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Gendered Epidemic:

Addressing the Specific Needs of Women Fighting HIV/AIDS in Cambodia

Anupama K. Menon†

INTRODUCTION

I looked at the beautiful quilt with its blue background covered in a diamond pattern made of purple, red, and yellow cloth. The name of the quilter was stitched onto the back: Sothea. I glanced around the sewing room and saw Sothea designing her newest quilt and chatting to her co-worker while cutting colorful swathes of material into squares. Sothea was quilting as a member of Seedling of Hope, an income-generating project for people with HIV/AIDS sponsored by the Mary Knolls. The group made spectacular quilts which were sold around the world. The profits were reinvested into their lives, providing salary, medical treatment, medication for themselves and any immediate family members with HIV/AIDS, substantial food rations for each family member, and schooling and support for their children. They also had a strong community; they supported each other in dealing with the issues they faced because of their health and societal stigma surrounding the disease. Many members of Sothea’s cohort were not working anymore. They were sick at home and worsening every day due to the ravages of AIDS. Some had no one to take care of them at home; some came to die in the Mary Knolls hospice located behind the quilting project. The day before I went to the organization, the group had attended the funeral of a former coworker. The sorrow showed on their faces, despite their best efforts. What would happen to these women, their children, and family members? When would the inevitable happen to Sothea?

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The HIV/AIDS epidemic has had a destabilizing effect on many countries, especially in the developing world.\textsuperscript{1} With an estimated 2.8% of the general populace infected, Cambodia suffers from the highest HIV/AIDS prevalence rate in East Asia.\textsuperscript{2} Tragically, more than 22,000 Cambodians are expected to develop AIDS by the end of 2002, with 200,000 more cases anticipated in the next decade.\textsuperscript{3}

Countries weakened by conflict, poverty, and social upheaval are extremely vulnerable to devastation by HIV/AIDS.\textsuperscript{4} Cambodia, with its chaotic political history, is an example of such a country.\textsuperscript{5} In 1975, Communist Khmer Rouge forces captured the capital, Phnom Penh, ordering the evacuation of all cities and towns.\textsuperscript{6} Of the displaced Cambodians, over one million people died from execution or as a result of forced labor.\textsuperscript{7} In 1978, the Vietnamese drove the Khmer Rouge into the countryside, sparking thirteen years of civil strife and conflict.\textsuperscript{8} The United Nations sponsored elections in 1993 placated this violence, helping Cambodia restore some semblance of normalcy.\textsuperscript{9} A coalition government brought increased political stability to the country and has allowed Cambodia to address its social problems, the most grave being HIV/AIDS.\textsuperscript{10}

In November 2002, the United Nations announced that for the first time, women account for almost half of all adults worldwide with HIV and AIDS.\textsuperscript{11} Cambodia has a total population of 11.4 million, of which 51.78% are women.\textsuperscript{12} In 1999, out of 210,000 adults diagnosed with HIV in Cambodia, 71,000 were women.\textsuperscript{13}

In response to this crisis, the Cambodian government has mounted an effective campaign to counter the spread of HIV/AIDS. The government’s efforts manifested in legislation entitled “Prevention and Control of HIV/AIDS” [PCHA], which was enacted by the Cambodian National Assembly on June 14,
2002, and approved by the Senate on July 10, 2002.\(^{14}\) To ensure its efficacy, the Cambodian government is currently investigating the most effective means of implementing PCHA.\(^{15}\) In doing so, the Government must recognize and address the crucial role that Cambodian women play in both perpetuating and preventing this crisis.\(^{16}\) This Recent Development is divided into five areas of concern that the Cambodian government should address when implementing PCHA. Section I addresses Cambodian cultural norms that weaken women’s social ability to combat HIV/AIDS transmission. Section II, using mother-to-child transmission (MTCT) of HIV as an example, shows the importance of catering health care services to meet the specific needs of Cambodian women with HIV/AIDS. Section III addresses the lack of social welfare and education programs for women in Cambodia, and recognizes the negative implications this has for women and the HIV/AIDS epidemic. Section IV identifies the inadequacies of current HIV education programs and recommends improvements that cater to the distinct needs of Cambodian women. Lastly, Section V focuses on another major predicament for Cambodians—human trafficking—and urges the government to recognize its connection to the HIV/AIDS crisis and take appropriate preventative measures.

I. CAMBODIAN CULTURAL RESTRAINTS AND HIV/AIDS PREVENTION

In implementing PCHA, the Cambodian government first must recognize that Cambodian cultural constraints hinder efforts to actively prevent HIV transmission to women. The United Nations states that individual behavior patterns are determined by social context; groups that do not have a range of choices in a given social context are vulnerable to epidemics such as HIV/AIDS.\(^{17}\) Cambodian women fit the United Nations’ description well. Cambodian culture prescribes subordinate roles for women in society, emphasized by their financial dependence on male family members.\(^{18}\) Consequently, the Cambodian woman’s inability to alter her societal position increases her risk of ex-

\(^{14}\) The unofficial English translation of the July 2002 law is used for this gender analysis. Any language discrepancies and typos are maintained in this piece. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), Approval Number NS/RKM/0702/015, (Dr. Sok Bunna, trans.) Translation available from: THE POLICY PROJECT, PO Box 1573, Phnom Penh, (Post Wat Phnom) Cambodia [hereinafter Cambodian Law on the Prevention and Control of HIV/AIDS].

\(^{15}\) Since the legislation was only officially made law in July 2002, plans for implementation were still in progress at the time this article was written. Therefore, there is no mention of specific government initiatives related to the law.

\(^{16}\) The Ministry of Women’s and Veterans’ Affairs (“MWVA”) is responsible for creating an action plan for the prevention of HIV/AIDS and the protection of Cambodian girls and women from contracting the disease. MINISTRY OF PLANNING, supra note 2, at 38.

\(^{17}\) Id. at 34.

periencing abuse such as domestic violence and rape. These social ills, permitted by society, can increase women’s vulnerability to HIV transmission.

In addition, the Cambodian government must recognize that Cambodian cultural norms place a dual social burden on women who contract the disease. Cambodian culture prescribes that women care for not only for themselves, but also for the sick, elderly, and young. This effectively complicates the dilemma women face: not only do they require assistance in managing their own illness, but also in fulfilling their familial obligations. Therefore, any programs relating to women and HIV/AIDS must take women’s positions and Cambodian societal constraints into account.

II. HOW THE HEALTHCARE SYSTEM FAILS CAMBODIAN WOMEN WITH HIV/AIDS

The Cambodian government must recognize that any legitimate effort to decrease the prevalence of HIV/AIDS must cater healthcare services to meet the specific needs of Cambodian women. Presently, through the PCHA legislation, the Cambodian government has attempted to protect and improve the health of Cambodian women with HIV/AIDS by offering free primary health care.

Mother-to-child transmission of HIV/AIDS is a case in point. In Cambodia, HIV is transmitted mainly through heterosexual intercourse. Mother-to-child transmission of HIV during pregnancy, delivery, or breastfeeding is another leading cause. The male partners, who mainly contract the disease from high-risk groups such as commercial sex workers, pass the HIV to the mothers who, in turn, pass it on to their children during birth. Exacerbating this problem is the difficulty that Cambodian women have in obtaining treatment for sexually-transmitted infections. Heightened attention must consequently be paid to women’s health when implementing policies to combat the transmission of HIV.

19. MINISTRY OF PLANNING, supra note 2, at 10.
20. Id.
21. MINISTRY OF WOMEN’S AND VETERANS’ AFFAIRS, supra note 18, at 10.
22. Id.
23. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), supra note 14, at art. 26. “The State shall ensure that all persons with HIV/AIDS shall receive primary health care services free of charge in all public health networks, and encourage the participation from the private sector.” Id. I am using primary healthcare to mean outpatient services. Inpatient hospital services are not included.
25. Posting of Marge Berer, gender-aids@healthdev.net, to fyong@ksc.th.com (July 4, 2002) (copy on file with author). Most research on intervention focuses on preventing mother-to-child transmission during delivery, so I have focused on it in this Recent Development.
A. Mother-to-Child Transmission: Exemplifying the Need to Broaden Medical Services

Article 26 of the PCHA asserts that primary health care services should be provided for Cambodian women with HIV/AIDS.27 However, because mother-to-child transmission (MTCT) of HIV is one central cause of HIV transmission in Cambodia, women require improved care in hospitals during labor and delivery as well, treatment which is not available under current primary care services.

Most often, mother-to-child transmission occurs during labor and delivery.28 The use of antiretroviral therapy29 given to both mother and child during delivery and after birth is a national strategy, approved by the United Nations, for preventing mother-to-child transmission.30 This therapy, often complex and costly, may require in-patient hospital care services. PCHA’s current allocation of free primary care does not cover these costs. Accordingly, the Cambodian government must cater to these important needs by increasing the availability of expanded services like antiretroviral therapy.

The government must also recognize that only about ten percent of women give birth in a health facility, thus making free health care not pertinent for the majority of Cambodian women.31 Rather, the majority of women use traditional birthing attendants (TBAs).32 The majority of TBAs are not trained in HIV/AIDS prevention and care and the use of antiretroviral therapy.33 This puts their clients at risk during delivery and can be ineffective in curbing MTCT.34 While PCHA addresses this issue of educating all members of the health care community in HIV/AIDS prevention and care,35 specific attention must be given to training TBAs in methods of preventing MTCT in order to reach a wider community of Cambodian women. The MTCT case exemplifies the need to expand health care services for women with HIV/AIDS. These interventions

29. Antiretroviral therapy inhibits HIV from becoming AIDS. Antiretroviral drugs work by reducing the viral load in the mother, so that less is transmitted to the child, and by preventing the virus from fixating itself in the child. Antiretroviral drugs reduce the risk of HIV transmission when started before and during delivery, and also if given within 48 hours after delivery. Id. at 6-7.
31. MINISTRY OF PLANNING, supra note 2, at 41.
32. Public hospitals are too expensive for many Cambodians. Id. at 53.
33. MINISTRY OF WOMEN’S AND VETERANS’ AFFAIRS, supra note 18, at 10.
34. Id.
35. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), supra note 14, at art. 4. “The state shall ensure that HIV/AIDS education shall form part of the delivery of health services through health care workers and personnel. Knowledge and capability of these health care workers and personnel shall be enhanced through additional trainings to include skills for proper information dissemination and education on HIV/AIDS.”
should be part of a response to HIV/AIDS that both recognizes and reacts to the unique dilemmas facing HIV-positive mothers.

III. SOCIAL SAFETY NETS AND EDUCATION: EMPOWERING THE EFFORT TO PREVENT HIV TRANSMISSION

The HIV/AIDS epidemic is on the brink of creating social instability in developing countries, especially as the percentage of women carrying the disease increases significantly. Presently, Cambodia lacks any social safety nets to support women either infected with or affected by HIV. Such social safety nets include welfare programs, vocational training, home care, and safe, well-funded orphanages. The lack of social safety nets has profound implications for Cambodian women and girls. Women and girls bear the brunt of the economic effects of HIV/AIDS in impoverished communities, for when social services collapse, females provide substitute services for the ill. In essence, Cambodian women compensate for the lack of social services, and as a result, suffer consequences that increase their chances of contracting HIV. Additionally, because women usually manage the care for other family members, the absence created by AIDS-related deaths leaves a deep void in care-taking and physical and emotional support, and may deeply affect future generations. Ensuring the social welfare of women both infected with and affected by the disease is paramount to preventing both the transmission of HIV and social problems in the next generation.

A. Lack of Education: An Avoidable Roadblock

Since women compensate for the lack of social services in Cambodia, they are often forced to drop out of school. This severely limits the level of education they receive. As a result, these women are more likely to take lower-paying, unskilled work, such as commercial sex work. Since commercial sex workers are a high-risk group for HIV/AIDS, these girls become caught in a vicious cycle that contributes to the prevalence of HIV/AIDS infection in Cambodia. The implementation of social safety nets for Cambodian women with HIV/AIDS addresses the HIV/AIDS crisis by increasing women's access to education and

37. I am grateful to Motoko Seko, United Nations Development Program, for making this observation.
39. MINISTRY OF WOMEN'S AND VETERANS' AFFAIRS, supra note 18, at 5.
40. E-mail from Motoko Seko, United Nations Development Program, to Misha Coleman, Resident Advisor, The POLICY Project (July 10, 2002) (on file with author).
41. Id.
42. MINISTRY OF PLANNING, supra note 2, at 45.
economic opportunity that, in turn, will decrease the likelihood that women will resort to high-risk activities such as commercial sex work. Under the auspices of the “multi-sectoral approach” advocated by the PCHA,\(^\text{43}\) social programs can be created which, for example, have the potential to prevent the female child from leaving school at an early age, an act which normally reduces her educational and economic opportunities in the future.\(^\text{44}\) Social programs could include scholarships, informal education, and vocational training for young women who are not part of traditional school systems.\(^\text{45}\) The cost of these social safety nets is considerable, but pales in comparison to the future health care and socio-economic costs created by AIDS orphans, widows, and families falling into poverty after the main breadwinners have passed away from AIDS.\(^\text{46}\)

**B. Vocational Training Should Be Expanded to Empower Women Economically**

Most Cambodian women and girls have little or no education, and this may restrict their opportunities to improve their standard of living.\(^\text{47}\) Article 28 of the PCHA promotes vocational training for Cambodian women.\(^\text{48}\) However, cultural and religious beliefs perpetuating gender discrimination and subordination may push the government to focus on training for men alone.\(^\text{49}\)

The primary breadwinners for the family, regardless of their gender, need to receive the vocational training specified in the PCHA. If women have partners who have HIV/AIDS and cannot work, then the women should have access to this training, so that they can support their families. One-third of Cambodian women are the heads of household,\(^\text{50}\) and thus, vocational training is essential for survival.

Vocational training and general education may help Cambodian women gain economic independence, leading to the possible reduction of the spread of HIV/AIDS.\(^\text{51}\) When women have the economic independence to choose the

43. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), *supra* note 14, at art. 2. “AIDS is a communicable disease caused by the HIV virus, which is recognized as having spread no territorial, social, political, and economic boundaries, and there is no known cure. The epidemic has serious impact on social security, stability, and socio-economic development; which requires a multi-sectoral response to be undertaken by the State . . .”
44. Email from Motoko Seko, *supra* note 40.
45. *Id.*
46. *Id.*
47. MINISTRY OF WOMEN’S AND VETERANS’ AFFAIRS, *supra* note 18, at 7.
48. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), *supra* note 14, at art. 28. “The state shall pay attention to provide the vocational training for livelihood and self-help program to the persons with HIV/AIDS. Persons infected with HIV/AIDS shall have right of full participation in any the vocational training for livelihood and self-help programmes.”
49. MINISTRY OF WOMEN’S AND VETERANS’ AFFAIRS, *supra* note 18, at 7.
50. *Id.* at 7-8.
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terms on which they engage in sexual relationships, whether inside or outside of marriage, they can reduce their vulnerability not only to HIV/AIDS, but also to sexually transmitted infections, unwanted pregnancies, and other reproductive health issues. 52

IV. ADDRESSING THE IMPACT OF HIV EDUCATION

Low education levels, combined with cultural norms that discourage Cambodian women from becoming knowledgeable about sexuality and modes of negotiating safe sex, work together to restrict the amount of HIV/AIDS education Cambodian women receive. 53 Consequently, ignorance about the modes of HIV and STI transmission increases the likelihood of women and girls contracting the virus. 54 Increased knowledge about the disease will empower women to make informed choices when making decisions concerning their health and medical procedures—decisions which could otherwise lead to increased risk of HIV transmission. 55

A. Sex Education Must Reach Girls While They Are Still Attending School

The generally low level of education among Cambodian women 56 decreases their access to information about both the causes and means of preventing HIV/AIDS, thereby increasing their vulnerability to the disease. 57 PCHA Article 3 addresses HIV/AIDS education in schools, but when implementing the legislation, the problem of a lack of female participation in the school system in general must be considered. 58

Until age twelve, the number of male and female students attending Cambodian schools increases proportionally. 59 After age twelve, however, the female enrollment rate drops far more rapidly than the male enrollment rate and continues to drop steeply until age eighteen. 60 Research shows that, in general, a

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52. Id.
53. MINISTRY OF WOMEN'S AND VETERANS' AFFAIRS, supra note 18, at 8.
54. Id. at 9.
55. For example, pregnancy puts women infected with HIV/AIDS at a greater risk of spontaneous abortions and stillbirths. This, in addition to concerns about mother-to-child transmission, may make women with HIV consider whether or not to have an abortion. Id.
56. MINISTRY OF PLANNING, supra note 2, at 30.
57. "It is apparent that an educated person has more resources and is, therefore, more able to benefit from HIV prevention campaigns, and will have more opportunities to modify his/her behavior." Id. at 37.
58. Cambodian Law on the Prevention and Control of HIV/AIDS (July 2002), supra note 14, at art. 3. "The State shall encourage some practices as hereunder: (1) Integrate the knowledge on HIV/AIDS in subjects taught in schools. This subject shall include the causes, modes of transmission, means of prevention, consequences of the HIV/AIDS and fact about STDs".
59. MINISTRY OF PLANNING, supra note 2, at 31.
60. Male 75.9% to 75.7%, female 72.4% to 69.42%. MINISTRY OF PLANNING, supra note 2, at 30.
woman's risk of contracting HIV rises as her age at the time of her first sexual encounter decreases.\textsuperscript{61} Since sex education, including information on HIV/AIDS transmission, is not offered during the early years when most girls attend school, girls remain ignorant about their sexual health and about the prevention of HIV/AIDS.\textsuperscript{62} Gender inequalities in education augment the spread of the epidemic, reducing women's ability to protect themselves from HIV/AIDS.\textsuperscript{63} In devising ways to implement the PCHA, the Cambodian government should advocate for girls to receive sex education before the majority are likely to drop out of school.

\textbf{B. Target Young Men in HIV/AIDS Education Campaigns}

When implementing PCHA, improved sex education programs covering HIV/AIDS and gender issues must be created for Cambodian boys. Culturally, men have more control in sexual relationships and also are the main transmitters of HIV/AIDS to lower-risk groups.\textsuperscript{64} Women should not bear the full burden of preventing the spread of HIV/AIDS, especially when their social position may prevent them from having equal negotiating power in their sexual relationships.

\textbf{V. HUMAN TRAFFICKING AND THE PREVENTION OF HIV/AIDS}

Cambodia is a place of both origin and transit for trafficked women, as Cambodian women are trafficked into Vietnam, Thailand, Malaysia, and Hong Kong, and Chinese women are trafficked through Cambodia to the United States and Europe.\textsuperscript{65} Cambodia is estimated to have between 50,000 and 55,000 commercial sex workers.\textsuperscript{66} 31.1\% of commercial sex workers\textsuperscript{67} are HIV positive.\textsuperscript{68} This predominantly female population is labeled a core group in the transmission of the disease to other populations.\textsuperscript{69} In response to this problem, the Cambodian government passed the "Law on Suppression of Kidnapping and Traffick-

\begin{footnotesize}
\begin{itemize}
\item[61.] Smith & Cohen, supra note 51.
\item[62.] MINISTRY OF WOMEN'S AND VETERANS' AFFAIRS, supra note 18, at 8.
\item[63.] \textit{Id.}
\item[64.] MINISTRY OF WOMEN’S AND VETERANS’ AFFAIRS, supra note 18, at 7.
\item[66.] \textit{Id.} at 97.
\item[67.] MINISTRY OF PLANNING, supra note 2, at 42.
\item[68.] Not all commercial sex workers are victims of trafficking. I use the terms interchangeably here because the numbers are not clear, but over forty percent of commercial sex workers are from other countries, and large numbers of Cambodian women are transported out for sex work internationally. THE PROTECTION PROJECT, supra note 65, at 97.
\item[69.] MINISTRY OF PLANNING defines the core group as a highly vulnerable set of individuals characterized by high rates of partner change, long duration of sexually transmitted disease infection, and highly effective transmission of the infection per exposure. MINISTRY OF PLANNING, supra note 2, at 44-45.
\end{itemize}
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Resolution of the human trafficking issue is vital to curbing the spread of the HIV/AIDS epidemic from female commercial sex workers to the female partners of their male clientele. Trafficking can increase the spread of HIV/AIDS by increasing the movement of migrant, high-risk populations into and out of countries. As women with HIV/AIDS enter the country, they risk spreading the disease to Cambodians and vice-versa.

By preventing human trafficking, the Cambodian government will concomitantly reduce the spread of HIV/AIDS among both female and male populations. In fact, the June 2002 draft version of the PCHA made specific mention of trafficking as a factor that needs to be eliminated in order to stop the spread of HIV/AIDS. The official PCHA now only states that the Ministry of Tourism must offer information on the scope of the HIV/AIDS epidemic in Cambodia at all international ports of entry and exit from the country. However, clear links must be made between the spread of HIV/AIDS and human trafficking. Information on the connection between trafficking and the spread of HIV/AIDS and on punishments for trafficking should also be clearly stated in any Ministry of Tourism materials produced under the PCHA. Since Cambodia is a popular destination for sex tourism, the Ministry of Tourism should attempt to reduce the number of commercial sex workers trafficked into Cambodia from other countries and to prevent traffickers from taking Cambodian women outside of the country for sex work. This will significantly help reduce the spread of HIV while simultaneously protecting female victims of trafficking internationally.

**CONCLUSION**

The empowerment of girls and women in the fight against HIV/AIDS is a major step towards reducing the HIV/AIDS epidemic in Cambodian society and helping to bring about greater socio-economic development in the region. The

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70. The Law on Suppression of Kidnapping and Trafficking/Sale of Human Persons and Exploitation of Human Persons (January 1996) (Cambodia), *in COUNCIL FOR THE DEVELOPMENT OF CAMBODIA, COMPENDIUM OF CAMBODIAN LAWS*, (1st ed. 1995). Also available from Gender and Development for Cambodia, #4, St. 294, Sangkat Tonle Bassac Khan Chamcarmon, Phnom Penh, Cambodia P.O. Box 2684. I refer to this law as the "anti-trafficking law" in this paper.


72. Cambodian Law on the Prevention and Control of HIV/AIDS (June 2002), art. 2.4, (Dr. Sok Bunna, trans., National Aids Authority). *Translation available at: THE POLICY PROJECT, PO Box 1573 Phnom Penh, (Post Wat Phnom).* “The State shall take into consideration, and seek appropriate measures to eradicate all those factors, which aggravate the spread of HIV/AIDS infection, especially... human trafficking, prostitution... and population movements.” While Article 2.4 of the June 2002 draft made specific mention of human trafficking, the July 2002 version eliminated this reference.

73. *Id.* at art. 7. “The State shall develop IEC materials on HIV/AIDS for tourist, and travelers in transit at the international port of entry and exit. These IEC materials shall be printed in Khmer and in other languages as necessary.”

74. THE PROTECTION PROJECT, *supra* note 65, at 98.
Cambodian government has gained significant ground in the fight against the disease, especially through the passage of the PCHA. Yet strong positive implementation measures still must be created to ensure that this goal is accomplished.

Like the governments of many developing countries, the Cambodian government is concerned with large-scale social, political, and economic problems, but has limited monetary resources to tackle them. Thus, investing money to address the number of issues exacerbating HIV/AIDS transmission may not be seen as viable. For example, how can the government advocate for increased primary and secondary health care for females affected by HIV/AIDS when ninety-seven percent of the Cambodian population does not have HIV/AIDS and primary health care is not readily accessible to them in general?

Though issues of implementation are complex, the Cambodian government can continue to make a profound impact on the epidemic by encouraging the creation of a policy environment that links gender and HIV/AIDS issues. Detailing the need for fundamental changes to major social balances, such as the gender imbalance, will involve changes to all sectors of society and cannot be delved into without considering the full implications of each change at all levels of society. As a high risk group in terms of carrying and transmitting the disease to various sectors of the population, women must be at the forefront of implementation measures. Social factors, such as cultural constraints on sex education, combined with cultural norms of subordination and disempowerment of women exacerbate the biological transmission of the disease. HIV/AIDS is a gender-based pandemic, which can only be slowed down through cultural, social and behavioral changes of both men and women in all aspects of Cambodian society.

The societal implications of increasing numbers of women becoming infected with the disease are far-reaching and, taken as a whole, can significantly hinder Cambodian social development. The Cambodian government has already made great strides in reducing the level of HIV/AIDS in its country. Implementing gender specific measures for fighting the epidemic, such as those enumerated in this article, will significantly assist the government in their fight against this HIV/AIDS crisis in Cambodia.

75. The GDP of Cambodia is $18.7 billion, in contrast to its neighbor Thailand with $410 billion. WORLD FACTBOOK 2002, supra note 6.
76. See, e.g., E-mail from Motoko Seko, supra note 40, at 9.
77. MINISTRY OF PLANNING, supra note 2, at 83.
78. MINISTRY OF WOMEN'S AND VETERANS' AFFAIRS, supra note 18, at 6.