The human side of mobility and HIV

Our world is changing. Globalisation links our economies, our destinies, our transport systems, our food consumption and our dreams. However, it does not bring the same to all. In some countries economies are booming, while in others they are shrinking. In some countries people are faced with ecological disasters or war. These social, economic and security factors have a strong impact on survival possibilities. One of the survival strategies that have been known to human kind for a long time is migration to places that are safer, where there is employment, where children may have a better future, where there is no prosecution because you belong to an ethnic or sexual minority. Human history is partly based on the mobility of populations, the confrontations it leads to and the progress that was the product of meeting of cultures.

Today the situation is not different. Conflict, underdevelopment and poverty, injustice and vast economic differences between and within countries cause people to move, accept the challenges of dealing with other cultures and expectations, without completely sacrificing their roots, hopes and expectations. However, it comes at a cost.

Different kinds of migrants

About 175 million people (2.9%) of the world's population) live outside their countries of origin. For Asia that figure is 50 million people and for Africa 16.2 million. These figures include only documented migrants and the real number of migrants is probably much higher. 48% of these migrants including not only spouses but also independent migrants, are women. It is also estimated that approximately only a quarter are legal or documented migrants.

Migrants have many names. **Voluntary migration** is often differentiated from **forced migration**. Hundreds of millions of persons are currently affected worldwide by armed conflict, both directly and indirectly. Conflict sends people fleeing to seek refuge either within their own country as internally displaced persons (IDPs) or across an international border to become refugees. By the end of 2002, there were approximately 40 million displaced persons globally: 15 million refugees and 25 million IDPs. Many other persons are affected by the devastating consequences of conflict while remaining in their homes; their numbers are not known. **Permanent migrants** are distinguished from **temporary migrants**. The latter category is very popular in rich countries where short contracts against lower wages are offered to migrants who are willing to do work that local people do not want to do: construction work, cleaning jobs, domestic work, taking care of the children in situations where both parents work, farm work, jobs in the entertainment industry (often another word for sex work) which is not popular with the local population. These jobs are called the **3D jobs** by some: Dirty, dangerous and degrading. Lawmakers make a difference between **regular migration** and **irregular migration**, a status that is often not clear to migrants themselves.

Who are the migrants?

Most voluntary migrants come from middle-income countries, but that does not mean that they belong to the well to do population. Migrants from these countries are often skilled, but belong to groups with least opportunities. In addition, migrants from low-income countries increasingly fill in the gaps in middle-income countries. It is more than a matter of pull and push factors. Many are involved. In many instances there are similarities and overlap with trafficking of people. The number of trafficked people is estimated between 700,000 and 4 million every year. It partly depends on the definitions used.

Young women in rural villages in Vietnam who want to make a contribution to the survival of their families do not easily find the way to employment in HoChiMinh City or in other countries just by themselves. Young men in Bangladesh need intermediaries to help them find employment in countries 1000s of miles away. Young mothers in the Philippines, often with a high level of education but unable to find employment in their own countries look for the possibilities to take care of other women's children leaving their own children in the care of sisters, mothers or cousins.

A system has developed where individual families have become dependent on income from the members in their family that have an opportunity to go abroad. Governments in these countries have become strongly dependent on the flow of strong currencies to their country sent home by migrants. Migrants receiving countries have become dependent on the cheap labour from abroad. And recruiting agents have become active in finding cheap labour, providing them with some minimal preparation for the place where they will go, arranging the necessary papers and finding employment. These agents cooperate with partners abroad, sometimes politicians.

The migrants in the process seem to be less important. They are considered as labour and not so much as human beings with human needs. For the prospective migrants it is even not clear what job they will finally get, whether they will be regular or irregular migrants. They are just happy to get the opportunity and their families are even willing to pay for the services of the recruiting agents. They may sell land to pay the few hundred dollars that are needed or they will be indebted to their agent or one of his business associates, and it takes years to pay him back.

Health and migration

Before they leave their country most voluntary migrants are tested. Employers want the healthiest workers. They do not want people who are infected with HIV and women are tested for pregnancy. Public health tools are thus abused as means to control migration. And they continue to be abused in that way while the migrants are in the host country. In 1998, for instance, the United Arab Emirates screened their entire population and repatriated workers who tested positive for HIV/AIDS. In 60 countries, HIV testing is mandatory before migrants are allowed into the country. The Malaysian Immigration Act decrees that migrant workers submit to pre-employment examinations. Health-care workers report a wide range of diseases under the Prevention and Control of Infectious Diseases Act, which can lead to migrants with HIV and other notifiable disease being deported. This is not in the interest of the migrant workers.

The whole system seems to be streamlined against their individual needs and rights. In the host country they often do not find the employment that was promised to them. The Vietnamese women that come to Cambodia may find themselves in the entertainment industry instead of in a garment factory. The Bangladeshi men end up in another factory than their documents state, turning them into irregular migrants even though they entered the country legally. The domestic worker from Indonesia or the Philippines may find out that she has to stay in the house of her employer with only one free day in two weeks, working almost sixteen hours a day, and finding out that domestic work includes taking care of the children. On top of this, migrant workers have little access to care and prevention. There are too few health programmes that cater for their specific needs in their own language and that are sensitive to cultural differences. And their needs are many. In search of warmth and sexuality they may engage in activities that are risky without them being aware. They are even often in a disempowered position making it impossible to make choices that are better for their well-being. For female migrant workers it is often difficult to refuse the wishes of men on whom they are dependent: supervisors, employees, immigration officers etc. There are specific needs in terms of sexual, reproductive and mental health and mechanisms to deal with them that are completely lacking in the system that has developed.

Sub-Saharan Africa is disproportionately affected by the HIV/AIDS epidemic, poverty and armed conflict. The epidemiology of HIV/AIDS during conflict is complicated, but conflict has been shown to be associated with several factors that render affected populations more vulnerable to HIV transmission, as described below. In addition, HIV/AIDS may reduce the coping mechanisms and resilience of populations affected by conflicts. While populations affected by conflict do not necessarily have high HIV prevalence rates, they must be included in any successful effort to combat the epidemic. Forced migrant populations have complex interactions with various communities and high risk groups with whom they come into contact. An examination of new epidemiologic data sheds light on the complex relationship between HIV and conflict. It is a misperception that refugees' HIV rates are always higher than those in host countries; in fact, evidence suggests that the opposite is more likely but it is always context-specific. The well-documented factors that increase the vulnerability to HIV of conflict-affected and forced migrant populations must be considered alongside other key factors, such as reduced mobility and accessibility of the population, that may work to decrease HIV transmission. HIV prevalence levels among the forced migrant and surrounding communities also influence HIV transmission, as do the levels of interaction between the two communities and their exposure to violence. Collection and examination of data have permitted documentation of situations in which prolonged conflict has retarded the progression of HIV (e.g., Sierra Leone, Southern Sudan and Angola) and in which conflict may have increased the progression of HIV (e.g., eastern Congo). The context-specific circumstances in which forced migrants live must be better understood and used to guide HIV/AIDS programmes.

Human rights first

It is not for nothing that all international organisations have underlined the fact that HIV/AIDS programmes can only be implemented seriously if the human rights of migrants are respected. UNAIDS and WHO have published policy documents stressing their importance, but governments do little to implement that advice. A country like the Philippines has a long tradition of labour export and has made major efforts to improve the situation, but it is confronted with the political realities. Sending countries have a weak bargaining position

and if workers from country A become too expensive or too demanding, a bilateral agreement for migrant workers can be reached with country B that is not so demanding. We have seen replacement of Philippina domestic workers in Malaysia by domestic workers from Sri Lanka and Cambodia.

Interventions

Transnational interventions need to be implemented by organisations that have strong tradition in advocacy work for migrant workers and women. This includes activities and programmes in different countries, at different stages of migration, with different target populations that are linked with each other steered by the interests of migrant workers and that make use of the experiences of migrant workers.

Pre-migration information and awareness in communities from where many migrants come about the costs and benefits of different survival strategies. Mobility Research and Support Centre (MRSC) works with the Vietnamese Women Association in some village communities to create knowledge in stead of dreams about migration. In Sri Lanka the Migrant Services Centre organizes community sessions in the villages to make sure that women who will move to the Gulf States to work as domestic workers or nannies understand the consequences for their own families.
Pre-departure programmes for migrants who are at the point of leaving. These programmes are to empower migrants by providing them with information to help them to take care of their health and to provide them with support systems once in the host country. Here also returned migrants play a key role. CARAM Cambodia and MRSC provide such information in official pre-departure programmes.
Programmes for spouses left behind. Spouses also have to deal with increased vulnerabilities. Partners left behind are confronted with loneliness and hve to take care of the family alone. Children grow up without one of the parents. It has a deep disrupting effect on families. In Bangladesh, Nepal, India and the Philippines CARAM organizes spouses of migrant workers in groups and supports them in dealing with these challenges.
Post arrival orientation. Through peer education and community-based interventions access to information and facilities is organised. Community-based interventions are essential to make sure that marginalised people are involved in decision making processes. Without their involvement their human rights are not protected and interventions will be hard to implement. Depending on the needs of migrant workers interventions can be legal, psychological or health support, like is seen in the work of Tenaganita. MAP Foundation supports Burmese refugees in their access to the Thai health care system.
Re-orientation of returning migrants. Returning migrants have problems in reintegrating in their country of origin. Though they have gained skills in working abroad, these cannot easily be used. Female migrant workers from Bangladesh who return home are considered as promiscuous because they have been out of the control of the men in their families.
Collecting data in harsh forced migration settings is difficult but critical. Despite the difficulties in providing HIV/AIDS interventions in such settings, it is imperative that comprehensive programmes linking HIV/AIDS prevention with care and treatment be made available to conflict-affected populations.
Regional Coordination. In addition to these transnational programmes, there is a need for advocacy work at regional level, to monitor human rights abuse of migrant workers, to monitor the state of health of migrants, to influence policy makers and to come up with demonstration interventions that show alternatives.

Conclusion

The state of health of migrant workers reflects our economic realities. Economic growth is essential. But at what cost? Global economies are accompanied by a free exchange of money, products and information, but human beings can only cross borders as tourists or labour. Deregulation of the mechanisms that protected them have turned them into a cheap, contractual, flexible workforce. Their health has become irrelevant as far as it is not a commodity that improves the quality of their labour.

Healthy migration is only possible when the conditions of migration have become healthy and that is impossible without a proper analysis of poverty, gender discrimination, the state of displaced persons, violation of human rights and human security and lack of political participation of marginalized groups.

Credits

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