Introduction And Background

The right to mobility for employment is an important human right, especially where local economies offer limited livelihood alternatives. Intervention strategies should, therefore, be directed at reducing the vulnerability of migrants, not at reducing migration itself.

Mobility and migration is an age-old global phenomenon. People have been migrating for various reasons since time immemorial. Migration has always been a fact of life and with changing patterns of economy, it will only increase. In fact, it has taken new and challenging dimensions during the last 20 odd years.

Mobility And Migration In The Asia Pacific: Trend And Patterns

Today, there are more migrants in the world than ever before, especially in Asia which encompasses overwhelming numbers of people. According to International Organisation on Migration (IOM) latest world report (2000), over 150 million people are residing outside their countries of origin. Other estimates state that, out of the total number of people on the move globally, 18 million are political refugees and more than 25 million are Asian migrants working in other countries.

In the past, mobility was characterised as migration from one region to another, as migrant workers and emigrants. *In recent times, migration has become much more complex characterised by intra-regional migration, temporary labour migration and a rise in irregular movements.* It is this context, which has drawn considerable attention to the issue of migration by governments not only in the Asia Pacific region but also globally. In early 1980s, the number of Asian migrant workers within Asia was estimated at around one million. In 1997, this number went up to an estimated 6.5 million in Japan, Korea, Taiwan, Province of China, Malaysia, Singapore and Thailand alone.

Globalisation has emerged as a catalyst for mobility and migration. Current globalisation strategies of liberalisation, privatisation, deregulation and restructuring of economies, in fact, favour migrant labour, but have posed new challenges. Global absorption has, in fact, resulted in disintegration of the social order and growing inequalities among people and nations.

The fall out of the economic crisis of 1997 was increased trade in human beings and creation of new groups vulnerable to trafficking. The reduced confidence in national economies subsequently caused additional, if not massive unemployment, with closures, retrenchments and layoffs. Traditional safety nets vanished over night simply because the system had no provision for unemployment or other

Labour migration may no longer be a temporary employment option and is being increasingly resorted to as a continuing survival strategy for migrant workers and their families.

benefits for those affected adversely by the crisis.

Rapidly growing economies in South and South-East Asian countries have accelerated the rate of urbanisation and modernisation coupled with considerable socio-economic and political changes. As a country moves towards advanced stage of development, it faces labour shortages in some sectors and chooses to import foreign labour to fill

the vacancies. Poorer countries encourage the export of labour as it softens their unemployment and underemployment problems and bridges budgetary deficits. These important factors contribute to the increasing number of migrant workers in the regionfrom less developed to affluent countries.

Labour has, in fact, become a commodity. Migration of cheap labour from poorer countries to richer ones is the global trend in responding to the economic globalisation and as an imperative for their survival. Recruitment of labour across borders has become highly organised with the growing demand for cheap, flexible, contractual and deregulated labour. Labour export has become a major economic activity propelled by national policies. Migration has, in fact, become a major 'dollar earner' for some economies, facilitated by multi-layered intermediaries, who play key role in the migration process, including employment agencies, governments, transport operators, families and communities.

Major Sending and Receiving Countries in Asia

SENDING COUNTRIES	RECEIVING COUNTRIES
Indonesia	Malaysia, Singapore, Brunei, Hong Kong, SAR of China, Middle East
Philippines	Malaysia, Singapore, Brunei, Hong Kong, SAR of China, Middle East, Japan
Nepal	India, Singapore, Hong Kong, SAR of China
Sri Lanka	Malaysia, Singapore, Middle East
Vietnam	Taiwan, Province of China, South Korea, China
Cambodia	Malaysia
Thailand	Hong Kong, SAR of China, Middle East
Bangladesh	Pakistan, India, Malaysia
India	Middle East, Singapore, Hong Kong, SAR of China
Burma	Thailand

Foreign workers in Asian labour-importing countries (estimates in '000)

Receiving Country	Number of workers by country of origin (estimates of illegal migration in parentheses)				
	Indonesia	Philippines	Thailand	China	Other Asian Countries
Malaysia	755 (1000)	100 (4000)	79 (33)	n.a.	305
Thailand	n.a.	5	-	60	944
Singapore	100	60	60	46	n.a.
Japan	n.a.	84 (43)	18 (39)	234 (938)	680 (9880)
Hong Kong, SAR of China	50	120	18	n.a.	39
Taiwan, Province of China	9	84	138	21	n.a.
Korea	15	23 (15)	9 (6)	28 (49)	56 (20)

Source: ILO 1998, as cited in Lim, J.Y., The East Asian Crisis and Child Labour in the Philippines, University of the Philippines School of Economics, 1999.

n.a. = not available

The Philippines is one of the leading exporters of humans for labour and the entertainment industry. While countries in the Middle East continue to attract hundreds of thousands of Filipino migrant workers, the growing markets in the neighbouring countries in Asia and some countries in Europe, have dotted the migration landscape for the last two or three decades.

Annual deployments of nearly 700,000 overseas contract workers have been reported by government agencies in the 1990s. There were a total of 4.5 million Filipino overseas workers, of which 1.8 million are undocumented.

More and *more women* are becoming migrants displacing themselves individually on a short-term basis and maintaining their permanent place of residence and family obligations back home.

If there is one word that can encompass the migration landscape in the region, it is 'female'. Globalisation, endemic poverty in sending countries, corruption, low status of women, official strategies geared towards export of human labour, as well as the unhampered growth of sexual exploiters and traffickers are some of the key reasons as to why the feminisation of migration has taken such a drastic turn.

Various agencies including IOM estimate that there are over 3 million Asian migrant women working overseas. This figure is increasing in countries like Sri Lanka, the Philippines and Indonesia where they account for 60-80% of the total number of overseas contract workers.

In the Philippines alone, some 2,000 contracts for overseas workers are processed every day by government agencies, and 60% of these are for women. In the 1990s, ILO estimated that at least 80% of those who entered Japan as legal migrants were 'entertainers', a category of work that does not exist in the labour landscape of Japan but nevertheless provides a rich coffer of resources for the Philippine government and a source of 'pleasure' for Japanese men. A survey conducted at the Colombo International Airport showed that 84% of those who left Sri Lanka were women, out of which 94% were migrating to be employed as domestic workers.

Migrant women occupy the lowest and most exploitative strata in the global division of labour. Women are employed in jobs that are menial, low skilled, low paid, and in isolated work conditions that expose them to the risk of abuse, sexual assault and violence.

Migrants, documented as well as undocumented, belong to these most deprived populations and are not only highly vulnerable to HIV infection, but their whole reproductive health is compromised by adverse conditions of migration. It is worse for female migrant workers than male migrant workers.

HIV/AIDS has not prospered in a vacuum. It is the globalisation that has fuelled this pandemic. Globalisation has also marginalized populations in poor countries and forced them to migration for their survival.

It has been estimated that the *negative financial impact of HIV and AIDS* on Asian economies in the year 2000 will be between $38 billion and $52 billion. For government and businesses, this means an overburdened health care system, diminishing pools of employees, reduced life expectancy, adverse impact on household and national earnings, and sensitive management issues concerning AIDS in the workplace.

The impact of migration and mobility of population is felt not only at the level of the individual, but also reverberates among migrants' families, communities and the entire society. Migration and the massive movement of populations change the very fabric of societies, and often this change is not reversible.

Push And Pull Factors

Migration *or the movement of people* between two or more countries is a complex phenomenon involving a wide range of sending and receiving countries. People migrate for a variety of reasons: some are at macro level while others are at a more personal and micro level.

Macro level push and pull factors such as political instability and the liberalization and globalization process have led to a dramatic increase in Asian migration. In the competitively aggressive economic marketplace, there is a demand for cheap labour in the newly industrialized countries. At the same time, increasing marginalization and landlessness in poorer, over populated countries in the region translate into powerful push factors by the sending countries. Labor migration thus becomes a means of survival rather than an option, for survival for people in less developed countries.

At a more personal level, the search for better economic opportunities has always been a major reason for migration. *Economic reasons* are both short-term, such as the need to pay debts, illness in the family etc. and long-term, such as better career and livelihood prospects.

Some people also migrate out of a *sense of adventure,* to explore new lands, experience *new opportunities* and escape the mundaneness of the life they are familiar with.

Marriage is another reason for migration. Among poorer communities, marriage to a foreigner is itself a "passport" to improved socio-economic conditions and a better quality of life.

Some reasons for migration are *social and psychological.* People migrate to escape violence, abuse or out of a sense of alienation from family and community. Women migrate for a variety of reasons shaped by the gender cultural construct. Along with low education levels, poor and rural backgrounds, women are also faced with family upheavals such as parent's divorce, failed marriage, illness in the family or filial need to earn money for the well being of the family. These aspects are discussed later in the feminization of migration section, and in depth in the gender and health chapter.

A complex combination of macro and micro Push factors in the sending countries and Pull factors in the receiving countries influence migration.

Migration Pull factors include:

¨ *Rapid urbanisation*

¨ *Industrialisation and globalisation*

¨ *Deregulation, liberalization and privatisation*

¨ *Increase in number of women in workforce*

¨ *Consumerism*

¨ *Advanced communication systems*

¨ *Expanding transport sector*

Soldiers line up migrants in preparation for deportation to Burma, November 1999.

Migration Push factors include:

¨ *Low and variable agricultural productivity*

¨ *Lack of local employment or advancement opportunities*

¨ *Landlessness*

¨ *Government labor export policies*

¨ *Marginalisation*

These Push and Pull factors *influence the volume and nature* of migration, determine policy changes and affect negotiation strengths of sending and receiving countries. Instability in the region (such as the Gulf war), economic crisis (Asian 1997 crisis), mass deportation of undocumented workers (Malaysia and Japan in 1998), localisation programs and policy changes (Hong Kong, SAR of China's ban on migrant drivers or Malaysia's refusal to renew work permits of domestic helpers, or Middle East's plan to use

local labour) are some factors that influence the movement of migrants either to or from receiving countries. At a personal level, many migrants return only to find continuing unemployment, very little savings, no market for skills acquired abroad in their own countries and, hence, are forced to remigrate.

According to the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, a migrant worker is a person "who is to be engaged, is engaged, or has been engaged in a remunerated activity in a State of which he or she is not a national." In other words, it refers to someone who goes to another country to work and earn a living. Such a definition sounds very simple, but the realities of migrant workers bear witness to a life fraught with challenges, difficulties, pains, fears and dangers.

Statistics and data related to migration are available for documented and accepted definition of "labour" but estimates do not reflect undocumented migrants, as data is very difficult to obtain.

Who is a migrant worker?

To understand the trends and patterns of migrations from the perspective of the migrant and to be able to grasp his/her exposure to various vulnerabilities, it is important to know who this migrant worker is.

Woman domestic workers from Sri Lanka working in Saudi Arabia, the seafarer from the Philippines working in the Middle East, women from Nepal trafficked to India, skilled workers from Indonesia working in Malaysia, refugees from Afghanistan in Pakistan, caretakers for the ageing from Cambodia in Japan and construction labourers from Vietnam working illegally in Korea are all examples of migrant workers.

While a definition for a migrant worker has been coined for universal understanding and usage, the term is becoming more and more unclear in the face of changing realities of today.

Migrant and mobile population include:

¨ *Construction workers*

¨ *Domestic workers   housemaids, guards, drivers*

¨ *Agricultural labourers*

¨ *Factory workers, especially in new economy*

¨ *Military and paramilitary personnel*

¨ *Transport sector workers truck drivers, barge and cargo ship crews*

¨ *Medical personnel, nurses*

¨ *Sex workers*

¨ *Students and teachers*

¨ *Professionals, businessmen, officials*

¨ *Tourists*

¨ *Refugees and displaced persons*

Differing Perception Of Migrant Workers

M Igrant worker is *perceived differently by different stakeholders and also by different countries* in Asia.

Government perceptions reflect the overwhelming economic push and pull factors that influence migration. Governments of both sending and receiving countries tend to perceive migrant workers as commodities for export and import. This perception is linked to the classification of migrant workers that most governments adopt which is documented and undocumented. No heed is paid to the difficulties and vulnerability of migrant workers nor to the reasons as to why they become undocumented in spite of the knowledge that Asian migration registered a dramatic increase in undocumented workers. It is a paradox that migrant workers who do the menial, demanding, dirty jobs are not recognized by either their own or the receiving countries as they are not "labour", yet the same "labour" is not only in great demand in the receiving countries but their remittances to home countries are highly welcome since these contribute to the nation's GNP!

The government of Singapore views foreign domestics as necessary, but only as a 'stop gap measure'. The preferred long term strategy is to encourage women to return to traditional sources (including older relatives, neighborhood babysitters, part-time local helpers) and child care centers for housework and child care. In the meantime, the government makes sure that the domestic helper workforce is strictly regulated and controlled.

One of the most common arguments against foreign domestic workers is that the long-term effects on the values of those under their influence (particularly children) are still unknown. As one Member of Parliament so vehemently stated, "there is great concern over the insidious influence that foreign maids employed here might have on the values transferred to the young."

Source: CARAM Asia

In countries like Bangladesh, perceptions about migrant workers, especially women, are mostly negative. They are perceived as *loose women* who have transgressed the moral boundaries of their culture. Thus, women are not encouraged and at times forbidden to migrate because of these reasons.

Migrant workers in the Philippines contribute almost 25% share in the country's Gross National Product (GNP). However, despite their substantial financial contribution to the economy, not everyone enjoys a socially recognised stature. In particular, Filipino entertainers are looked at negatively. The term "Japayuki" which originally meant "Japan-bound"

is being used to refer to women going to Japan to work as entertainers. This label has taken on a derogatory meaning as all Japayukis are seen as women who sell sexual services, a reality that supposedly goes against the mores and norms of a predominantly Catholic country.

In Japan, migrant workers are sometimes considered as *trainees* but work under conditions that will clearly define them as migrant workers. The Immigration Law of 1994 of South Korea does not allow unskilled foreign workers to work in the country except those recruited as trainees through the Korean Federation of Small Business. Being trainees, the workers are assigned to do the 3D (dirty, demanding and dangerous) jobs with very low wages. They usually receive no training. Consequently many workers flee these jobs and become "illegal" workers vulnerable to exploitation and health risks.

In most countries, domestic workers are referred to as *maids or servants.* The domestic worker is not recognized as a worker and not covered by labour regulations. For example, a residence visa under Article 20 of the Kuwait Alien Residence Law covers a person who enters and works in Kuwait as a domestic worker. It is under this type of visa that all domestic workers, drivers and those in the service category fall. A worker holding Visa under Article 20 is not protected by Kuwait's Labour Laws." (OLAMWA report, NOVA paper, p. 20)

Contracts are almost always against their favour and, more often than not, agreements are between the employer and the agent. The domestic worker, thus, working in isolation and barely protected by a fragile contract, is open to abuse and exploitation. In Malaysia, the domestic worker is referred to as a servant or a maid. In the Philippines, a category called "household workers" has been formulated to include workers who render services in the household, such as domestic workers, drivers, caregivers, and au pairs.

Changing Profile Of Migrant Workers

The pattern of migration has vastly changed. The migrant worker is no longer just a male, a professional or from a well off family who can afford to purchase the air ticket and leave home. The migrant worker in the 21st century is more likely to be poor, coming from a rural background, with low socio-economic status and limited education.

The migrant is more and more a female even from countries that try to stop the flow of women in migration. Feminization of migration has been most pronounced in Asian international migration. Women are moving in their own right as autonomous economic migrants rather than as dependants to male migrants. The situation of Asian female migrants reflects the dilemma of women who are forced to take on jobs that increase the risk of exploitation, violence, abuse, subordination and discrimination. A large majority of female migrants work as domestic workers in an isolated situation, as entertainers, as sex workers, in the tourist industry, as restaurant and hotel workers and in the manufacturing sectors. The migrant is coming form the remotest villages or from countries with the least exposure and lower education levels and skills. The new migrant is young, even with children, now entering as migrant labour.

A typical male migrant is a single young man in his twenties. While women migrants belong to the same age category, there is a tendency for girls as young as 15 and 16 to migrate especially for domestic work, by concealing their age.

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In a research done by CARAM Malaysia with Bangladeshi male migrant workers, the average age of the sample population was 29 with the youngest being 14 while the oldest was 52. The majority of the respondents were in their twenties (65%) and single (63.2%). The finding with regards to the age corroborates with the study by CARAM Bangladesh (Gomes, Ahmed Sultan et al 1999), which found the mean age of Bangladeshi migrants to Malaysia as 29 years.

Most migrants are young and have to come into the country single owing to the imposition of the single entry policy in most receiving countries.

Both these elements are crucial to the migrant's exposure to vulnerability. This is because migrants in this age group are understandably in the sexually most active stage of their lives.

Migration Process

Migration does not occur in discrete steps but is a process consisting of various stages: pre-departure, post arrival, and reintegration. Each stage has its own conditions of vulnerabilities and strategy for intervention.

Pre-departure refers to the stage of decision making by a migrant worker. There is an interim stage between Pre-departure and Post arrival, the Transit Stage, which the migrant worker has to go through in order to migrate, whether documented or undocumented. This stage involves travel, border crossing during international travel, and arrival at the destination. Travel can be time consuming and risky. Post-arrival is when a migrant worker arrives in the host country and begins to cope with the new environment. This can be further *divided into two stages of initial adaptation and successful adaptation* in the host country. Initial adaptation is a period when migrants and other people on the move find their way in the environments that may be new to them, develop social support networks, and identify ways to satisfy their basic needs. Successful adaptation refers to the stage when migrants adjust to the individual factors, differences between countries and the region in terms of language, culture etc. During this time, they develop skills and ability to cope with and adjust to these differences.

In reintegration, a migrant worker returns to his/her own country (because he/she is deported or
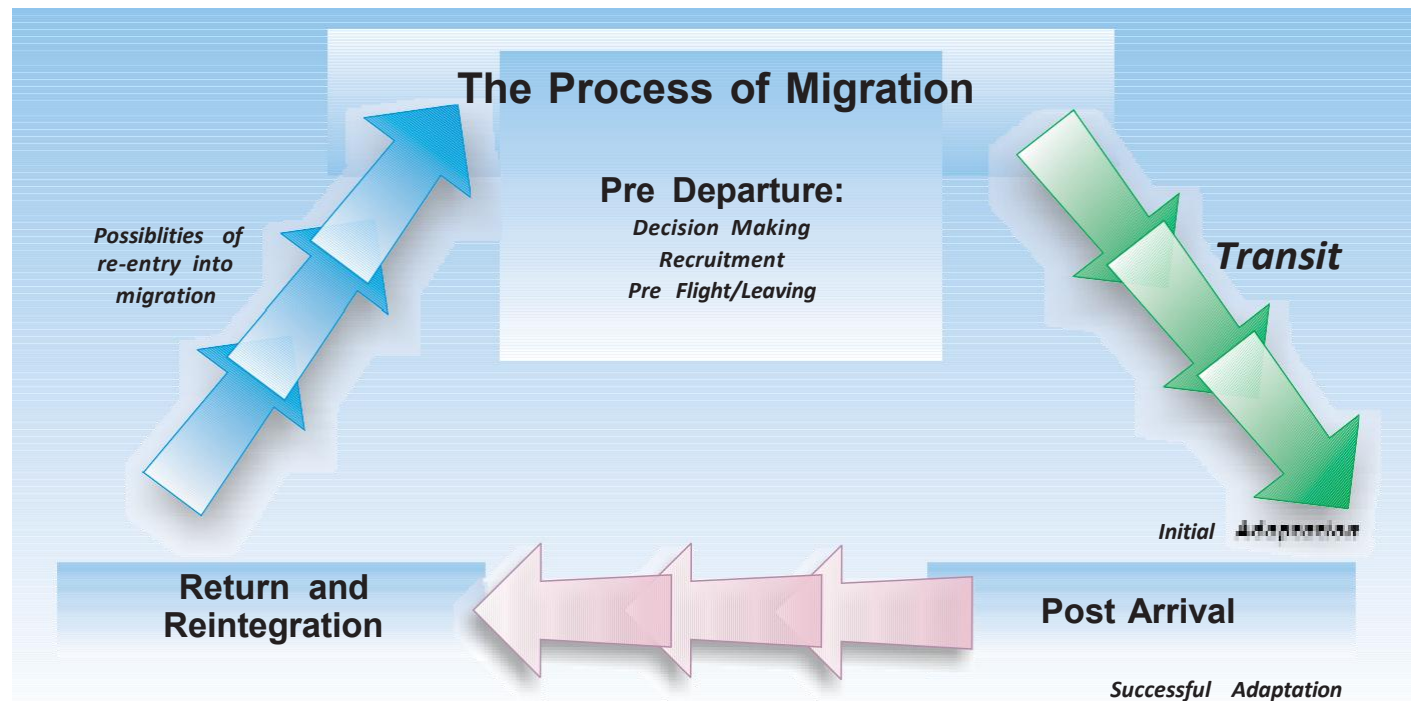
the contract is over) and begins to readjust and reassimilate into the country. Reintegration may in some cases be followed by migrating once again. As each stage is linked to the other, it is important to address all the relevant issues at different stages. Migration is, in this sense, a circular process starting in the community, going into pre-departure stage, then the journey, post arrival, living abroad, returning home and reintegration into the local community. Just as important is the need to address issues related to those whom migrant workers leave behind - families, spouses and children

Documented and Undocumented Migration

Migration is documented and regular when migrants follow the legal procedures to leave the country and be received by the destination country. When procedures at any point of this process are ignored or violated, the migration becomes undocumented. This can occur in three situations - at entry, during residence, on job. One may enter the country without proper passport and documentation or one may enter legally (as students, trainees, workers) but overstay. Others work without proper authorization or the work itself is irregular and so are treated as undocumented.

The Process of Migration

Pre Departure:
Decision Making
Recruitment
Pre Flight/Leaving

Possiblities of re-entry into migration

Transit

Initial Adaptation

Return and Reintegration

Post Arrival

Successful Adaptation

Just as there has been a change in the profile of migrants, increasing change has been seen in both documented and undocumented migration.

Documented Migration

A most noticeable trend since the onslaught of the economic crisis has been the slow down in the volume and numbers of regular migrants, since most receiving countries began freezing the recruitment and repatriating their foreign migrant workers. For example, as shown in the table below, Bangladesh, a major exporter of migrant workers, saw a decrease in the number of overseas Bangladeshi migrants after the economic crisis.

In addition to the economic slow down, the changing demands and needs of receiving countries also impacted the migration process in Asia. For example, the demand for specialized care providers to meet the needs of the growing numbers of the aged population in Japan, or the increase in the import of skilled professionals in the electronic

BANGLADESHI WORKERS BY COUNTRY OF DESTINATION

YEAR	MIDDLE EAST	MALAYSIA	KOREA	SINGAPORE	OTHERS	TOTAL
1991	144,276	1,628	-	642	585	147,131
1992	176,981	10,537	-	313	293	188,124
1993	174,104	67,938	-	1,739	724	244,508
1994	134,539	47,826	1,558	391	2,012	186,326
1995	141,317	35,174	3,315	3,762	3,975	187,543
1996	132,116	66,631	2,759	5,304	4,904	211,714
1997	197,181	2,844	889	27,401	2,762	231,077
1998 (Jan May)	79,359	551	181	12,017	753	92,861

(Scalabrini Migration Centre, 1999)

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sector in Malaysia, contributed to the reduced demand for semi skilled and low skilled migrant workers in these countries.

Undocumented Migration

Undocumented migration is indeed a major concern for the region with increased trafficking and trade in human beings. Following the economic slow down, this phenomenon has become a major trend in the migration process in Asia. The estimates of undocumented migrants going from Burma (Myanmar), Indonesia and Bangladesh are some of the highest.

The illegal status of migrants is often a result of overstaying visas, and contract violation. As will be discussed in detail in the coming chapters, most job seekers are often misled and cheated by unauthorised firms and persons, which they do not know of due to lack of information. The undocumented workers thereby lose their legal status of equality before law because they are sent by agents on a tourist or a social visit visa. They are forced to take up menial jobs in place of a promised one, and in poor working conditions that make them more vulnerable. They are, thus, forced to stay back to earn money to pay the debts and also for savings.

Estimates of Irregular Migrants in Selected Asian Countries

	RECEIVING COUNTRIES					
Country of origin	Japan	Korea	Taiwan, Province of China	Malaysia	Thailand	Total
Bangladesh	5,864	6,939	-	246,400	-	259,233
Cambodia	-	-	-	-	81,000	81,000
China	38,957	53,429	-	-	-	92,386
Indonesia	-	1,013	2,700	475,200	-	478,913
Korea	52,854	-	-	-	-	52,854
Malaysia	10,926	-	400	-	-	11,326
Myanmar	5,957	-	-	25,600	810,000	841,557
Pakistan	4,766	3,350	-	12,000	-	20,116
Philippines	42,627	6,302	5,150	9,600	-	25,319
Taiwan, Province of China	9,403	-	-	-	-	9,403
Thailand	38,191	2,528	6,000	8,000	-	54,719
Vietnam	-	3,181	-	-	-	3,181
Others	72,242	18,285	5,750	23,200	109,000	228,477
Total	281,157	95,627	20,000	800,000	1,000,000	2,196,784

(Scalabrini Migration Center, 1999)

Authorities tend to see the problems mainly as irregularities in labour markets because of high demand. However, a deeper look points to the connivance of recruiters and some government agencies and individuals that have preyed on the growing economic crisis within countries and in the uneven development in the region. What has to be noted is the fact that a huge number of undocumented workers also involve women and children who are trafficked for sexually exploitative work, such as in the entertainment industry. The exacerbation of the problems related to irregular migration however lies in the differing perceptions and related interventions.

While the common perception of irregular migrants is one of 'violators' for not possessing appropriate entry documents, it has also been established that irregular migration is the outcome of institutional deficiencies and improper access to information and legal channels of migration.

From the human rights perspective, however, irregular migrants simply do not lose their rights because they are in an irregular situation. In fact, the irregularity creates invisibility, which contributes to greater vulnerability in terms of abuse and violation of rights.

The phenomenon of migration can be understood in terms of three factors - destination, duration and form. In terms of

destination, migrant workers may move from rural to urban areas within countries or from developing to more developed countries. The migration between countries has to consider issues of whether migration is legal and documented or undocumented. The duration of migration can be temporary or permanent. Often, migration is seasonal, may be repeated for short periods of time or may be circular in that migrants return after making sufficient money to stay or return again.
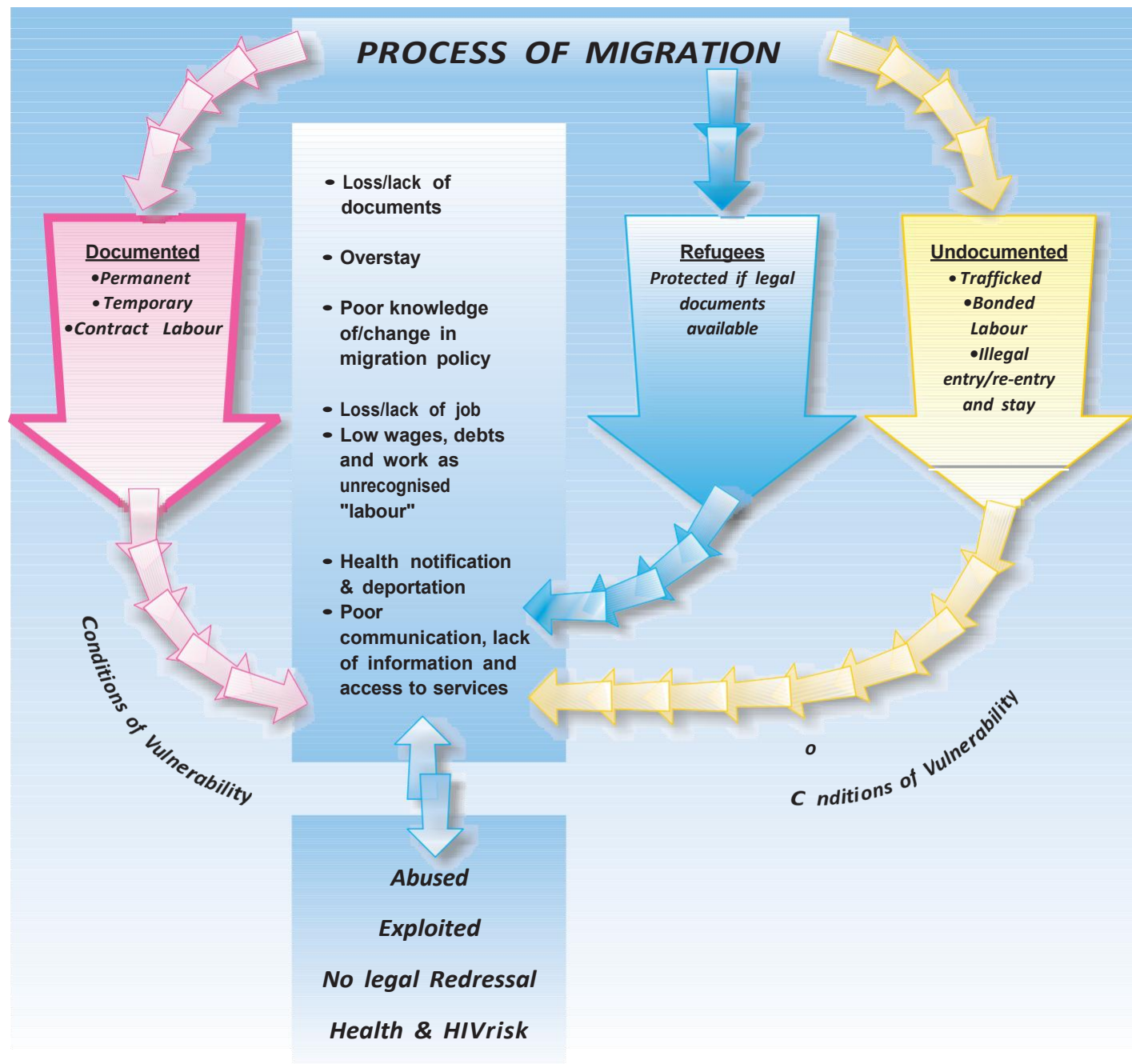
Categories of External Migration

1. **Permanent migration:** This is mainly associated with developed nations such as USA, UK, Canada etc. They fall into the category of professionals The tendency to settle in the countries to which the migrants migrate is very high due to opportunities and better life style. The migrants do not return to the country of origin and all information and dealings with them are in the host country.

2. **Temporary migration:** This is based on the contracts or as guest workers. Migrants to Middle East/South East Asia, for employment only, fall into the category of semi-skilled/unskilled labour. Returning to the home country is mandatory. Average period of stay ranges from 2-7 years. Information on temporary migration cannot be easily accessed, as the number is very large.

3. **Undocumented migration:** These individuals fall into the most vulnerable groups exposed to all sorts of problems, which a migrant could

encounter. Their number is also large and the information cannot be easily accessed, as they are individual dominated. Maximum exploitation of migrants rights happens for this category. Their access to preventive HIV/AIDS, interventions & health care is also very limited.

4. **Refugees:** Some are documented but those who fall under the immigration check clearance go on suspension order and never come back, due to the fact that their papers are destroyed. Such cases remain undocumented.

PROCESS OF MIGRATION

Documented
- *Permanent*
- *Temporary*
- *Contract Labour*

- Loss/lack of documents
- Overstay
- Poor knowledge of/change in migration policy
- Loss/lack of job
- Low wages, debts and work as unrecognised "labour"
- Health notification & deportation
- Poor communication, lack of information and access to services

Refugees
Protected if legal documents available

Undocumented
- *Trafficked*
- *Bonded Labour*
- *Illegal entry/re-entry and stay*

Conditions of Vulnerability

Conditions of Vulnerability

Abused

Exploited

No legal Redressal

Health & HIVrisk

Linkages Between Migration And Trafficking

Migration implies the right to movement and mobility, whereas trafficking by definition assumes abuse, coercion and deception.


The Global Alliance Against Traffic in Women (GAATW) defines trafficking as:

"All acts involved in the recruitment and/or transport of a woman within and across national borders for sale, work or services by means of direct or indirect violence or threat of violence, abuse of authority or dominant position, debt bondage, deception or other forms of coercion."

Source: Crossing Borders, Crossing Realities

Illegal, undocumented human trade or trafficking is one of the emerging challenges in the region. Trafficking of women and children has grown along with increased trade and economic development, expanding tourism, easy international travel and the officially sanctioned export of manpower. In fact, trafficking of women and children for prostitution and forced labour has become a lucrative and well organised "growth industry" in the region.

Various reasons have fuelled this growth. Slow economic recovery, tight government budgets cutting into programs for vulnerable women and children, higher unemployment rates of women (as compared to men) and a host of other personal and social factors "push" women and children out of their own countries. Trafficking and migration follow the same migration process of pre-departure, transit, post arrival and reintegration; are influenced by similar reasons to migrate (debt, family disintegration, illness etc.), but the players are different because the luring middlemen ensure that the trafficked women
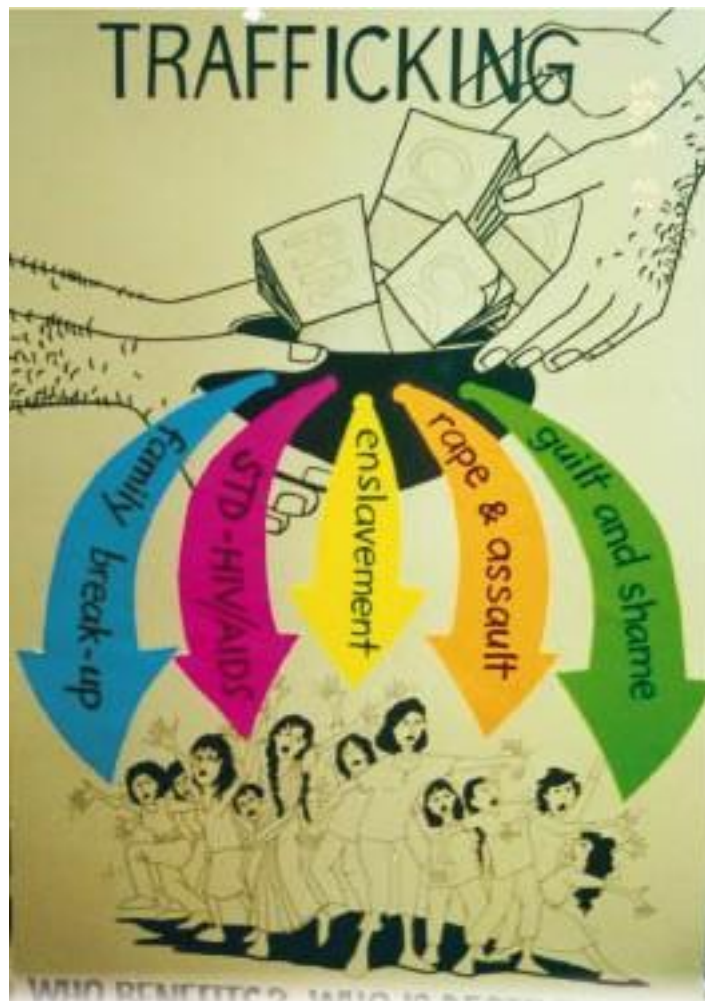
and children become undocumented and as a result at risk of abuse and exploitation.

The growing criminalization of trafficking makes it very difficult to control. Trafficking groups and networks enjoy considerable influence over corrupt government officials, have state-of-the-art computer equipment to forge documents and elaborate means of laundering their money. There are no accurate estimates of undocumented immigrants; they vary globally from 500,000 to 2 million.

Migration typologies are an aid to understand different kinds of migration but migration is about people and at any stage in the migration process, it is possible for regular migrants to become irregular undocumented migrants resulting in dramatic changes in their exposure to vulnerabilities.

Feminisation of Migration:

Women migrants, as compared to male migrants, are especially *vulnerable* because of their gender. With increasing women migrants, regular and irregular, greater understanding of differing impacts of the migration process, programmes and policy is required.

The world report of IOM 2000 puts the gender distribution of migrants internationally at 52.5% for men and 47.5% for women migrants. However, increase in the participation of women in labour migration

from 15% in 1976 to 27% by 1987 with the upward trend showing no let up in the 1990s is evidence of the feminisation of migration in Asia (Fernandez, 2000).

As men migrate in search of work, women are increasingly becoming defacto heads of households. Yet they lack the legal rights, social recognition and economic means to fulfil their practical responsibilities, thus exposing them to social, economic, and sexual exploitation.

The journey of women migrant workers is motivated by interlinking issues such as poverty, duty, deception, desperation and precarious family and marital situations. Often, the lines between migration, trafficking, sex work and debt bondage are very thin.

Amongst migrant workers, migrant women workers are those who have the *least power* to protect themselves. These include maids, factory and sweatshop workers, workers in textile industries, entertainers, carers for the aged and sick.

There is a concentration of migrant women in jobs like domestic work, child rearing and care giving, which fall into the *informal sector* in many countries. The invisibility and non-recognition of this work as paid and productive work performed outside their home pre-disposes them to *abuse and exploitation and*

health vulnerabilities. Some studies have suggested that it is the influence of cultural factors that puts girls and women into assuming reproductive roles. Women migrant workers are at an additional and greater risk of sexual exploitation and violence against them.

Violence against women migrants is another growing concern and is linked to the lack of and/or insufficient protection measures. Female migrant workers go into individualized work conditions where there is greater isolation and lower likelihood of establishing networks and social support. These put them at the risk of unwanted pregnancies and sexually transmitted infections with little or no access to health care or any social support, even from their families back home. There have been a number of cases of domestic workers who have been abused violently and sexually in many receiving countries; of many contracting STDs arising from abuse; of sex workers who have no protection or are controlled by the syndicate and pimps; or entertainers and other female migrants in Japan, under the control of 'yakuza' who have little or no negotiation power and are, thus, very vulnerable to violence and

infection. There is ample evidence of violence against Indonesian, Filipino, Sri Lankan, Bangladeshi, Indian and Nepalese migrants in the Middle East, Hong Kong, SAR of China, Singapore and Malaysia etc.

Many female migrants who lost their jobs during the economic crisis and who did not want to return to their homes not only went into the informal sector but also became sex workers in order to survive. It is in such situations of suppressed wages, poverty and love for people left behind that the migrant puts herself at the risk of infection. It is no longer a question of individual choice but one that is structural.

Gender selectivity policies of receiving countries can be seen in terms of the type of regulations dealing with family reunification, temporary visa, no right to marry and if she does then she loses her job and can return only as a spouse.

Possibilities for migration to promote the advancement and empowerment of women are clouded by the temporary and highly restrictive labor migration. One major setback has been that most of these programs have been the initiative of the sending countries. They also lacked the regional perspective and understanding.

Trafficking in Women

Opening up of borders for trade in goods and services has facilitated the trade in human beings by international crime syndicates who exploit the poverty of people in countries of origin. They have also capitalized on the increasing demand for sex

Trafficking in women has become a major problem with the largest number of victims coming from Asia, with over 225,000 victims each year from Southeast Asia and over 150,000 from South Asia.

(Congressional Research Service Report 98-649 C, Trafficking in Women and Children: The U.S. and International Response, May 2000).

tourism, and cheap and forced labour for industrial and domestic work. The absence of legal protection and weak enforcement of laws in sending, transit and destination countries also exacerbate the problem.

The decision to migrate is often a conscious one but the lack of information, debt bondage and lack of social networks in a strange country create conditions where women are trafficked and forced to move into sex work to survive.

They said that one could work as a beer promoter for just a few days, and then go back home. I thought it was true, and I came.

Vietnamese Sex Worker

I came through the Cambodian checkpoint where I had to change my clothes two times...to avoid being recognised by the checkpoint police. I was stopped by the checkpoint police who said that I had to pay them… I did not know (the amount paid) because Auntie Ba did it for me. They talked in Khmer, so I did not understand it at all.

Vietnamese Sex Worker

I had to save my mother's life. My pain was not as serious as that of my mother's..I told my mother that I worked here washing clothes for wages. I did not dare to tell her the truth. If she knew this, she would not let me do so.

Vietnamese Sex Worker

Source: "Crossing Borders, Crossing Realities"

Japan is one of the largest market for Asian women trafficked for sex, involving nearly 150,000 non- Japanese women. Half are from the Philippines and 40% are from Thailand. Victims are also trafficked in increasing numbers to new industrializing countries and regions, including Taiwan, Province of China, Malaysia, Hong Kong, Special Administrative Region of China (Hong Kong, SAR of China) and Thailand. Cross-border trafficking is prevalent in the Mekong region of Thailand, Burma, Laos, Cambodia, Vietnam, and the Southern Yunan province of China. Vietnamese women are trafficked to China and Cambodia. According to various NGO sources, hundreds of thousands of foreign women and children have been sold to the Thai sex industry since 1990, with most coming from Burma, Southern China, Laos, and Vietnam. East Asia, especially Japan, is also a destination for trafficked women from Russia and Eastern Europe. Victims from Southeast Asia, especially China, Burma, the Philippines, Thailand, Cambodia, and Vietnam, are also sent to Western Europe, the United States, Australia, and the Middle East.

(Source: Congressional Research Service Report 98-649 C, Trafficking in Women and Children: The U.S. and International Response, May 2000).

According to the same report, Pakistan, India and Sri Lanka are prime destination countries, with the latter two countries serving sex tourists. Bangladesh and Nepal remain the main source countries.

Migrant Brides

An increasingly common phenomenon in recent times has been the migration of women for marriage. The migration of Vietnamese women to Taiwan, Province of China and China for marriage has been increasing over the past few years as the research of CARAM Vietnam has shown. CARAM Philippines' experience also shows that Filipino women are increasingly looking at migration as a means of getting married, especially to somebody in the West.

In most cases, these women are ill prepared for life overseas. At times, migration for marriage, rather than for a livelihood, affords the women less mobility, rights and independence in the host country. This increases the vulnerability of the migrant bride/wife to abuse. In the process of migrating for marriage, these women often also stand the risk of being trafficked.

Families and Spouses of Migrants

While the problems of migrant workers get a lot of attention, the hardships faced by their spouses and families often do not get highlighted to the extent these deserve. However, recent research and interventions with migrant spouses, children and extended families in the Philippines, Bangladesh, Sri Lanka, and Cambodia have outlined the following problems for migrant spouses and children (problems faced by female spouses of migrants are rarely addressed):

Problems of Female Spouses

- Management of resources/money; often the spouse has no control over the migrant's remittances to the family. In many countries, especially in South Asia, it is the father-in-law or brother-in-law who controls the same. In countries like the Philippines, the mother-in-law may be the person enjoying this privilege. This situation creates considerable tension for the spouse in trying to meet her needs and those of her children.

- Raising the children/ family as a single parent with limited decision making capacity and resources

- Meeting own emotional, psychological and sexual needs

- Health problems, including their vulnerability to STDs/HIV, and access to health services

- Sexual violence and rape, often by male family members who consider these women their property in the absence of the women's husbands

- Abandonment by their husbands who take other spouses and/or partners in the receiving country or home country

Problems of children of migrants

- Discrimination at school and in the community

- Incest which impacts HIV vulnerability as well as their mental well being

- Delinquency

The phenomenal increase in migration of women, documented and undocumented, has resulted in increasing risks and vulnerability. Migration itself creates conditions of vulnerability for women who, in any case, suffer from gender discrimination. Coupled with the HIV/AIDS epidemic, these vulnerabilities can be a lethal combination. There are gender specific HIV/AIDS vulnerabilities and depending on the situation of women as migrant workers, migrant brides, trafficked women and as women heading the homes (where husbands are migrants), specific conditions of vulnerability lead to isolation, abuse, exploitation and disempowerment.

The Feminization Of Migration

Women Migrants

Vulnerabilities

- Occupational/contractual
- Gender selective policies of government
- Abandonment by husbands / families
- Taboas
- Delinquency/neglect of children

- lack of access to, condoms STD treatment
- lack of HIV/AIDS information

GENDER-SPECIFIC HIV VULNERABILITY

- Lack negotiation skills
- Taboos discussing sexuality
- Risk behavior as no social sanction for need for intimacy

ISOLATION EXPLOITATION DIS- EMPOWERMENT

Women-headed Homes

Vulnerabilities

- Lack legal rights
- Lack social status
- In-laws harassment
- Economic insecurity
- Family responsibility

- ignorance of own body
- lack social support for unwanted pregnancy/STD

Migrant Brides

Vulnerabilities

- Lack knowledge of host country's socio-cultural environment
- Less mobility and rights
- Dependence on husband
- Risk of trafficking

- exploitative/violent relationships
- risk behavior of husband/boyfriend
- traditional sexual practice (sex with family member)
- biological vulnerability STD/HIV

Trafficking

Vulnerabilities

- Unscrupulous agents
- Loss/lack of documents
- Economic debt
- Lack legal rights
- Psychological trauma
- Social isolation

Migration, Human Rights, Conditions Of Vulnerability And Hiv/aids

"**A**ll human rights are universal, indivisible, interdependent and interrelated. It is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms"

Source: World Conference on Human Rights: the Vienna Declaration and Programme of Action, June 1993.

Protection of human rights is essential for a nation's growth and progress especially for public health and development. Improved health leads to sustainable development. Protection of human rights creates an enabling environment to empower the population against the HIV infection. When this supportive environment is not present, the impact of the HIV pandemic increases.

The dramatic increase in Asian migrant populations has not been accompanied by appropriate mechanisms for the protection of migrant workers rights. Viewed as labour commodities, protection of migrant workers rights is viewed as "non-competitive" and "expensive" in the international market. Migrant workers, thus, become more exploitable, more vulnerable and cheaper substitute to local labour.

The UNGASS HIV/AIDS declaration adopted on 27 June 2001 discusses the urgent need to protect human rights at national, regional and global levels as essential in the fight against HIV/AIDS.

It recognises that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS. (Article 30)

It supports regional organisations and partners to be actively involved in addressing the crisis: to intensify co-operation and co-ordination and develop regional strategies and response in support of expanded country level efforts (Article 39, 40).

Articles 64 and 75 discuss the need to develop and strengthen national strategies, policies and programmes supported by regional and international initiatives for vulnerable groups affected by poverty, population movements and other conditions.

The very process of migration exposes the migrant to various conditions that enhance their vulnerability in various ways - economic, physical health, and social. In the context of migration, vulnerability to HIV/AIDS is less an individual choice to take risks or not. Vulnerabilities are often due to language barriers, changes in life styles caused by migration, lack of access to information (on sexual health and other health related topics), lack of access to facilities (such as health care and condoms) and support mechanisms as well as prejudices and discrimination. That is why migrant workers, especially women, are a high priority target group for interventions and empowerment.

Tarantola has defined *'vulnerability'* in absolute (people are unprotected), relative (exposure to higher

than average risks), epidemiological (exposure to higher risk of HIV infection), medical (inability to get optimum quality, level of care), human rights (exposure to discrimination including violence and exploitation), social (deprived of some or all social rights and services), economic (inability to offset risk of infection or access to care) and political (inability to get full representation or lacking political power) terms (*in Mann et al 1996).*
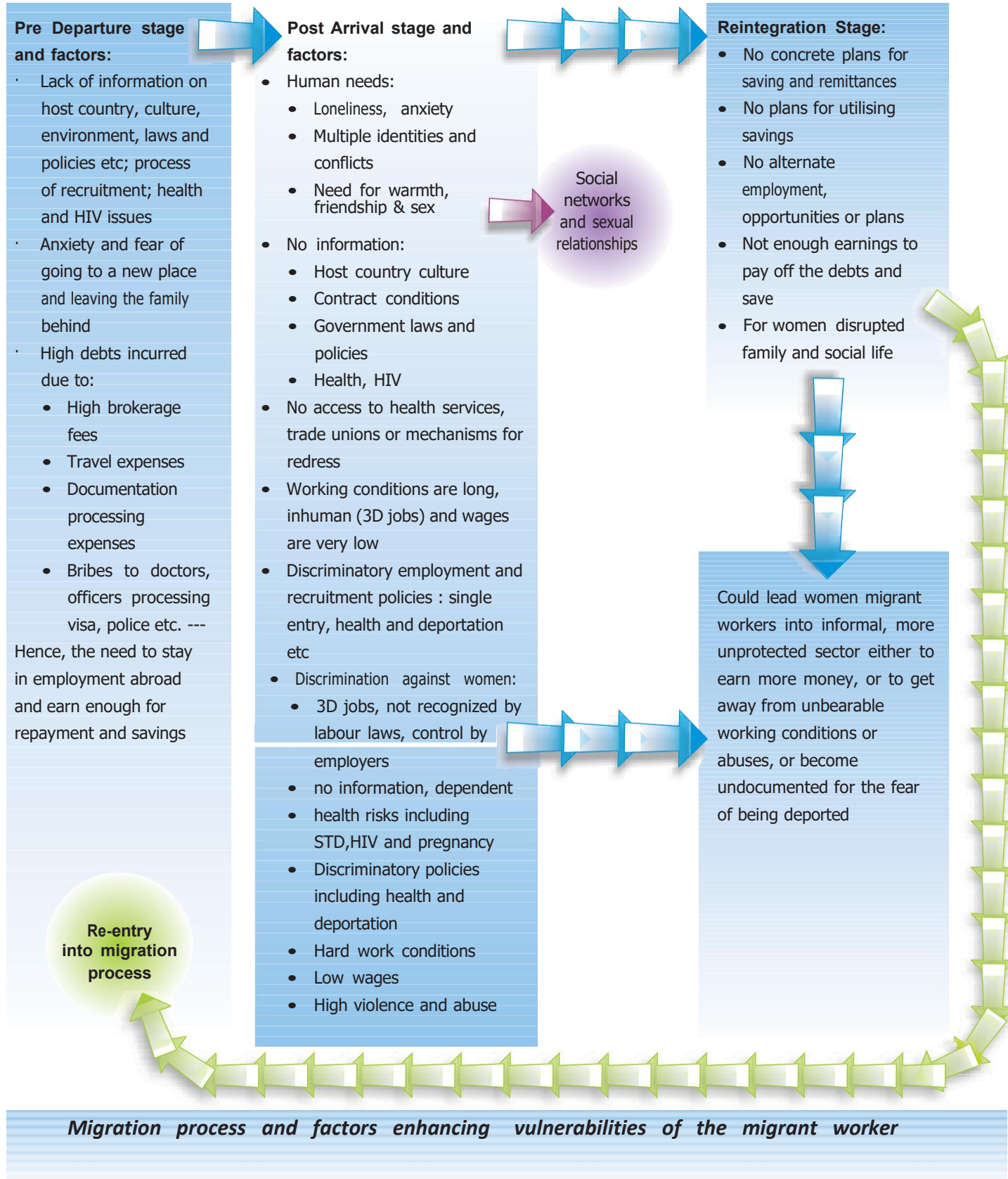
Whether migration is 'regular' or irregular', it *creates conditions* that heighten a person's vulnerability to physical and economic exploitation, violence, ill health and lack of care, and violation of basic human rights to live and earn. Irregular migration, which is sometimes seen as violation of basic rules/principles of migration, is often an outcome of institutional deficiencies, lack of access to accurate and adequate information, and policies and mechanisms for migration.

For example, a domestic worker is not recognised as a worker in most countries and thus is not covered by labour legislations. They are more often than not, women. These women work in isolated conditions with fragile contracts often between the employer and the agent; that is why, women are open to abuse and exploitation. Most countries perceive migrant workers as doing jobs that are dirty,

demanding and dangerous, with very low wages. Consequently, many workers flee these jobs, and become "illegal" and thus more vulnerable to exploitation and health risks.

It is these *irregularities in migration* which often make the migrants *more vulnerable* to abuses and infections and encourage clandestine existence, which makes it difficult for information and services to reach these workers. The irregular migrant worker gets intertwined into a vicious cycle, which also attracts elements of crime and violence.

There are many more factors associated with the process of migration which can create conditions that heighten the vulnerability of the migrant workers as well as their families. Migration is a dynamic process of discontinuity and transition, characterized by moving away from a familiar and comprehensible existence to an unknown, confusing, distressing, but possibly exciting and rewarding life in a new destination. Hence, the migrant worker faces conditions and factors that are constantly enhancing his or her own vulnerabilities *throughout the process of migration* i.e. from the time he or she makes the decision to migrate, to the time he or she returns back.

Pre Departure stage and factors:

- Lack of information on host country, culture, environment, laws and policies etc; process of recruitment; health and HIV issues
- Anxiety and fear of going to a new place and leaving the family behind
- High debts incurred due to:
  - High brokerage fees
  - Travel expenses
  - Documentation processing expenses
  - Bribes to doctors, officers processing visa, police etc. ---

Hence, the need to stay in employment abroad and earn enough for repayment and savings

Post Arrival stage and factors:

- Human needs:
  - Loneliness, anxiety
  - Multiple identities and conflicts
  - Need for warmth, friendship & sex
- No information:
  - Host country culture
  - Contract conditions
  - Government laws and policies
  - Health, HIV
- No access to health services, trade unions or mechanisms for redress
- Working conditions are long, inhuman (3D jobs) and wages are very low
- Discriminatory employment and recruitment policies : single entry, health and deportation etc
- Discrimination against women:
  - 3D jobs, not recognized by labour laws, control by employers
  - no information, dependent
  - health risks including STD,HIV and pregnancy
  - Discriminatory policies including health and deportation
  - Hard work conditions
  - Low wages
  - High violence and abuse

Social networks and sexual relationships

Reintegration Stage:

- No concrete plans for saving and remittances
- No plans for utilising savings
- No alternate employment, opportunities or plans
- Not enough earnings to pay off the debts and save
- For women disrupted family and social life

Could lead women migrant workers into informal, more unprotected sector either to earn more money, or to get away from unbearable working conditions or abuses, or become undocumented for the fear of being deported

Re-entry into migration process

Migration process and factors enhancing vulnerabilities of the migrant worker

HIV/AIDS as a key issue within the health risks posed to Migrant Workers

Health and human rights are powerful concepts that must be recognised and understood in a holistic manner as both contribute to the total well being of an individual. Health rights in the context of migrant workers is an area of neglect in both sending and receiving countries. Through an elaborate screening and mandatory testing (for instance, HbsAg, Hepatitis A & B, VDRL, HIV, Tuberculosis, Malaria, Leprosy, Cancer, Psychiatric illnesses and pregnancy test for all women migrant workers) only the "fittest" migrant workers are permitted to enter the receiving country. But, because of a combination of complex situations the migrant worker faces health risks in the receiving country that could lead to health notification and deportation - because he has become "unfit"! A classical paradox, indeed! Poor working and living conditions, poor access to health care and information, self medication and untreated diseases and mandatory testing to enter and renew work permits ensures that all those who fail the tests will be deported. The 'unfit' person is neither a responsibility of the receiving country (where he/she became unfit) nor of the sending country.

Global Scenario:

According to the UNAIDS Report on the Global HIV/AIDS epidemic 2000, 18.8 million people around the world have died of AIDS, 3.8 million of whom were children. Nearly twice that many 34.3 million are now living with HIV. The most recent UNAIDS/WHO estimates show that, in 1999 alone, 5.4 million people were infected with HIV. Of the 34.3 million people living with HIV globally, 5.6 million belong to the South and South East Asia region. Of these, 1.9 million are women.

In the context of HIV/AIDS, impinging on the health and human rights of migrant workers leads to greater vulnerability in acquiring HIV.

The Asia Pacific Region has overtaken Africa by recording the fastest growing rates of new HIV infections in the world. In the last four years, there has been more than a 100% increase in the incidence of HIV infection in the region. (Source: UNDP, SSWA HIV and Development Project : AIDS in South and South West Asia A development challenge.)

Epidemiological research also shows that HIV infection in most countries is due to unsafe and unprotected multipartner sex. Dealing with HIV necessitates the need to address behaviours that are highly personal, guided by socio cultural norms and

What is HIV/AIDS

- *AIDS stands for Acquired Immunodeficiency Syndrome, a cluster of medical conditions caused by HIV the Human Immunodeficiency Virus which weakens the body's immune system.*

- *HIV spreads through sexual intercourse without a condom, transfusion of unscreened blood, use of contaminated needles, most frequently for injecting drugs, and from a woman to her child during pregnancy or breastfeeding.*

- *It is preventable, but not curable as yet. A person who has an established HIV infection has it for life.*

- *HIV is a slow-acting virus. The majority of people with HIV look healthy and feel well for many years after infection; they may not even suspect that they have HIV infection though they may transmit it to others.*

- *In individuals who do not get Anti Retroviral Therapy, the time between contracting HIV and the development of the serious illnesses that define AIDS is around eight years, and most people do not survive much more than two years after the onset of AIDS.*

- *Treatment and Anti Retroviral drugs can slow the progression of HIV infection, but the medicines are expensive and not available to most people in the developing world. Many succumb to serious opportunistic infections caused by the weakening of the immune system.*

- *A laboratory blood or saliva test is the only certain way to determine whether an individual is HIV positive (HIV+)*

(Source: UNAIDS Report, 1999)

traditions, and may or may not be a result of personal choice. It is now also known that HIV pandemic can disseminate due to certain conditions that heighten a person's vulnerability to risk taking behaviour. There may be certain conditions created for an individual where he or she does not have any choice, power, and information or negotiation skills to alleviate the vulnerability to HIV infection. These are the very conditions that make the already marginalised population more vulnerable since they do not have adequate access to either information or health service or the power to negotiate safer practices. Migrant populations are one of such marginalized and vulnerable populations at risk of HIV.

HIV/AIDS, within the mobility framework, is directly related to the effects of the sociocultural patterns of migrant situation, economic transition and changes in the availability and accessibility of health service, and the difficulty of the host country's health systems to cope with the traditions and practices of migrants. This is further complicated by the stigma and shame attached to being HIV positive.

Conditions of Vulnerability: Local (culture, gender, norms), National, Regional or Global (policies, economic conditions)

Factors or conditions affecting the vulnerability can be *local,* related to socio economic conditions, culture, gender and community norms. Or they could be *National, regional/international* conditions relating to

policies, laws and socio economic issues. However, these conditions exist at different and all stages of migration, right from the time decisions are made, to the process of recruitment, pre-flight activities, arrival in the receiving country to reintegration.

Conditions/Factors related to socio economic conditions, culture, gender and community norms that enhance migrant workers' vulnerability

- *Separation from spouse, family and socio-cultural norms*

- *Information deficiencies: Lack of information or non-access to information during the process of migration*

- *Difficulty in interpreting and accepting the new environment*

- *Isolation and loneliness, and a sense of anonymity enhanced by stigma and discrimination faced*

- *Marginalisation and discrimination due to lower socio economic status and poor living conditions*

- *Difficulties in accessing services, information or trade unions/other support organisation, due to working in disorganised sector*

- *Difficulties in obtaining support from laws and policies in the host country*

Research by CARAM has shown that many workers often migrate to a new destination, for improving their economic condition at home. However, most migrants are already in heavy debts prior to their arrival at the new destination due to high payments, bribes to many intermediaries such as recruiting agents, visa and immigration officials doctors, etc. With high expectations of being able to earn enough to repay the debts and also save for the family, the migrant worker accepts the job in the host country. Need to earn, forces him or her to either continue with the job in spite of unbearable working conditions or look for alternatives i.e. sex work for women, or become undocumented in their post contract period, due to fear of deportation. It is this *economic vulnerability* which contributes to other physical and mental vulnerability of the migrant worker.

Policies for recruitment and employment in the receiving countries often do not allow accompaniment of spouse and family and thus the migrant worker often finds himself or herself as *being alone, in an alien environment.*

Arriving in a *new environment* exposes migrant workers to different cultures, norms, which bring him in direct conflict with his or her own *values and norms.* The worker, mostly young, is alone and anxious in this new environment attempting to cope with adjustments regarding new social environment, job, culture, language, lifestyles etc.

These factors, combined with basic needs of life such as warmth, companionship and sexuality, could lead to the individuals practising unsafe sexual practices that heighten their susceptibility to HIV/AIDS. These conditions are further exacerbated when HIV is further carried to their families, girlfriends or boyfriends.

In short, these factors or conditions can lead to confused, unstable, insecure and unsafe behaviour by the workers that could adversely affect their health.

Access to *health information* that can protect the migrant workers is insufficient because of cultural and language barriers, as well as absence of any focussed information dissemination policies and programmes. Access to *health care services* is also *limited.* Many countries implement pre-departure/flight programmes for the migrant workers. However, these programmes do not carry sufficient information on the HIV/AIDS and risk producing conditions. Main focus of many of these programmes is on skills building. Also, pre-flight information on HIV/AIDS, as a stand alone strategy for information dissemination may not be successful since 'health information' is the last priority for the migrant who is more anxious about being in a new country with mixed feelings of anxiety and excitement.

CARAM Asia's research has revealed that 85% of Bangladeshi migrants in Malaysia did not go through any pre-departure programme and 91% of the respondents admitted that they did not receive any orientation on health or HIV/AIDS. Migrant workers, who did go through a pre-flight orientation by in-house recruitment agencies like in the Philippines or Sri Lanka, received very little information. In Indonesia, the pre departure programme especially for domestic workers was more in increasing their skills as a domestic worker, and the orientation focussed more on good behaviour in terms of protecting the image of the country.

Certain other *policies related to health* of the workers further prevent them from accessing treatment and services. For example, in Malaysia if the migrant worker is found with a simple infectious disease including HIV, he or she is immediately repatriated. Emphasis on 'healthy migrant worker force' and presence of such policies makes health care interventions extremely difficult for migrant populations.

Most host countries often require HIV test for medical fitness and for renewal of visa and work permits/contracts. If the worker is found to be positive, he or she is immediately deported without any medical support, counselling or compensation.

Due to the absence of standardised *employment policies,* which are often discriminatory with migrants viewed as labour commodity, most workers are

HIV/AIDS: Pakistan

In December 1999, it was found that out of 1,600 cases of HIV/AIDS in the country, 80% were migrant workers returning from the Gulf. These were also Pakistanis who were systematically tested for HIV, while applying for visas to work abroad as migrant workers, and only those who tested negative were allowed to proceed. In the receiving countries, they were screened every two years. If any of them tested positive, they were deported immediately without any provision of counseling or education about the disease. On arrival, in their home country they reintegrated with their families, often infecting unaware spouses and thus spreading the disease. Therefore, the group which stood second highest at the risk of contracting such diseases comprised spouses and families of migrant workers. The spouses of those deported migrant workers had no other stereotypical "risk behavior" that increased their chances of contracting such disease other than being married to infected persons.

The vast majority of intending migrant workers, including those belonging to rural areas, are not uneducated or unaware; they often deny the authenticity of positive results as they do not feel or exhibit any outward symptoms of the disease. Some fraudulent sub-agents and recruiters change the identities of migrant workers whose tests have tested positive and try to evade the rules and requirements. The workers themselves must be made aware of the importance of health tests and the consequences of trying to circumvent the rules.

Source: Report on the National Report: Pakistan Consultation on migration & HIV, Zia Ahmed Awan, CHRLA, 2000.

recruited for dirty, demanding and dangerous jobs, which are extremely low paid. Working conditions are unhygienic and long with limited rest periods or holidays. These working conditions also have an impact on the health status of the migrant workers. Low socio-economic conditions in alien country further take away any choices or access to services and information from these migrants.

Along with the existence and practice of discriminatory employment and health policies, the host country's laws and policies do not allow migrant workers to join trade unions, and/or form their own collectives or groups. No mechanism of *legal redress or registration of complaints* is offered to the migrant workers.

Scenario in host countries for unskilled or semi-skilled migrants

Low levels of remuneration, unfavourable terms and conditions of employment, questionable deportation, forced labour, hazardous job conditions, physical, mental and sexual abuse, lack of proper safeguards and legal protection, and a lack of health care services.

Additionally, HIV prevention efforts become *more challenging* because, in many cultures, the issues of intimate and sexual behaviour are shrouded in secrecy and are a taboo. Such cultures avoid

HIV Vulnerability of Migrant Workers

Based on the findings of the research undertaken by KALAYAAN Inc./CARAM Philippines,

following factors predispose migrant workers to HIV/AIDS.

Low knowledge of HIV/AIDS

Awareness of HIV/AIDS issues is high among migrant workers but actual knowledge remains low. Misconceptions about HIV/AIDS are common, e.g. they believe that only 'high-risk' groups are susceptible to infection or that HIV/AIDS can be transmitted through kissing, exchange of utensils or use of public toilets.

Low condom use borne out of misconceptions about its efficacy

There is a general uncertainty about the effectiveness of condoms in preventing HIV/AIDS. Also many Filipino migrant workers, especially males, dislike the use of condoms since they believe it inhibits sexual pleasure.

Knowledge that does not translate to behavior change

Despite the fact that some migrant workers may have a lot of information about HIV/AIDS, it does not necessarily translate to behavior change. They are still not willing to practice safe sex or use condoms.

Poor health seeking behaviors

Perhaps because of the high cost and inaccessibility of health care, many Filipinos, migrant workers included, tend to avail of medical or health services only when their condition becomes worse. The tendency to self-medicate and consult friends or relatives rather than medical professionals is also very common.

Attitude of invincibility

Migrant workers think and believe they will not get infected with HIV/AIDS. They reason out that they have been engaging in unsafe sexual behavior and have never gotten sick so why should they be concerned about HIV/AIDS?

Dealing with Loneliness and homesickness

Migrant workers wage a daily struggle to overcome loneliness and homesickness. The physical separation from one's loved ones and the irregularity of communication and contact with them often makes this loneliness unbearable.

These feelings are especially acute when they are destined to countries that are markedly different from their own. Many migrant workers, especially those coming from warm, tropical climates state that they feel most lonely during the winter season. It is thus important for migrant workers to work out communication strategies with their families and loved ones. Letters, photographs, telegrams, audio cassette or video tapes, gifts, or even email and the exchange of information with fellow migrant workers are ways by which migrant workers can be in touch with those they leave behind.

However, there are migrant workers who are in situations that may hinder them from communicating regularly with their families and loved ones. Domestic workers who are often not allowed to go out even on their off days have a hard time finding ways to reach their families. Illegal or undocumented migrant workers, by virtue of their mobility may also have relative difficulty in communicating with their families.

discussing sexual issues in public. These attitudes and norms towards sexuality and sexual behaviour retard HIV/AIDS prevention efforts.

Disempowering conditions at the national, regional and international levels:

Apart from personal, social and cultural factors, there are certain policies, laws and mechanisms that heighten vulnerabilities. These could be at national, regional or global levels. Some of the policy and economy related factors are:

♦ ***Weak bargaining power of sending countries:*** *While labor was seen as a source of revenue by which poor countries could earn foreign exchange to pay for debts to international financial institutions like the IMF, increasing competition between sending countries contributed to the institutionalization of low wages, and trading off of the rights of migrant workers. The strength of the migrant sending countries to bargain and increase protection of their nationals is shrinking and weakening.*

♦ ***Differing and discriminatory recruitment and employment policies and practices of the receiving countries:*** *Most labour receiving countries or host countries lay a lot of emphasis on 'healthy' migrant force and thus see the workers as doing the 3D jobs at minimum wages. The policies formulated do not take into account the welfare of the migrant worker - economically, physically, or socially. Discriminating practices and mechanisms of bringing cheap*

labour under difficult working conditions, force many migrants to look for alternative employment making them more vulnerable to exploitation and health risks. Policies related to health and deportation prevent access to treatment and care.

♦ Denial of human identity and human rights to migrants in receiving countries: *In receiving countries, governments seem more concerned with national security rather than the protection of rights of migrants. Quite often, policies tend to be reactionary and indicate that governments view migration as a temporary phenomenon. Shortages of labor and unforeseen influences and fluctuations in the business cycle have determined the government's negotiations on the inflow of migration. It is a kind of crisis management with no sustainable long-term comprehensive plan. Further, the policies do not take into consideration the migrant perspective and agreements do not address the issues of welfare and conditions of employment. They also do not recognize the migrant as a human being with human needs for social interaction, warmth and comfort. Emphasis is given only to ensure high productivity and meeting the demands of capital.*

♦ ***Denial of health rights:*** *While health is a critical component in the recruitment process because the recruitment of migrants hinges on selection of only the healthiest and fittest of workers, health rights of migrants are not regarded in the migration process, either by sending or receiving countries.*

♦ Privatization of recruitment & monitoring deficiencies: A further weakness within the environment related to migration has been the privatization of recruitment in most sending and receiving countries, with little or no effective monitoring mechanisms put into place, even in state-run economies like Vietnam. This has increased the abuse and exploitation of migrant workers, often putting them in situations of great jeopardy. The problem is worsened by the absence of proper channels of information by which the migrant may access accurate information for taking an informed and voluntary decision.

Mandatory testing of diseases, including HIV and pregnancy test for women, are conducted in an irresponsible manner, without consent and violating human rights. The resulting trauma of the migrant worker who is denied entry without recourse to counselling and medical treatment, or the one who is deported in 24 hours is ignored. The migrant worker having passed all tests, awaiting entry and in transit is often ignorant that pregnancy (for a woman) and contracting of any illness during that period could lead to deportation soon after entry into the receiving country. The trauma of immediate deportation is overwhelming. In either case, after arrival or during the periodic mandatory testing, there is

no investigation into the 'how' or conditions that led to such a situation. For example, when a migrant woman is found to be pregnant there is no enquiry whether it was a case of sexual abuse; instead the woman is considered the culprit and deported.

Testing for STIs, pregnancy, TB, among others is carried out during the recruitment process, during the transit period and on arrival. Most migrant workers are

Solidaritas Perempuan/CARAM Indonesia reported the case of Siti (not the real name) a domestic worker returnee from Saudi Arabia. Siti stated that when she escaped from her rapist to the police station where she also identified her perpetrator she was put in jail and brought to trial for walking with a man who was not her husband. Further, she was given 40 lashes.

Source: Siti's testimony is reported in the Concept Paper on the Regional Summit on International Migrant Domestic Workers to be held in 2002, CARAM Asia.

unaware that having cleared the tests during the recruitment process is not enough. During long periods of waiting, women may become pregnant or potential migrants may test HIV+, and are turned back without information or counselling and left to manage by themselves the trauma of notification and rejection.

Hiv/aids In Host Countries: Are Migrant Workers To Be Blamed For The Spread Of Hiv? Is Mandatory Testing The Answer?

Migrant workers are *primarily seen as source of revenue* in migrant sending countries and are also blamed for bringing home STDs and HIV infection. Conversely, they often have a very *negative image* in the eyes of the host communities as well. They are unwanted, discriminated and are blamed for social problems including bringing HIV and are thus subjected to mandatory testing, often without counselling, while their own vulnerability to infection as a result of displacement is overlooked.

What is also often overlooked is the fact that heavy long hours in a dangerous and sub standard working *conditions,* coupled with low pay and wages, affect migrant workers' health and exposes them to various occupational hazards that leave them maimed and incapacitated for life at times.

Almost all labour receiving countries want the *best and the fittest migrants* as workers but bear no responsibility, either through policies or programmes, towards the welfare of these migrants.

These policies and requirements of the receiving countries force the *poor labour sending* countries to provide for medical tests and fitness certificates for migrant workers before departure. The policy makers in receiving countries, unfortunately, believe in controlling migrant workers to prevent diseases in their own countries and believe in mandatory testing of migrant workers as a group to control the spread of HIV.

However, what they do not realise is that *mandatory testing* as a practice and policy intervention is discriminatory and violates basic human rights. It reinforces the stigmatisation and alienation of the migrant worker while jeopardizing his or her job security. Policy makers do not understand that being HIV positive does not mean that the person is unfit to work, neither do they understand the routes of transmission of HIV i.e. it cannot spread through air, by touching, sharing, etc.

Many sending countries have migrant workers, especially the returnees as one of the *surveillance groups.* This is also true of many receiving countries who focus exclusively on migrant workers as a group for surveillance purposes. Thus at times, the data, collected, could be presented in a lopsided manner highlighting migrant workers as 'high HIV prevalence' group, thereby further marginalizing them. Many countries also take into account the data as result of 'mandatory testing' of migrant workers for prospective employment prior to departure. This also produces high results since they are the only group, which are tested regularly in the country.

Mandatory Test is prohibited under R.A. 8504, the Philippines AIDS Law. However, such provisions do not apply to Overseas Filipino Workers (OFWs) who are required to undergo medical test including HIV and STDs testing. On site, and depending on the host country, many are subjected to mandatory medical tests and in some cases go through spot checks. It is not surprising, therefore, that OFWs figure prominently in the Philippines statistics on HIV/AIDS. Data from the national registry point out that as of June 2001, out of 1,515 HIV Ab seropositive cases reported, 408 or 27% were OFWs.

Source: The impact of HIV/AIDS, Policy and Programme Implications: Case study of Filipino Migrant Workers living with HIV/AIDS: Maria Lourdes Marin, ACHIEVE Inc./CARAM Philippines.

This notion of migrant workers as a 'source' of HIV infection, backed by *skewed and discriminatory presentation and interpretation of surveillance data,* could leave the countries with a false sense of security of being a HIV free nation, having dealt with and sent the 'sources of infection' out of the country. This may further propel the spread of HIV infection in respective countries, as there are no programmes or efforts made to deal with risk behaviours and conditions of vulnerability within certain other populations.

A skewed representation of data of high prevalence of HIV in migrant workers in 'host countries' could also lead to the governments focussing only on migrant workers as a group for interventions, thereby neglecting other risk behaviours and groups and further marginalizing the workers.

A *quick review of the HIV epidemic* in some of the 'host' countries such as Malyasia and Thailand reveals that high prevalence of HIV has been found within groups such as commercial sex workers, MSMs and IDUs and not necessarily the migrants.

*According to the **MAP sources (Oct 4, 2001, Melbourne),** some of the 'sending countries' such as Bangladesh and Philippines have still reported low prevalence, whereas Cambodia and Myanmar have reported a nationwide prevalence rate of over one per cent as compared with the national rates of ten or more times higher in some of the African countries. Also, sentinel surveillance has showed that in countries like Bangladesh, main source of transmission is through heterosexual sex and injecting drugs.*

As Asia is home to over 60% of world's adult population, small changes in the prevalence of HIV in any Asian country has a major impact on the entire region.

Hence, it has to be understood that given the high mobility of individuals within and outside of countries in this region, countries with low prevalence (whether sending or receiving) are at the risk of high spread of HIV infection. The data also indicates that the countries need to focus on the conditions of

vulnerability of different populations within their own countries and intensify prevention efforts through awareness and service provision to different groups, rather than shift the blame to migrant workers or resort to 'testing as the policy intervention'.

Mandatory Testing And Positive Hiv Status Can Serve And Have Negative Implications On The Migrant Workers At Different Stages Of The Process Of Migration

Ironically, the *marginalization of migrants* leading to all other situations of risk and of acquiring HIV through the migration process begins in the home country itself. At the *Pre Departure stage* most migrant workers have to go through a fitness test as per the requirements of the receiving country. Undergoing an HIV test is a part of the medical fitness certificate. Though sending countries may have a policy against mandatory testing, this is one area where they have no jurisdiction

or control. However, no support facilities are provided by the sending country for undertaking an 'informed' medical test including pre and post test counselling services. Tests are often conducted in unauthorised or non-licensed laboratories. Results are often told to the workers without any counselling. If the person is detected as being HIV positive, he or she is simply told by the recruitment agencies about their being unfit to go and work in another country. The individual who is diagnosed as HIV positive is not given any further information on referral services if required. The individual thus goes back with shattered dreams, often confused about what to do next. To add to this is the attached stigma and discrimination that he or she has to face within the society, family and friends. His or her chances of getting alternative employment are also reduced in their own country as well due to discrimination and existing prejudices at the workplaces. He or she has no support to cope or deal with the positive status and the impact it creates in terms of losing family and social support; attached stigma, discrimination and ostracization; loss of employment and further opportunities; cost of medical care; emotional stress etc.

As described earlier, many conditions, *post arrival* in the alien host country, may create conditions for the migrant worker to practice risky behaviours that make them more vulnerable to HIV. Since they are already marginalized, mobile populations with low self esteem adopt short term survival strategies. In the new environment of destination areas, the effectiveness of value systems

and social norms is attenuated. Structures of opportunity and constraints that affect their livelihood choices and possibilities may also differ considerably from those in their home country. Since they have less or no access to health information about STDs, HIV infection and sexuality in their own language, and have also difficulties in finding appropriate health facilities, many migrant workers are at higher risk of contracting HIV and thus become HIV positive in the host country. No support services including pre and post test counselling services, are provided by the host country prior to conducting mandatory tests either for surveillance purposes or for visa renewal purposes. If an individual is detected with HIV, he or she is deported back to the home country within 24 hours, without providing any information or counselling. These stringent and discriminatory policies often force the migrant workers with health problems to go underground or become undocumented, thereby increasing their vulnerability further.

Many migrant workers, who are arrested, detained and *deported back to their home countries,* for being HIV positive, return home with no income and the added burden of the disease. Sometimes, migrant workers do not even know as to why they have been deported back to their home countries, except that they are found to be unfit for work. Many migrants are not prepared for this return with no income or savings while facing stigma and

discrimination, loss of opportunities for earning, increase in medical care and cost, and no support mechanisms. The home country often lacks effective plans or interventions to help migrant returnees to cope with their return situations. They may even be sent back without telling them about their HIV positive status, and the situation is further exacerbated when they pass the virus on to their wives or girlfriends. Alternatively, many spouses are also faced with conditions of loneliness, anxiety, human needs of warmth and sex; and sometimes for survival. These

Impact of HIV/AIDS on migrant workers:

Economic

- ❖ *Loss of income*
- ❖ *Difficulty in finding employment*
- ❖ *Depletion of savings*
- ❖ *High cost of care*

Social

- ❖ *Alienation*
- ❖ *Stigmatisation*
- ❖ *Discrimination*

Psychological, Emotional, Physical

- ❖ *Depression*
- ❖ *Guilt*
- ❖ *Fear of Death*
- ❖ *Shame*
- ❖ *Mental Anguish*
- ❖ *Deteriorating health and opportunistic infections*

Source: The Impact of HIV/AIDS Policy and Programming Implications: Case study of Filipino Migrant Workers living with HIV/AIDS, Maria Lourdes Marin, ACHIEVE Inc./CARAM Philippines.

conditions put them at a risk of practicing risky behaviour, which increases their chances of contracting HIV. Thus, many migrants, when they are back home, find their spouses with STDs or HIV and have no way of dealing or coping with it.

Human Faces behind the Statistics and Data

As people concerned with human dignity, rights and development, it is crucial to consider the 'human faces' of millions of individuals behind the statistics, numbers and figures on population movements and remittances. These 'human faces' include both migrant workers and their families who are left behind. Their rights and dignity as human beings do not reduce when they cross borders. Often migration is viewed in the context of labour demands and needs and thus is viewed only as an economic phenomenon, which makes the workers being treated as 'economic tools'. Concerns of any

Freedom to move is an important human right in the context of better livelihood opportunities. Thus, mobility and migration are not in themselves risk factors for HIV, but can create conditions in which people are more vulnerable. HIV/AIDS prevention and intervention strategies, thus, need to be directed at reducing the vulnerability of migrants, and not at reducing migration or mobility per se.

initiatives on mobility and HIV/AIDS issues should focus on people, their rights and dignity as human beings when they cross borders both within and outside the country.

Interventions And Strategies For Action

The very nature of migration and mobility involving movement of people within and across the boundaries necessitates *national, regional and international responses.* There is an urgent need for the countries to come together shedding their geographical boundaries. A *regional cooperation* amongst countries will ensure responses that will entail sharing of information, coordination of programme activities and the processes involved in movement of people, united responses towards formulation of rights-based policies and their implementation across the countries, collective advocacy towards ratification and implementation of the International Convention for Migrant Workers.

Various rights-based strategies and programme activities need to be implemented to reduce the vulnerability of migrant workers and their families. Research and past experiences have demonstrated

that effective interventions for HIV prevention within migrant communities should focus on reducing conditions of vulnerability and not stopping of migration and mobility or controlling of migrant workers through unfair discriminatory practices such as mandatory testing and deportation.

Preventive approaches that do not create fear, panic or false sense of security from infection must be developed. Empowerment of migrant workers through provision of migration-related information and their education, is the key. Opportunities for change need to be created; appropriate strategies and tools need to be developed and implemented for empowerment. Strategies and activities need to respect and adhere to human rights guidelines and frameworks.

*Some of the **basic principles** to **be followed** while developing effective framework and strategies include:*

1. Rights-based approach

The Programme must first look at migrant workers as human beings with dignity and self-respect. Thus, their human rights must be recognized and respected in all stages of the migration process. Such rights are enshrined in the 1990 Convention on the Protection of Migrant Workers and their Families. The
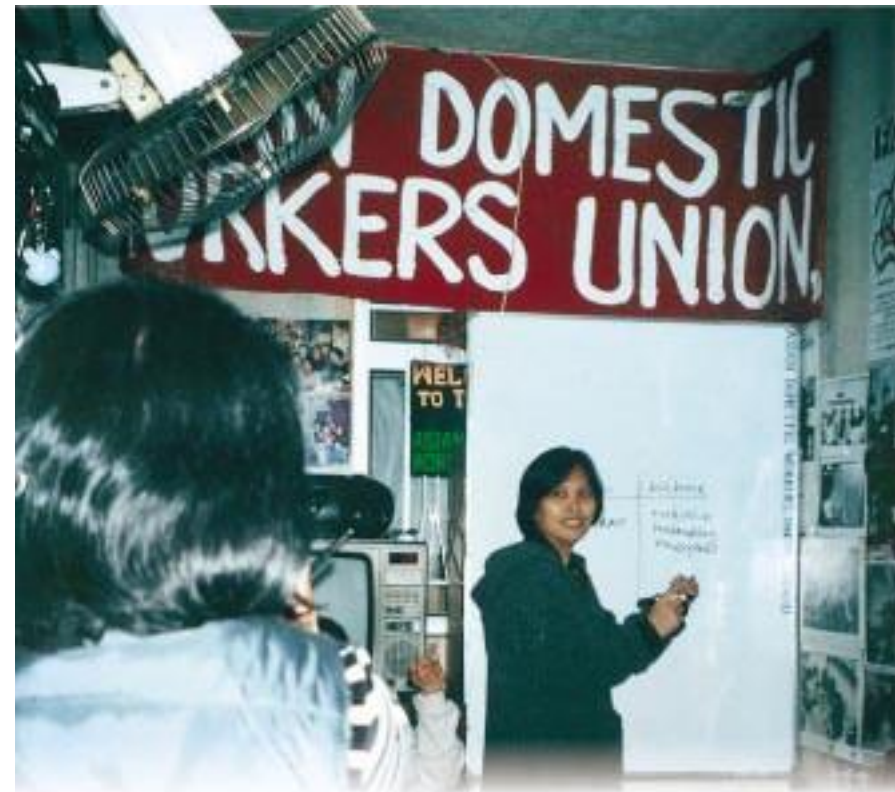
conditions that dehumanize migrant workers or violate their human rights must be exposed and adequately addressed. Just as human mobility or movement is a basic human right, so is one's right to remain in one's place of residence or domicile. The framework must recognize the migrant worker's fundamental right to choose whether or not to migrate for overseas work without being forced, intimidated, deceived or illegally transported or trafficked.

2. Migrant worker's perspective/ participation

The Programme must be based on the perspective and realities of migrant workers. To accomplish this, the Programme must have direct

Migrants pray for their brothers and sisters who have died in the struggle for democracy in Burma, Chiang Mai, Sept. 9, 1999

3. Enabling

The Programme must result in the migrant workers ability to make sound decisions about migration for overseas work. This can only be achieved if appropriate, honest and relevant information is provided. Secondly, the necessary support systems must be in place, e.g. alternative sources of income, counseling, network and referral systems, etc.

4. Culturally-sensitive

While the Programme must take into consideration the cultural views, perceptions and attitudes of migrant workers, it must also examine elements within certain cultures or traditions, e.g. values, attitudes and practices that tend to perpetuate disempowerment of migrant workers. For instance, being fatalistic or passively accepting events and exercising blind faith in the face of a difficult crisis are common responses that need to be challenged and addressed.

5. Gender Sensitive

The Programme must take into account the increasing feminization of migration. It must look at the overall situation of women in society and examine factors and circumstances for migration and the conditions they face prior to departure, on the job site and upon return. Further, it must include and involve families, especially female spouses of migrant workers.

Peer training (Female) Migrant and Thai women held a candlelit march for women's rights in Northern Thailand, March 8th, 2000

A successful response to the challenges of HIV and mobility requires four main types of initiatives. Each of these is critical and interlinked, while each reinforces the other. These are developing strategies; enabling policies; prevention and care activities: and long term vision and *strategic*

framework, to address migration at national and regional levels.

Work undertaken by CARAM Asia and its partners has produced indicative information for designing and developing effective strategies.

The findings also suggest that while keeping the migrant workers **perspective** in mind, following *3 P approach* comprising Process, Policies and Partners, need to be adopted for designing appropriate intervention activities:

Towards a Migrant Worker's Perspective: The 3 Ps

- *Process of migration*

- *Policies affecting migration*

- *Partners and stakeholders in the process*

1. Process of Migration

It has to be recognised that the **Process of migration,** right from the time the decision is taken by the worker i.e the pre departure stage, to the time when he/she returns home i.e. the reintegration stage, is interlinked, interdependent, multidimensional and multi sectoral. The pre departure stage, which begins at the community level continues through the transit process, the post arrival and period of stay in employment in the

receiving country, and on return to home country for reintegration. These stages cannot be seen in jagged pieces, isolated from one but as a continuum where the realities of one environment has serious implications on the other and on the life of the migrant, and the community he/she is in or enters to.

Also, experiences of migrant worker at each stage, impact the others.

It also has to be understood and considered that developing interventions for migration as a process does not include only the migrant worker. Migrant workers' family and spouses also play a key role in the decision to move.

Health policy planners need to be aware of current migration patterns and practices in order to effectively anticipate and adequately plan for the consequences of migration flows. Conditions that heighten vulnerabilities for migrant workers within each of the stages, also need to be understood and addressed.

Experiences from various countries were analysed on behalf of CARAM's self-evaluation in 1999 (Wolffers and Painter 2000). A framework was presented in a matrix format, based on thorough understanding of the different stages of migration process and the opportunities for interventions.

The matrix highlights the inter-linkage between various stages during migration and that a balance has to exist between individual approaches (risk-based), community approaches (vulnerability) and advocacy for human rights. Respect for human rights of migrant workers and their families alone will *guarantee*

	VULNERABILITY Community-based interventions	PERSONAL RISK Personal directed	HUMAN RIGHTS Advocacy work interventions
Pre-departure	Awareness project for young people in areas with high migration.	Education on health and STI/HIV for leaving migrants.	Lobbying with policy makers on protection of migrants from exploitation by agents and middle-men.
Transit	-	Education and condom promotion in places where migrants stop or stay for a while.	-
Initial adaptation	Awareness projects: Development, appropriate health/STI services.	Health and STI/HIV education in own language and culturally sensitive.	Lobbying for human rights of migrants in the receiving country. Networking with local labor unions.
Successful adaptation	Awareness of own identity in relation to sexuality.	Culturally-sensitive educational material.	Asking for special attention for problems of second generation migrants.
Return	Community work to support reintegration of returning migrants	Education of friends and family of repatriating migrants on HIV/AIDS and mobility	Influencing media on appropriate reporting on returning migrants and HIV/AIDS

development of an enabling environment in which community and individual interventions can be implemented.

2. Policies and their implications:

Labour and Recruitment Policies are important tools to provide protection and ensure welfare of migrant workers. Analysis and review of existing policies related to employment and recruitment highlight their discriminatory nature. Different countries both receiving and sending - follow different policies since no common framework or guidelines are agreed upon collaboratively. The focus of these policies is on labour as a commodity while reiterating the temporary nature of migration; as well as on increasing the revenues of the respective countries either through increase in productivity with low costs or through remittances sent home by the migrant worker. No policies or mechanisms are in place to provide support for the welfare of the migrant worker as a 'human being'.

CARAM Asia's research revealed the following characteristics in current policies in the Asia Pacific Region:

♦ Labor is a commodity. Labor is an economic tool, flexible, cheap and easily disposable. This is part of the process of deregulation and liberalization required by global capital in current globalization development strategies.

♦ Labor is a source of revenue. Through labor export, the poor countries can now earn foreign exchange to pay for debts to international financial institutions like the IMF.

♦ With more and more countries entering the market for labor export, competition has increased. Sending countries have contributed to the institutionalization of low wages, trading off the rights of migrant workers with less protection and have, in more ways than one, closed their eyes to trade in human beings.

♦ The strength of the migrant sending countries to bargain and increase protection of their nationals is shrinking and weakening, as many of these countries are poor.

♦ The gender selectivity demand for work in receiving countries has increased the feminization of migration. A large majority of female migrants are employed in individualized work conditions like domestic workers, entertainers and sex workers. Labor codes or social security provisions of the receiving countries do not cover these categories. Female migrants are indeed very visible in the informal sector.

♦ Female migrants are confronted with discriminatory, gender bias and selective policies that alienate them and make them vulnerable to abuse and poor work conditions. The female migrant, if she becomes pregnant even through sexual abuse, is immediately deported with no avenue for redress.

♦ The migrant worker must be the fittest to perform the 3D jobs. Thus the number of tests have indeed increased. These include mandatory testing for HIV/AIDS, sexually transmitted diseases (STDs), hepatitis, tuberculosis etc. before departure, on arrival for work permit and for renewal of work permits annually. However, the migrant is not assured of a risk free environment.

♦ The migrant worker is perceived as the cause and consequence of breakout of diseases, of new strains of viruses and HIV/AIDS. When found positive, he is deported within 24 hours, even when a disease is easily treatable. This is done out of a false political perception that the local population has to be protected from such hazards. Consequently, this creates a false sense of security among locals that they will be free from infections, while the migrant workers get discriminated and stigmatized.

♦ The privatization of health care services has brought about further alienation of the migrant worker. They have less and less access to health care services as costs escalate.

- There is little recognition of rights of migrant workers especially global health rights of people. This has adverse impact on health interventions and programs to protect health and deny access to health care.

- The governments are more concerned with national security rather than protection of the rights of migrants.

- Policies developed do not take into consideration the families left behind and the impact on these families. Even in policies related to remittances, little attention is given to the families.

- Quite often, policies tend to be reactionary. It is a kind of crisis management with no sustainable long-term comprehensive plans. The policies do not take into consideration the migrant perspective. Emphasis is given to ensure high productivity and meeting the demands of capital.

- An analysis of government bilateral agreements/policy indicates that most initiatives made by Malaysia were a reaction to crises in the labor market. Shortages of labor and unforeseen influences and fluctuations in the business cycle have determined the government's negotiations on in-flows of migration. Most agreements do not address the issues of welfare and conditions of employment. Rather, they focus on number of workers required and the recruitment process.

- Policies developed for pre departure programs, even in countries like Philippines that are seen as progressive in protecting workers, are weak in areas of health especially in protecting reproductive rights of migrant workers.

Based on the above, it has been recommended that:

❖ Policies should:

    – be gender sensitive

    – focus on health as a major factor in the lives of migrant workers

    – ensure a participatory process

    – emphasize on protection of migrants rights

    – focus on undocumented workers

    – recognize the sexual and social needs of migrant workers.

    – move from a paradigm of control to one of empowerment

    – ensure a strong political commitment to control and monitoring of the perpetrators of abuse and violence against migrants.

    – develop a regional perspective with a regional commitment to develop a continuum in policy and linkages with sending and receiving countries.

    – ensure participation by various stakeholders.

❖ Policy development should be humane with focus on increasing the capacity of migrants to decision making, and controlling their lives in reducing risks.

❖ Policies related to right to employment vis-à-vis mandatory testing and being HIV positive need to change.

❖ Policies should make specific efforts and focus on empowerment of women in Asian region at all levels. In particular, there needs to be an openness to challenging sexual subordination, cultural norms and values that increase culture of silence and changes that spatial mobility brings about.

❖ Inequalities exist in various aspects in all stages of migration. The highest form of inequality and discrimination exists in receiving countries, which are reflected at workplaces, in living conditions, in social policies, access to health care, and in recognition of rights. These inequalities need to be addressed through appropriate policy changes and awareness.

❖ Development of enabling environment means a paradigm shift where the migrant worker is seen as a social being central to all programmes. In order to protect worker's rights, critical evaluation of work and living conditions need to be undertaken for the safety and security of the worker.

3. Partners and Stakeholders

For implementing the Policies and Interventions: The whole process of migration is a very complex and dynamic process with an interplay of varied stakeholders from the family, communities, peers within the recruitment agencies as well as some of the employers, government departments, NGOs, UN and other bilateral bodies, migrant worker groups including their families and spouses, gender groups etc. It is critical to understand the role played by each of these stakeholders during the whole process of migration and thus formulate appropriate interventions for them (advocacy, orientation and information programmes) and with them (as partners).

The matrix on the following page describes the roles that can be played by different institutions and agencies during the migration process. The list of activities or strategies provided are indicative and not exhaustive.

Situation Analysis: Roles/Responsibilities related to institutions/partners for making migration and mobility a safe process

(An indicative checklist not comprehensive)

Institutions/agencies for addressing vulnerability of migrant workers to HIV/AIDS	Roles to be performed	Possible activities/strategies to be carried out
Governments of sending and receiving countries	♦ Regulation and Implementation ♦ Policy development and its implementation ♦ Strategic Plan and vision formulation ♦ Bilateral agreements, regional coordination ♦ Functioning of mechanisms for redress and complaints ♦ Monitoring of ongoing patterns of mobility and issues arising for policy reviews	Bilateral and regional consultations Research and monitoring Consultations with NGOs, Migrant workers and other groups Ratification of UN convention on migrant workers and their families and its implementation Ensuring information provision through media, campaigns, pamphlets etc.
Recruiting Agents	♦ Recruitment and job placement ♦ Orientation of migrant workers ♦ Contract checking and follow up with employers	Orientation programmes Dissemination of Information on recruitment process to migrant workers
Embassies	♦ Registration ♦ Crisis Relief ♦ Advocacy and lobbying with the host governments on welfare policies and interventions for migrant workers ♦ Mechanisms for legal redress ♦ Referrals for support legal, emotional	Posting Labour Attaches in receiving countries to address labour issues Consultation with governments, NGOs and migrant workers associations
Protector of Emigrants	♦ Regulation ♦ Information provision ♦ Ensuring predeparture programmes ♦ Welfare activities for the families of migrants ♦ Programmes for returnees	Information Provision through media, pamphlets etc Implementation of community based pre-departure and family welfare progrmmes, pre-flight departure programmes
State Overseas Manpower Corporations	♦ Recruitment ♦ Setting up central system for recruitment, mobility etc.	
UN Bodies	♦ Advocacy with governments ♦ International tools ratification and implementation ♦ Technical assistance to governments to	

	formulate strategic plans and responses ♦ Provide financial and technical expertise to partners, NGOs, migrant workers groups etc. ♦ Facilitate national, regional coordination ♦ Support effective policy and legislation development with governments, NGOs etc. ♦ Research and monitoring	
NGOs, Human rights Organizations, Lawyers Collectives	♦ Information provision ♦ Advocacy and lobbying with governments ♦ Facilitate and support community based interventions for migrant workers and their families ♦ Coordination between NGOs of sending and receiving countries ♦ Regional collaboration ♦ Research and monitoring	Organising migrant workers groups Liaison with other groups, NGOs and human rights groups Organise training programmes, community based information provision programmes for migrant welfare and empowerment Pre departure, post arrival and reintegration programmes Provision of counseling, and care and support services, referrals
Community based organizations; migrant workers peer groups, gender groups/ MW associations	♦ Peer based information provision programmes for migrant workers and their families ♦ Advocacy with governments, embassies ♦ Crisis support services, groups ♦ Collective bargaining with employers and governments ♦ Providing forum for social interactions	
Media	♦ Public opinion building ♦ Advocacy and lobbying ♦ Information dissemination	
Health care providers	♦ Provide health care information and quality services which are rights based ♦ Testing and counselling	
Research and Academic Institutions	♦ Monitor ♦ Patterns of migration ♦ Vulnerabilities ♦ Human rights violations	
National AIDS Control Programmes	♦ Ensure programmes for all vulnerable populations in the country ♦ Surveillance of migrant workers as a group : non stigmatization and discrimination	

In order to create an effective and enabling environment and resolve migrant workers' conflicts, a process needs to be followed which demands a partnership with a common understanding of changes made in spatial mobility.

Migration Process

Stages (clockwise): Recruitment, Pre-Departure, Transit, Post Arrival, Reintegration, Re-entry, Decision Making

Context (top left): Lack of information on processes, host country, job profile, health and HIV, future job prospects, high debts; leaving family behind: anxiety and loneliness: exploitation and misleading by RA, doctors, police.

Top right:

Policies	Players
Recruitment	Family
Orientation	Community
Health and HIV	Returnees
Mandatory Testing	Media
Licensing of RA & DCs	RAs
	DCs, Doctors
Labour export	Embassies
Ban on women's Mobility	Passport office
	Police
	Civil Society Orgs.

Context (right): Anxiouness loneliness away from home, poor living conditions, denial of access to medical care

Policies	Players
Recruitment	*RA*
Health	Embassies

Context (bottom right): Loneliness, need for warmth, companionship, human needs; anxiety; coping with new environment - social and job; multiple identities; working conditions; debt; communication with families back home

Bottom left:

Policies	Players
Recruitment	NGOs
Employment	Government
Health and HIV	Departments;
Mandatory Testing	home labour,
Notification and deportation	health
Orientation	Embassies
Single Entry	Recruiters
Gender Selecivity	Medical
Centres	
Family	Employment

Context (left): Livelihood opportunities; changes in the migrant worker, family, society;

Left:

Policies	Players
Recruitment	Family
Welfare Funds	Community
Loans	Returness
Health and HIV	
Government	
Mandatory Testing	NGOs
Development	Financial
Policies	institutions

RA: Recruiting Agents
DCs: Diagnostic

1.50

Policies
Recruitment
Orientation
Health and HIV
Mandatory Testing
Licensing of RA
& DCs
Labour export
Ban on women's
Mobility

Players
Family
Community
Returnees
Media
RAs
DCs, Doctors
Embassies
Passport office
Police
Civil Society
Orgs.
Min. of Labour

Context: Lack of information on processes, host country, job profile, health and HIV, future job prospects, high debts; leaving family behind: anxiety and loneliness: exploitation and misleading by RA, doctors, police.

Policies
Recruitment
Welfare Funds
Loans
Health and HIV
Mandatory Testing
Development
Policies

Players
Family
Community
Returness
Government
NGOs
Financial
institutions
media

Context: Anxiouness loneliness away from home, poor living conditions, denial of access to medical care

Policies
Recruitment
Health
NGOs

Players
RA
Embassies

Migration Process

Decision Making

Recruitment

Pre-Departure

Re-entry

Transit

Reintegration

Post Arrival

Context: Livelihood opportunities; changes in the migrant worker, family, society; expectations; health; stigmatization

Policies
Recruitment
Employment
Health and HIV
Mandatory Testing
Notification and deportation
Orientation
Single Entry
Gender Selecivity
Family
Remittances
Undocumented/Irregular

Players
NGOs
Government
Departments;
home labour,
health
Embassies
Recruiters
Medical Centres
Employment
associations
Media

Context: Loneliness, need for warmth, companionship, human needs; anxiety; coping with new environment - social and job; multiple identities; working conditions; debt; communication with families back home

RA: Recruiting Agents
DCs: Diagnostic Centres

1.51