

## **G. Conclusion and Discussion**

AIDS is often cast as a development issue. In this study, this is borne out in relation to three interrelated themes of economic growth, urban and industrial development, and movement of people. Economic growth and consumer spending lead to further expansion of trade, which in turn leads to the expansion of the transport sector. Growth in the manufacturing and service sectors, to meet the greater needs of the community, leads to the need for improved infrastructure. Tourism, as an outcome of increasing disposable incomes and greater wealth, boosts spending and the need for more services. Tourism is now promoted throughout the GMS as a means of raising greater revenue, but most of the countries in the region desperately need more infrastructure if tourism is to develop. International agencies and donors are supporting rapid growth through increased investment and improved infrastructure. The fruits of such development are obvious but one of the costs is the expansion of the sex industry and the spread of AIDS.

Many mobile populations use entertainment facilities when away from home and this often includes the use of commercial sex services, but is not confined to only commercial sex. Attitudes and behaviour may change when away from home, and are influenced by a range of factors, including: the types of patterns of migration, the duration of time away, the types of location at the destination, living situations, occupation, age and gender.

These factors are elaborated on in the following discussion per the findings from the five case studies. They are then discussed in relation to HIV/AIDS risk situations.

### **1. Migration and Mobility**

Internal migration involves the largest number of migrants and is no doubt linked to the spread of HIV/AIDS. Cross border migration, however, carries with it a greater potential for vulnerability in many situations and HIV has spread across all borders in the region. Overseas migration carries risks, but for this region they appear to be lesser risks at this time than cross-border or internal migration and mobility.

Internal migration is a varied and complex phenomenon and much of it can be defined as mobility rather than migration, for it can include tourism, pilgrimages, visits home and, of course, trade and commerce. Men regularly attend cattle markets and other trading centres as well as festivals and, whether it be for business or pleasure, these visits often includes drink and sex. Temple festivities and other fairs, which attract very large crowds, occur on both sides of the border, as seen on the Thai-Lao border, drawing people from both sides of the Mekong River. But this is still only part of the picture of mobility. In addition, there are migrant workers, who may or may not be highly vulnerable to HIV infection. Some groups can be identified as generally having a heightened risk for HIV/AIDS, such as fisherfolk and seafarers. Other groups that may have a heightened risk of HIV belong more to mobile populations rather than migrants, such as, traders, state officials and uniformed personnel. Young people in factories or the service industry, and some migrant students, can also be vulnerable.

Many of the members of the groups depicted here can be cross-border migrants as well. Crossing the border does not make them vulnerable but they can readily become vulnerable, given the situations in which they often find themselves – en route and at their destination points. Their vulnerability increases due to low education and language barriers, and limited preparation for entering into a very different world. Most importantly, it is due to their illegal immigrant status,

which confines them to closed groups with no access to AIDS education and the necessary health care services. Crossing into Thailand, some may take up temporary residence before moving further inside the country. Others will stay within the border regions. For many, this point of contact at border-crossings is their first contact with high risk situations. This is where internal and cross-border migrants converge, as do different mobile groups. Risk situations emerge as a result of the intersections of mobility, trade and development, and HIV. However, border regions are not always Hot Spots for the spread of HIV. They be more thoroughfares, which mobile populations move through. Further inside the country, however, there will be a junction where mobile populations will congregate, forming an area where service industries exist, including entertainment industries that have women available.

There are, however, differences that should be considered between national, or internal, movements and transnational movements. Moving to the city as a rural-urban migrant does not usually require formal applications, visas or the like, although in much of the GMS migrants into cities do not have full citizenship rights. The socialist countries, while allowing a much greater freedom of movement in recent years, still apply restrictions to this type of mobility. For example, they may not have easy access to schooling for children or access to quality health care. Nonetheless, in PRC and Vietnam, people are moving. Even in Lao PDR and Myanmar, there are movements across the country and across borders. Once they move across borders however, citizenship rights are halted altogether, and language barriers may arise. If people are documented migrants, they can have aliens' rights. If they are undocumented, they have no rights at all.

Border situations vary enormously. Within the larger crossings there are similar environments where mobile and migrant groups, mainly internal movements of people, have created areas well known for illicit activities such as gambling and commercial sex. Casinos are springing up at various points on the Thai border, as a means for Thais to access gambling venues, which are prohibited in Thailand. Similarly, in Myanmar's Shan State, casinos attract Chinese tourists and business people crossing the border. Most of these crossings have expanding sex industries, which generally predate the arrival of the casinos.

At border locations, there are many migrants who do not actually cross the border or who may do so only to seek work on a daily basis. Risk may be reduced in such cases but HIV risk has often spread to both sides of the border. For example, the risk of HIV has been greater on the Thai side of the Thai border. However, on Thailand's borders with Lao PDR and Cambodia and, perhaps with Myanmar, risk factors for HIV transmission can now be higher on the other side of the Thai border. On the Thai side of many of its borders, Thai sex workers have been replaced by cross-border migrants. On the PRC border, there are sex workers moving into Yunnan from Vietnam and Myanmar, but there are also some Chinese women crossing the border into Myanmar.

## **2. Gender and Vulnerability**

Gender issues in the region are characterised by similarity rather than difference. Despite different cultures and differences in political and social systems, the countries share many commonalities. There are customs in Indic and Sino societies that clearly mark them as patriarchal and which are absent in most countries of Southeast Asia. Women have a relatively high degree of freedom and autonomy, which allows them latitude in moving or migrating, even as single women. In Thailand, in the 1970s, after the first large migratory flows to urban centres,

which were dominated by men, the numbers of women surpassed that of men. This trend is now apparent in other parts of the GMS.

In Cambodia, the urban to rural flows are following a similar pattern to Thailand. Garment factories and service industries are big employers of women and increasing numbers of women are moving to cities. These young women are more vulnerable, in some ways, than young men. This emerges from cultural forms where women are brought up to be more responsible and their adverse behaviour reflects on the reputation of the family. Thus they are not prepared for sexual relations in their teens and are not prepared to negotiate relations with young men, who have less to lose. They may have little knowledge of their own reproductive physiology let alone a clear understanding of STD/HIV and condom use. Even if they have knowledge of condoms and the importance of using them, they do not have the power to negotiate use.

They are away from their familial environment and they have to find their own way. The taboos and social controls within the family, kin networks, and community, are all but absent in this new environment. It is not only this new arena of sexuality and boyfriends without elders around. There are other avenues of difficulty that can arise. At their destination, or en route, they may be approached by men who harass them. As cross-border migrants or just moving from rural to urban centres, they may be vulnerable to approaches from men and boys, whether they be officials or uniformed men, youthful larrikins, or pimps looking for attractive women or girls. There is anecdotal evidence of women in factories finding nighttime work as service girls where sexual services are offered, or being approached by men to leave the factories to work as service girls and sex workers.

The urban or the cross-border environment holds new experiences and opportunities but is precarious for many. Even for men it is precarious in that, in a new environment, they may do things that they rarely do at home. Peer pressure may be stronger – their peers are their close support and they stick together. A new lifestyle can emerge where, if there are opportunities for being entertained, they will take such opportunities, money permitting. Men are thought to be less responsible than women are and thus it is okay if they spend their earnings more frivolously.

The sexual double standard allows men to be more irresponsible while women are more responsible. The responsible women and girls appear to be given some license in society to act as if they are irresponsible, by being a service girl or sex worker but, in fact, they are being responsible in terms of earning money for their family. The disposable incomes of a lot of single men, or men away from their families, allows them the privilege of ‘buying’ sexual services. The ‘responsible’ women are the commodities.

The result is that men and women are often ill prepared for the environments in which they find themselves. Some men are prepared to take risks and, on the one hand they are not aware of the risks they face or, particularly for men, they have some awareness but deny the risk. These are the dual problems that lead to not acknowledging risk and thereby making people vulnerable to contracting or spreading HIV. There is, of course, no clear delineation of migrants fitting into the former category of lack of awareness and other mobile populations fitting into the latter category of denial. Fisherfolk are migrant workers who often would fit into the latter category. Cambodian police recruits may fit into the former category, although hopefully they are more informed these days. Truck drivers may fit into either category and, like other groups that are away from home for long periods, there is often a community expectation, including by wives of such men, that they will patronise sex workers.

There are structural factors in masculine areas of life that contribute to the problem of mobility and HIV. Sometimes, these factors can even accelerate nonproductive mobility, such as policemen involved in trafficking. On the other hand, women can be considered as both victim and actor in the spread of HIV. Being infected with HIV by clients, sex workers are passive receptors. Then, with their continued sex services to men, they are actors who transmit the disease. Finally, it is the wife of an infected male client who is the new victim of HIV. Thus, both men and women can be equally vulnerable but women are vulnerable in a more passive way than men are.

There is a consistent thread through the region of migrating and mobile men, labourers, truck drivers, officials, traders, etc who converge at points such as borders, ports, sections of cities, where they are catered for with food, drink and entertainment. Truck drivers in Vietnam complain of women harassing them when they get down from their trucks. In PRC and Vietnam, women flag trucks down on remote highways. In Lao PDR, Thai truck drivers seek out village women for trysts, and Lao and Chinese drivers pick up women as 'companions'. Myths emerge about how they need women to release pent-up energy, perceived as a desire more than a need.

Similarly, fisherfolk live in port areas where a sex industry has arisen to service single and married men while away from home. A subculture has arisen, given the special nature of their occupation, where being away at sea for some time they want to enjoy themselves on return. But ports may also have drivers, construction workers and other mobile populations that give rise to a culture of commercial sex and gambling. Some fisherfolk spend weeks or months at sea, while others may be away only overnight, but the availability of entertainment and women means that many will indulge in regular drinking, with the option of gambling and sex. Many fisherfolk earn higher incomes than construction workers or factory workers. However, they generally have a greater opportunity to spend their earnings. Thus, some single men earn just to spend when they come into port and then may have nothing left before they go out again.

Despite different dynamics of population movements in each of the countries, much of the above discussion deals with themes that are applicable to each of the countries. Each country could be described as being at a different stage of development, with epidemics that are certainly at different stages, but themes associated with gender, sexuality and vulnerability have common threads throughout the region.

### **3. Poverty and Development as Driving Forces for Development**

It is poverty that underlies the motivation for the vast proportion of the population movements throughout the world. In the GMS, there have been immense political upheavals in previous decades, which have caused substantial flows of people to flee their communities. In the year 2000, most of these people have been resettled and there is a degree of political stability. While internal conflicts still account for substantial numbers of people moving, it is primarily the economic motive that propels most people to leave their homes. In their struggle against poverty, many people in the GMS choose to migrate in search of better opportunities. This has made the majority of the mobile population economic migrants.

Being poor, with low education, being illegal in another country, and not knowing the language, all add up to being vulnerable, especially when one is alone (without family) and in situations never encountered before. A discussion on poverty may be viewed more in the perspective of disadvantaged communities, through neglect and the growing disparities of wealth. This has

been touched on with respect to women, both in casual or commercial sex, and in trafficking but other population groups, such as ethnic minorities, may be highlighted here. Some hill tribe groups in Thailand have been badly affected by injecting drug use and HIV/AIDS, as well as by many young women entering the sex industry. Both of these issues are pertinent to other countries in the GMS. Ethnic minorities in Yunnan have been badly affected by drug use and HIV/AIDS, and ethnic minority women from Lao PDR, Yunnan and Myanmar have entered the sex industry, mostly in Thailand. As Vietnam develops, many highland men and women will migrate to the lowlands. Already there have been major relocations and resettlements.

The prevailing poverty and the unequal distribution of wealth in the GMS has led to attempts from both inside and outside the region to develop a more sustainable economy. Development schemes like the Economic Quadrangle, which includes Yunnan, upper Myanmar, Thailand and Lao PDR, were proposed to bring about better infrastructure and expanded intercountry trade and investment. The Asian Highway was expected to link Singapore to PRC and the East-West Corridor was expected to connect Vietnam and Myanmar. Although these schemes have not been fully realised, they have accelerated infrastructure development, trade, tourism, and investment. Needless to say, all these changes are closely related to population mobility. Construction workers are employed in infrastructure development projects. Unskilled workers enter factories. Traders and tourists are travelling around in the GMS. Some towns become intersection points due to the changes, eg. Mandalay and Tachilek in Myanmar, Oudomxai in Lao PDR, Sihanoukville in Cambodia, etc. Regional economic development can be considered as both complimentary and competing economies. Agricultural products from one country are processed in another country, such as sugar cane grown in Lao PDR and processed in PRC. This is an example of complimentary economies. But development can also lead to competing economies. New manufacturing industries keep unskilled workers, who once emigrated to be employed overseas, at home. New opportunities allow locals to stay in the country instead of moving around. However, due to wage differentials, economic migrants still find employment in more economically advanced nations more attractive than local employment. Thus, regional economic development becomes a pull factor for migration, especially across borders.

The influx of migrant workers from one GMS country to another (for example, from Myanmar into Thailand, from Vietnam into Cambodia) illustrates the new trend of population mobility. While the numbers of people migrating into industry from Lao PDR are relatively small, the potential for a significant increase must be acknowledged. Lao PDR is opening up to through traffic from PRC and Thailand, as well as Vietnam. Roads are being upgraded in mountain areas where the major populations are ethnic groups. If the expansion of the sex industry in Lao PDR keeps pace with infrastructure developments and expanded trade and tourism, then opportunities for many women and girls may be in the offing. A similar situation could occur in Yunnan, where there are over 13 million ethnic minorities and, as in Lao PDR, they are the majority populations in the border regions. Disadvantaged through lack of education, few resources, language and ethnicity, many mobile people will not be empowered by current development processes but will be further marginalised.

It should be noted that there are social networks that facilitate people who want to move. Some networks are professional and highly profitable, while others are casual and non profit-making. Such social networks accelerate mobility and some trafficking networks will place migrants into vulnerable situations, since they can involve varying degrees of deception. Even networks of friends and relatives can be dangerous if they are not providing migrants with accurate and

adequate information about travel and employment. Nonetheless, many migrants can move safely (in the sense of not being deceived or exploited) with the assistance of efficient networks of friends and relatives

#### **4. The Dynamics of HIV Spread and Implications for Mobility**

It is important to explore the spread of HIV in the region and the trends. The first detected epidemic in Asia was in the Province of Chiang Mai in Northern Thailand, largely through a configuration of migration, return migration, and commercial sex. In an oversimplified but instructive picture, rapid economic development and the widespread use of money, led to the emergence of a supply and demand for sexual services. Poverty was the factor that saw women entering the industry and development led men to have money in their pockets and to live away from home.

The local sex industry had a local clientele but it was mainly urban based, often catering to rural visitors and, increasingly, domestic tourists. Then, in 1989, more than 40% of a large sample of Chiang Mai sex workers were detected as HIV positive (Brown et al 1994). They were infected by clients and in turn infected other clients, many before 1989. By the early 1990s it was mostly young men that were dying in many villages Chiang Mai. Shortly after that they were dying in Chiang Rai and Phayao Provinces. Many of them had been mobile in the northern region or as far as Southern Thailand.

In this study, a similar picture emerges for the epidemic in Cambodia, and Myanmar. This may be partly speculative, as the epidemiology does not clearly implicate such patterns of transmission with patterns of movement. Also, such a presentation obscures the local sex industries that have a local clientele, which is extensive in Thailand. Nonetheless, the movement of HIV into certain areas is supported by HIV patterns of transmission and sexual and social networks. Highways, in recent years, have been identified clearly as defined routes of HIV transmission, where mobile populations have access to sexual contacts at place of origin, en route and at destinations. Even drug use, which does not obviously follow such paths of transmission is implicated in patterns following certain routes. The epidemics in northern Thailand, Shan State, and across into northern Vietnam, are not isolated incidents – they are connected through trafficking and other travel.

As well as being the source of many trafficked women and others who have entered the sex industry, northern Thailand has been a destination site and a transit point for other destinations. The area that is famous for supplying a large proportion of the world's heroin has also provided a large proportion of women for the sex trade. Trafficking is big business in the region and also occurs in Vietnam and Cambodia. Many Vietnamese women in the Cambodian sex industry have returned home HIV positive and many of them, along with their Cambodian sisters, are yet to learn of their HIV status. Even more of their Burmese counterparts, many of whom are ethnically Tai, namely the Shan, are HIV positive, and they now have to live with this back in their villages. The modes of trafficking have changed so that the networks and routes now facilitate women who are making more informed choices. Force and outright deception may still occur but more women from Yunnan, Myanmar, Vietnam, Cambodia and Lao PDR are seeking a better life under their own motivation.

The future of the epidemic is still uncertain. The current reading of the spread of HIV suggests a gradual spread in most areas rather than the rapid spread experienced in the three countries most

affected – Thailand, Cambodia, and Myanmar. But far from suggesting a reduction in efforts to combat the spread of HIV in Thailand, or elsewhere, this reading should serve to present new challenges. Lao PDR, Vietnam and Yunnan are experiencing a gradual spread, although the latter two have been badly affected by intravenous drug use epidemics. The first three countries are experiencing the gradual spread of HIV in sections of their population, parallel to, or as a result of, an earlier rapid spread. The gradual spread of HIV, while potentially wasting fewer lives, may be more insidious and prove more difficult to deal with.

The gradual spread may occur from drug using epidemics or from small pools of infection, but generalised epidemics that show an adult rate of infection of 2% or more will experience a diffusion of HIV through regular sexual contacts, that is beyond that of commercial sex. It is clear now that borders are no barrier at all to HIV spread and so, given the large sexually transmitted epidemics in three countries, and intravenous drug use epidemics in four countries, the gradual spread of HIV through a mix of casual and commercial sex is occurring. One factor that makes this more urgent is that at least four countries have a high, or a rising, incidence of STDs. In the context of an expanding sex industry in the region, this presents a major concern.

Many men among mobile populations are prone to using commercial sex venues, but they are also known to have casual partners, in addition to wives or other partners back home. Internal migration and mobility can make people more vulnerable. This has been the lesson in Thailand and elsewhere. Thus, both internal and cross-border migrants need to be studied in their places of origin, the routes they take, and the destination points. Determining how internal movements intersect with transnational movements, particularly on borders, is of crucial importance. Such Hot Spots occur in all of the countries of the Greater Mekong Sub-region and most have been neglected as important target areas for comprehensive programming.

## **5. The Responses**

Different rates of spread of HIV throughout the GMS region account for, in part, different responses. The predicted rapid spread of HIV has not occurred in some areas and thus some governments, such as PRC, are sometimes reluctant to commit a lot of resources. Part of that reluctance is perhaps expressed in the continuing resistance to wide-scale promotion and distribution of condoms. Some governments are still in denial about the magnitude of the problem. This denial is matched by the reluctance to admit to cultural patterns of men visiting commercial sex workers and the widespread existence of sex work.. Thus, the allocation of resources is not forthcoming, even though most governments have committed themselves to slowing the spread of HIV/AIDS and are attempting a multisectoral approach to fighting the epidemic.

In addition to the different level of commitment from each government to preventing HIV, the question of illegality among many migrants has also worsened the situation. Government policies that introduce the registration of aliens and reject unregistered migrants risk enhancing HIV vulnerability among the latter. Through the ignoring of illegal migrants in the government's service delivery, especially of health care, many migrants are at high risk.

This report, drawn from secondary literature and consultations with a range of people and agencies, shows that HIV/AIDS is spreading in the region. Mobility is driving the spread of HIV and more areas are likely to be affected in the near future. There is a determined effort on behalf of many agencies to define the main areas of concern. This report tries to capture the dynamics

of movement throughout the GMS, to focus in on intersections of mobility and HIV/AIDS that are a concern, and to stress the need for continued monitoring of these intersections so that clear priorities can be made.