

HIV & MIGRATION

COUNTRY PROFILE 2009: CAMBODIA

Migration in Cambodia is predominantly internal, where up to 35% of the Cambodian population can be identified as migrants.¹ The pattern of internal migration occurred mostly in two waves – the first in 1979 following the collapse of the Pol Pot regime, and the second in 1993 when hundreds of thousands of people returned from border camps.

Migration rates among males is slightly higher than that for females, but the number of female migrants actually outweighs that of males due to the smaller proportion of males in the population^a. Young people aged 15-25 make up 30% migrants.¹

Men migrate for longer-term work, and mostly to Thailand where they are employed in agriculture, fishing and construction industries.¹

In Rayong, a port city on the east coast of Thailand, about 40,000 Cambodian seafarers work in the fishing industry. More than 90% of the Cambodians working in the port are illegal immigrants.²

Migrants to Malaysia are mostly females employed as domestic workers. Migration to the Republic of Korea is organised through a 'trainee system' which allows Cambodian nationals to work in Korea for short periods of time to acquire new skills that they may be able to use to secure gainful employment upon their return to Cambodia.¹

In 2007, the total remittance was approximately US\$ 353 million, representing 4.2% of the country's GDP.³

Summary

Estimated no. of migrants	350,000 ¹
Net migration rate, per 1,000 population	-0.1 ⁴
Primary destination countries	Thailand, Malaysia and the Republic of Korea. ¹
Primary sending countries	Vietnam ⁵
Percentage of women among migrants	59% (5,309 out of 9,000). ⁶
Involvement in human trafficking	Yes; source and transit country. ⁷
Estimated number of displaced people	Data not available.
HIV prevalence among migrants	Data not available, but high-risk behaviour is thought to be widespread among undocumented migrants. ⁷

CAMBODIA



HIV situation overview

Cambodia is one of the few countries in Southeast Asia with a generalised HIV epidemic. HIV in Cambodia was first detected in 1991. After peaking at approximately 3.3% in 1998, HIV prevalence among the adult population declined to 1.2% in 2003, and further down to 0.9% in 2005.⁸ In 2007, the estimated number of people living with HIV was 75,000, down from 120,000 in 2001.⁸ AIDS-related deaths also declined from 14,000 in 2001 to 6,900 in 2007. HIV prevalence among young people (15-24 years old) was higher among males (0.8%) than females (0.3%).⁸

HIV prevalence among female sex workers was estimated at 14.7% in 2006, down from 23.4% in 2003 and 44.7% in 1996.⁹ Prevalence among injecting drug users ranged from 14.3% to 31.3% in 2006.⁸



www.aidsdatahub.com

HIV and STIs among migrants

Preliminary focus group discussions conducted by Family Health International with male Cambodian migrants revealed the men's limited knowledge of HIV/AIDS. Furthermore, about 60% of the participants reported engaging in commercial sex.²

A 1998 survey of sex workers in Prey Veng, one of the 'source communities' from which Cambodian seafarers in Thailand originate, found an HIV prevalence rate of 34% - the second highest in the country - among indirect sex workers (those who work in entertainment establishments or as beer promoters) and 29% among direct sex workers (usually those who are brothel-based).²

Data on HIV transmission via injecting drug use among migrants is lacking. Injecting drug use may become important in fuelling the HIV epidemic, given that Cambodia is a major drug trafficking point.

Governance and policies

- **The National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS 2006-2010⁷:** Aims to reduce new HIV infections among at-risk groups, to provide care and treatment to people living with HIV/AIDS, and to address the socio-economic and human impacts of HIV.
- **Mobility Working Group on HIV/AIDS⁷:** Established by the National AIDS Authority in 2004, to address HIV issues among migrants, and to strengthen government capacity to deal with these issues.
- **Education of HIV/AIDS, Safe Migration and Labour Rights for Cambodian Workers Abroad⁷:** A regulation issued by the Ministry of Labor and Vocational Training in May 2006. Its objectives are to raise awareness on HIV and AIDS for migrant workers and their families, to provide pre- and post-departure training on HIV and AIDS, and to inform migrants about safe migration and labour rights.

In 2006 the Ministry signed one Memorandum of Understanding with CARAM Cambodia to provide training on HIV and AIDS to migrant workers, and another with Legal Support for Children and Women – a Cambodian non-profit organization – to provide outgoing migrant workers with training on legal issues and migrants' rights⁷.

- **Law on the Suppression of Human Trafficking and Sexual Exploitation¹⁰:**
 - Objectives: protect the rights and dignity of human beings, to improve the health and welfare of citizens, to preserve and enhance good national customs, and to implement the *UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children*.
- **100% Condom Use Programme in entertainment establishments¹¹:**
 - To create awareness among female sex workers about the seriousness of HIV and AIDS and to teach them techniques for negotiating condom use with their clients.
 - The main strategy of the programme is to have all owners and managers of entertainment establishments agree to enforce condom use as a condition of commercial sex.

Healthcare and HIV-related services

Documented migrant workers, particularly those going to Malaysia and the Republic of Korea, receive a three-month pre-departure vocational training course from recruitment agencies that focuses on reproductive health, HIV/AIDS and general medical exams.⁶ However, the governments and stakeholders involved in the migration processes have not addressed directly the lack of conditions important to sustaining a healthy life, such as access to HIV prevention and care programmes, protection measures, and counselling services. These deficits may jeopardise migrants' health and wellbeing.¹²

Vulnerabilities:

- **Cross border populations:** Cross-border migrants in locations along the Greater Mekong Subregion^a that borders with Thailand – such as Poipet and Koh Kong – are vulnerable to HIV infections.¹³ These locations are sites for the convergence of different mobile and occupational population groups. Locations such as these are generally not targeted in HIV intervention programmes.

It is thought that, of the approximately 40% of the sex workers in Cambodia who come from Vietnam, half live in Cambodia on a permanent basis and are located in border towns with the other half arriving on illegal work contracts without visas to remain in the country.¹⁴

- **Limited access to condoms:** Although condoms play an important role in HIV prevention, migrant Cambodians may have less access to preventive messages because the methods of dissemination used do not reach them. There are language barriers and/or they may not have the resources to purchase appropriate contraception that protects them against STIs and HIV.¹²
- **“Dirty, dangerous and difficult” jobs:** Cambodian international migration is generally among unskilled migrants who mostly engaged in what the International Organization for Migration has termed 3D (dirty, dangerous, difficult) jobs.¹ It has been suggested that men with limited education, who engage in high risk occupation would also tend to have more risky behaviour, spending money on alcohol and sex.² Most of these migrants are from the reproductive ages of 15-35. CARAM Asia identified age of first-time departing migrants as one of the factors of their HIV/AIDS vulnerability.¹²
- **Language barrier:** Migrants face numerous language barriers in their destination countries, which may become problematic in accessing HIV testing and results. Cambodians who work in Thailand, for example, are usually given documents in Thai.

Notes

- Map from www.worldatlas.com
- ^a The Greater Mekong Subregion (GMS) includes Cambodia, the Lao People's Democratic Republic, Myanmar, Thailand, Vietnam and the Yunnan Province of China – all sharing the Mekong River.

References

1. IOM Cambodia. Country Profile: Cambodia.
2. John-Manuel Andriote, 2003. Helping Men Make a Difference in HIV Prevention. Family Health International, April 2003.
3. Outlook for Remittance Flows 2009-2011: Remittances expected to fall by 7-10 percent in 2009. 2009. <http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934->

- [1110315015165/RemittancesData_July09\(Public\).xls](#). Accessed 3 August 2009.
4. International Organization for Migration (IOM). Cambodia. Available at: <http://www.iom.int/jahia/Jahia/pid/497>
 5. Kim A, Chhea C, Page-Shafer K, et al. A rapid assessment of Vietnamese sex workers working in Cambodia: high risk of HIV transmission upon entry into Cambodia. *15th International Conference on AIDS*. Vol abstract no. TuPeD5255. Bangkok, Thailand 2004.
 6. UNIFEM. Cambodian Women Migrant Workers: Findings from a Migration Mapping Study. Phnom Penh, 2006. Available at: <http://www.unifem-eseasia.org/projects/migrant/Migrationmappingstudyreport.pdf>
 7. UNRTF. *HIV/AIDS & Mobility in South-East Asia*. Bangkok: United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China; 2008.
 8. www.aidsdatahub.org. Country Review - Cambodia. 2009.
 9. *HIV Sentinel Surveillance* 2006.
 10. UNICEF 2008 (unofficial translation). Law on the Suppression of Human Trafficking and Sexual Exploitation. The constitution of the Kingdom of Cambodia. Available at: http://www.no-trafficking.org/content/Laws_Agreement/cambodia%20new%20law%20on%20trafficking%20&%20sexual%20exploitation%20-%20english.pdf
 11. WHO 2000. 100% Condom Use in Entertainment Establishments. World Health Organization, 2000. Available at: <http://www.wpro.who.int/NR/rdonlyres/5F1C719B-4457-4714-ACB1-192FFCA195B1/0/condom.pdf>
 12. USAID, 2008. HIV/AIDS Health Profile: Asia Region. September 2008. Available at: http://www.usaid.gov/our_work/global_health/aids/Countries/asia/hiv_summary_asia.pdf
 13. Chantavanich S, Beesey A, Paul S. *Mobility and HIV/AIDS in the Greater Mekong Subregion*: Asian Development Bank (ADB), United National Development Programme (UNDP); 2000.
 14. Australian federation of AIDS Organisations (AFAO). National AIDS Bulletin, September 2001. Establishing an effective network of migrant sex workers in South East Asia. Available at: http://www.afao.com.au/view_articles.asp?pxa=ve&pxs=170&pxsc=174&id=206