



## Report:

# HIV/AIDS Epidemic in Mon Areas and Prevention Crisis

## I. HIV/ AIDS versus Mon Women

UNAIDS estimated that in Burma, HIV prevalence is the most in Shan State and secondly in Mon State. The factors that cause HIV/ AIDS spread in Mon State, the head of Health Department in the New Mon State Party (NMSP) said are sex, needles, blood transfusion and mother-to-child transmission.

The health department head said most people living with AIDS (PLWA) are those who are aged 15 to 45 years. Out of them, fathers who have one or two children mostly died. While people who die mostly are men, most people living with this epidemic disease are remaining women. In Mon State, the main problem accelerating HIV spread is economic bankruptcy that impels a good number of people to migrate into Thailand for seeking jobs.

Immigrant men leaving their families for a long time while working in abroad often have extramarital sex, narcotic drug and consequently they also are subject to be infected with HIV. In particular, among the workers who are working for the fishing boats in Kaw-thaung, the southernmost fishing border town with Thailand, the infection incident is common, said the head of NMSP Health Department in NMSP. These fishing workers, staying away from their families for many months, use drugs and go to the brothels for relaxing when they return from the sea and so they are exposed to the epidemic virus. When they arrived home their wives also are infected as they have sex with them. The disease continues to spread to the children through mother-to-child transmission.

Many of the country-bred girls in Mon State are compelled by their parents to get married to the migrant workers who return from Thailand, Malaysia and Singapore. The parents, not trying to know whether or not the bridegrooms have the epidemic virus, like to make their daughters married to. Such a situation leads the simple country-bred girls to be vulnerable to the HIV epidemic.

Mon people are, until up to now, maintaining the tradition of breast-feeding to the newborn baby after delivery, not knowing that breast-feeding may transit HIV virus to the baby. Due to the reasons mentioned above, the HIV infection increasingly spreads on daily basis.

The women residing in the border areas also are subjected to receive HIV virus across the border passes through the merchants who come from the neighboring countries such as China and Thailand etc.

### CONTENT

**REPORT:** HIV/AIDS Epidemic in Mon Areas and Prevention Crisis

- I. HIV/AIDS versus Mon Women
- II. General HIV/AIDS Transmissions
- III. HIV/AIDS Education Programs
- IV. Community members attitude toward people living with HIV/AIDS
- V. Conclusion and Recommendations

**NEWS:**

Burmese Army: A thousand year old way of thinking

**ACTIVITY:**

Woman and Child Rights Project (WCRP) conducted 'Human Rights Training' in the Border Area

## Message From

### Woman And Child Rights Project (Southern Part of Burma)

Woman and Child Right Project (WCRP) is an cooperative activity with Human Rights Foundation of Monland (HURFOM) and it has main activity in collecting the information related to the human rights violations of women and children in southern part of Burma (Myanmar). It also aims to get world community's awareness for the protection of the rights of women and children.

The Burma's military regime, State Peace and Development Council (SPDC), ratified the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1997 to guarantee the rights to women in Burma. Similarly the regime also ratified Convention on the Rights of the Child (CRC) in 1991 to guarantee the rights to children in Burma. However, the regime has failed in their implementation of the conventional rights and the human rights violations against women and children systematically.

WCRP is dedicated to inform the world community what happens to general women and children in Burma and plans to educate them to know about their rights as the following objectives.

1. To monitor and protect the woman and child rights, by collecting information about their real situation by referencing the CEDAW and CRC, and distribute information to world community.
2. To strengthen women and children community, by providing on their rights accordingly to CEDAW and CRC ratified by regime and encourage them to participate in the struggle in the protection of their own rights.

Also the government's policy for suppressing ethnic armed groups reinforces HIV/AIDS epidemic. The military junta sends the HIV infected soldiers to the frontlines and lets them rape the ethnic women in the armed-fighting-inflicted areas; consequently it leads to the rape victims to have HIV infection.

## II. General HIV/AIDS Transmissions

### a. HIV/AIDS transmission through sex

A report of UNAIDS shows that in Burma, 25% of women in prostitution are living with HIV/AIDS, while 80% of women who returned from Thailand after earning through prostitution have been infected with HIV virus. According to the head of health department in NMSP, 40 % of people living with HIV/AIDS have been infected with the epidemic virus through sex.

The reason for why the Mon women are engaged in the sex trade is the economic bankruptcy. Due to the economic bankruptcy in Burma, a great deals of women are facing with the unemployment problem. Women, so as to solve their economic problem, leave for the neighboring countries to seek jobs. Being taken advantage of ignorance or persuaded indecently, many young women are being sold as prostitutes.

Yearly, million of young women are being sold to the brothels in Thailand. Thailand has more freedom in terms of economy, social structure and politics than Burma, and so the young women facing with high rate of consumer goods price, scarcity of employment and various oppressions become to be the victims of deception by the human-dealers who persuade that they would be provided with employment that makes a good payment. Especially, these women are, up to now, serving in the brothels of economically centred border towns such as Ranong, Mae Sai, Kanchaniburi and Mae Sot as well as cities such as Chaing Mai and Bangkok.

As the smuggling of women is directly associated with the economic bankruptcy, such phenomenon is happening in the areas of underdeveloped ethnic people in particular. Under the situation that people have not enough daily means of subsistence, society experiences a sorrowful truth that some parents have to sell their own daughters. Some young women have to seek earnings in Thailand to repay back their parent's debt lest they be taken over by the debtors. But no sooner they get to Thailand that they are thrown into the prostitution through the human-dealers deception.

As an instance,

Ma Moe, 16 years aged girl went to Thailand due to the persuasion of her male friend. While she was in Burma, she had no job. As she was poor she could not be enrolled in school and had no fashionable clothes. So in order that she could support her family's earning, she yielded to her friend's persuasion to do work in Thailand. When they got to Thailand, her friend, lying that she would be handed over to an employer, sold her to a brothel. She remained left at the place she was handed over to, thinking that he had a good job to do. Only when night time came, she became to be aware that she was sold as a prostitute. That night she was raped by eight men in succession.

When she become to be unable to sit up as she was not only raped but also beaten up by the rapists, her employer injected a narcotic drug lying that it was contraceptive, she said. The brothel owner kept her as a captive lest she ran away. Her employer used her for money making for nearly sixteen years providing her only food and clothing, but not a pence. She was infected with HIV through sexual intercourse. When she was found HIV infected, her captor informed about her to the police and expelled her from the brothel. After being detained in custody for three months, she was extradited to the Three-pagoda area.

Such cases that most of the Burmese women who are working in the brothels of Thailand are living with HIV are included in the UNAIDS reports.

Not only that Burmese women are working in the brothels of Thailand but also that a great number of women are engaged in the prostitution of Burma. Prostitution is widespread also in Burma, in particular, under the facade of restaurant, karaoke etc. prostitution business is being run in the cities such as Rangoon, Mandalay, Moulmein etc. UNAIDS report shows that 26 % to 50 % of women engaged in the prostitution of Rangoon and Mandalay are living with HIV infection.

Ye Township, in southernmost area of Mon State, where many internal migrant workers are working and the soldiers of Burmese Army are intensively taking base, is a center of trading women and adolescent girls. These women typically work in closed brothels in the extensive sex industry of Thailand's Ranong area. Not only in the border towns, but also in the inner areas such as Zi-byu-thaung, Ye Township, prostitution business is being run behind a mask of karaoke bar. These brothels are manned with only women from the middle part of Burma. Some of them are university and college attendants or students. As they hardly find jobs in their native areas and come to the Mon areas for seeking earnings. It results in their being engaged in prostitution as they are compelled to make money for their academic and family spending through selling their bodies.

In the capital of Mon State, Molemein, too, there are lot of women who sell sex under the name of barmaids in hotels, restaurants and karaoke bars. In Atta-yan Hotel, Ngwe Moe Hotel, Than Lwin Hotel and Moulmein Hotel of Molemein City, overtly the women entertain the guests by singing and work as barmaids and on the other hand, covertly host their visitors with sex. Some guests of these hotels, in most cases the Chinese tycoons, may take the women they like to the places outside or their houses.

Also in the restaurants namely Kyaw, Happy Point, Sa Wa Di, Su Myat Mon and so on, young women, behind the name of barmaid, are selling sex. Most of them are students and attractive women. The student girls have to sell sex because they needed to cover their expensive education expenses. On the other hand, young women also have to be engaged in prostitution in order that they could have a modernized life style, while some do not like to do hard physical work but only to earn money in short-cut-way. However, most of them obviously have descended into this nightmare of selling sex while struggling for solving family livelihood problem.

In the city slums of Moulmein such as Thiri-myaing, Myaing-thar-yar etc., young women have descended into prostitution by selling their bodies so that they could be supportive to their family subsistence.

As an instance,

Ma Omma Lin, 15 and Ma Thar-yar Aye, 16, residents of Moulmein earned only 200/ 300 kyat as a daily wage. But they could not find this job regularly on the daily basis and so they sought another job that might make

Article 6 of Convention  
on the Elimination of all  
Forms of Discrimination  
Against Women

State parties shall take all appropriate measures, including legislated, to suppress all from of traffic in women and exploitation of prostitution of Women.



Sex workers in a city of Mon State

a good income. Eventually seeking a good job led them to descend into the prostitution. One of these girls said, " I hate this job. But our family income is not enough for living our lives. Therefore, I have no option. In this brothel, I earn only 500 kyat one night. In the brothel of Hlaing Quarter, which am working for, I am the youngest. Most of the girls are aged 17 to 25 years. They came from different areas.

Some women and adolescent girls have become to be engaged in the prostitution, while some others have descended into sex trade due to their willingness to live their lives up to the modernized life style. Whatsoever is the way, in which they have become to be commercial sex workers, their eventually gained result is the same that they have been infected with HIV virus.

## *News*

Torture, imprisonment and violence against women continue

### **BURMA ARMY: A THOUSAND YEAR OLD WAY OF THINKING**

Based on KAO WAO NEWS:

Three villagers, suspected as rebel sympathizers, have been sentenced to seven years in jail and a young man was brutally beaten to death in the prison after the SPDC claimed they will rebel supporters.

The AB also killed Mr.Nai Chit Htwe age 35, who was the SPDC officer of Transportation Department. He was in charge of the railway station in the village.

According to the headman, he was accused of being a Mon rebel supporter for he was a Mon nationality even though he was the government civil servant.

During the past nine months the SPDC has been staying in the village. The BA joined in with the village headman and collected 1,800,000kyats in taxes, say two women who arrive at the border, who spoke under condition of anonymity to Kao Wao during an interview. The two women secretly fled from their village, leaving their children behind in the village.

Ms.Mi Chan (not real name), age 14, was rape and wounded in the arm while trying to escape from the BA soldiers who threatened her with a knife. She was rape at her own house at about 8 p.m local time, the headman quoted her mother as saying. Some say the perpetrator is a captain, but some say they didn't know who the perpetrator was.

"The young girl shouted and the villagers including me went to rescue her," an eye witness said.

One of the two women from a different group say that another woman Ms.Mi Tar (not real name), age 16, was also raped after being taken away for three days from her house.

"I am reluctant to visit her because she was upset in her house, she didn't dare to visit even her neighbors (likely because she had been raped, villagers look down on raped victims, and the victims are too ashamed to face them)," said the woman who is Tar's friend and also a neighbor.

However, the villager headman said he couldn't confirm that Tar was raped even though her friend said it was the case. "The village headman was wrong, I am sure she was raped," Ms. Htay added.

Local witness said the victim was accused of being the girlfriend of a Mon armed guerrilla. Her mother told the BA Captain Ba Lay harass her daughter, then the Captain reacted angrily shouting at her , "Do you want a life sentence punishment?"

To escape being raped by the BA soldiers, some of the young women fled to safer areas, one of the five families from another part of northern Yebyu Township are now secretly staying on Thai soil. They arrived here last week and spoke to Kao Wao. Many local Mon people who cannot speak Burmese were find and tortured as punishment.

"Ms Mi Soila (not real name) age 21, fled from the village after she was taken by the soldiers one night as punishment for not speaking Burmese," Ms Mi Yin said. Her mother, she said, told her to flee from the village for fear of being raped in the future.

"If we speak to them in the Mon (Language) when the soldiers asked in Burmese then we are fined and punished, such as carrying heavy loads on our heads," says an old woman, Mrs Mi Day who recently arrived onto Thai soil. Local villagers reported the BA soldiers punished the villagers for not speaking back in Burmese.

## b. HIV infection from men

Putting marriage under parents' management is a Burmese customary tradition. As a Burmese saying goes: 'the parents are willing to see their children, especially daughters, riding elephant and guarded with mounted troops', which means they want to marry off their children with rich people so as to have them wealthy. Burmese young people, generally speaking, accept the bride or bridegroom sought by their parents as they have been bred with a traditional norm that children must fully accept their parents' speech.

In this traditional setting, parents like to marry off their children with people who return back holding a bulky money pouch from Thailand, Malaysia and Singapore, and with Chinese tycoons. They do not try to know whether these people have been infected with HIV or not. Thus, HIV infected peoples' wives get the virus their husbands have carried. According to a health service provider, about 90 % of marriages to the returnees from Thailand, Malaysia and Singapore results in HIV infection.

Migrant Workers to Thailand have to do hard and rough works only. As most of these workers have no access to citizenship, they stand in Thailand as illegal workers. Being illegal workers with no skill in host country's language they have to do hard or odd works only. In order to relax this tiredness, they seek pleasure going to the brothels. Hard labor workers such as masons and fishing workers use narcotic drug injections so as to be able to endure hard and rough work load. They are highly exposed to be infected with HIV virus for they share needles of syringes used for injection. There are some of them often seek pleasure in the brothels to eliminate pressure sores caused by staying away from their families.

Country bred-parents want to compulsively marry off their daughters to the migrant workers seeing only bulky moneybags but not HIV virus that they have carried from abroad through drug use and extramarital sex. These women, victims of forced marriage are not aware that they should insist on having their potential bridegrooms subjected to HIV test prior to their marriages as they have little education and health knowledge. Such a situation leads the simple and timid country-bred girls to be infected with the epidemic disease.

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## c. HIV transmission through SPDC soldiers rapes

Since military regime (SLORC/SPDC) has ruled the country, it oppresses people in multiplied means. Among the oppressed, women and children are the most severely victimized elements because of the junta's policy aiming at them as main target groups. How the junta has been implementing this policy can be seen in " License to Rape" released by Shan Women's Action Network (SWAN) and other reports by Karen Women's Organization (KWO) and Women League of Burma (WIB).

### Article 14 of Convention on the Elimination of all Forms of Discrimination Against Women

State parties shall take into account the particular problem faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy, and shall take all the appropriate measures to ensure the application of the provisions of the present Convention to Women in rural areas.



An AIDS patient in a border area's clinic

## Activity:

### Woman and Child Rights Project (WCRP) Conducted 'Human Rights Training' in the Border Area

From November 18 to 22, 2004, with the arrangement of the community leaders in Thailand-Burma border near Three Pagoda Pass town, WCRP could conduct a 'human rights training' to sixteen trainees or participants who came from the different parts of southern Burma – Mon State, Karen State and Tenasserim Division.

In 5 days training, there are 6 men, 6 women and 4 Buddhist monks who wanted to learn about human rights and the international principles attended the training. WCRP also appointed a skillful trainer in this training and she also used the feasible modules of human rights education for those trainees.

As the experience of trainer, under the oppression of the Burmese military regimes for several decades, the people from Burma so reluctant to speak out what are their thinking and their experience. So that in the 1<sup>st</sup> day, the trainer encouraged them to speak out about their personal information relating to their livelihood and family background. On the same day in the afternoon time, she introduced 'what is human rights' in questioning and let the participants expresses their thinkings.

The training have been smooth on the next days, as the participants were eager to express their views and involved in the activities facilitated by trainer.

On 2<sup>nd</sup> Day, the participants also expressed what are human rights violations happening in their community, in their Township and later briefed the situation in the whole country. In the afternoon of that day, the trainer also explained about the Civil and Political Rights with some activities.

Women's Rights or CEDAW was explained on the 3<sup>rd</sup> Day including its background history and each article in the Convention. Furthermore, the participants could also discuss about the gender discrimination in the community and State levels. Domestic violence against women was also discussed thoroughly.

Child Rights or CRC was introduced on the 4<sup>th</sup> Day. In the rights of a child, the trainer included 4 main rights of 'Survival Rights', 'Development Rights', 'Protection Rights', and 'Participation Rights'. The trainer and participants also have some activities and grouping to find ways how to protect the rights of children in the community.



On 5<sup>th</sup> Day, the trainer and participants mainly discussed and shared the idea how they could cleverly involved in monitoring and protecting human rights in their community level. In the afternoon of that day, the trainer also asked the feedback and commends of the participants.

The Burmese Army (armed force of the current regime) sends its troops infected with HIV virus to the front lines in the ethnic groups' areas. Naturally these soldiers carrying the epidemic disease rape the ethnic women and make HIV transmission in the areas.

"This happening is only an outcome of policy intending to oppress ethnic people in multiplied means.," said a Karen women rights activist in the borderline areas.

#### d. Being infected with HIV through working as domestic workers

As there is a scarcity of employment in Burma, a great number of Burmese women migrants migrate into the neighboring countries for working. Being illegal workers they have to do as domestic workers, (construction workers) masons, and other hard and odd laborers only. Most women work as domestic workers.

In most cases, Burmese women working as domestic workers in Thailand are vulnerable to be raped by their employers. The employers wives take a blind eye although they are aware of their husbands' sexual exploitation. In fact, they hire domestic workers lest their husbands will go to the brothels. Being illegal worker, the victims of rape do not dare to make any resistance to forceful sexual approach. Otherwise, the employers would hand the girls over to the police to be detain in custody for sure. In such a situation the domestic workers are submitted themselves to their employers. They do not only housework but also are subjected to be raped by their employers.

Had these domestic rapists resorted to the brothels, they may have HIV virus and the victims also may get infections from them. A health worker said that most of the women returned working from Thailand had been infected with the virus. This situation makes an increase in HIV daily incidence in the area.

#### e. HIV virus infection through needle and blood transfusion

The head of Health Department of NMSP said, in Mon Stat there are 80% of HIV infection caused by the virus contaminated needles and blood transfusions. He continued that though used needles were not repeatedly used in the urban health settings, the doctors or medics working with the rural people in the outstation areas repeatedly used the used needles in injecting. Also in the borderline areas where transportation was difficult, the used needles were repeatedly used.

There are different types of doctors among doctors in Burma. Some are those who had graduated from Institute of Medicines, while many other are informal health providers (quack doctors). These quack doctors are not trained by not a medicine institutes and got training from the ancestors or friends in order to make money in the rural areas from the people who have lack of health knowledge.

According to the head of health department of NMSP, some quack doctors do not know even about HIV/AIDS disease. It is certain that those ignorant of HIV/AIDS will repeatedly use the used needles, thus HIV has transmitted in the underdeveloped areas through sharing needles.

Burmese people have an obsession with willingness to have an injection even when they feel headaches or body temperature. They think they cannot be cured with oral medication rather than injection. Most people have little knowledge of health.

A medic of a Mon refugee resettlement camp, Halockhani, said most of their clients, clutching their prejudices, do not accept the knowledge of health given by the doctors and medics. Some quack doctors repeatedly use the used needles as transportation is difficult for the availability of medical instruments.

HIV transmission happens due to not only repeatedly using the used needles but also injecting narcotic drug into veins because injecting drug-users share needles among them. UNAIDS report shows that in Burma there are 150,00 to 250,00 men who share needles in injecting narcotic drug have been infected with HIV.

HIV is infectious through not only sharing needles but also blood transfusion. There are many cases in which HIV is transmitted by blood transfusion. In rural areas, that doctors transfuse blood without making blood test causes HIV virus transmission. Not only in the rural areas, even in the whole Burma testing of donated blood is a rare case.

Accordingly to an experienced blood-donor, he explained that:

" When I donated blood, the doctor did not test my blood. I understand that it should not happen like this. Had I HIV virus, the patient my blood was transfused would be , for sure, infected with virus through blood route. Probably, it

is our traditional culture that testing the donor's blood might means that the donor is not believable to be disinfected. I think that is why blood is not tested," said a blood-donor.

Another instance is:

Ma Chan, a simple and upright woman was infected with HIV virus. She had not any premarital sex and injected medication. Similarly, her husband also is a simple and honest farmer. Here, a question is raised: Why was she infected with HIV? She had her uterus cleansed and blood transfusion at the town hospital. It was supposed that she was infected with HIV virus since hospitalization.

### f. HIV transmission through mother-to-child route

It is learnt that in Mon State from the 15 % of children get the HIV disease, the reason is that those children were infected from its mother who did not know how to protect hers against infection. Another reason is that rural women rarely have deliveries at the hospitals rather than with traditional attendants. Also by this way, HIV virus infection befalls upon children.

Mon women have a traditional custom that in the first, second and third nights after delivery, other women in the village go to the house in which delivery has happened and feed the new-born infant on their breast-milk. It intends to be supportive to the mother of newborn child who cannot breast-feed her child within this period. This way of breast-feeding makes over 10 % of infection to the innocent children, said a medic.

The head of Health Department, NMSP said, in Mon State HIV virus is transmitting through variety of routes to women and children and transmission rate (incidence) is increasing day by day.

## III. HIV/AIDS education programs

In Burma, 'World Vision', 'Save the Children', and other NGOs are conducting HIV/AIDS education programme regarding the disease. These organizations distribute handouts about the HIV/AIDS spread on the great events held in the villages. Also how to use condom is taught. For the frail patients micronutrient supplementation is provided. HIV/AIDS educators in Burma include plays of HIV/AIDS education in the troupes and TV programmes.

The head of health department in NMSP said health providers of NMSP conducted HIV/AIDS education programs in Ye Upstream area, Southern and Northern Ye Township, and clinics provided by NMSP.

The disease is endemic in the Mon areas. On the other hand, it can be seen that the educating programs are not significantly effective because HIV/AIDS incidence (rate of infection) is increasing day by day. Whatsoever happens UNAIDS is making an attempt at its best to conduct education sessions associated with the epidemic. The only reason for why the education program is not effective is that the masses of people of continue to obstinately hold their traditional misconceptions.

Education sessions cannot be conducted on the village scale yet. Particularly, in the remote areas any health care worker has not been present. In those areas there are a lot of people living with HIV/AIDS.

Apart from inside Burma, there are many organizations providing HIV/AIDS education sessions in Thailand-Burma border to migrant workers and displaced persons in the communities. One of Thai NGO is conducting an education programs in the borderline areas of Three Pagoda Pass Township, where there was a main rote for migrant workers to migrate into Thailand.

One of health care providers from this organization said,



HIV/AIDS Education Signboard in Mon Language in Thailand



"We visit the patients and remedy their depression. We do understand that there is no medicine for curing this disease. But we never said to them that there is no cure for them and they will die soon. Only we said normally is that they will not die of this disease and people often die when they feel so frustrated that they cannot eat enough food and become malnutrition and so easily get diarrhea, TB and malaria that are difficult to cure; in fact they might die of these disease associated with HIV. We expect that by saying so they may feel comfort and live longer."

"As HIV/AIDS is a chronic illness that affects the livelihood of the patient's family, the HIV/AIDS prevention group provided the patients with the handicraft workshops in which the patients can do work for earnings".

A health educator said that they often visit their clients and make encouragement and sensitization workshops among them. The educators inside Burma are different from those outside. They have not an opportunity to closely provide consultation to their clients. On the other hand, most people living with the disease do not like other people to know about that they have been infected with the virus.

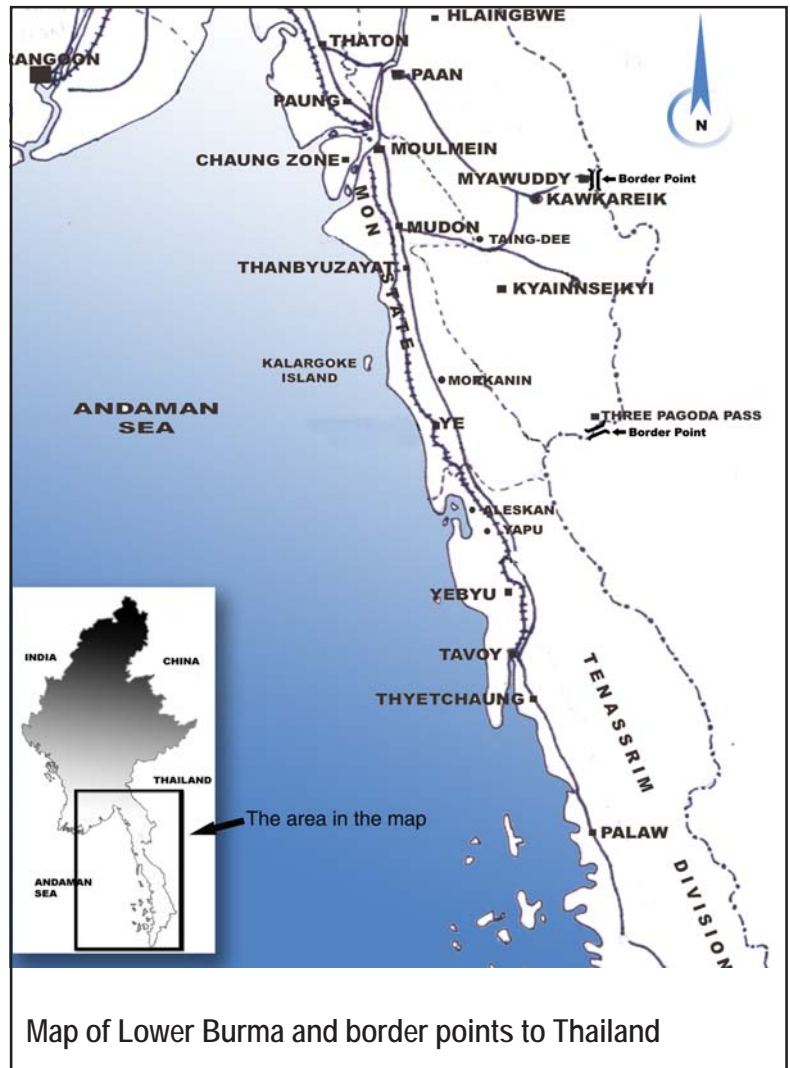
It is learnt that some HIV/AIDS responding organizations, so as to prevent virus transmission, provide even AZT and ARV medicines. These medicines are not only expensive but also easily cannot be bought by a village patient. At a meeting on HIV/AIDS held in Thailand, the Thai authorities pledged that they would take responsibility for easily purchasing these medicines with cheaper prices.

However, these medicines should be used the doctors and specifically trained for the purpose of HIV/AIDS intervention because using these medicines has disadvantages as well as advantages. These medicines can affect not only pregnant mothers as well as their babies, so should not taken by the patients themselves. It will be appropriate only if the medicines are taken in accordance with the instructions given by the doctors or medics. Some patients cannot be treated exclusively with these medicines. The patients have to take the medicine combined with other medicines. These antiviral drugs should be taken routinely. While health care services on the borderline provide these drugs, inside Burma such a provision cannot still be done.

However, a G-8 summit included in its statement that a worldwide program would be started for developing anti-HIV drugs.

#### IV. Community members attitude to people living with HIV/AIDS

It is founded that most people in Burma have very little empathy with those living with HIV/AIDS. This disease, in fact, is infectious only through sex, injection needle and breastfeeding. However, people do not deal with the infected ones and stay away from them. The head of health department in NMSP said the Mon people have very little knowledge of the disease. He continued that people should prevent themselves from the disease, as there is no medicine that cures this disease not only in Mon areas but also in the whole world.



In the rural areas, it is commonly seen that there are few people who take part in taking the body of people died of AIDS to the cemetery. Due to this phenomenon, people living with HIV/AIDS feel that they are rejected not only in the present life but also in the next existence and have depression, consequently they live shorter. Accordingly to a woman who infected from the disease explained that:

“I do not like to live among such a people who have little education and knowledge because they always dispraise me. They often say to me that because of my behavior that I was infected with this disease is not enough for me. Anyone does not ask me how I got this disease and how they should help me. Who can say any of their family members might not have this disease? How would I like to have such a horrible disease? I myself also am a health worker. So I always give hope to the infected people. I had got this disease from my husband. Before our marriage, he used narcotic drug and had sex with commercial sex women. We never had blood tests. It was found that I had HIV virus only when I had blood test to donate blood to a pregnant woman who needed blood in an emergency. Both my friends and parents encourage me. But I am extremely sad due to my surrounding people”.

“While surrounding people do not have empathy with people living with HIV/AIDS (PLWA), even doctors themselves have to rectify their dealing with their patients”, a health officer said.

Despite that some doctors educate their clients about the disease; there is an accusation that some kills their patients through injection. A villager of Kawkareik Township, Karen State in southern part of Burma said a woman from their village was hospitalized to a well known clinic in Moulmein and about 10 days after she came back home from the clinic died. Some people said she recently had return home working from Thailand and it was supposed that she had HIV virus due to having malaria and dark spots on her skin. However the doctor did not explain what disease she had got and gave medicines saying that she had to live for six months only and should stay at home. The villager continued that according to this happening, the patients no longer went to the clinics or hospitals and wait for their days of death.

Asked a doctor about the fact a doctor’s killing his/her patient, a doctor in Mon State explained,

“A doctor’s moral code prohibits doctors from killing their patients by injection. Doctors should those who helps their patients. If a patient can be made live a minute more, it really is a good result of their work. HIV/AIDS is a chronic disease only. Had even a patient who is infected with HIV and has reached the stage of AIDS a sound mind, he/she

### Women and HIV/ AIDS

#### (Excerpt from UNAIDS Report)

The latest UNAIDS estimate (December 2001) records 40 million persons living with HIV/AIDS in the world. The UNAIDS program has indemnified the four hardest hit countries in the Asian region, they are, in order of HIV prevalence India, Thailand, Burma (Myanmar), Cambodia. The UNAIDS estimate that approximately 440,000 out of Burma’s total population of 47 million are infected with HIV. Women and children are particularly affected by the disease. Women in some Asia region are getting HIV, the virus that causes AIDS, at a farter rate than men, according to one UN agency.

“Globally, women account for half of the 40 million people living with HIV/AIDS” said a spokesperson from ESGAP (Economic and social commission for Asia and Pacific). 561 of women in East. Asia region getting HIV/AIDS. There are many women in Burma who are infected with HIV as well. Women who suffer from HIV live in secret conditions and they don’t talk openly about it to other people. Even among the family, people don’t discuss about how to protect themselves from HIV in sexual relation, added by the spoken person.

According to UNAIDS Estimate HIV in 1994 and Risk group.	
Risk group	estimated HIV + in 1994
Total population:	350,000 + 450,000
Pregnant women:	175,000
Prostitutes working in Burma:	25%
Prostitutes returning from Thailand:	80%
Injecting drug users	60-70%

The SPDC has recently publicly acknowledged concern about HIV/AIDS and has publicly named the epidemic as one of the top there priority public health issues, along with malaria and tuberculosis (TB).

HIV/AIDS transmitted with Heroin, poverty, prostitution and ignorance a very big AIDS problem. However most of ethnic women getting HIV/AIDS. Because they are very poverty and don’t have acknowledge. Most Burmese are not aware how widespread HIV/AIDS is nor how to protect themselves. Condoms were outlawed until 1992 and usage remains very low. Most of ethnic women went to Thailand and they get HIV/AIDS.

Invitation for Feedback to Our Publication  
"The Plight"  
of Women and Children in Southern Burma

Dear Readers,

With objectives to monitor the situation of women and children in southern part of Burma and to empower them with the rights described in CEDAW and CRC, which are both ratified by the current military regime in Burma, our "Woman and Child Rights Project (Southern Burma)" came into existence since 2000.

Under this project, "The Plight" Newsletter is produced quarterly and this newsletter especially describe the general situation of women and children in Burma and how their human rights are violated by the ruling regime and its army.

In a plan to evaluate our publication, we wish to get the FEEDBACK of our readers. Hence, you can kindly send your feedback. If you know anyone who would like to receive the newsletter or if you wish to send your feedback, please feel free to contact the following mailing and e-mail address.

Woman and Child Rights Project  
P. O. Box 11, Ratchburana Post Office  
Bangkok, Thailand 10140  
E-mail: [wcrproject2003\\_2004@yahoo.com](mailto:wcrproject2003_2004@yahoo.com)  
Website: [www.rehmonnya.org](http://www.rehmonnya.org)

With regards,

Project Coordinator  
Woman and Child Rights Project - Southern Burma

can live for about 20 years beyond they have been infected. By encouraging their patients to Have nourishing foods, take a good rest, practice meditation, perform meritorious deeds etc. doctors can help live long."

Some doctors in Burma do not help their patients thus far. They give their patients direct explanation saying that the disease is disease and incurable. This leads the patient to have dead sentence. They have to wait for the time of death because they are discriminated among the community members. Not only the patients, but also their families and other related people are stigmatized. Should the patient is told at the hospital that he/she have that disease, at home they would be so frustrated that they would die for sure. Even if it were not be so, they would attempt suicide so as not to give trouble to their families.

If a doctor has to treat the patient for this disease, treatment procedure must be established carefully. There are many complexities of treatment procedure. PLWA are sensitive to malnutrition. In order for them not to be under malnutrition, they need to be provided with nutritious diets. Also they should be given moral support and treated friendly so that they would not be down hearted.

That doctor also added that:

"Also it is necessary to provide them independent accommodation. PLWA are chronically ill people. So they should be cared up to their old ages. Though it is not matter if there is only a few patients, the HIV/AIDS support groups should be found out if the number of patients becomes to increase. Then, health care providers would be needed. Also is needed to upgrade the spirit of the doctors and health workers including we and change our behavior towards the patients".

It is found that the treatments of surrounding people and doctors towards the patients much depend on the patients themselves.

Article 11 of Convention on  
the Elimination of all Forms  
of Discrimination Against  
Women

The right to protect of health and to  
safety in working condidations,  
including the safeguarding of the  
function of reproduction.

## Acronyms

<b>SPDC-</b>	State Peace and Development Council
<b>WCRP-</b>	Women and Child Rights Project
<b>IDPs-</b>	Internally Displaced Person
<b>NMSP-</b>	New Mon State Party
<b>KNU-</b>	Karen Nation Union
<b>NGOs-</b>	Non Government Organization
<b>GONGOS-</b>	Government Organized Non-Government Organizations
<b>PLWA-</b>	People Living with HIV/AIDS
<b>CEDAW-</b>	Convention on Elimination of All Forms of Discrimination against Women
<b>CRC-</b>	Convention on the Rights of the Child

## V. Conclusion and Recommendations

After intensive research and interviewing the people who have information on HIV/AIDS, we, Woman and Child Rights Project (WCRP) - Southern Burma finds that there is a serious epidemic of this disease among the general population in Mon areas and southern part of Burma, as a main result of the people have lack of knowledge on this disease.

It also finds that there is still a limited role by the international organizations - including the UN agencies and international AIDS prevention NGOs to get access up to the rural communities, where are economically weak and most people are migrating into Thailand and other neighboring countries for works, to provide education and knowledge on HIV/AIDS.

On the other hand, although SPDC formed many of its Government Organized NGOs - such as Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society, Union Solidarity and Development Association (USDA) and others, those organizations have not actively involved in educating the general population about the diseases and taking care the suffering patients. They has acted as 'propaganda tools' for the regime to the international community.

Reluctance of education and take care of the patients is always relating to the military regime's political will. More problematically, the regime has never tried to gather accurate information on this disease how it is seriously transmitting in the whole country. In order to have supports from the international community, the regime accepted some international

organizations to present in Burma and allowed the formation of national NGOs, but it does not give full mandate and permission to these organization to fully get access to all people round the countries and relieve their humanitarian crisis.

Therefore, WCRP - Southern Burma has some recommendations as below:

The international humanitarian agencies especially UN Agencies, to have intensive dialogue with SPDC on the HIV/AIDS issue in Burma to have a full mandate for access to all communities. The agencies should also need to include a process of conducting 'Assessment Survey' in their dialogue with the regime.

Ethnic nationalities' areas along Thailand-Burma border, China-Burma border, and the most vulnerable zones of HIV/AIDS epidemic due to the business relationship and population migration. The international humanitarian agencies, which focus on the education and prevention on HIV/AIDS should extend their programs up to these areas in order to cease the potential epidemic.

The international organizations which base in the country (or in Burma/Myanmar) should advocate the regime on the issue of sexual violations against the ethnic women by the regime's armed force and persuade the military leaders to investigate the violations. On the other hand, the international organizations should need to provide those women victims.

Sexual exploitation in brothel businesses against the young women is a root cause of HIV/AIDS epidemic. Therefore, the international humanitarian agencies and national NGOs must have a proper programme for the HIV/AIDS education/ prevention procedures among the sex workers.

**Women and Child Rights Project**  
P.O. Box 11,  
Ratchburana P.O  
Bangkok 10140,  
Thailand  
E-mail : <wcrproject2003\_2004@yahoo.com  
Website: <http://www.rehmonnya.org>

*of women and children in Burma*