 3,000 Burmese in Ruili in 2000. Some migrant women and children on the Yunnan route are engaged in prostitution; are sex workers in restaurants, bars and beauty parlours; are engaged in housework; or marry. There are Chinese men who marry Burmese girls in order to have more children than is permitted under the PRC one child policy.

The Shan State is place of origin for many migrants, mostly to Thailand but also to Yunnan. The route from Keng-Tung to the Tachilek-Mae Sai border crossing at Thailand is a major route. Many women have been trafficked into Thailand via this route – Yunnanese women as well as Shan and other groups from Myanmar. An extensive network involving local agents exists in Kyaing Tong (Keng Tung), Aungban and many other smaller towns, where women and girls are recruited, transfers are arranged, and deals are done with local authorities (Caouette 1998).

Smuggling of people and trafficking with force or deception will continue under the present conditions of disparities of wealth and opportunities. The temptation to seek a better existence will tend to keep recruiters busy. As far as trafficking for sex work, it does appear that the worst forms of this have abated in the past few years (Chantavanich, Paul et al 2000) especially within the border regions of Ranong and Mae Sai. Although there is still a large number of Burmese sex workers, many of them have prior understanding of the work they are entering into. Some of them still may be indebted or bonded, which indeed could be defined as trafficking, but forced prostitution is probably minimal. This is partly to do with efforts to suppress child prostitution in Thailand but also because the networks are well established and movement is easier and requires less facilitation. The situation is dynamic though, and the full effects of the Asian crisis and the devaluation of the Kyat may have an effect on the push factors for migrants. The demand for young women may be stronger than ever and law enforcement may be difficult to maintain.

2.4 Specific Migrant and Mobile Population Groups

This section discusses some of the specific migrant and mobile population groups in the country. This covers such basic issues as a ‘continuum of population mobility’, that is, place of origin, mobility process, places of destinations and return and/or resettlement, and also exposure to HIV risk situations. It is helpful to read this section in association with the typology of migrant/mobile populations in the following section.

(1) Hospitality Girls

The very existence of commercial sex in Myanmar is vigorously denied by the government as they attempt control it in the main cities. However, a demand situation, along with a supply of women, ensures that the trade expands. Often referred to as hospitality girls, the women who work in the sex industry can be grouped into two categories: those who work in the domestic services and those who go to work across the border in neighbouring countries.

Domestic hospitality girls: There is a complicated but sizeable domestic sex industry in Myanmar and very little published information is known about it, partly because of the government sensitivity and just a lack of research being undertaken. Men who visit prostitutes can be charged by law carrying convictions of up to ten years in prison. Despite this, the domestic sex industry has become prevalent in Yangon, Bago (Pegu), Pyay (Prome), Magway, Manaday, Monywa, Lashio, Pa-an, Dawei (Tavay), Myeik (Mergui) and other major urban districts. It is more obvious in most of the border towns such as Tachileik, Muse, Mong La, Kyaing Tong (Keng Tung), Myawaddy, Kawthaung or Tamu. There is hardly any

brothel-type service or red-light district. Establishments range from beer bars, restaurants, and karaoke bars to night clubs. Small guest houses operate where men can take women as well as providing drinking facilities; like some of the hotels, where women can accompany men. Sex and entertainment places are becoming a common scene along major highways and trading places. Some border towns have special entertainment places for its visitors from PRC, Thailand and elsewhere. A 'new Patpong' (named after popular Bangkok nightlife district) is recently talked about in Yangon. The majority of women engaged in what are regarded as commercial sex activities may only be part-time, or they may only do it for a short period of time. Otherwise they can be working as traders, labourers with transporters, and transport service workers in roadside tea-shops and restaurants (Porter 1994). Many of the women in the eastern region come from the Shan State. They are popular among clients, especially those coming from PRC and Thailand. Elsewhere, they come from nearby rural areas but sometimes travel far away from their home district to avoid being recognised. Without providing any number of the domestic hospitality girls, it can be safely said that this is a serious problem in the country. There are only two HIV sentinel survey sites for sex workers in the country, in Yangon and Mandalay, signifying poor surveillance and prevention activities.

Cross-border sex workers: In the past several years, Burmese women in the sex trade in Thailand have become an important issue at home and abroad. There is conflicting information about the number of Burmese women and girls working in Thailand. It was reported in the early 1990s that up to 10,000 per year were entering Thailand and most were going into sex work. Some NGO reports suggest that there are up to 30,000 at any one time. Others suggest as little as 6,000. Many of them work in the border towns such as Ranong, Mae Sot, Mae Sai etc. but also in other towns and ports. In the past, most of the girls – many of them minors - were trafficked by well-organised groups and put into Thai brothels (Asia Watch 1993). In recent years, the number of brothels has decreased and been replaced by indirect outlets. This has helped to reduce the number of minors, as well as 'forced prostitution'. In Ranong port area alone, there are about 500 hospitality girls and up to 80% of them are Burmese, who work out of restaurants, beer bars, cafes, karaoke bars, beauty salons, guest houses and, sometimes, shadowy street corners (Chantavanich, Paul et al 1999). About 350 women work in 44 restaurants in the Pak Nam area of the town (World Vision 1998). These known venues and the number of girls are considered too few for the large number of fisherfolk (over 40,000), transport workers and other clients. In the north of Thailand, many girls from the Shan State work in Mae Sai and other towns and cities. Shan girls are popular among Thai clients, along with the Chinese, for their fair skin and complexion. There is a clear link between sex establishment networks in Shan State and those in Mae Sai and elsewhere in Thailand. Many of the hospitality girls may begin their work in Keng Tung or Tachileik and gradually move to Mae Sai or Chiangrai. Mae Sot is another important place for Burmese sex workers.

In the east, hundreds of Burmese girls and women go to the border towns of Muse, Nam Khan, Ho Pang, Mong La etc. While many of them work in the sex and entertainment industries on the Burmese side, some cross over to the Chinese side of the border and provide similar services. According to the girls, the income is much higher on the PRC side and they are also out of sight of people that may recognise them. Some Chinese, Thai and other nationals have wives and mistresses in the border towns and visit them quite regularly.

(2) Fisherfolk and Seafarers

The 1,900 kilometre coastline of Myanmar offers a rich marine environment and much potential for the development of the fishing industry. Fishing is an important source of income for many in the Rakhine, Ayerawady, Mon and Tanintharyi areas. No precise numbers of fisherfolk are known but a World Vision project reports up to 80,000 of them in Kawthaung alone. Other major fishing ports in the southern areas are Dawei and Myeik. Many Burmese fisherfolk cross the border at Kawthaung and work in Ranong Province, or elsewhere in Thailand. Some of them go up to Cambodia or Bangladesh in Thai boats. In Ranong Province alone, there are over 100,000 Burmese, most of them working in fishing and fish-related industries (Paul 1997). Thousands of others work in other ports in Thailand, such as Samut Sakorn, Samut Prakan, Nakhon Si Thammarat, Songkhla etc.

Most of the fisherfolk are young or middle-aged men and originate from the Dawei, Myeik, Ye and Kawthaung areas. Both southern Burmese and Mon work in the fishing business. While many fisherfolk are married with family, many others are single men. As a result, they are known for habits of heavy drinking, smoking and visiting entertainment areas. This is a very common practice among fisherfolk and is sometimes organised by the boat owners or fishing companies. Condom use is particularly low in many circumstances. HIV prevalence among Burmese fisherfolk in Ranong was shown in the mid 1990s to be 17.43% (Paul 1997), and later surveys in four Provinces, Samut Sakorn, Ranong, Songkhla and Trat, showed a prevalence rate of 16.1% (Entz et al 2000). No seroprevalence data is available in Myanmar but behavioural studies indicate similar risk situations exist in all fishing ports in the country (Kyaw undated, National AIDS Program Myanmar 1999, Saing et al undated). In Ranong, after several years of a HIV/AIDS program run by World Vision, it was found that fisherfolk have very high knowledge about the disease but are yet to make significant change in their risk behaviour (Chantavanich, Paul et al 1999). They are likely to have unsafe sex and use drugs more than any other occupational groups among Burmese migrants, such as construction or agricultural workers. A lack of alternative recreational facilities is often cited by the fisherfolk as the main reason for their actions. A recent study, however, identifies that peer pressure and complex socio-economic interactions are the causes of increased alcohol consumption, commercial and casual sex, and drug use among many (Chantavanich, Paul et al 1999). Overall, the HIV risk situation of the fisherfolk in Myanmar remains an explosive issue and must be viewed beyond the usual IEC interventions.

In addition, large number of cargo ships dock in Yangon, Mawlamyaing, Dawei, Myeik and Kawthaung ports. Both Burmese and foreign seamen descend to the shore for rest and recreation. Although the seamen drink and visit hospitality girls, like the fisherfolk, their background, lifestyle and knowledge of HIV/AIDS is markedly different. These people are vulnerable to HIV/AIDS too but their risk situation should be analysed separately for any effective intervention strategies.

(3) Transport Workers

During the past two decades there has been significant change in the road transport infrastructure in Myanmar, in particular in the eastern region of the country bordering PRC, Thailand and Lao PDR. Most of the Shan State is part of the so-called 'quadrangular development projects' that are supported by international organisations such as the ADB, but other projects are done on a bilateral basis. There are two dominant road transport routes in the Shan State:

The first is the Old Burma Road connecting Yangon and Mandalay to Muse that meets with Ruili in Yunnan. This is still the main trade and transportation route between PRC and Myanmar. The major town on this route is Lashio, but intersections at Hsipaw and Theinni

bear significance in terms of transport workers' vulnerability to HIV/AIDS. A branch of the Burma Road, from Theinni to Ho Pang, and then on to Mengti in Yunnan, is gaining prominence. This is the predominant route and traffic volume exceeds the southern route by a factor of ten. Various 'vehicle stops' along this route, particularly border towns, are famous for recreational facilities, including paid sex. This route is also famous as a growing drug trafficking route and an increasing number of drug users, including many of the transport workers (Porter 1994).

The second route is in the southeastern Shan State, the road connects Taunggyi to Keng Tung and then Tachileik and Mae Sai in Thailand, and Mong La and Pangsang on the PRC border. Another sub-road passes through Mong Yu to Jinghong. These southern routes provide trade and transport routes from PRC to Thailand. These routes are gaining prominence in recent years due to support from the ADB, Thailand and PRC. The 'vehicle stops' and recreational facilities, similar to the Burma Road, are developing rapidly due to high demand and the money flow in the area.

Two major transport routes out of Yangon are along the Ayerawady River to Pyay, and Magway to Mandalay, and the other is through Bago to Mandalay. From Bago, one road connects with the northeast of the country, encompassing both Mandalay and Shan State. Another road connects with the southern parts of the country including the Thai border towns, such as Myawaddy, and Three Pagoda Pass, as well as various ports, such as Mawlamyaing. It then continues on to Ye, Dawei and Myeik. Both roads from Yangon to Mandalay are extremely busy but Bago road is utilised more because of better conditions and a shorter route. Bago road is also a preferred route to go to the Thai border in Tachileik and Shan State. So Bago has become an important transport hub for the south, north and central areas of the country. Thousands of vehicles pass through and there are several truck stops in close vicinity to the city. On the southern sector, Pa-an is an important town that leads to Myawaddy. The road further south to Ye, Dawei or Myeik is narrow in the mountainous areas and designated as one-way traffic for big trucks. On the Bago-Mandalay road, Meiktila is an important intersection that connects several roads in the central region and the east. Other towns on this road are Taungoo and Pyinmana. On the Old Burma Road Pyay, Magway and Myingyan are main towns for truck stops.

The characteristics of transport workers vary slightly based on type of vehicle such as trucks, buses, pick-up, sedan taxis etc. While most of the drivers are middle-aged men, their assistants are usually young. Because of the difficult road conditions, they spend days or weeks on the road during each trip. There are a number of popular road stops for the drivers that offer accommodation in guesthouses or hotels and restaurants. Many of these vehicle stops also have entertainment venues, including the services of hospitality girls. Bago, Pyay, Magway and Meiktila are known for a sizeable number of such women and girls. A study by the Institute of Economics (1997) found that transport workers have high-risk sexual irrespective of age, educational status and personal income.

(4) Cross-Border Migrant Workers

The number of migrant workers in Thailand, especially from Myanmar, rapidly increased during the early nineties as the economy surged. In 1996, the number had reached up to one million or more (Archavanitkul 1997). In the same year, a registration process showed that 87% of the workers were from Myanmar (Paul 1997). At that time, only a quarter of all migrant workers in Thailand were registered with the authorities and the rest remained undocumented. Following the economic downturn in Thailand, in 1997, and rising unemployment among the Thai labour force, the government decided to reduce the number of migrant workers. As a result, the government pushed many migrant workers back across the

border. In 1999, the Thai government estimated that there were more than 500,000 migrant workers in the country (Ministry of Labour and Social Welfare, 1999) but unofficial estimates continue to maintain that the actual figure is close to a million as most of the repatriated or deported workers come back after a while. Women make up 30% of the registered migrant workers in Thailand who, in addition to working as domestic helpers, are also employed in construction, agriculture and fishery related businesses (Paul 1997). Unlike many other migrant workers' situation, many women accompany their husbands or family.

Burmese migrant workers provide the backbone of the Thai fishing industry, construction, difficult agricultural jobs, garment factories, and dirty or dangerous jobs that are often shunned by Thais (Chantavanich, Paul et al 1999). Most of the migrants originate from the border areas of Myanmar but some come from as far away as Yangon, Mandalay or Rakhine. It has been observed that the migrant workers remittances provide an important source of cash to families in the country. Income is the main reason for migration to Thailand, from where some of them make their way to Malaysia and Singapore. Although in recent years the number have dropped sharply.

A great majority of the migrant workers in Thailand (and Malaysia) are undocumented, resulting in lack of legal or social protection. Many of them do not have clear information about HIV/AIDS or proper access to health care because of their language and cultural differences. Also, because of their work and living conditions, many of them engage in unsafe sexual relationships. Some small scale HIV testing among migrant workers shows high prevalence of HIV, especially among fisherfolk and fishery related workers, but also construction and agricultural labourers; although there are sharp variations from place to place.

(5) Uniformed Officials

The Burmese military is one of the largest forces in the region and dominates the present government. Because of the continuing border and ethnic clashes, about 330,000 armed forces are deployed in remote areas. They are also periodically rotated to different stations. National sentinel surveillance shows a consistent rise of HIV seropositivity among military recruits, in 1999 representing 2.22% of the people tested (NAP 2000). Military and policemen are described as one the largest groups of clients in the sex venues, which is much more common in remote border areas than in close vicinity to large army bases.

(6) Male and Female Traders

Like the rest of the region, trade and business is expanding, ranging from petty trading in the market and along the roadside to long distance marketing of goods within the country or across the border, particularly the PRC-Myanmar and Thai-Myanmar borders. Many of these traders are mobile, whereby they travel to buy and sell their merchandise at different places, sometimes travelling very long distances and crossing borders. There are also foreign merchants and businessmen, mostly from PRC, who control much of the large trading networks.

Both men and women trade goods and sometimes travel with friends or fellow traders. Their income may be unreliable but many of them have a more consistent income than farmers, and other occupations, with many having sufficient money to spend on drinking and entertainment. When they are travelling and coming into contact with other mobile groups of people and locals, opportunities arise for casual or commercial sexual contacts.

(7) Foreign Tourists and Visitors

Tourists are not generally considered to be implicated in the spread of HIV, except in Tachileik, Kaning Tong, Muse and other border towns; but here there are many 'visitors' from communities across the border as well as tourists. On the PRC-Myanmar border, many Chinese men come for rest and recreation and there are popular entertainment venues (eg. Casino, transvestite show etc) on the Burmese side of the PRC-Myanmar border. Some Chinese, Taiwanese or other Asians marry Burmese women and visit them quite regularly. Some Chinese have Burmese wives in order to have more children than the one child allowed by Chinese law. Only a few Thais visit Tachileik and Keng Tung for such services.

3. Typology of Migrant and Mobile Populations

Much has been described about the typology of migrant and mobile populations in the Cambodia section of this report (also see Methodology and definitions). Both internal migrants and mobile populations, as well as cross-border migrants, are included. They range from migrant workers working in Thailand to traders, transport workers and 'uniformed' officials. Many of them are drawn into HIV/AIDS risk situations inside the country but also at cross-border locations. In general, the HIV risk situation is worse in the border areas because of special border environments that emerge as a result of the convergence of many groups and the lack of organised preventive measures.

Burmese migrant workers to Thailand, particularly those working in sex work, are extremely vulnerable. Table 13 provides a quick review of the internal and external migrant and mobile populations, subdivided by occupational groups, with size of population and risk assessment.

Table 13: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Myanmar

Migrant and Mobile Population Groups	Popn. Size	Geographical Locations	HIV Risk Situations
A. Internal Migrants/Mobiles			
Road/rail construction workers	**	Tachileik-Kyaning Tong-Ruili roads, Ye-Dawei rails	**
Hill Tribes and Ethnic Minorities	*****	Minority states including Myanmar-Thai border areas and refugee camps	**
Hospitality girls	**	Large cities and border towns	*****
Traders	***	Mostly in border towns	***
Road transport workers	***	Along major highways, especially in the northeast	***
Migrant workers	****	Yangon and border towns	**
Resettlement residents	**	Yangon and Shan state	?*
Fisherfolk and Seafarers	***	Dawei, Kawthaung, Myeik and other ports	*****
Uniformed Officials	****	Throughout the country, especially in the border areas	**
Private sector/businessmen	**	Cities and border towns with Thailand and PRC	**
B. Burmese Emigrants			
Migrant labourers	****	Thailand (and Malaysia)	***
Migrant fisherfolk	**	Thailand and elsewhere in Thai boats	*****
Migrant sex workers	**	Thailand and PRC	*****
Refugees	***	Thailand and Bangladesh	?*
C. Foreign Immigrants			
Tourists and visitors	**	Border towns with Thailand and PRC	**

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

4. HIV/AIDS Situations

According to a latest estimate, HIV/AIDS prevalence in the country is 530,000 (UNAIDS 2000), a figure questioned by the Burmese government. Since the reporting of the first case of HIV in 1988, the number of cases has continued to rise throughout the country. According to National AIDS Program (NAP) statistics, during the last twelve years, over 26,000 HIV positive persons have been identified and over 3,500 AIDS cases confirmed.

While there is controversy over the official response to the HIV/AIDS epidemic and whether enough is being done, many programs have been undertaken in recent years. There are various international agencies resident in the country and cooperating with government agencies to control the spread of HIV. In regards to mobile populations, World Vision has a strong presence in the north and south of the country, with a focus on fisherfolk in the south. The United Nations Population Fund (UNFPA) is cooperating with the Ministry of Population

and Immigration working on border locations with Thailand and PRC. CARE, UNAIDS, the Population Council and PSI have been very active in addressing some of the issues of some mobile population groups. The Myanmar Maternal and Child Welfare Association (MMCWA) is working with seafarers in Dalat. A range of organisations is working with migrants from Myanmar in Thailand.

4.1 The Two Epidemics – Intravenous Drug Use and Sexual Transmission

Myanmar has had an explosive transmission of HIV among IDUs, which has links with the epidemic in Thailand. In 1992 and 1993 surveys, nationwide HIV prevalence among drug users was 62.3% and 71.3% respectively. In some sentinel sites, the seroprevalence was up to 80%. This indicates that the epidemic started much earlier, perhaps at the same time as northern Thailand, in the late 1980s. The initial affected areas were in the Shan State adjacent to the Golden Triangle, bordering Thailand but quickly spread to the rest of the state up to the PRC border, and then on to other states that have established transportation links and significant population mobility, such as Mandalay, Bago and Saging. This epidemic among IDUs progressed to the north of the country, following shifting drug trafficking routes to Manipur, India, from the traditional routes through Thailand and later to PRC. In addition to the drug traffickers, many other population groups on trafficking routes were affected. Today, the HIV epidemic is highly prevalent among IDUs and by the end of 1999 prevalence was 52.9%, covering a large area from Yangon to the whole Shan State, Tamu bordering India, and Myitkyna in Kachin State. Interestingly, IDUs are not prevalent in the country, south of Pa-an, perhaps because of the absence of a viable drug trafficking route. Also, it is apparent that HIV transmission from drug users to the general population is rather slow unless there is significant commercial sex in the same place.

Like Thailand, it did not take much time to detect HIV spreading among sex workers, especially those working in Thailand or on the border areas. During the peak of the AIDS epidemic in Thailand in the late 1980s and early 1990s, there were thousands (consistently referred to be more than 30,000) of young Myanmar girls and women in the Thai sex industry. While HIV education and condom promotion was conducted among Thai sex workers, many of the Myanmar sex workers were left out. The disease spread very rapidly among them. In Ranong Province in Thailand, one of several main destinations of the Burmese sex workers, seroprevalence rates rose to over 60% in 1993 (Provincial Health Office statistics). Sentinel surveillance of limited numbers of hospitality girls inside Myanmar showed a prevalence rate of 4.2% and 10.0% in the years 1992 and 1993, respectively, that increased to 36.5% in 1999. Geographically, sexual transmission and IDUs transmission affected Shan State almost simultaneously because of large numbers of Shan sex workers in Mae Sai and elsewhere in Thailand. These sex workers have links with the sex industry in Tachilek, Keng Tung and other towns inside Shan State and at least some of them work interchangeably. But in other areas, especially southern Myanmar (eg Kawthaung, Myeik, and Dawei), sexual transmission progressed in the absence of IDUs. Although the spread in this area was a bit slower than that of Shan State in the beginning, it is now very widespread. Overall, sexual transmission is now becoming more prevalent among the general population whereas IDUs remain almost segregated among the specific population groups.

4.2 Current Trend of HIV Epidemic

The epidemic is no longer limited to these two specific population groups. Through natural progression, it has now spread among the general population, in particular among people who live and work in high-risk situations. The HIV risk behaviour pattern of some population groups such as transport workers, fisherfolk, traders and migrant workers indicate continuing

transmission of the disease, although very little group-specific seroprevalence data is available to support such claims.

The composite crude rate of AIDS reporting in the eastern areas bordering Thailand was 39 times higher than the western border with Bangladesh and 3 times higher than the central region (Goodwin and Rai Mra 1997). This imbalance in geographical distribution is further supported by the results of the sentinel surveillance. As a whole, HIV transmission in the eastern areas bordering Thailand and PRC is progressing unabated because of the dual epidemics: IDUs and returning women and girls. On the western border it is still limited to IDUs only.

Nationwide, HIV infection rates among all sentinel groups continue to rise. Among military recruits, who roughly represent the rural male population, the prevalence has consistently increased from 0.56% in 1992 to 2.22% in 1999 (Figure 1). On the other hand, pregnant women, who roughly represent sexually active married women, the prevalence has changed from 1.9% in 1992 to an alarming 3.4% in 1999. The prevalence among commercial hospitality girls showed a dramatic increase from 4.2% in 1992 to 36.5% in 1999. The linear trend in this particular group is very steep. Overall, countrywide HIV prevalence among the adult population is estimated to be at 1.99%, very close to Thailand's 2.15%. But the main difference is that the epidemic in Thailand started about 8-10 years ahead of Myanmar, and there are encouraging signs in the north of Thailand of declines in rates of transmission. With this rapid pace of transmission, HIV prevalence in Myanmar is expected to exceed Thailand soon and, perhaps, catch up the regional leader Cambodia in the near future.

Figure 1: HIV Prevalence Among Military Recruits

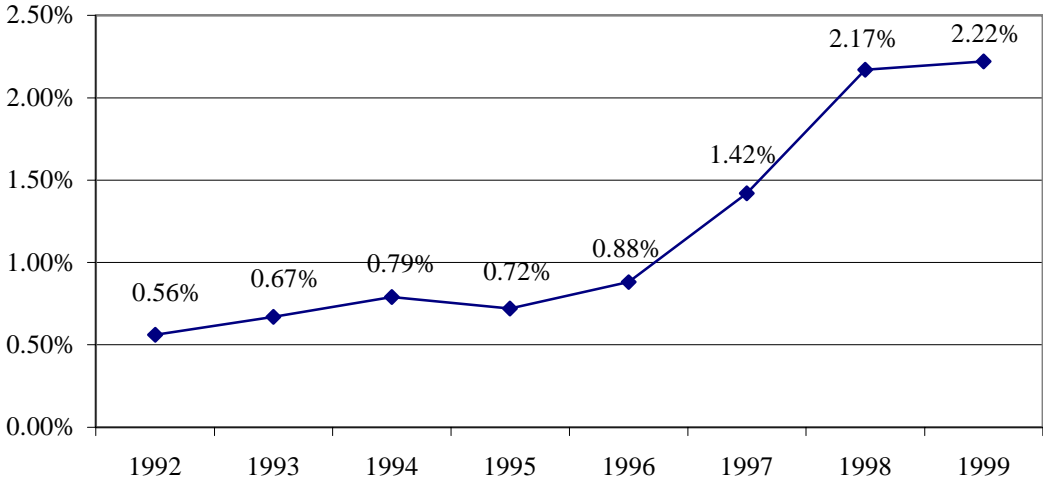
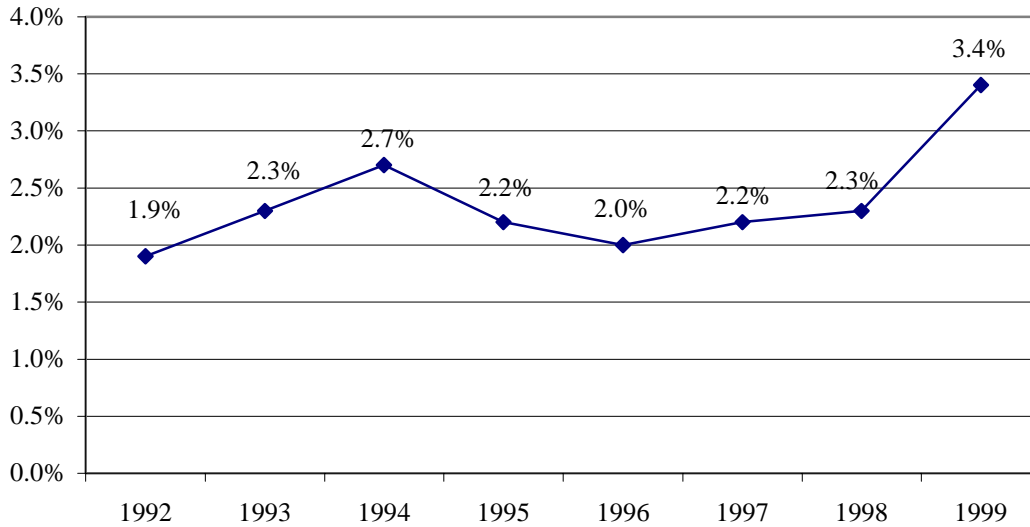


Figure 2: HIV Prevalence Among Pregnant Women



4.3 Hot Spots of Population Mobility and HIV/AIDS

In this section we provide a list of Hot Spots for population mobility and HIV/AIDS. It has been widely accepted in Myanmar that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in the country. As shown in the typology of mobile populations above, many of these groups interact with other mobile populations as well as local populations. It is therefore crucial to identify locations that have a large number of mobile populations with risk situations for HIV transmission. It is expected that a well-designed mapping of Hot Spots of the country will assist with prioritising areas and approaches for interventions. Table 14 should be used as a model for developing a list of acceptable Hot Spots that can then be monitored and changed overtime. See Map 4 to view the actual location of the Hot Spots.

In addition, Mawlamyaing and Ye, with significant numbers of fisherfolk and transport workers, should also be carefully assessed for HIV vulnerability. Pyay and Magway, on the road from Yango to Mandalay, are important truck stop points, with hospitality girls visible, and thus should be considered as potential Hot Spots. Myitkyina in Kachin state is considered vulnerable as it has a trading route with PRC, as well as being located on a drug trafficking route.

Table 14: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Myanmar

Hot Spots	Migrant/Mobile Population Groups	Popn. Size	HIV Risk Situations
Tachileik	Transport workers, migrant workers, hospitality girls, traders, tourists, uniformed officials, IDUs	****	*****
Keng Tung	Transport workers, hospitality girls, traders, uniformed officials, construction workers, IDUs	***	***
Mong La	Transport workers, tourists, hospitality girls, traders, IDUs	**	**
Taunggyi/Aungbon	Transport workers, hospitality girls, traders, uniformed officials, construction workers, IDUs	***	***
Lashio	Transport workers, hospitality girls, traders, IDUs,	***	**
Muse	Transport workers, hospitality girls, traders, businessmen, uniformed officials, IDUs	****	***
Mandalay	Transport workers, tourists, hospitality girls, traders, businessmen, IDUs	***	**
Meiktila	Transport workers, tourists, hospitality girls, traders, IDUs	**	**
Monywa	Transport workers, hospitality girls, traders, IDUs	**	**
Tamu/Moreh	Transport workers, traders, IDUs	*	**
Yangon	Transport workers, traders, hospitality girls, state officials, tourists, IDUs,	*****	***
Bago	Transport workers, hospitality girls, traders, construction workers	**	**
Pa-an	Transport workers, hospitality girls, traders, uniformed officials	***	**
Myawaddy	Migrant workers, traders, transport workers, hospitality girls, tourists, IDUs	***	**
Phyathongsu	Migrant labourers, hospitality girls, traders, uniformed officials, IDUs	**	**
Dawei	Fisherfolk, hospitality girls, traders, state and uniformed officials	**	***
Myeik	Fisherfolk, hospitality girls, traders, state officials, uniformed officials	**	**
Kawthaung	Hospitality girls, fisherfolk and seafarers, migrant labourers, traders, state officials, uniformed officials	***	****

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

5. Conclusion

Myanmar has a unique situation of population migration and mobility in and out of the country. No other country in the GMS has such a large proportion of population living outside its own territory. There are three main reasons for the large-scale migration/mobility. First, ethnic conflict has driven away many minorities from their home and some of them have crossed into Thailand and Bangladesh. Political dissidents and student activists have also escaped to Thailand and India. Secondly, the continuing economic hardship and the lack of employment opportunities acts as a strong 'push factor' for many people to leave for major cities, mining areas, border locations and across borders to Thailand, PRC and elsewhere. This is by far the largest group but is often mixed with ethnic or political dissidents. Thirdly, the government controlled resettlement program in various places causes significant movement. Some of the large resettlement projects involve thousands of people and secondary migration is not uncommon if people are not satisfied with the conditions in the resettlement areas.

In addition, there are millions of others who move from place to place for work-related matters such as transport workers, traders and businessmen, state and private sector officials, uniformed officials, fisherfolk and seafarers etc. The demographic characteristics, nature and frequency of movement of these people depends largely on the types of jobs they do. A long distance truck driver travels out of his home almost every week whereas a uniformed official may live away from home for months. Each of the occupational groups has its own social network, determined by patterns of movement and other characteristics, which in turn determines the degree of involvement in HIV risk situations.

The HIV/AIDS epidemic in Myanmar is closely associated with the Thai and Chinese border areas. Many IDUs live in and around the Golden Triangle and some of them have links with drug traffickers. From here, drug trafficking and use spreads to nearby Mandalay, Muse and then to Yunnan. Early sexual transmission of HIV was evident among Burmese return migrants to Thailand, especially among women and girls. As mentioned earlier, HIV prevalence was many times higher in the Thai border areas than in the central or western areas, although in recent years this gap has narrowed, with increasing prevalence in Mandalay and Yangon and other major urban districts. HIV is now evident everywhere and, in many areas, it has reached the psychological threshold of 2% prevalence among the adult population and much more so in certain sub-populations, such as fisherfolk. In this situation it is not necessary to have new exposure to the so-called high-risk groups such as hospitality girls or IDUs to sustain HIV transmission rates. Thus, HIV transmission will continue among people through casual and regular-partner sex unless effective prevention methods are in place to limit such transmission.

HIV prevention programs in Myanmar are still in a very early stage and many people are still not fully aware of the disease, or aware of condoms and the correct use of condoms. The country also lacks the funds which are essential for communities to effectively respond to the problems. Community mobilization is particularly essential for the care and support of people living with HIV/AIDS (PWHAs). With an estimated half a million PWHAs in the country, very few are identified and most are not getting adequate care and support. PWHAs, who play a crucial role in care and support, advocacy and prevention activities, are still struggling to form groups or networks, which are now common in neighbouring Thailand, Malaysia and even Cambodia.

In conclusion, HIV transmission in Myanmar is extensively related to population migration and mobility in the country. A very large number of the mobile population groups – internal and external – are involved in HIV high-risk situations that will continue to spread HIV to the general population. Despite early warnings of the potential for the rapid transmission of HIV in the country, a limited number of effective prevention activities are in place. It is therefore of the utmost importance to develop comprehensive HIV/AIDS responses for migrant and mobile populations and incorporate them as part of the mainstream HIV/AIDS programming of the country. Interventions aimed at trafficking and human smuggling networks, which accelerate unproductive mobility, should also be a priority.