

Domestic Workers and Their Vulnerability to HIV/AIDS

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Introduction

- The new transnational face of migrant domestic workers generates important questions about the vulnerability of this invisible community.
- Their daily interaction with the state, the host society and their employers can be marked by discrimination on the intersecting basis of their ethnicity, nationality and gender.
- It is important to gain insights in the developments concerning global migrant flows that come to influence the sexual health and well-being of migrant domestic workers.

Definition

- Migrant domestic workers
 - are defined as adult women who voluntarily migrate from one country to another to find work in the domestic service sector
 - can be divided into live-in nannies/housekeepers who live at their employers' home, and live-out nannies/housekeepers who live at their own home and sometimes have more than one employer

Background

- Increased feminisation of migration and women currently represent about 50 % of the 175 million worldwide migrants (estimation by the International Organization for Migration)
- There are multiple 'pulling' and 'pushing' factors contributing to this global migration.

Why Global Migration

- Geographical mobility and women's economic participation have increased worldwide
- Marginalized families have decreasing opportunities within their own countries
- In 'receiving' countries more and more women embark on professional careers but the domestic activities continue to be a feminine responsibility.
- The traditional ways of taking care of the elderly and the children by family networks are disappearing.

Perception of migrant domestic workers

- The female migrant domestic worker is regarded a cheap solution for this private and public problem.
- Some social scientists now even consider 'domestic and care work' as the contemporary raw material extracted from less developed countries, as resources such as gold, silver and rubber used to be in the past (Hochschild 2002).

Invisibility of Health Problems

- Growing concern on the health and general well-being of the significant number of women migrating
- This new transnational face of domestic workers generates important questions about the greater vulnerability of this invisible community

Invisibility of Health Problems

- Health problems in relation to migrant domestic workers, are usually depicted by the media.
- Major drawback of the media:
 - media can give the implicit message that migration in itself is the root of all problems.
 - the attention is directed away from less obvious and more hidden health problems faced by domestic workers

Sexual and Reproductive Health

- Are migrant domestic workers at risk for catching HIV or are these just popular prejudices that reinforce conceptions of AIDS as being imported by foreigners?
- Do migrant domestic workers become promiscuous out of loneliness, or is this just the projection of middle class female employers' fear, threatened by the presence of pretty young maids in their households?

Sexually Transmitted Infections (STIs) and HIV/ AIDS

- Findings highlighted that:
 - In the case of HIV/ AIDS, there is a general concern that migrant domestic workers are at an alleged increased risk of this infectious disease.
 - In both in their destination countries and in their home countries migrants are blamed for introducing HIV.

Scenario in a Destination Country

- One of the studies highlighted the situation on the testing of migrant workers in a destination country
 - Work permit will not be issued or renewed unless the applicant is tested negative for HIV and pregnancy.
 - Assumption: A country can protect itself from the burden of AIDS by testing foreigners and restricting their access if tested positive.

Single Sex Entry Policies

- Ill adapted migration policies are behind many of the social factors that increase the sexual and reproductive health risks of migrants.
- Many 'receiving' countries deny the entry of spouses or children
- Family reunification is only allowed in a few countries - Canada, the United States, Italy, and also Chile.
- Occupational demands of domestic work make it difficult for them to raise their children in the host society (Parreñas 2001).

Vulnerability to HIV/AIDS

- Mobile populations face diverse vulnerabilities and risks for catching HIV (Wolffers & Painter 2002), which may also apply to domestic workers.
- It is not migration or mobility itself, but rather the situations encountered and the behaviour expressed that increase vulnerability and risks for mobile and migrant populations (Haour-Knipe & Grondin 2003).

Vulnerability to HIV/AIDS

- Sexual behaviour in host countries is often quite different
- Studies have indicated
 - Migrant workers may live up to *double standards*, using separate sets of rules for behaviours at home and in foreign destinations respectively, although pre-marital and extra-marital sex for women is often culturally not accepted (Wolffers *et al.* 2002, Santos & Munoz 2003).

Research on Practices and Beliefs

- Research project - Practices and beliefs in relation to cervical screening among Filipino domestic helpers in Hong Kong, SAR of China (Holroyd *et al.*2003)
 - Most of the women stated being sexually active (90 %, n=98)
 - Only 3 % reported having more than one partner
 - Data suggest that condom use is generally very low among this group of women - respectively 20% in Kuala Lumpur and 13 % in Hong Kong, SAR of China.

Vulnerability to HIV/AIDS

- Although condoms play an important role in HIV prevention, migrant women may have less access to preventive messages, because
 - the methods used do not reach them
 - there are language barriers
 - they may not have the resources to purchase appropriate contraception that protects them against STIs and HIV
- STIs make women more vulnerable for contracting HIV, which is why it is even more important to quickly treat a suspected STI.

Vulnerability to HIV/AIDS

- The live-in domestic worker run the risk of being sexually assaulted by their employer, increasing their risk for being infected.
- Perception that domestic workers as 'loose women', some employers take it for granted that they also provides sexual favours.
- The boundary between domestic workers and sex workers is sometimes fuzzy; a domestic worker whose contract has terminated, or who escapes an abusive household may have no other option than to temporarily fall back on sex work.

Findings

- Domestic workers as a research subject are increasingly being 'discovered' by social scientists.
- Every year the annual number of articles published on this theme is growing, markedly so since the year 2000.
- The health status of migrant domestic workers depends on two important sets of determinant

Findings

- Determinants are
 - Age and sex - The majority is aged between 18 and 45 years, when the burden of reproductive ill-health is far greater than the burden from other diseases.
 - The working and social environment - working and rest hours and days, type of work, relation with the employers, legislation to protect the worker
- These issues are all identified as to account for general, mental and occupational health.

Findings

- The discourse on migrants and reproductive and sexual health is a double-edged sword; by picturing migrants as vulnerable subjects for contracting STIs, the stigmatisation of this group is fortified.
- More in-depth research should be performed in order to get the full picture of the existing problems and to design more effective interventions in order to protect and to improve the health of domestic workers.

Limitations

- Little has been published on migrant domestic workers and health-related subjects specifically, so there is a lack of both qualitative and quantitative data.
- Uneven distribution of data in reference to different migrant nationalities

Recommendations

- Issues concerning general, occupational, reproductive, sexual and mental health issues should be imbedded in pre-departure and post-arrival programs.
- Self organized groups in which both live-out as live-in domestic workers can find legal assistance, advice on health issues as well as mental and moral support should be set up and maintained.

Recommendations

- To improve the health status of migrant domestic workers
 - Recognition of domestic work as work - governments should take responsibility of legally recognizing domestic work as work.
 - Standardized contracts need to be developed in which the responsibilities of the employers as well as the rights of domestic workers become clear. Working conditions, salary and tasks of domestic workers need to be defined.
 - Health insurance for domestic workers should be the rule instead of the exception.

Conclusion

- The right to migrate is fundamental to all human beings.
- When women migrate their rights are compromised not only between nations that send and receive but also by families and communities.
- When health is viewed as a right, it recognizes the foreign migrant domestic worker as a human being and not a commodity.

Conclusion

- Health, when understood as a holistic concept, involves many aspects of the migrant's well being
 - It goes beyond a sexually transmitted infection or HIV.
 - It recognizes the impact of health not only on the domestic worker but her family left behind (spouses, children, others), the family she works with and the community she comes from.
 - It ensures that both the physical and mental health of the migrant domestic worker is addressed.

For more information...

A literature review has been published entitled "Domestic Workers and Health".

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