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Voices From Boten

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in and around a Special Economic Zone in Laos**



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Voices from Boten

Sexual risk and social judgement in and around a special economic zone in Laos

Souvanxay PHETCHANPHENG and Pascale HANCART PETITET

Urban migration in Laos, particularly among young people, is largely driven by the need to escape poverty and the desire for a different lifestyle. Previous research has shown that rural-urban migration offers both economic opportunities and heightened sexual risks. The link between rural-to-urban migration and exposure to sexual risks is well documented (Hancart Petitet and Phetchanpheng 2022, 2024; Sychareun *et al.* 2016; Lyttleton and Vorabouth 2011; Lyttleton 2004). The shift from subsistence farming to a cash-based economy, combined with infrastructure development and increased youth mobility, has left young women and men more vulnerable to HIV, Sexually Transmitted Infections and unintended pregnancies (Sychareun *et al.* 2021; Lyttleton and Vorabouth 2011; Doussantousse *et al.* 2011). Yet little attention has been paid to sedentary populations inhabiting regions marked by significant migratory movements.

Through ethnographic research in the Boten area, bordering China conducted with health workers, truck drivers, construction workers, sex workers, merchants, local authorities, and secondary school students our findings highlight a critical issue: sexual risk behaviours and vulnerabilities are not limited to young people involved in the entertainment and sex work industries, but also extend to local secondary school students living near the Special Economic Zone (SEZ).

Our main hypothesis is that the establishment of the SEZ has fostered an environment where sexual behaviours among local youth have become increasingly risky, yet these dangers are often overlooked. Both local and international stakeholders tend to focus on the sexual health risks of the local ethnic group called Khmu sex workers, whose stigmatization distracts from the broader dangers faced by the local youth of this group. The stigma attached to sex workers, particularly those from marginalized ethnic groups such as the Khmu, reinforces a broader social narrative that overlooks other at-risk populations. This includes secondary school students, both girls and boys aged 15-18, from Tai Lue, Lao and Khmu ethnic groups. In regions like Boten, transborder and ethnic group migratory movements not only affect those who leave but also reshape the lives of those who stay.

This article explores two central questions: First, how does rapid local transformation within Special Economic Zones (SEZs) expose vulnerable groups—both migrants and local residents—to shifting social norms and heightened risks? Second, in what ways are the interactions between migrant and sedentary populations historically and socially constructed, giving rise to shared spaces where economic activities such as sex work and health vulnerabilities—particularly the transmission of sexually transmitted infections—intersect? Before delving into the methodological framework of our study, it is essential to first present contextual details regarding the setting of our research conducted during various periods in 2022 and 2023.



Figure 1 – Map of the Huay Xay to Boten road or Route 3
 Source: Ministry of Communication, Transportation, Post and Construction 2002

Boten Golden city and the Special Economic Zone

Located in Luang Namtha province, Boten city lies on the border with China and since the 1990s has been an official border crossing between the two countries. In 2003, the area was designated a Special Economic Zone (SEZ) and the Lao government signed a 30-year lease on 1,640 hectares of land with a Chinese developer (DiCarlo 2022; Mottet 2019). This area was named Boten Golden city and is connected by the road R3E to the Golden Triangle, in the province of Bokeo—at the point where Laos meets Burma and Thailand.

Mottet (2019) notes that, alongside resource-driven development, the Laotian government has promoted casino-centre centred growth to attract foreign capital, as gambling is prohibited for Laotian citizens. Over the past two decades, four casinos—three located in cross-border special economic zones (SEZs) with China (Boten SEZ), Thailand (Savan Vegas/Savan-Sepon SEZ), and Thailand–Myanmar (Kings Roman Casino/Golden Triangle SEZ)—were established to stimulate tourism and foreign direct investment. This strategy is facing significant setbacks that threaten its viability and damage Laos’ international reputation, particularly in China and the United States.

As noted by Pholsena and Rathie (2012), the Boten Special Economic Zone, known as “Golden Boten City”—a 30-year land concession (renewable twice) covering 1,640 hectares experienced serious difficulties in 2011. Far from the modern facilities promised in the advertising brochures, “Golden Boten City” has turned into a kind of quasi-lawless enclave. The sordid stories circulating about it eventually convinced the Chinese Ministry of Foreign Affairs to issue a warning in March 2011 advising its citizens not to travel to Boten. The situation continued to deteriorate to the point where today this tourist complex has become a deserted place due to the loss of customers, but also the departure of many (Chinese) traders discouraged by the poor social and economic climate.



Figure 2 – Map of Boten-Nateuy area
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In 2018, the U.S. Treasury designated Zhao Wei, owner of the Kings Roman Casino, as the leader of a major transnational criminal organization operating out of the Golden Triangle SEZ. The site was described as a hub for illicit activities—including human trafficking, child sexual exploitation, drug trafficking, and wildlife trafficking—and as a distribution and money-laundering centre for narcotics linked to the United Wa State Army in Myanmar. Consequently, U.S. sanctions froze the U.S.-based assets of Zhao Wei’s network and prohibited U.S. individuals or firms from conducting business with Kings Romans International Co. Ltd., whose affiliated entities are registered in Hong Kong and Thailand (Mottet 2019).

However, another special zone has already replaced Boten in terms of economic attractiveness. It is located in the district of Tonpheung (Bokeo province on the Lao-Thai border) and has been developed in a similar way by Chinese investors.

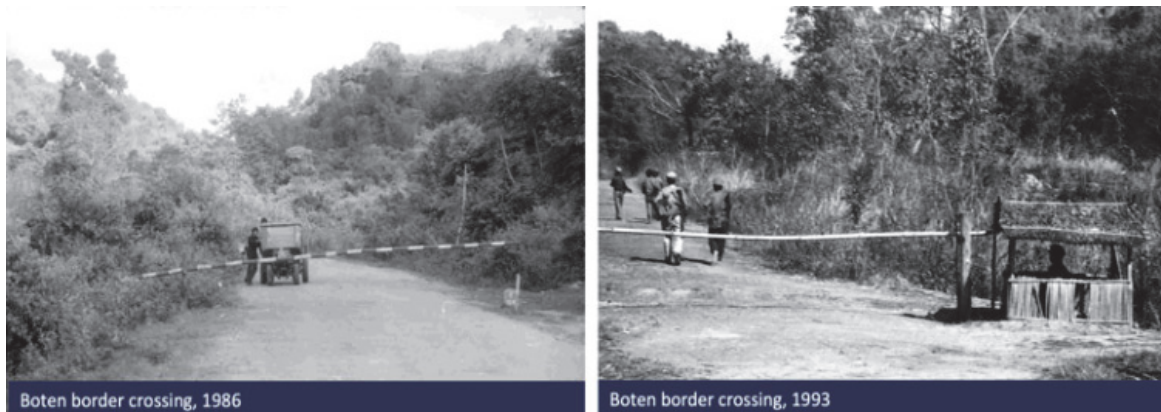


Figure 3 – The border gate at Boten before 2003
Source: Historical archives, Vientiane, Laos



Figure 4a – The border gate at Boten in 2022

Photo from the authors



Figure 4b – Boten SEZ in 2022

Photo from the authors

This part of Northern Laos has been for years the field of various rapid social changes, especially due to the proximity with China Border (Bouté 2011). The casino activities also contributed to the emergence of various traffic and sex works (Tan 2014). The commercial market is largely dominated by the Chinese, and local people have a minimal commercial role. People living within the SEZ are involved in zone construction and development or casual labourers, or they run small shops, restaurants, hotels, karaoke bars, and massage parlours. Through their transnational networks, Chinese entrepreneurs are the main ones profiting from the economic opportunities offered by the North-South Corridor linking Kunming (Yunnan, China) to Bangkok (Tan 2014; Rowedder 2020; Luzzu 2024; Mottet 2019). In 2011, several cases of torture, blackmail and crimes were reported by Chinese TV reporters (*ibid*). Under pressure from Chinese authorities, the casino finally had to close its doors in April 2011. Since then, traders and sex workers have deserted Golden Boten city to join the new casino located in Tonpheung. In 2011, the closing of the casino by the Chinese government came to change drastically the settings again. Boten became a new location for Chinese entrepreneurs in the



Figure 4c: Boten SEZ in 2022
Photo from the authors

field of transportation, logistics, and real estate. This has brought people in the area, and somehow various opportunities for Laotian young people around who are working for those companies. While some residents continue to farm in the area, many—particularly among the youth—migrate to Boten in search of higher-wage employment. These social transformations have brought certain benefits to those able to participate in emerging economic opportunities. However, for others, life has become increasingly difficult, particularly in the Boten-Nateuy area (see Figure 2), where restricted access to natural resources has undermined traditional subsistence livelihoods.



Figure 5. Model: Development plan for SEZ Boten 2030. Boten Specific Economic Development Zone Office
Photo from the authors



Figure 6: A nearby village located 15 minutes' drive from Boten city

Photo from the authors

Methodology

Although both authors have conducted research on migration and associated risks for many years, the findings presented in this paper are drawn from a specific ethnographic investigation carried out in December 2022 in Boten area. The study took place along the road between Nateuy and Boten city (see figure 2), which corresponds to a section of 18 km and which is part of the Chinese funded section of the Huai Xay-Boten road (see figure 1).

The data collection was carried out by junior researchers¹ under the supervision of senior researchers from the Institut de Recherche pour le Développement (IRD). The research was implemented in collaboration with the University of Health Sciences (UHS), the Lao Public Health Institute (LaoTPHI), the Faculty of Social Sciences at the National University of Laos, the Education Consulting Center (ECC). For this paper we mobilize the data obtained after having conducted 15 formal and informal interviews in Lao language, one focus group discussion, and observations with people living between Nateuy, where the new train station was built in 2021, and in Boten City itself. We discussed with truck drivers, construction workers, sex workers, guesthouse owners, local authorities, adolescents out-of-school, and high school students. The interviews were conducted in the workplaces of these actors such as sex shops, the market, the beauty salon, restaurants, bars, high schools, and hotels. Informants were purposively selected based on the objectives of the research, with the support of University of Health Sciences and its networks, including the Provincial and District Offices of Health (PoH, DoH) and health centres, which facilitated access to village authorities, health workers, villagers, and students. However, reaching sex workers, truck drivers, and other mobile or marginalized groups required additional strategies due to their limited availability and concerns about stigma. To overcome these challenges, the research team conducted daily observations in bars and restaurants over the course of a week, engaging in informal nighttime interactions to build trust prior to formal interviews. Snowball sampling method was also employed to broaden the range of participants, especially among hard-to-reach groups.

Our exploration of migration dynamics in the Boten-Nateuy area begins with an overview of the region's original inhabitants. It then traces the arrival of Chinese migrants and the movement of young Khmu women

¹ Leeyay Sayaxang, Khammanh Simalivong, Chandavieng Phimmavong, Kethmany Chanthakoummane, Somphone Soukhavong, Bounmy Keomanivong.

from Luang Prabang province into the area. The analysis further considers the migration of Lao from Boten-Nateuy to the Golden Triangle Special Economic Zone in Tonpheung District, with a focus on adolescents engaging in high-risk sexual behaviours. Finally, the paper explores how this migration patterns intersect with the social stigmatization of sex workers, highlighting the ways in which ethnic differentiation shapes the daily lives and vulnerabilities of young female migrants



Figure 7 – Beer restaurant under the new railway in Boten village

Photo from the authors

Migration dynamics among the general population

Rural mobility, regional integration, and the social and health impacts of development

Rural mobility in Laos is largely influenced by an integration policy that seeks to consolidate multiple villages in the plains into larger administrative units. As a result, newcomers often do not have access to the most fertile lands, and in some districts, agricultural land is no longer available, compelling migrants to relocate to other districts or provinces (Phouxay 2010; Schlemmer, 2017). Additionally, urban economic growth has further driven these movements. National economic policies have created regions of economic appeal, while the underdevelopment of isolated areas has led many families to voluntarily migrate. Since Laos joined ASEAN in 1997, the government has focused on developing the country at the regional level. Its participation in the Greater Mekong Subregion project in the 1990s, a regional integration program supported by the Asian Development Bank, is a good illustration of its development strategy. The aim is to boost the economies of the member countries by, among other things, facilitating administrative formalities and reducing import taxes. But this regional integration does not always consider the needs of local populations. In the Economic Quadrangle, a transnational area roughly corresponding to the Golden Triangle, the roads helped the influx of Chinese, Thai and Vietnamese investment. Commercial and tourist activities have thus developed in border areas that have become special economic zones of Laos. Nevertheless, local populations do not benefit much from the economic growth of these regions whose market is largely dominated by the Chinese entrepreneurs, and migrant workers² from the People's Republic of China (PRC).

At the same time, local population lost access to land and natural resources. This impoverishment therefore forces families to operate various strategies to escape precariousness. According to figures from the Asian Migrant Centre (2002), labour migration of local people to Thailand accelerated in the 1990s, coinciding with the relocation of villages.

Ancient inhabitants in Boten-Nateuy area

Before 2000, the Tai Lue (Lao-Tai ethnolinguistic group) farmed the land in what is now Boten City. They would have migrated to the Boten area in the end of the 18th century (Evrard 2007). Their roots in the Boten region go back a long way. The Tai Lue originate from Sipsong Panna (“twelve thousand rice fields”), an ancient Lue kingdom that once spanned parts of China, Burma, Laos, and Thailand. Its capital was Chiang Hung (Jinghong), located in what is now Yunnan Province, China. When Boten was declared a SEZ in 2003, residents were resettled approximately 18 kilometres south to the village of Nateuy, as well as approximately six kilometres south on the main highway to Bopiat Village.

The 5,711 people living along the road in 11 villages between Nateuy and Boten are in majority Tai Lue, Khmu, Panna,³ Phounoy and Lao. Other minority groups are Ho, Tai Dam, Sila, Akha, Hmong, Tai Deng and Yuan. Among the eleven villages located along the road Boten-Nateuy, Nateuy was the biggest village in 2022 with 2,133 villagers, followed by Ban Samyek Nateuy (658 inhabitants), Ban Boten (640 inhabitants), Ban Tin Sam (615 inhabitants), and Ban Bopiat (609 inhabitants).

² In this text, the term “Chinese migrant workers” is used as a broad, descriptive category referring to workers from the People's Republic of China, without implying homogeneity of profiles, legal status, or roles.

³ The Panna belongs to the Tibeto-Burmese ethnolinguistic group and are said to have a population of only about 350 in three villages, including Ban Bopiat near Boten and Ban Namtong in Luang Namtha province (Chazée 1999: 172). They arrived from Yunnan about eight generations ago. After settling down in Vieng Phoukha district, the ethnic group fled during the war in the direction of Namtha and Huay Xay. This ethnic group has preserved its original language, and the basis of its religion. The Panna have lived in the lowland or valleys for 35 years and have adopted the organization and production model of the Lue and Lao (*Ibid.*). The two villages in Luang Namtha are located near to main routes, facilitating access to education and health facilities, and to Chinese and district markets.

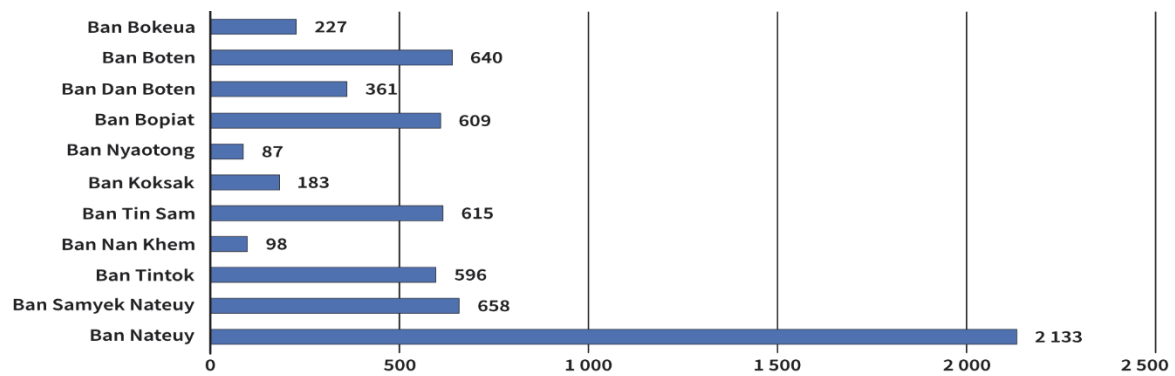


Figure 9 – Population per village in 2022 in the 11 villages between Nateuy and Boten
Data collected by the authors in the Nateuy health centre

The multiethnic village of Nateuy was founded in 1922 by migrants from Phongsaly Province. The Khmu constitute the majority of the inhabitants. Based on the village census of 2020, Ban Nateuy and Ban Samyek Nateuy together were compounded of 1,351 Khmu (63.3%), 317 Phounoy (14.9%), 153 Lao (7.2%), 93 Ho (4.4%), 87 Tai Dam (4.1%), 85 Tai Lue (4%), 22 Akha (1%), 16 Yuan (0.7%), 6 Tai Deng (0.3%), 3 Sila (0.1%).

From 2018, inhabitants in Nateuy village were resettled due to the construction of the Lao-Chinese railway. A part of the families who lived where the train passes today were forced to move along the road. As one resident points out, resettlement has led to more difficult living conditions.

“Now in our village there are around 186 households. Where I live is the old Nateuy village. The new Nateuy village is along the road. In the past, this new area was a funeral burry zone. People who moved to this new area were supposed to receive a compensation of 4,000,000 LAK [\$US184] per person by the project. But in reality, nobody has been compensated yet. After that some people built their house in the new Nateuy village, but people had difficulties to live there because of the smell of the rubber factory and the garbage area. During the rainy season, the dirty water flowed from the funeral burry zone, rubber factory and garbage area to the village.”

(A female resident in Nateuy)

Chinese migration to Boten-Nateuy area

Chinese workers and traders, who arrived during the construction of Boten City, constitute a large proportion of the local population. The UN International Organization for Migration (IOM) reported 2,520 Chinese workers in the zone in between 2007 and 2011 (DiCarlo 2022). According to DiCarlo (2022), approximately 2,000 people were living in Boten SEZ in 2020 80% Chinese and 20% Lao, Thai, and Vietnamese workers. The settlement of Chinese people in northern Laos is not new. Until 1975, Chinese population was important in the urban centres of Laos. Chinese migration began in the late 19th century with the arrival in the north of the Ho from Yunnan.⁴ In 1943, the colonial administration counted a little over 4,000 Chinese in Laos or 8% of the total population (Halpern 1961). At the end of the colonial era, their integration through marriage into Laotian society enabled them to dominate trade. The new regime suspended Chinese economic domination in the cities. Considered as capitalists by the new regime, the Chinese were driven out of Laos and their numbers decreased from 40,000 to 10,000 (Tan 2014). Chinese communities in the north disappeared as a result of the freeze on relations between Laos and China in 1979. In the late 1980s, the improvement of relations between the two countries boosted Laos economic openness. New Chinese migrants came to settle in the north in the late 1990s. Mostly, Chinese workers and technicians came to work for road construction projects and industrial cooperation between Yunnan and the provinces of Luang Namtha and Oudomxay (Tan 2014). Chinese traders from the provinces of Hunan, Sichuan and Zhejiang come to try their luck in Laos,

⁴ Some Ho people in Laos are mainly living in Phongsaly province.

attracted by new economic opportunities including the construction of the new road between Kunming and Bangkok. We showed (Hancart Petitet and Phetchanpheng 2022) that the rise of Chinese investment in Laos may bring a range of social changes, including the emergence of new forms of conjugality shaped by the migration of both young Laotian women and many single Chinese men. On the one hand, single Chinese men come to Laos seeking a Laotian wife with whom they can settle in local villages and start a family. On the other hand, young Laotian women may pursue marriage with Chinese men, who are often perceived as more hardworking and in a stronger economic position than young men in their own communities (*Ibid.*).

Youth migration and the entertainment industries

Migration of Khmu young women from Luang Prabang province to Boten-Nateuy area

The young migrant women working in entertainment and sex industries interviewed were aged between 14 and 20 and were mainly from Khmu⁵ villages in Nambak District (Luang Prabang province). At the time of the survey, around 50 sex work establishments were counted on 18 km between Nateuy and Boten city. These venues flourished along the road between Nateuy and Boten when the SEZ opened. Based on the estimation provided by our key informants but also based on the observations of the research team, the approximate number of sex workers would be between 150 and 250 people. They represent approximately 3.5% of the total population from the 11 villages in Boten-Nateuy area.

“Based on our last observation from last month, there were about 50 sex shops. And one shop counts between three and five sex workers.”

(Health centre staff)

“Sex shops are along the road to Boten. All the sex workers are not from our village. They come from outside, particularly from Luang Prabang province such as Nambak, Namthuan, and Talee villages, and some from Phongsaly province. The owners are also people from these provinces. They came to open those sex shops and brought people from there to serve here.”

(Khmu woman from Nateuy, 36 years old)

Two periods of sex workers’ migration waves have been observed by the villagers. The first migration wave of female adolescents and young women working in the sex industry began when the SEZ opened.

“After the opening of the special economic zone, many entertainment shops, especially small shops for sex workers, appeared. I think there are about seven sex shops in our village. What I also heard is that some women work in massage parlours and deal with customers-including Lao and Chinese workers, Chinese entrepreneurs, Lao and Chinese truck drivers, and Lao officials-and, if they agree on the price, then they end up selling sex. There are about two massage shops that provide this kind of service. The number of sex workers in shops depends on the size of the shops, some places have eight girls, the big shops have ten people, and small shops have three or four sex workers.”

(Woman from Nateuy, 26 years old)

While the closing of the casino in 2011 slowed down the sex work activity, it started again with the railway construction from 2016. The railway station has been a new opportunity for the opening of entertainment venues along the road, both Lao and Chinese migrant workers. Many young girls between 13 and 20 years old came from other northern provinces to work as sex workers.

⁵ Estimated to around 708,000 in 2015 (Lao Statistic Bureau 2015), the Khmu form the largest ethnic group in five Northern provinces (Luang Prabang, Phongsaly, Oudomxay, Bokeo and Luangnamtha Provinces).

“Many brothels opened, especially during the railway construction period. There were a lot of Chinese people. There are not so many sex shops in Nateuy village, but a lot of shops are located along the road between Nateuy and Boten. The owners are mostly from Luang Prabang, and they get their staff from other provinces such as Oudomxay and Luang Prabang.”

(Khmu woman from Nateuy, 25 years old)

With the construction of the SEZ and railway, a change of patients has been observed by the health centre staff.

“I came to work in this health centre 14 years ago. In the past, there was no railway, no casino place. So, most of our clients were only people who lived in this village and rarely had STI cases. Since the railway and casino construction, many people moved in and out, and many people from other provinces came to stay and work in the area. So, we have more patients from outside than the villagers now. And STI cases have increased.”

(Nateuy Health Center staff)

All the sex workers surveyed benefited of a networking for working in a sex shop of the region as it was the case of Tar, a young girl of 13 years old. She had a friend who studied with her in the same hometown in Muang Khua district (Luang Prabang province). Her friend came to work here one year before and she persuaded Tar to work with her in Boten by telling her that she will get a lot of money here. After that, she told her mom that she would go to work with her friend in Boten. But both of Tar and her mother did not know that Tar will work here as a sex worker. The owner of a beauty salon used to discuss with them about their migratory journey:

“Some of them told me that a person came in their villages, looking for young girls and invited them to come to work in Boten area. She told them that they will get a high salary and that they will not need to work hard, so they decided to come. But some people intentionally left their hometown to look for a job in a restaurant, or as employee at the morning market because working in their hometown as a farmer is too harassing. These girls think that working in the city is easier, and then some people persuade them to come to work in the cities. In some cases, they come by themselves and look or ask if there is any sex workshop nearby. Some of them want to work there. The owners of sex shops use networks to recruit their staff. For example, they ask their current sex workers to provide information about other girls in their villages, or they ask their staff to persuade their friends to work with them. Sometimes, the owner of the shops also asks the owner of other sex shops and they help each other to find new sex workers staff by exchanging phone numbers. After discussion, the owner will also offer transportation fees to the girls to come and work with them.”

(Owner of a beauty salon in Nateuy)

Youth migration from Boten-Nateuy area to the Golden Triangle SEZ (Tonpheung District, Bokeo province)

Informants frequently mentioned that many young women from their villages hesitated to work as sex workers in the Boten area opting instead to seek employment in the Golden Triangle SEZ.

“There are no girls from Boten or Nateuy who work in the sex shops here. In reality, many people originally from here work as sex workers, but they do not work in a sex shop here because they would be ashamed. Currently, young people, especially young women in our village go to work in the Golden Triangle (Tonpheung District, Bokeo province), because they earn more money. Some people remitted a lot of money to their family after going there for only one month. For example, a girl sent money to her parent to buy a car.”

(Khmu woman from Nateuy, 25 years old)

The area is inhabited by two distinctive groups: the established inhabitants mainly compounded from Tai Lue, Khmu Lue and Hmong people, and the new inhabitants compounded of migrants such as Chinese

workers and investors, and Khmu sex workers. This distinction between the long-established inhabitants⁶ (“we”) and the outsiders (“they”) is important to be made in order to understand the social construction of stigma and its detrimental effects on the lives of Khmu sex workers.

The migration of youth from the Boten-Nateuy area to the Golden Triangle SEZ is closely tied to the increase in high-risk sexual behaviours among adolescents. Many young individuals seek better economic opportunities in the SEZ, which is often perceived as a hub for employment and financial gain. However, the nature of work available, particularly in sectors associated with entertainment and hospitality, can lead to increased exposure to risky sexual practices. At the same time, the migration patterns of these young women intersect with the social stigmatization of sex workers in the region. Ethnic differentiation plays a significant role in shaping these experiences, as young female migrants often belong to marginalized groups that face discrimination and prejudice. This social stigma can deter them from seeking help or support, compounding their vulnerability to exploitation and abuse. Additionally, their ethnic identity may influence how they are perceived and treated within the SEZ, affecting their access to resources, networks, and protection.

Understanding youth migration to the Golden Triangle SEZ reveals not only the economic drivers behind their movement but also the complex social dynamics shaping their lived experiences. In the following section, we aim to explore key questions: How does the intersection of high-risk behaviours and social stigmatization reflect the role of ethnic differentiation in the daily lives of these young people? In what ways does ethnicity shape their migration experiences beyond the pursuit of economic opportunity? We approach these questions through the lens of health risks, particularly sexual and reproductive health, which served as both our entry point into the field and the focus of our expertise. Therefore, before presenting our analysis, it is essential to first explore how migration practices intersect with sexual and reproductive health risks in this context.

Sexual and reproductive health risks facing lack of prevention and care services

Laos has a high adolescent fertility rate with 10.9% of Lao adolescents giving birth by the age of 15-18 and 4.7% of adolescents have a live birth before the age of 15 (Lao Statistic Bureau 2018). A recent qualitative study conducted with 57 girls in Luang Namtha and Vientiane showed that many early pregnancies occur despite social disapproval of premarital sex and pregnancy (Habito *et al.* 2024). Adolescent girls’ experiences of sex and pregnancy were affected by a lack of knowledge about Sexual and Reproductive Health and Rights (SRHR), power imbalances with their partners, and girls’ lack of agency over if and when to have sex, use contraceptives, and begin childbearing. Another study in Vientiane reported 33.4% of participants aged 15-19 years had engaged in pre-marital sexual intercourse and 62.7% of adolescents had their first sexual experience before the age of 15. In the last six months before the survey, 48.5% of adolescents reported not using condoms during sexual intercourse (Sychareun *et al.* 2013). In addition, 2.9% of male and 0.5% of female adolescents had multiple sexual partners in 2017 Statistic Bureau. 2018). The lack of SRHR education is a factor which increases the sexual risk among students (Runk *et al.* 2017). The *Adolescent and Youth Situation Analysis* (Lao People’s Revolutionary Youth Union 2014) found that 80% of young people aged 15-19 years, reported having heard about HIV/AIDS, although levels of comprehensive knowledge about HIV transmission are low.

These findings are relevant in the sites we surveyed in 2022. Independently of their occupation (sex workers, students and young villagers), many teenagers and young adults mentioned they received limited SRHR information in their secondary schools. They mainly relied on their friends to receive basic information which often comes with some SRHR misconceptions.

“I think the STIs symptom might be similar to what my friend told me before. The person infected has rotten nails.”
(High school student C)

⁶ Nateuy was founded in 1922.

“I heard from my friend that if we don’t want to be pregnant but at risk to having sex, they will buy M150 and mix it with Pepsi or other strong energy drinks to drink.”

(High school student D)

“I never heard about HIV. But I heard about STIs from the TV news, such as ‘Nong-Nai’ [Chlamydia/Gonorrhoea]. If people get it, they will have white discharge sticks on their underwear, and feel itchy, and if they did not get treated, it will become more serious. To prevent, sometimes condoms can protect against STIs, sometimes it cannot protect. It depends on the person and disease. I used to hear the people in this village talking about white discharge then they go to the hospital, and in some cases, they take traditional medicine and got better. I think people get STIs because they don’t know how to protect themselves from unsafe sex.”

(Khmu woman from Nateuy, 25 years old)

The first case of HIV in Laos was officially identified in 1990. The formal HIV case detection began in 1992 and the commitment of the Lao Government and its partners in responding to HIV started in 1993. More advanced diagnostic tools—such as viral load monitoring, community-based rapid and oral testing, and HIV self-testing—have been gradually introduced since 2010. In line with WHO and UNAIDS recommendations, HIV testing has since become more accessible and decentralized across the country. The introduction of prevention and care services to fight AIDS emerged more clearly in 2001 with the adoption of a National Policy. Under the impetus of International and Non-Governmental Organizations. The Lao Government expressed the will to limit the spread of the virus. The HIV epidemic remained limited among the so-called “most at-risk populations” (men who have sex with men, entertainment services staff, and intravenous drug users). However, a recent study highlighted the increase of housewife’s’ HIV infected by their spouses (Hancart Petitet and Sychareun 2018). The HIV prevention and treatment activities started in 2006 in Laos but remained localized in large hospitals and the main urban centres. Many men and women of bearing age including LGBT isolated people and drug users are migrant workers facing various issues in accessing sexual and reproductive health information and care (Phetchanpheng *et al.* 2020; Sychareun *et al.* 2021; Viphonephom *et al.* 2021; Lyu and UNFPA 2014).

The lack of or limited access to adolescent and youth-friendly sexual and reproductive health counselling and limited information and services for both, married and unmarried young people, cost of services, the attitudes of health workers, self-censorship, fear of social stigma and the perceived lack of confidentiality discourage youth to seek health services and information they need. As a result, sexually transmitted infections are often untreated in young people who are reluctant to discuss them with health providers. This was mentioned by a village health volunteer in Nateuy.

“In general, villagers would go to district or provincial hospitals for HIV test. They do not go to consult health volunteers like me or the health centre staff because they are shy. Their houses are in the village, and if they go to do testing in the city, the doctors won’t know them. But if they got test in this village, health staff is knowing them. It makes them embarrassed. That’s why they prefer to go to the provincial hospital.”

(Village Health Volunteer, Nateuy)

While non-governmentally funded programs may be available, particularly relating to sexual and reproductive health, they are geographically limited, and/or narrowly focused on selected populations. The population in Boten-Nateuy area had a very few opportunities to receive information about HIV.

“In our former village [located in Boten city], the Lao Red Cross came to disseminate information about HIV ten years ago. They distributed condoms to all the participants. Since this time, there was no project which came to give counselling on HIV. Now we only have information about Covid.”

(Owner of a guesthouse in Boten village)

In the surveyed area, only one health centre offers prevention services.

“Our health centre covers about 11 spots of vaccination. Most people are working as merchants, and farmers—e.g. in banana, and pumpkin farms. Related to the sexual disease in our village and based on my experience serving

clients in this health centre, most of our patients are sex workers from the Casino area, and from Boten area. The main diseases that they have are STIs such as white discharges, Gonorrhoea, and Chlamydia. This is the common sexual diseases that people have when they come to consult us at the health centre. Most of the clients are sex workers who are from other provinces such as Luang Prabang and Oudomxay. Sometimes people from Nateuy village also come to our health centre to get a consultation on STIs. Based on our case records, before the Covid-19 pandemic's new wave, there were about 15 patients per month. Many people were traveling through our village, and they were no railway yet. Many people stay in our village, along the road to Boten. But because of Covid-19, they closed the border and many sex shops were closed as well. So, the number of patients who were sex workers was reduced to one or two cases per month."

(Nateuy Health Centre staff, man)

While sex workers and some adults from nearby villages occasionally seek care from health staff in Nateuy, teenagers in the Boten-Nateuy area tend to self-treat their symptoms. Their reluctance to consult local health providers is largely driven by feelings of embarrassment and fear of social stigma.

"Teenagers who have STIs rarely come to get treatment at our health centre. Because most of them buy medicine and take it themselves. This generation of teenagers go outside to buy medicine. Sometimes, some young people who know me come to ask me about the symptoms they have. Then I ask more details and I give them medicine from HC."

(Nateuy Health Centre staff, Khmu woman, 37 years old)

Villagers reported the lack of access to HIV test in the area. This appears as considerable constraint for many young people and especially for sex workers.

"There is no place to test for HIV here. There is no clinic. There is only a pharmacy. If someone wants to have an HIV test, he should go to the provincial hospital."

(Owner of a guesthouse in Boten village)

Adolescents' sexuality in transformation: The impact of migration, socio-economic change, and social acceptance of risky behaviours

Disparities in condom use practices among youth

Condoms, while generally available, are an infrequently used form of contraception among students. Most of the sex workers would be aware of the HIV/AIDs and ways to protect, while teenagers at school would have less knowledge about it. At the entertainment venue, the newcomers are generally taught about protection by the owner but also the by eldest working there. May, a Khmu of 17 years old, explained about protection to Tar, a Khmu of 13 years old, on her first day at the brothel. May taught her how to use condom and told her that she should use condom every time when having sex with a customer.

Tar remembers: "She told me that if a customer doesn't want to use condom, it's better to not have sex with him." Tar started to provide service to customers on the second day. At the time of the interview, Tar was working at the shop for eight days and could offer her service up to five customers per night.

One informant indicated that in some cases, condom non-use among sex workers may be driven by requests from Chinese clients.

"Most Chinese drivers don't want to use condoms. The girls who go with the Chinese will not use condoms. Some girls go to live with Chinese for 1-2 months in their housing in the region and then they come back to stay in the same bar as usual."

(Female owner of a guesthouse in Boten village)

While condom use is generally a common and, in some cases, mandatory practice among sex workers—except in rare instances when clients request otherwise—students appear to be less consistent or less willing to use condoms.

“I had sex with a girl in Nateuy village. We met in a bar and the day after I felt I had water that come out from my penis [abnormal discharge from the penis or anus]. This disease is called Chlamydia.⁷ To treat it, I just went to the pharmacy to buy medicine and took it. After having taken medicine for three days, I felt better. Another person was also infected too. He was infected by a girl in the village. They just bought medicines at the pharmacy. Most of the people who had sexually transmitted diseases had a Chlamydia infection. The women can be also infected with Chlamydia and Herpes. Most of the women infected are around 14–20 years old. In our group [six boys], only two of us were infected by this disease. We got the disease from elder women.”

(Secondary school student, Nateuy)

Alcohol, drug use, and early sexual initiation and transactional sex in everyday life

The migration-driven economic and cultural transformations around Nateuy and Boten, have significantly influenced adolescent sexuality, particularly through increased exposure to risky behaviours. While sex workers are commonly assumed to be the most at risk of HIV and other Sexually Transmitted Infections, community members paradoxically perceive teenagers as the more vulnerable group. This vulnerability stems not only from limited knowledge about protection but also from the normalization of alcohol, drug use, and early sexual initiation, behaviours that are increasingly embedded in adolescents’ everyday lives.

In stark contrast to sex workers—who are often seen as more informed and better at negotiating condom use—teenagers are described as engaging in unprotected sex under the influence of peer pressure, alcohol, and drugs. According to one Khmu woman from Nateuy:

“The most at risks group is teenagers. You can see a lot of them in bars and entertainment shops now. They love to drink beer and get drunk... Some student girls in grades 9 or 10 (Mo 3 or Mo 4)⁸ may have sex with Chinese or other Asian businessmen to get money.”

(Khmu woman, 25 years, Nateuy)

These testimonies suggest a growing normalization of transactional sex and sexual risk-taking among adolescents, particularly girls, often linked to encounters with foreign workers or businessmen attracted by infrastructure projects such as the railway. The expansion of Chinese businesses has brought new dynamics—such as bars, entertainment venues, and quick access to cash—that have significantly influenced youth imaginaries and social practices. Moreover, adolescents navigate a high-risk environment marked by unsupervised social gatherings, easy access to alcohol and drugs, and a permissive stance from local authorities. Even law enforcement often appears complicit—or at best, indifferent.

“Sometimes, even the police smoked with them... Children as young as 11 or 12 have started going to bars—some of them are so small they can barely be seen over the pub tables.”

(Khmu woman, 19 years old)

The word “alcohol,” “drugs” and “risk behaviours” were never mentioned in discussions about sex workers, but they appeared frequently in conversations about teenagers from Nateuy (Such co-occurring behaviours—alcohol use, substance abuse, and unsafe sex—significantly increase the risk of HIV/STIs among adolescents (Sychareun *et al.*, 2011). These patterns are evident in both Nateuy and Boten, where

⁷ The sexually transmitted Chlamydia infection is caused by bacteria. It is transmitted especially during unprotected sexual intercourse. It occurs at any age but particularly affects young women. For men, the symptoms are similar to those of gonorrhoea. In addition to discharge from the penis or rectum, may appear: burning while urinating, due to inflammation of the urethra or urethritis; pain in the testicles; rectal pain.

⁸ Students in grades 9-10 have approximately 13-15 years old.

adolescents—some as young as 12—frequently centre their social lives around bars and restaurants, a trend that continues into later on.

“Now, young people love to go to bars... they start from age 12-13, both males and females.”

(Student, Nateuy)

“Men in our village like to hang out in bars and restaurants. They are between 20 and 40 years old. Some are married. They do not only drink alcohol but take cocaine. It seems like they hide to use it but even though they take it in restaurants or pubs. The police do nothing with them. This behaviour is quite common in our area.”

(Khmu women, 19 years, Nateuy)

The social environment encourages group-based risky behaviours, often with little or no adult intervention or public health education. While sex workers are portrayed as cautious and experienced. The alcohol and drug abuse would be one of the main factors of a sexual intercourse without protection.

“Teenagers might know how to protect themselves but once drunk, they might end up having sex without using a condom.”

(Khmu man, 34 years old)

“I think young people now, aged 17-18 years, have more risk to get STIs because they started to have sex early... They hang out together and end up having sex.”

(Khmu woman, 36 years old)

The region is widely perceived as having undergone a profound transformation, particularly due to the influx of capital and the establishment of Chinese businesses tied to major infrastructure projects, such as the railway. This transformation has introduced new sources of temptation—bars, drugs, and sexual encounters—as well as increased opportunities for transactional sex with foreign or wealthier men. Health professionals working in the area report similar trends, noting a particular vulnerability among students in grades 7 to 10 (Mo 1 to Mo 4),⁹ who are navigating the critical transition from childhood to adolescence.

“In the past, 15–16-year-olds did not drink alcohol. Now even younger students already drink, and some end up taking drugs or having sex with foreign men. As well as many Chinese people came to our village during railway construction, and also the Chinese who are working at the factory make these teenagers more at risk to go and hang out with them and some might have unsafe sex.”

(Health worker, 37 years old)

This shift in youth behaviour occurs in a context where community attitudes remain surprisingly permissive. Despite widespread awareness of risky behaviours, there is no significant social stigma against adolescents engaging in drinking, drug use, or even transactional sex. On the contrary, these behaviours appear socially tolerated, even normalized:

“Most teenagers in our village are like that, having boyfriends, liking to hang out, and receiving money from Chinese or Lao men from outside the village.”

(Khmu woman, 36 years old)

⁹ Students in grades 7 to 10 have approximately between 11 and 14 years old.

A striking insight is that teenagers are not socially excluded despite their risk behaviours. Despite the high-risk exposure described by the villagers surveyed, the secondary school students do not suffer from discrimination. No testimony mentions a form of social exclusion of the secondary school students. Their behaviours seem tolerated by the community members and all acknowledge a change of youth practices at an early teenage because of a transformed environment in which the exposure to money, alcohol and drugs is higher than before. Some respondents expect from parents to guide their children, advising them to avoid frequenting beer bars, and practice safe sex. In practice, however, many parents appear somewhat lax, and do not actively prevent their children from spending time in bars. Sexuality is rarely discussed at home, as several studies have shown (see for example Phetchanpheng *et al.* 2021), leaving young people with little guidance on sexual health. At the same time, economic realities shape parental attitudes: many families rely on remittances from their children. As a young Khmu woman explained, young women from her village often work in the Golden Triangle because of higher earnings, and some send substantial amounts of money home within a month, sometimes to support family needs or purchase items like a car. In the surveyed area, youth are frequently exposed to environments where alcohol, drugs, early sexual activity, and transactional sex intersect. Limited access to comprehensive information, institutional support, community-level safeguards, and economic opportunities contributes to their continued vulnerability to HIV and other STIs.

Influenced by migration, economic development, and exposure to new social environments, adolescents—particularly those still in school—are navigating a landscape where entertainment, alcohol, drugs, early sexual initiation, and transactional sex are increasingly common and socially accepted. This evolving context challenges the assumption that sex workers are the primary high-risk group. Instead, adolescents—due to lack of knowledge, weak institutional oversight, and a permissive social environment—would be at greater risk of HIV and STIs.

The social construction of stigma of sex workers

It is argued that long-term residents are more likely to discriminate against sex workers, based on their occupation, ethnicity, and perceived lower socio-economic status. In contrast, although secondary school students are often described by community members as being at greater risk of HIV infection than sex workers, they are not subjected to the same discrimination—likely because they are perceived as part of the same social group (“us”). This makes echoes to what N. Elias examines in *The Established and the Outsiders* (1994) on how a group of people can monopolize power chances and use them to exclude and stigmatize members of another very similar group. In our case study, informants, students and sex workers are all young Khmu people aged between 13 and 37 years. The construction of “they” is done from the “worst” examples, that is to say those who bring together the most socially devalued characteristics, while the “we” is constructed from the best (Elias 1991).

The testimonies of sex workers we encountered between Nateuy and Boten reveal that they experience stigma from local residents. Ms. Khamkeo, for example, expressed her awareness that people outside her workplace often feel disgusted by her and other sex workers.

“How should I do? It’s the only job that I can do to help my family in the village. So, I told to myself that I must be brave, proud of myself, and that I made the right decision to do this job, even if people outside do not want to speak with us or be close to us. Also, my relatives didn’t like my job, especially when I started to work. No one wanted to talk to me or help me until I save money after several years and was able to help my family. Then, people turn back and talk to me. So, I realized that people treat us badly when we are poor, but if we are rich, they will call us relatives.”

(Khamkeo, Sex worker in Boten, 27 years)

Having worked as a sex worker for many years and moved across several locations, she experienced various forms of discrimination, while some individuals profited from her situation. She told the story of two friends she had when she was sex worker in Oudomxay province.

“Two of my friends were caught by the police and put to the jail. I went to the police station and negotiated for releasing my friends. I had to paid five million kips [about 250 US dollars] to help my friends getting out from the jail. On that time, a police woman said that our work was bad, and it raised family problems. She told me that I was doing a disgusting work, and that money we earned was a dirty money. I felt very angry and replied to her this: ‘You know the salary that you got? A part also comes from tax sex workers pay to the police. And this money comes from sex transaction.’”

(Khamkeo, Sex worker in Boten, 27 years)

While the informants believed that the students had higher sexual risk behaviours, some of them continued to think that only sex workers could be HIV positive.

“The women who are HIV positive are mostly sex workers. Most people who are infected are migrants from other provinces. Once someone becomes HIV positive, they no longer have any friends. Migrants are seen as the main source of HIV transmission in this area. Doctors don’t disclose everyone’s HIV status, but in our view, we want to know who is infected so they cannot spread HIV to others.”

(Female guesthouse owner, 29 years)

In order to deepen our analyse, let us examine why individuals with similar sexual risk behaviours experience differing levels of stigma and how openly transgressing social norms influences this variation.

Social prescriptions and historical dimensions of a transgression

Behaviours that transgress norms accepted by a particular social group or institution are described as “deviant” (Becker 1985). The deviance can be defined as “the infraction of some agreed-upon rule” (p. 8) and it would be constructed in the interaction between the ones who create or follow the norm and the others who do not follow the same norm. Becker (1985: 18) recognizes that the deviance is created “by the responses of people to particular kinds of behaviour, by the labelling of that behaviour as deviant”. But these rules created and maintained by such labelling are not universally agreed. Many norms are established by the adults for the young. As it has been observed by several anthropologists in Laos, the relationships between family members are largely determined by the opposition between the elder and the younger. The eldest takes care of the youngest and the youngest has to respect and obey to the eldest in Lao-Tai and Hmong cultures (Lemoine 1972; Formoso 1990; Collomb 2010). In this context, young people find themselves surrounded by norms made by eldest. It also turns out to be true for the norms related to the sexual behaviours. The stigma attributed to sex workers doesn’t necessarily come from the belief that sex workers represent more a danger for other because they are more at risk to be HIV infected but more because they would openly transgress the norm established by the eldest. Moreover, sex workers practices are visible, contrary to the students’ practices, which remain hidden. What are the prevailing norms regarding sexual behaviour in Lao-Tai and Khmu societies?

Traditionally, both Lao-Tai and Khmu communities’ upheld norms that discouraged premarital sex and prohibited commercial sex. Let’s examine first the norms established by the eldest concerning the sexual behaviours in the village. Khmu young people would observe customary practices in terms of sexuality. If an unmarried man and woman have an intimate relation that leads to pregnancy, an arrangement must be found between the parents of both parties (Daviau 2011: 37). A fine may be imposed on both parties to restore the face of the other party’s family. Separate wedding fees and bride-price must be paid. If the boy does not marry the pregnant girl, the girl’s elder male relatives and village elders fine the boy. As for the Lao and for some

other ethnic groups, the general rule, as it is mentioned by S. Daviau, is the following one: “Sexual relations prior to marriage that result in pregnancy will often lead to marriage. Also, it often necessitates a *baci soukhouan* (calling of the soul) ceremony to restore the face of the woman and her family and a sacrifice to honour the spirits of the ancestors. It additionally requires the payment of a fine to the village authorities” (*Ibid*). It appears clear that sexual intercourse prior to marriage and sex for transaction is negatively perceived by the Khmu villagers in Nateuy area.

“The adults and elderly people often told their children to behave properly, to not hang out alone or to not go for having sex, but teenagers don’t listen to them. The parents share information to other parents about where their children are, and some of them gossip when a kid of someone has sex for money.”

(Khmu woman, 25 years, Nateuy village)

Whereas the *piep* (face or prestige) of the family related to the daughter’s sexual behaviour and practices such as virginity before the marriage was to be preserved, the increasing migration of young women modifies the way that family can gain or preserve the *piep*.¹⁰

Some studies have shown that the increasing mobility of young Khmu women from rural areas to urban areas, and hereafter the relaxation of social control wielded by the family institution on its members, is paired with sexual intercourse prior to marriage but also a greater exposure to high-risk situations (Hancart Petitet and Phetchanpheng 2022; Lyttleton and Vorabouth 2011). Hancart Petitet and Phetchanpheng (2022) showed that young women, who constitute a greater proportion of labour migrants, are adopting new cultural practices usually restricted to the male domain. Like young migrant men, they also experiment new forms of autonomy and sexual freedom. In escaping from rules, systems, and prescriptive limits, they tend to reconfigure both the traditional modes of courtship and matrimony. Lyttleton argues that a combination of factors—including agricultural transitions, development policies, shifting gender roles, ethnic hierarchies, expanding recruitment networks, and the influence of growing capitalist ideals—drives impoverished Khmu women to seek material gain through the sale of beer and sex for instance (Lyttleton and Vorabouth 2011). However, sex trade was a limited practice in Laos until the 1990s. At the beginning of the 20th century, prostitution remained limited, as De Reinach (1911) attests:

“The opportunities offered by the customs in Laos in the field of marriage and divorce are such that prostitution did not exist. In large urban areas, and particularly near our dwellings, it is true that one can meet some ‘public’ girls, who are well-known to indulge in clandestine prostitution; but it is an exception due only to the presence of the indigenous troops or of the Asiatic ‘boys’, the servants of the Europeans” (1911: 174).

Vietnamese prostitution emerged in Laos in the mid-20th century during the period of the French protectorate. The significant migration of Vietnamese populations at that time likely contributed to the establishment of a Vietnamese sex trade in the region. The French did not only encourage the installation of the Vietnamese, especially to occupy jobs of civil servants, traders or workers but also the migration of prostitutes. According to A. Doré (1974), prostitution continues after the departure of the French and the arrival of the Americans in 1954. According to the observations of the American anthropologist Joel Halpern (1961) based in Laos in the 1960s, the migration of girls from the countryside to Vientiane increased. He mentioned that the emergence of prostitution among the Lao reflects the urban growth of Vientiane, with a small but increasing number of women coming from nearby villages. While most prostitutes in Laos were traditionally Vietnamese or Northeast Thai, some Lao women had begun to enter this activity, particularly in Vientiane and, to a lesser extent, in Luang Prabang, where their clientele mainly included soldiers and young

¹⁰ *Piep* (ຸຸ້- face, prestige) is a central emic concept in the Laotian culture. Reinhorn (1970) gives the following definition: “Honor, personality, rank, fame, consideration”. *Piep* refers to “the whole of the living heritage of a person or a family. Physical, social, and behavioural determinants can cause or reduce a person’s or family’s *piep*. Those determinants embrace the body appearance (health, beauty or the skin color), or to the mind (intelligence, courage, wisdom, education and altruism). *Piep* is also related to economic capital such as wealth, land, property, movable, agrarian, households (family, domestic, animals, materials) or linked with social capital such as the social status and the reputation. One will say ‘*dai piep*’ (ໄດຸຸ້້) of an individual who wins prestige and ‘*sia piep*’ (ສືຸຸ່້) of an individual when discredited.” (Mariani 2008: 95).

civil servants. The sector was socially segmented, with Lao-owned brothels employing Lao women, while foreign-managed nightclubs catered to elite patrons and employed mainly Hong Kong and Vietnamese women.

Over the past several decades, scholars have noted a rise in the sex trade in Laos, closely linked to the country's broader development processes—including improved transportation and communication infrastructure and the expansion of a cash-based economy in rural areas (Lyttleton 2011; Doussantousse *et al.* 2011). Although access to historical quantitative estimates is limited, and that this estimation may remain anecdotal anthropologist A. Doré reported that approximately 1,000 sex workers were active in Vientiane during the 1970s.

More recent figures estimate of number of Female Sex Workers in Lao PDR: 14,814 in 2014. HIV prevalence among this population increased from 0.4% in 2008 to 1% in 2011 and 1.4% in 2014 (Lao People's Democratic Republic, Ministry Of Health 2015). There are no recent credible estimates (e.g., from peer-reviewed studies or government-backed mapping) of the number of sex workers in specific cities (like Vientiane Capital). Data on other key populations (male sex workers, transgender sex workers) is even more sparse. Often, MSM and TG are grouped together, making it hard to isolate sex-work-specific dynamics—though the national plan recognizes the need to disaggregate further (CHAS 2020). The quality of data depends heavily on outreach, mapping, and health-service coverage. As noted in the national strategy document, high mobility, stigma, criminalization of sex work, and limited funding constrain regular, representative surveillance (*Ibid*: 44).

In the neighbouring countries, as Thailand, a programmatic mapping plus national surveillance suggested an estimated number of 123,530 female sex workers in 2015, with about one quarter working in non venue settings such as parks and bus stations (Phuengsamran *et al.* 2018). In Cambodia, existing work suggests tens of thousands of women involved in sex or entertainment work nationally (on the order of 20,000–70,000, depending on definition and year) (Vandepitte *et al.* 2006). For women working in “entertainment” venues who often engage in transactional sex, estimates increased from near 40,000 in 2014 to near 70,000 in 2019 (Brody *et al.* 2019). Across all countries, the best available research indicates that sex work involves large but hard to measure populations, with numbers varying by definition, method, and time period.

Ethnic differentiation and intersecting forms of stigma

Khmu sex workers experience intersecting forms of stigma primarily due to their occupation, socio-economic status, and ethnic identity. This stigma is compounded by the racism directed toward the Khmu people (Petit 2006: 35). Historically, the Khmu were often referred to by the derogatory term *Kha* (“barbarians”), which, depending on the context, could refer to Mon-Khmer populations or denote a slave status. The term *Kha* tends to be applied more often to Mon-Khmer speaking populations that had been politically subjugated by Lao and other Tai-speaking groups. According to P. Petit's 2006 study, the Khmu are regarded with less respect than the Hmong by the Lao-Tai (Petit 2006: 35). Petit (2006) notes that the stigmatization of the Khmu is the result of the wars and subordination of Khmu by the Lao-Tai; also displaying obvious racist stigmatization. “More generally, the stigmatisation of the aboriginal Mon-Khmer populations by the Lao-Tai is a constant feature of inter-ethnic relations in Southeast Asia, the result of a centuries-old process of military conquest leading to the subjection of the vanquished, their demotion by the victors to a symbolic status between nature and culture, and finally their assignment of a despicable mythological origin since they emerged from the original gourd of humanity through ‘dirty’ holes dug with a red-hot iron [Condominas 1983: 298-301]” (Petit 2006: 35).

Sex workers are viewed as “outsiders” and face discrimination due to their low socio-economic status—characterized by limited education and high poverty—and their engagement in a profession that openly violates traditional sexual norms. However, according to several informants, some female students also participate in unprotected commercial sex transactions, with condom use reportedly lower among students

than sex workers. Yet, these students avoid stigma because their actions remain hidden, thereby not openly transgressing societal norms.

As a result, the stigmatization of sex workers diverts both the villagers' and our attention away from the risks faced by high school students engaging in similar behaviours. The divide between the practices of some female students and sex workers observed in the field is, in reality, quite narrow. Testimonies and observations indicate that many young Khmu women from the region continue to migrate to the Golden Triangle SEZ in Tonpheung (Bokeo Province) to work in the sex industry. Their migration allows them to conceal their activities from their families and communities, thus preserving their reputation. Through regular remittances, these young women also enhance their families' social standing despite the stigma surrounding their work.



This research highlights the complexity and multifaceted nature of the stigma faced by Khmu sex workers in northern Laos, which is deeply rooted in cultural and economic dynamics. The paper emphasizes how stigma is socially constructed and reveals the profound negative impact it has on the lives of marginalized young Khmu women. The fact that these Khmu sex workers belong to a different subgroup within the same ethnic community, one associated with the lowest socio-economic class, contributes to the reinforcement of this stigma. The case study illustrates a clear division between the “we” (established villagers and students) and the “they” (outsiders, in this case, sex workers). While some high school students may engage in risky sexual behaviours due to inadequate SRHR education, non-use of condoms, alcohol, and substance abuse, they do not experience the same level of stigmatization.

The sex workers are indeed perceived as “outsiders” and face discrimination due to their low socio-economic status—marked by limited education, high poverty levels, and participation in a profession that openly violates traditional sexual norms. However, according to informants, some female students also engage in unprotected commercial sex, with lower condom use reported among students than sex workers. Yet, because these students' activities remain hidden, they do not face the same level of stigmatization. This focus on stigmatizing sex workers distracts both the villagers and researchers from recognizing the risks faced by high school students, whose behaviours are not so different from those of the sex workers encountered in the field.

Testimonies and observations reveal that many young Khmu women continue to migrate to the Golden Triangle SEZ in Tonpheung (Bokeo province) to work in the sex industry. Moreover, the remittances they send back help bolster their families' social standing, despite the stigma surrounding their profession.

To resume, the concept of migration, particularly rural-to-urban migration, is often understood as a movement driven by economic necessity and aspirations for a better life. However, the effects of migration extend beyond economic dimensions, influencing social, cultural, and health-related dynamics in both the migrant and the sedentary populations we studied. Migration brings opportunities, but also vulnerabilities—especially in contexts of rapid urbanization or economic development, such as Special Economic Zones. In regions like Boten, migratory flows do not only affect the individuals who move but also reshape the lives of those who remain. The interaction between migrants and sedentary populations creates a shared space of impact, where economic activities (such as sex work) and health risks (like the spread of STIs) intersect. In such environments, vulnerable groups—whether they are migrants or local populations—are exposed to new social norms and risks. Importantly, the social constructions and stigmatizations tied to migration—such as the labelling of sex workers as bearers of risk—can obscure broader patterns of vulnerability. In the case of Boten, focusing stigma on Khmu sex workers diverts attention from the risky behaviours of local youth, highlighting how migration shapes not only economic and social landscapes but also perceptions of risk and morality. In understanding migration, it is crucial to consider how sedentary populations are implicated in these broader shifts and how they are affected by the changing patterns of interaction and risk that migration brings.

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Voices From Boten

Sexual Risk and Social Judgement in and around a Special Economic Zone in Laos

The urban migration of young people in Laos is often driven by the dual motivations of escaping poverty and seeking a different way of life. Previous research has demonstrated that rural-urban migration brings with it a mix of economic opportunities and heightened sexual risks. However, less attention has been given to sedentary populations residing in areas with significant migratory activity. While migration is often viewed in terms of economic opportunities, it also brings vulnerabilities, particularly in regions of rapid development like Special Economic Zones (SEZs). The presence of the SEZ has created an environment where sexual conducts and practices among local youth have become increasingly risky, yet these risks are often overlooked. Both migrants and local, sedentary populations are affected by shifting social norms and health risks, such as sexually transmitted infections. Furthermore, the stigma attached to sex workers, particularly from ethnic minorities like the Khmu, contributes to a broader social narrative that ignores the vulnerabilities of other groups, such as secondary school students, are at risk as well. Understanding migration requires attention to how both migrants and sedentary populations are implicated and impacted by these evolving patterns of interaction, risk, and social judgment.

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