

HIV & MIGRATION

COUNTRY PROFILE 2009: MYANMAR

Domestic conditions, coupled with a geographic location which links the expanding economies of South East Asia, China and South Asia, characterises Myanmar as a country with dynamic internal and international mobility.¹ 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. Population mobility along the Myanmar-Thailand border has been very fluid. So too along the borders with India and China. Many of these areas are also home to hill tribe populations who live along both sides of the border.

The continuing political struggle and the ensuing economic hardship have forced millions of people, particularly those from the border areas such as Dawei District, Mon, Shan and Kachin States to migrate.² It has been estimated that between 1.8 and 2.5 million migrant workers in Thailand are from Myanmar.³ 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. Some have travelled to Malaysia and Singapore, among other countries, for employment.

Migrant men tend to work in the fishing industry, rubber plantations, ruby, gold and jade mines, rice mills, construction, agriculture and livestock while the majority of migrant women work in factories (garment and seafood processing), rubber plantations, agricultural processing plants, domestic work and shops.² The total remittance is estimated at US\$ 117 million.¹

Summary

Estimated no. of migrants	1 million in Thailand.
Net migration rate	0.3 per 1,000 population ¹
Primary destination countries	Thailand, China, India, Malaysia, Bangladesh. ⁴
Sending countries	-
Percentage of women among migrants	46.1% ¹
Involvement in human trafficking	Yes – source country.
Estimated number of displaced people	At least 451,000 ^a in 2008. ⁵
HIV prevalence among migrants	4.9 – 10.0% among fishermen in Southern Thailand in 2005 ³ ; 5% among Myanmar migrant workers in Chiang Mai City, 2000. ⁷

MYANMAR



HIV situation overview

Myanmar is one of the countries hardest hit by the HIV epidemic in Asia. The first case of HIV was detected in 1988. The HIV prevalence reached a peak at 0.94% in 2000, followed by a downward trend reaching 0.7% in 2007.⁸ The estimated number of people living with HIV dropped from 300,000 in 2001 to 240,000 in 2007.⁹ Of this number, about 100,000 are women and about 6,000 are children.⁸

The majority (68%) of reported cases of both HIV and AIDS are attributed to heterosexual transmission.⁸ Among female sex workers in Yangon and Mandalay, the HIV prevalence was 29.6% and 34.3%, respectively in 2005. Among sexually transmitted infection clinic attendees who serve as a proxy for clients of sex workers, the median HIV prevalence was 4.1%.² Among injecting drug users, the median HIV prevalence in six sentinel sites in 2005 was 43.2%.²



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HIV and STIs among migrants

In Thailand, HIV prevalence among migrants (the majority of whom are from Myanmar), are higher than in the general population.³ HIV prevalence among Burmese fisherfolk in Ranong, Thailand was shown in the mid 1990s to be 17.4%, and later surveys in four Provinces - Samut Sakorn, Ranong, Songkhla and Trat, showed a prevalence rate of 16.1%.⁴ In 2000, the PHAMIT study showed that HIV prevalence of migrant fishermen in the coastal provinces of Chumpon, Ranong and Phuket was 3.9%, 7.6% and 8.9%, respectively.³ These increased in 2002 to 4.9%, 10% and 9.3%, respectively. In 2005, HIV infection among fishermen in Ranong was 4.5%, and in 2008, overall HIV prevalence among migrant fishermen in Thailand was estimated to be between 2.5% and 9%. Also in 2008, HIV prevalence was 1.4% among migrant pregnant women.³

Although there are no concrete statistics on HIV/AIDS cases among migrant workers in Thailand, it has been suggested that prevalence rates in the Thai-Myanmar border area are particularly high.¹⁵ A study conducted in 1999 among 429 Myanmar migrant workers of Tai Yai ethnic origin in Chiang Mai City found that 5% were HIV positive: 5.8% among males and 3.8% among females.⁷ Fourteen percent of sexually active males reported more than one sexual partner in the last year. Twenty percent of sexually active males had ever visited a commercial sex worker; 75% of those who did so in the past year did not always use a condom during those occasions. In the PHAMIT project, 40% reported first time sex with sex workers, and more than two thirds did not use condom at first sexual encounter.³

Same sex behavior and injection drug use were reportedly rare in this population.⁷ On the other hand, same sex behavior and narcotics use is not uncommon among migrant seafarers. The practice of penile decoration (ie. oil injection and marble insertion) using and sharing unsterile equipments is quite common among fishermen. 16% of migrants surveyed in the PHAMIT project had penile decorations.³ The main reason for this behaviour is to relieve the boredom of a long duration at sea, peer pressure, to prove machismo, and their perception of ability to give better sexual pleasure and satisfaction to female sexual partners.¹⁶

A study in 2002 reported a 3.2% prevalence of anti-HIV seropositivity among 250 Myanmar migrant fishermen in a rural community in the Southern Region of Thailand. The rates among males and females were 4.1% and 1.2%, respectively.⁶

Another study in the Tak Province of Thailand found that 41% of the 725 female Myanmar migrant workers in a factory understood that contraceptive pills do not prevent HIV infection and 15% of females reported ever seeing a condom.¹⁷ Twelve percent of men and 1.4% of women reported ever using a condom.¹⁴ In Southern Provinces of Chumpon, Phang-nga, Phuket, and Ranong, after experiencing several years of an HIV/AIDS programme run by World Vision, it was found that fisherfolk had very high knowledge about the disease but had yet to make significant change in their risk behaviour.⁴ However, a recent study on intervention impact assessment among migrant fishermen in Thailand found that almost 70% had received information on HIV, sexually transmitted infections (STIs) and condom use.³ High levels of condom knowledge was observed in 67% of the migrants but only 10% had good knowledge of STI.³ Almost 65% had ever had sex with a sex worker. Consistent condom use was between 44% - 67%, and more than 80% reported condom use at last sexual contact with a sex worker.³

Governance and policies

- **Memorandum of Understanding between countries of the Greater Mekong Subregion (GMS)^b, 1999:** The Memorandum on Population Movement and HIV Vulnerability put into agreement that HIV and AIDS policy programmes should incorporate mobile populations and signified commitment for collaborative efforts to reduce HIV vulnerability among mobile populations.

Healthcare and HIV-related services

Cross-border interventions take place on an *ad hoc* basis and by various organisations. Meetings have been held with Chinese and Thai governments aimed at establishing collaborative programmes, particularly condom supply and increased access to ART for border areas.² The Northern Shan State AIDS Committee has also focused on cross-border populations.

Vulnerabilities:

- **Restrictions to programme implementation:** Access to areas such as Phakant, where there is a high concentration of migrant workers, is restricted to expatriates working for international NGOs.²
- **Human trafficking:** The trafficking of women for the sex industry has been reported in some areas, including Myeik.²
- **The Upper Mekong Region:** The Upper Mekong Region is most severely hit by the HIV epidemic in Southeast Asia. It covers inter-related areas of Myanmar, Northern Thailand, Yunnan in Southern China, Lao PDR and Cambodia. The region is characterised by population movements linked to trade (legal and illegal), job searchers (truck drivers, mule caravans, migrant construction workers) and, more recently, tourism.¹⁷ A diverse group of ethno-cultural minorities are at increased risk of HIV infection due to their poverty, rural exodus, lack of culturally-appropriate education and information and cultural-societal destabilization, prevalent drug use and active involvement in the sex trade.¹⁷
- **Cross-border sex workers:** Estimates of the number of Myanmar sex workers in Thailand range from as few as 6,000 to up to 30,000.³ 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. HIV risk may be reduced in such cases but it exists on both sides of the border. For example, on the border with the People's Republic of China, there are sex workers moving into Yunnan from Vietnam and Myanmar, but there are also some Chinese women crossing the border into Myanmar.³
- **Fisherfolk and seafarers:** A World Vision project reports up to 80,000 fisherfolk in the region of Kawthaung alone. In the Ranong Province of Thailand, there were over 100,000 Burmese, most of them working in fishing and fish-related industries.³ While many fisherfolk are married with family, many others are single men. Condom use is particularly low in many circumstances such as during first sexual encounters (often with sex workers), and with casual partners and girlfriends (11.1% and 7.1% respectively).³ A lack of alternative recreational facilities, peer pressure and complex socio-economic interactions may lead to increased alcohol consumption, commercial and casual sex, and drug use.³
- **Poor access to information and services:** Access to information and services is problematic in view of the geography of the various areas, the difficulty to access some communities, the multiplicity of local languages and dialects, and low levels of literacy. Treatment-seeking behavior for STIs and reproductive health problems is very poor among migrants due to their sometimes illegal status, language barriers, condescending attitudes of service providers, and conflicting business hours between their work schedules and that of service providers.^{1,13}
- **Internal displacement:** Displacement and the movement of refugees, for example from Myanmar into Thailand, have uprooted thousands of families and individuals, resulting in an overall disruption of social structure.

Notes

- Map from www.worldatlas.com
- ^a The true scale of internal displacement, especially in government-controlled areas of Myanmar, remains unknown due to the political sensitivities of the government.
- ^b Part of the Greater Mekong Subregion (GMS). The GMS includes Cambodia, the Lao People's Democratic Republic, Myanmar, Thailand, Vietnam and the Yunnan Province of China – all sharing the Mekong River.

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