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People on the Move

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This issue of *AIDS Action* focuses on migration and HIV/AIDS. The term migration is used loosely here to refer to any form of population mobility. People working in public health know that germs – and epidemics – travel only as fast as people do. Human beings have always been mobile, colonising every corner of the planet. But until recently, the movements have been rather slow.

Today, it is possible to fly tens and thousands of miles within a day. People travel for all kinds of reasons: business, pleasure, fleeing from political persecution, seeking a better life. The numbers here are staggering: in China alone, about 100 million people are considered mobile, moving from one city to another looking for jobs.

People's mobility tends to follow opportunities, taking place more frequently from rural to urban areas; from poorer to richer countries. But the direction does not necessarily go one way. Migrants who do well in the big city, or in America, will go back to their home villages bringing tales of the good life and, sometimes, new diseases.

HIV thrives on mobile populations, not just because it has human carriers but also because mobile populations are often in situations that make them more vulnerable to HIV. Cut off from their families and social support systems, the mobile person may engage in unprotected casual or commercial sex, or pick up an injecting drug habit.

In this issue of *AIDS Action*, we feature general articles that give an overview of the problems associated with migration, as well as specific stories about what is being done to overcome these problems. We look into truckers in India as well as Filipino seafarers in Europe. The case of the seafarers was chosen to emphasise that mobility is no longer limited to areas linked by land.

Our choice of articles emphasises that social and cultural factors affect people's risks. The articles, for example, emphasise that women migrants are often at greater risk than men because of the low status of women. Facing up to the issue of migration and HIV also means tackling other social issues, for example, the impact of tourism and other "development" projects that result in an increase in mobile populations.

We are worried that migrants and mobile populations might suffer from unwarranted stigma, seen as carriers of diseases and new social problems both by countries they visit as well as by their own home countries. We want to emphasise, through this issue of *AIDS Action*, that HIV need not spread through mobile populations and that mobile populations can, themselves, help to promote healthy behaviour.

Migration and Risk

Michael L. Tan

Risk factors: segregation and separation

What is it about migration that creates risk situations? The risk environment can be described as the product of **separation** from one's home environment and **segregation** in the new environment. The degree of difficulty with each of these will vary and will shape the risk factors.

To be more concrete, a young Filipino male executive who takes up a job in Hong Kong with a multinational corporation will probably have fewer risk factors compared to a young Filipina who goes from a small village to work as a domestic helper in Hong Kong. The difference comes in the degree of change faced by the migrant. The young rural girl from the Philippines is in a totally different environment in Hong Kong when it comes to social norms.

The greater the degree of cultural difference - what I will call "ethnic distance" — the higher the risk factors. Ethnic distance is the way we separate ourselves from others, creating a dichotomy of "we" and "they" with discrimination against those who do not belong to our group.

There are differences in ethnic distance. Bangladeshi workers in Malaysia find themselves as the target of greater discrimination than Indonesian and Filipino workers. Racial and ethnic discrimination, we must remember, is very strong in the region, and may apply even for fellow nationals, for example, Tamil Indians who move to north India. Thus, members of ethnic minority groups who migrate within a country may also be the targets of discrimination.

Power inequalities in social relations are made even greater through migration. Thus, women refugees, already suffering from low social status in their home countries, may find themselves even more marginalised in a refugee camp. This increases their vulnerability to abuse and exploitation. We have seen this in many Asian countries, with an interface of variables–age, sex, ethnicity and class–that put people at great risk. An example would be Nepalese girls who end up in sex work in India, their disadvantage being the product of all the social and demographic variables that make them "different" from the rest of the population.

The conditions of separation and segregation need to be identified. For example, many overseas workers have contracts for two years which means they will not be able to return home during that period. The two years of work abroad is often a difficult period, as the migrants lose control over their lives. Passports are taken away and there is practically no bargaining power for wages and working conditions.

Note that the risk situations come even with people who are relatively "empowered." Both separation and segregation can drive people to do things that they would not normally do at home. Problems of alcoholism and drug use are more serious among the migrant populations and this increases the possibilities that they may engage in high-risk behaviour. In other cases, predominantly male migrant communities lead to a rise in demand for sex work.

It is important to be alert for all possible manifestations of stress. For example, a few years ago there was an outbreak of sudden death among Thai construction workers in Singapore associated with nightmares. Similar syndromes have been reported in Laotian refugees in the United States, as well as Filipino sailors in the US Navy. Proposed explanations for the sudden deaths range from congenital cardiac anomalies to dietary deficiencies but it is clear that a triggering factor is stress associated with migration.

In other cases, simply having new freedoms–away from the home environment–may lead to a high risk situation and behaviour. We have seen this, for example, in limited surveys in Manila, where migrants to the capital tend to have more sex partners, and unprotected sex, than people born and raised in Manila itself. This is because migrants live on their own and are free of the pressures of the family.

When we talk about risk situations, we need to consider risk created by migration for members of a family who are left behind. Some may face great financial difficulties particularly when a family member first migrates, there is a lag period before the first remittances arrive. There is also the problem of migrants who establish a second family overseas, eventually abandoning their family back home.

In other cases, the cash infusions from overseas may actually create new problems. In the case of absent parents, for example, children may use the money for drugs and other unhealthy activities.

Risk-reducing factors

So far, I have emphasised the ways in which risks are created or amplified but one must recognise how migration may in fact reduce people's vulnerabilities. There has been a tendency to equate migration with risk when in fact, migration may be itself a way of escaping situations in the home environment which would have put people at risk.

For example rural women may not be able to break out of their low social status if they stay in their village. Their future is limited to an early marriage, often with little bargaining power and little support for reproductive and sexual health. Migrating to cities is still an option for social mobility and could actually mean a better quality of life and health.

A shift to an urban environment, where sexuality-related issues can be more openly discussed, may also be beneficial. One example is that of students, a category of temporary migrants

that is all too often neglected. Students tend to acculturate more quickly and benefit from better access to health information. They can actually be tapped to become partners in HIV/AIDS prevention, particularly when they return to their hometowns.

Probably the most important risk-reducing factor is the presence of social networks, one which is often built around the line of family and ethnicity.

The social networks are important support groups and can even have a political role in terms of increasing access to social services. We have seen this happening in many western countries, where minority groups (such as Asian Americans) are able to form active lobbying and support groups for HIV/AIDS.

The host country's social services, particularly for health, are also important. We need to look at social accessibility, such as the availability of translation services and health education materials in the languages of migrant communities.

Finally, the political environment is important. Even if the migrants are technically illegal, a fairly lenient policy, such as that of Thailand, may actually enable migrants to access vital social services and reduce their risks for sexual health problems.

Definitions of Migrants

1 Permanent migrants

Asian permanent migrants usually target developed "western" countries such as the United States, Canada and Australia. Permanent migrants are usually professionals and skilled workers although there are also political refugees, such as those from Vietnam, who were admitted to western countries even without professional or vocational training. The experiences of permanent migrants should also be documented. In the United States, for example, Filipinos have the highest rates of infection among Asian-Americans. We need to know why this is happening.

2 Temporary contract workers

This is probably the largest category at present. They include domestic workers, construction workers, commercial seafarers, entertainment industry workers (including sex workers). Receiving countries are mainly the richer ones in the region such as Malaysia, Singapore, Japan, Taiwan and Hong Kong. Sending countries are Philippines, Indonesia, Cambodia, Myanmar, Laos and the South Asian countries.

3 Cyclic migrants

This refers to workers who move in and out of particular areas at intervals. They are sometimes called seasonal, transient or itenerant migrants. Examples are Thai fishermen who go as far as Irian Jaya. Other categories of cyclic migrants include those who work in logging and mining camps and the military. In China, there is a large floating population (*liu dong ren kou*) numbering in the millions, mainly rural people seeking jobs in urban centers.

4 Refugees

Political refugees flee from a particular country for short periods because of political persecution. Technically, the United Nations (UN) uses the term "displaced people" to refer to those who stay within their home country. If they leave for another country, they are classified as refugees or asylees. The Chinese term, *tao nan*, is particularly appropriate, meaning fleeing from difficulty. At present, refugees are mainly from Myanmar settling in Thailand. But one must remember there may be other "informal" refugees who do not necessarily flock in refugee centers or camps. An example is the fairly large Filipino Muslim communities in Malaysia and Indonesia, many of whom fled here in the 1970s and 1980s because of the Muslim-Christian conflict in Southern Philippines. Many have become more or less permanent migrants.

There are also "gray" categories that defy classification but are important if we look at the HIV/AIDS epidemic. An example would be those involved in drug and sex trafficking. We should also remember an important group of temporary migrants: students. These may be within national boundaries, such as students from rural areas studying in cities, or, increasingly, we find students studying in another country. The period of studies can be quite extended and students sometimes stay on as permanent migrants.

Breaking Borders: Migration & HIV/AIDS

Riza Faith C. Ybanez
KALAYAAN, Inc. and CARAM-Asia-Philippines

Migration is inherent in human beings. Mobility has always been one of our coping mechanisms to the natural and human-made imbalance in our environment.[1]

Coupled with certain human behaviour, population movements are often seen as important factors in disease emergence. An infectious disease may occur in isolated populations and go unnoticed for a long time while the recipients remain isolated. But with increasing movements of people from rural to urban areas, the isolation becomes rare. The same pattern has been theorised regarding the spread of HIV and STDs. After its first move from a rural area to a city, it may have spread regionally along highways, then by long-distance routes, including air travel, to more distant places. The last step was critical for HIV and facilitated today's global epidemic.[2]

The acceptance of mobility as an independent risk factor and the prevalent view that HIV/AIDS is a "foreign disease" have put migrant workers at the centre of blame for the introduction or spread of HIV/AIDS. Both receiving and sending countries often look at migrant workers as either "carriers" of HIV and other diseases[3] or the cause of their spread.[4] As a result, many sending countries require the medical examination, including HIV testing, of migrant workers prior to their entry, or prior to the issuance or renewal of their work permits.[5] Detection of HIV infection results in the summary deportation of the worker.

This attitude reflects a lack of understanding of the situation of migrant workers. Examining the factors in migration will show that the migrant workers are not the problem. Rather, it is the realities in the migration process that create problems for migrant workers and make them more vulnerable to HIV/AIDS.

Women Workers and their Vulnerability to HIV/AIDS

Women in general have been considered a vulnerable group in HIV/AIDS transmission due to biological and social factors.

Likewise, women have traditionally occupied a subordinate status in society. This has important implications for women. First, HIV/AIDS prevention programmes and researches have not fully covered women's concerns. Second, women are prone to forced and/or unprotected sex because they are vulnerable to sexual abuse and because they are expected to be ignorant of sexuality issues. Third, the low status of women renders them powerless to negotiate for safer sex even in clearly risky situations.

The same risks burden women migrant workers, but the stakes are higher. First, the occupational types of some women migrants are inherently risky. Entertainers in Japan or *japayukis*, for example, have an increased chance of engaging in high risk behaviour. Many of them work illegally and are forced into prostitution by organised crime syndicates (Yakuza). There are also the domestic helpers who are prone to sexual abuses by their employers or work under oppressive conditions that threaten their health. These occupations do not have health care or social security benefits.

Another additional risk for women migrants is the widescale and syndicated trafficking of women worldwide. These women, most of them very young and from economically depressed countries, are forced into prostitution, often engaging in unprotected sex.

The Asian crisis also significantly affects women. Majority of women migrants in Asia are domestic workers. Unfortunately for them, the market for domestic workers has considerably shrunk. For example, Malaysia which is a popular destination for Filipinas, Bangladeshis, Indonesians and Cambodians will no longer allow families with non-working wives to retain a domestic helper. Other receiving countries have frozen wages to discourage further migration. This could lead to several scenarios: one, sex trafficking may be on the rise with domestic work used as the enticement for unknowing prospective women migrants; second, prostitution could be considered a job option abroad to enable women migrants to leave; third, the dismissal of domestic workers abroad could force them to go underground and resort to prostitution to avoid returning home.

Families of Migrant Workers

If migrant workers are a vulnerable group, so are their families. The causes could be two-way. If a migrant worker contracts sexually-transmitted diseases (STDs) or HIV/AIDS abroad, it is not remote that he or she can pass on the disease to their partner or spouse through sexual contact when they return home. In the same way, it is also possible that in the absence of the migrant worker, his or her partner may engage in casual sex or extra-marital relationships. These situations put both the migrant and his/her partner in vulnerable situations and are complicated by the low incidence of condom use in sending countries, women's lack of power to negotiate for safer sex, tendency of the spouses not to disclose sexual infidelities, as well as lack of knowledge regarding STDs and HIV/AIDS.

Conclusion

Through the years, we have seen how migrant labour has helped build and support economies of receiving countries.

But they have not received the corresponding support they deserve. They hardly have protection both in domestic and international law. Receiving countries see them only as sources of labour while sending countries see them as sources of dollars. Sending countries refuse to take up the cudgels for migrant workers lest their actions jeopardise political and economic relations with the more powerful host countries.

International bodies have attempted to initiate efforts to protect migrant workers but little ground has been covered. Up to now, the International Convention on the Protection of All Migrant Workers and Members of their Families, which was adopted by the UN General Assembly in December 1990, has failed to come up with the ratification of at least 20 nations for it to come into force.

It seems the problems in migration are so complex that countries which send and receive migrants at the same time (e.g., Indonesia and Thailand) cannot deal with migration. They wish protection for their nationals abroad but cannot give the same to migrants in their territory.

The phenomenon of migration is certain to continue into the future. More and more discussions will expectedly take place in the international arena. In this regard, attention will be given to the peculiar realities of migrant workers, especially in the context of health and the HIV/AIDS situation. Similarly, discussions and programmes on HIV/AIDS should include migrant workers and their families. After all, migration and HIV/AIDS have parallel characteristics, both being global concerns that can be rooted from issues of social equity and development.

It is also important for all countries to get involved in finding solutions to this problem. It is utterly useless for one country to simply hold up its borders and close itself to the global realities of migration and HIV/AIDS because in the final analysis, migration, like HIV/AIDS, knows no borders.

Endnotes:

1. Confesor, Ma. Nieves R. Economic Integration, International Labour Migration and Standard. Human Resource Development Outlook 1997-1998.

2. Morse, Stephen S. Factors in the Emergence of Infectious Diseases. Emerging Infectious Disease, vol. 1, No. 1, January-March 1995

3. See, for example, "Illegal Immigrants Bring in Diseases: Tests Show High Rate of Syphilis," Bangkok Post. 30 December 1996.
4. See, for example, "Alliance to Wage All-Out War Against AIDS: Immigrant Workers Encourage Its Spread," Bangkok Post. 05 October 1997.

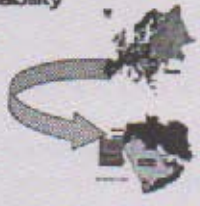
5. See, for example, "Health Check for Illegals Now Required," The Nation. 08 September 1996, and "300,000 Foreign Workers to Register for Medical Check," New Strait Times. 22 July 1998.

Kalayaan is a non-government organisation which advocates on a wide scope of women's interests and concerns including migration and HIV/AIDS, among others. Kalayaan can be contacted at 41 Maginhawa St., UP Village, 1100 Quezon City, Philippines. Email: kalayaan@skyinet.net

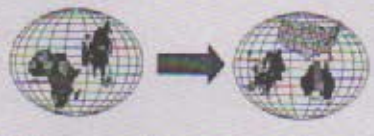
Patterns of MIGRATION

(1) From South to North

(2) From areas of conflict to areas of relative peace and stability



(3) From poorer to richer countries



(4) From rural areas to urban areas

Common Needs of MIGRANTS

(1) Access to information

(2) Access to services

(3) Acceptance

(4) Survival

(5) Legal Rights/Assistance

Source: *The First Northern Southeast Asian Subregional Exchange on "Migrant Population and HIV/AIDS", December 1996; Chiangmai, Thailand. Supported by APCASO and organised by EMPOWER*

CARAM: A Regional Network for Research with and by Migrant Workers

Ivan Wolffers

Access to facilities and the information to protect oneself from being infected with HIV should be a fundamental human right for all, including migrant workers. Typically, migrant workers are not high on the priority list when it comes to their human rights. Governments of migrant-sending countries are not willing to protect their migrating nationals from the increased vulnerability that is the consequence of migration. The main interest of the receiving countries with regards to migrants is their labour, ignoring other aspects of their identities. Advocating for foreigners is not a popular policy for politicians. National trade unions are often not willing to represent migrant workers due to fear of competition. And national NGOs are primarily interested in national needs. There is a need to tackle the issue of the vulnerability of migrants at a regional level using the migrant workers perspective.

CARAM stands for Coordination of Action Research on AIDS and Migration and its history goes back to the early 1990s. Working with cross-border migrants is CARAM's primary concern. National programmes fail to target international migrants, focusing instead on internal migrants. Popular education messages about health and STD/AIDS are formulated in the national language and not in the languages of neighbouring countries. For foreigners, health services are much harder to find and to access. When migrants find themselves infected with HIV, they encounter discrimination and the risk of deportation. It is these legal consequences for cross-border migrants that the members of CARAM consider of great importance. Are there any HIV-testing policies in relation to migration? Furthermore, what happens when migrants appear to test HIV-positive? Who will take care of them and in what country?

The objectives of CARAM are:

- To advocate for improved living conditions for migrants and to demonstrate how migration contributes to increased vulnerability for HIV-infection.
- To develop grass-root interventions in the field of health, especially STD/HIV/AIDS education for migrants and to

increase their access to facilities.

- To formulate action research models that will facilitate the above mentioned objectives and to collect the data that is needed for CARAM's advocacy work.
- To protect the human rights of migrants.

What matters to CARAM is not to seek out infected migrant workers, but to influence behaviours in communities of migrant workers, or in networks in which they participate. Migrants' participation is the key to successful HIV/AIDS campaigns. Participation is of the greatest importance for appropriate operational research. CARAM's research approach has been open and flexible, mirroring the participatory approach.

By involving migrant workers as interviewers and outreach workers and by using techniques such as focus group discussions (FGDs) and in-depth interviews, CARAM-Asia practices participatory action research to study the conditions of migrants that put them at higher risk of getting infected with STDs and HIV-infection. This helps us to determine what kind of grass-root interventions (health education as well as appropriate facilities) would be most effective. In addition, the research is used to collect data that is needed for advocacy work. Part of that is done through quantitative research methods like KAPB surveys.

Much more information is needed about mobility in the region and about the living conditions of migrants. Research under the aegis of CARAM is carried out by and with:

- Indonesian, Filipino and Bangladeshi migrants in Malaysia,
- Cambodian housemaids leaving Cambodia, Cambodian female garment factory workers who are internal migrants from rural areas to Phnom Penh, the capital of Cambodia,
- Vietnamese sex workers in Cambodia, Vietnamese migrant workers leaving Vietnam, Vietnamese migrant workers in Korea.
- Bangladeshi migrant workers leaving Bangladesh, Bangladeshi migrant workers repatriated from Malaysia.
- Burmese workers at construction sites in North Thailand,
- Philippine housemaids in Hong Kong, departing Philippine migrant workers, families of Philippine migrant workers left behind.
- migrant workers leaving Indonesia, alternative health services for migrant workers in Malaysia, female migrant workers who are drawn into the sex sector, differences between independently living female migrant workers and in-house migrant workers in Malaysia, etc.

Experiences have taught us that local governments are mainly interested in research and interventions that highlight migrants (documented and undocumented) as potential carriers of HIV. Governments identify the influx of migrant labourers (Malaysia) and the return of migrants (Bangladesh) with the risk of increased rates of infection. However, research has to be done to understand the conditions of migration that make migrants more vulnerable to STD/HIV infection. Research must be done to find out the fate of migrants who appear to have an HIV-infection after they have been returned to their country of origin.

CARAM's experiences have shown that migrant workers, needs are extremely difficult to fit into national priorities. CARAM has been rather successful so far in getting migrant workers on to the agenda of international organisations and donors in the region. Given the current economic crisis and the consequences it has for migrant workers, the need for CARAM's activities has only increased.

MIGRATION STATISTICS

How many migrants are there in the Asia-Pacific region? A recent issue of Asia and Pacific Migration Journal (Vol. 7, No. 1, 1998) provides an estimated number of migrant workers overseas in the mid-1990s.

China	380,000
Nepal	110,000
Philippines	6,100,000
Indonesia	2,404,000
Thailand	445,000
Malaysia	200,000
Myanmar	415,000
South Korea	190,000
Japan	18,000
Bangladesh	186,203
India	366,425
South Asia	3,500,000

LABOR EXPORTERS AND IMPORTERS IN ASIA

• Mainly Exporters

Philippines	China
India	Bangladesh
Sri Lanka	Pakistan
Indonesia	Myanmar
Vietnam	

• Mainly Importers

South Korea	Japan
Taiwan	Hong Kong
Singapore	Brunei

• Both Exporters & Importers

Malaysia	Thailand

Migrant Workers In Malaysia: Tenaganita's Experience

Sharuna Verghis

It is estimated that there are two billion people on the move globally. A high volume of this mobility is taking place in Asia. Malaysia, as home to three million migrant workers had the distinction of being the largest receiving country of migrant workers in Asia.

The recent economic crisis has spurred the Malaysian government to repatriate a million migrants to their home countries. Due to the economic downturn, the issues and problems confrontong migrants persist, though in a greater magnitude. It is in this environment that Tenaganita, an NGO doing research and intervention with migrants communities, carries out its work.

HEALTH CONCERNS

The conditions in which migrants live and work have serious implications for their health and HIV vulnerabilities. Tenaganita's action research on Mobility and AIDS shows that migrants develop their own social networks to meet their human needs for warmth and comfort, though most often it is unaccompanied by safe sex practices.

The policy making STDs a notifiable disease prevents migrants from seeking treatment, for fear of losing their jobs. The disparate health financing policy governing migrants which compels them to pay first class fees for third class treatment in state-run hospitals, often prompts them to resort to self-medication. Thus the recent statement by the Health Minister indicating that medical fees for foreigners is likely to be increased further raises serious questions. The reality of migration has made health a trans-border issue too. Health for all can be promoted only if health policies are geared to advancing the health of both locals and guest workers.

The other observation from Tenaganita's research with Bangladeshi, Indonesian and Filipina migrant workers in Malaysia is that though all migrants have to go through periodic tests for HIV in order to renew their work permits, only a small minority knew that they were being tested for HIV. Most reported that they did not receive any pre or post test counseling for HIV tests, both in home or host countries when they underwent medical examinations. This is in violation of internationally recognised procedures and ethics for HIV testing. Additionally, migrants are deported when they test positive.

Another issue pertaining to health is the setting up of Fomema, the consortium that was awarded the privatisation contract of medical examinations of foreign workers, last year. Fomema uses a central monitoring and supervision system which electronically links doctors, laboratories and radiologists who do the medical exams with the Ministry of Health and the Immigration Department. In the words of Irene Fernandez, director of Tenaganita, Fomema has raised more questions than answers. Till today it is unclear if the Fomema scheme (which demands a fee that is above normal for migrants) is warranted, ethical and viable.

SOCIAL ISSUES

One social problem that confronts migrants worldwide is that they are sidelined from the social networks and activities of the dominant population. Host countries often blame migrants for many of their social problems. Many factors like prejudices of the dominant population, negative imaging by the media, political factors and so on contribute to this occurrence. Malaysia is no exception. A policy banning semi-skilled and unskilled male migrants from marrying Malaysian women was implemented in 1996 amid fears of locals that their women were being lured by migrants who sought to marry them in order to find a way to remain in the country. This policy has raised questions about the rights of Malaysian women to choose their spouses as well as their right to abode in the country if they married migrants. Commenting on this policy, Datuk Paduka Marina Mahathir, Chair of the Malaysian AIDS Council, called it "racist and sexist at the same time".

WOMEN MIGRANTS

While the plight of migrants on the whole is fraught with problems, women migrants are more vulnerable to abuse. Firstly, most women work as domestic helpers, a category which is not covered by the Employment Act, except for unpaid wages and wrongful dismissal. Further, the Employment Act does not perceive abuse as an occupational hazard. For all these reasons, these women can only institute civil proceedings in case of abuse. However, given the constraints of resources and lack of access to legal support, the chances of getting redress are poor.

Another vulnerability of women migrants that Tenaganita has evidenced is the trafficking of women. Between 1995 and 1998 Tenaganita handled cases of 71 women who were trafficked. While the majority of the women were trafficked for prostitution, others were trafficked through marriage and also for forced labor. The concern during this time is that the economic crisis will push more and more women to work overseas and expose them to the real threat of getting trafficked.

In addition, the Malaysian

government has now permitted Cambodian and Sri Lankan women to work as domestic helpers in Malaysia, besides Indonesians and Filipinas. Tenaganita's networking with groups in Cambodia revealed that one of the Cambodian women escaped from a Malaysian brothel after being taken to Malaysia to work as a house maid.

THE CHALLENGES

Tenaganita has initiated interventions at the local and regional levels to raise awareness and address the problems of migrants.

Local and grass roots interventions have included education on labour rights and health through public education campaigns, legal clinics and health camps. For the first time in the history of Malaysia test cases have been initiated by migrants challenging wrongful dismissals. Tenaganita's participatory action research programme with migrants on health and HIV/AIDS, called CARAM, (Coordination of Action Research on Mobility and AIDS), has shown that research can become a powerful tool of empowerment for the target community and an instrument of social change. Empowered migrants who participated in the research made attempts to get their employers to legalise them. Further, owing to the problems involved in migrants seeking treatment for STDs, Tenaganita is now considering initiating STD care facilities for them.

The research has also triggered off a number of sub-regional collaborative interventions. For example, while Caram Cambodia does the pre-departure orientation on health and HIV/AIDS with emigrating Cambodian house maids, Caram Malaysia, represented by Tenaganita provides the support in Malaysia. Similarly, the Caram Bangladesh developed a local networking and supported Shisuk, a Bangladeshi NGO to help ex-migrants in Bangladesh form an association called the Migrant Forum. The Migrant Forum has more than 300 members today. The migrants who are being repatriated to Bangladesh from Malaysia are currently also referred to Christian Commission for Development in Bangladesh (CCDB) and Shisuk which have initiated a programme of re-integration for Bangladeshi repatriates.

The economic crisis has further challenged Tenaganita. In order to develop an effective response to the crisis, Tenaganita organised a one day consultation, in Kuala Lumpur, on the implications of the economic crisis on migrants, with the aim of developing a migrant perspective on the issue. At the end of the consultation, three broad areas were identified for action including policy advocacy, development and dissemination of information, and, cooperation and networking. Tenaganita will continue to work towards making the migrant perspective known and included in solutions to combat the crisis, for Tenaganita believes that migrant workers must be part of the solution.

THE STUDY OF MIGRANT COMMUNITIES

To be able to work effectively with mobile population groups, it is important to first determine how the migrants view their own situation. Eliciting information from mobile populations particularly about private and intimate behaviours, needs to be done with sensitivity.

What information is required?

- Overall information about the situation of migrants both in the host country and the countries of origin - and the extent of the migration phenomenon

Focusing on border provinces:

- The characteristics of migrant populations at the border (are they different from those who venture further afield)
- The socio-economic and legal circumstances of migrants (including working conditions, family and social networks)
- The problems experienced by migrant groups (especially health)
- Knowledge about disease and access to medical care
- The prevailing societal attitudes to migrants (especially illegal migrants)
- The predominant behavioural and sexual risks taken by the migrant population in border regions which make them vulnerable to HIV/AIDS
- The existing resources within migrant communities
- The activities focusing on migrants exist along the border; educational, health promotion and care programmes focusing on migrant population
- The gaps in information and services
- The major constraints for GO and NGOs in working with migrant groups

To be able to make strategic plans for the prevention and care of those who have HIV, it is important to determine how the migrants view their own situation. To do this, we need to identify the cultural and behavioural norms of the migrant communities (particularly sexual behaviour), the family and social networking of migrants, the support systems which exist in their social setting and the extent to which these determine their choices and vulnerabilities.

Source: "Methodologies of Cross-Border Analysis of Clandestine Migrant Populations" by E. Oppenheimer IN report on the Second Technical Consultation on Transnational Population Movements and HIV/AIDS in Southeast Asian Countries. May 1997.

Tracking the Trucks

M. Rajyasri Rao

An innovative, countrywide intervention programme which aims to prevent the spread of HIV among the mobile population of truck drivers has just completed an 18-month pilot phase. The initiative was launched in India by the Department for International Development (DFID), Government of U.K., in close collaboration with the National AIDS Control Organisation (NACO) at the centre and 38 NGOs working on the field in various states. It seeks to make awareness, diagnosis and treatment of sexually-transmitted diseases (STDs) possible for truckers and their crew en route, through targeted intervention on the highways they spend most of their lives on. Such intervention amongst a specific group had not been attempted at a national scale before. As DFID India Project Officer Vidhya Ganesh asserts, most interventions have been "rightfully local". However, the perennial mobility of the truckers necessitated a break from the tradition of local initiatives.

To make such a national initiative possible, DFID brought together regional NGOs that have a record of dealing with matters of sexual health to work together as a team, encouraging them to network so that a truck driver is not treated in isolation.

In covering a stretch of nearly 1800 kilometres of the highways across the country, dotted with at least 150 halt points, the project has already been able to map a little over five percent of its total length. The initiative at any one of these halt-points typically consists of: a clinic, or a trained doctor and an outreach staff, who between them focus on reducing the prevalence of STDs among the truckers by actively diagnosing and treating those affected by it, encouraging low-risk sexual behaviour, and promoting the use of condoms.

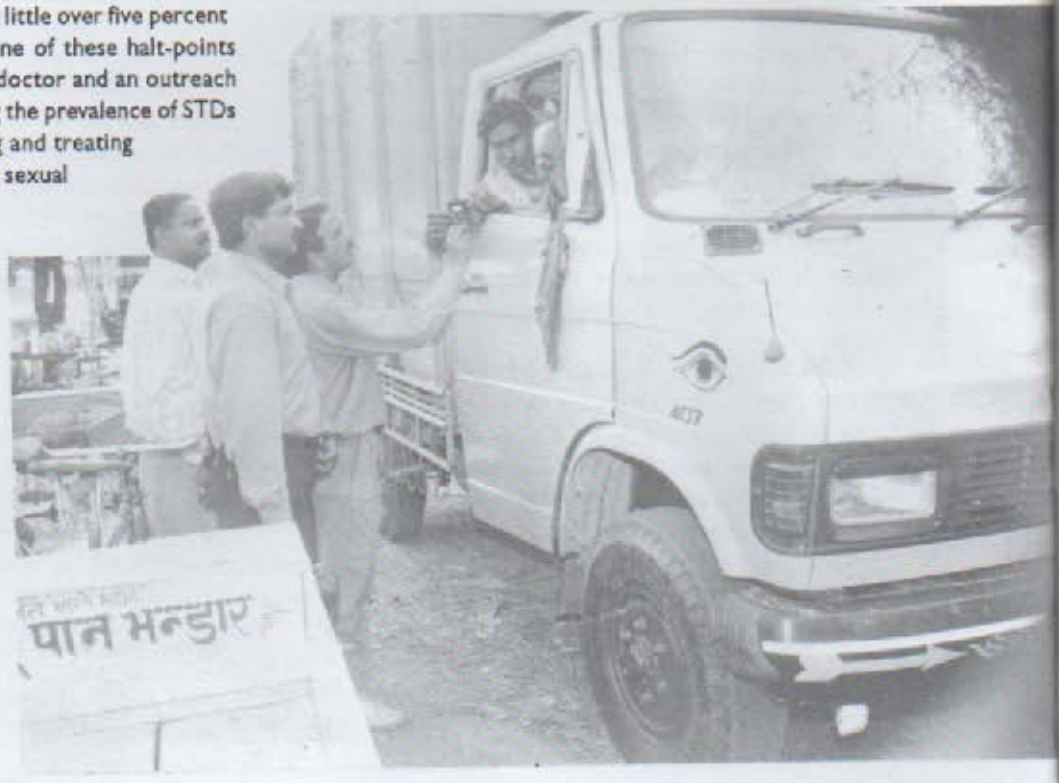
The fact that 80 percent of HIV infections in India is transmitted sexually calls for such an initiative. There is a marked prevalence of STDs amongst truckers, who form a large part of the mobile labour force in the informal sector of the economy. Recent studies suggest that up to 25 percent of the trucker population is affected by STDs, which in itself makes them more vulnerable to acquiring and unwittingly spreading HIV. The risks are further compounded by generally poor levels of information amongst the truckers about sexual health and the associated high risk of contracting HIV/AIDS through unsafe sexual practices.

Tucked away behind a large, brightly painted, bustling petrol pump on Delhi's outermost, circular Ring Road, is the transport area of the Azadpur *mandi* (market) which is the site for one such project. Entry to it from the main road is marked by a towering arch of crumbling brick that opens out suddenly to row upon row of mammoth trucks parked facing each other. The enclosure, which hosts more than 250 trucks per day, has no lodging place so the trucks serve as a place for both work and rest.

Naz, a Delhi-based NGO, began its HIV/AIDS programme here, amidst the trucker population within this enclosure. Launched at the end of a three-month needs assessment study conducted in and around the area, the initiative consists mainly of access for truckers to free medical counsel and care at a drop-in clinic aptly called "Top Gear Clinic". The clinic is run by Naz from a rented room, which doubles up for most part as an *adda* where the truckers hang out.

The truckers complain that they are burdened by erratic and completely unpredictable schedules that leave them little time for rest. In order to afford to make the annual visit to their families, they need to do whatever the owners demand, regardless of how unjust it feels.

The truckers explain that the prevalence of unsafe, risky sexual behaviour amongst them, which includes unprotected sex with commercial sex workers, and sex with men, is but an outcome and index of their loneliness. They have admitted over many sessions with the Naz team that sex is mostly "done" without thinking, under the influence of *afeem* (opium) and alcohol. Without these "indulgences" their daily grind on the highways will only be harder to bear.



At Sea and at Risk: the Case of Seafarers

Joyce P. Valbuena

For seafarers, it's often rough sailing, in more ways than one. Their work requires them to be on board for long stretches of time. The days and weeks of being isolated on the ship are punctuated by times when the ship docks, and seafarers go to town. Separated from their families and socially isolated, they tend to seek comfort by engaging in casual or paid sex. This sexual behaviour puts seafarers at risk of contracting HIV and other sexually transmitted diseases (STDs).

Because of their vulnerability to HIV/AIDS brought about by their work environment, seafarers need accurate information on STDs and HIV/AIDS. Such is the work of the Philippine Seamen's Assistance Program (PSAP), an organisation of seafarers which is based in Rotterdam, the Netherlands. PSAP was established in 1981 with the primary objective of giving support to Filipino seafarers, who comprise 20 percent of the world's seafarer population.

PSAP first launched its educational campaign on HIV/AIDS among seafarers who dock at Rotterdam, which has one of the busiest ports in the world.

PSAP reaches seafarers through popular education programmes. Peer educators give lectures on HIV/AIDS, and the seafarers themselves contribute in the development of educational materials. One such material which has become quite popular is a comic book written by one of the seafarers. The comics tell the story of how a seaman was prodded by his shipmates to engage in casual sex with different women in every port they visited. Eventually, he was diagnosed to be HIV-positive, and was forced to return to his home country. The first 2,000 copies were quickly distributed, and PSAP was urged to reprint 50,000 more copies for distribution to Filipino seafarers in the Netherlands.

Sports activities like basketball and volleyball were also used as vehicles in educating seafarers about HIV/AIDS. For instance, a cartoon of a condom used as an anchor is printed on the uniforms of team players, as well as messages like "work safe, play safe."

Initially, PSAP had difficulty in encouraging seafarers to openly talk about matters relating to sexuality and sexual health. To break this barrier, PSAP invited a female Filipino sex psychologist to facilitate the discussions on sexuality and to help seafarers assess their sexual behaviour.

Today, PSAP has evolved as an information and resource centre for seafarers. One of its targets is to be able to develop more culturally-sensitive educational materials that can be used to reach more fellow seafarers.

Keeping in mind this perceived rootlessness among the truckers, Naz has tried to create an atmosphere of informality and leisure at the drop-in centre. The clinic/centre doubles up as a surrogate "home" for the truckers where they can spend time together, lounge around or simply watch TV, with a sense of belonging. As the truckers sit around in the clinic area, they are drawn in to group discussions by the outreach team and consultant about matters relating to sexuality and reproductive health. This prepares the ground for interactions with the doctor, who can then make diagnosis and treatment faster on the basis of the patient's narrative.

Naz has produced a poster in Hindi advertising the drop-in centre as a place to access free medical services, including free and confidential consultation with a doctor who could help treat what the truckers call *garmi ki bimari* (literally translated as "a disease of heat"), or STDs. They have also produced and distributed medical cards that the truckers can carry with them to identify their blood group in the case of an en route emergency.

The use of the local term has enabled the outreach team to talk about and propagate the use of condoms more easily, as condoms can now be linked to a set of precautionary, safe behaviour practices that could stand between the truckers and their vulnerability to STDs. And the acquisition of the medical card has provided the truckers with a new sense of confidence in their circumstance of constant vulnerability, creating an attitude of trust amongst the truckers towards the Naz team.

The Naz project is but one of many such initiatives. Other organisations such as PREPARE in Chennai have integrated STD diagnosis and treatment, behaviour change and communication, and condom promotion. One of the challenges to the NGOs involved in the project is to target sex workers together with the truckers, for a truly holistic impact.

READING MATERIALS:

Migration and HIV/AIDS Vulnerability in South East AsiA *by Irene Fernandez*
(Presented at the 12th World AIDS Conference, Geneva, June-July 1998)
Examines the effects of economic globalisation on migrant populations specifically migrant workers from South East Asia. Discusses migration and its relation to the HIV/AIDS pandemic. It particularly tackles the issue of foreign policies imposed on migrant workers and how these policies affect the semi-skilled and unskilled workers while having less impact on the professionals and skilled workers. Free copies may be requested from HAIN.

Second Technical Consultation on Transnational Population Movements and HIV/AIDS in Southeast Asian Countries
This is a compilation of papers presented during the consultation organised by Asian Research Center for Migration, SEAMEO-TROPMED, WHO & GTZ. For information, contact Asian Research Center for Migration, Institute of Asian Studies, Chulalongkorn University, Bangkok 10330, Thailand.

HIV/AIDS and STD Among Seafarers in the Pacific Region: A Situational Analysis by the South Pacific Commission describes the situation and training needs of seafarers. The study provides a profile of Pacific seafarers, specifically their sexual behaviours, condom use and access to information and straining. The study cites the need for a regional programme which will develop appropriate IEC strategies and materials.

Population movement and the AIDS epidemic in Thailand *by Singhanetra-Renard A*
in: Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives, ed by Gilbert Herdt. Oxford, Oxford University Press, 1997.

Describes the nature of population movements and labor migration in Thailand, the sex migration into the country, and social mobility among poor rural women through commercial sex wok in the north, where AIDS cases are concentrated. The focus is on the relationship between population movements and the HIV/AIDS epidemic in northern Thailand, followed by research questions about gender-power relations, sexual culture, and human rights issues.

On the borderline of risk: AIDS the frontier
from AIDS Analysis Asia. Nov 1997. 3(6):11
Border-crossing points are major centres of HIV transmission. The results of five studies commissioned by Family Health International's AIDS Control and Prevention Project suggest that this phenomenon is related to the life-style of mobile populations in border areas. The studies were conducted in Papua New Guinea, Thai-Cambodia border, truck crossings between India and Nepal, port cities connecting Indonesia and the Philippines, and between Laos and Thailand.

Sexual cultures and population movement: implications for AIDS/STDs *by Herdt G*
in: Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives, ed by Gilbert Herdt. Oxford, Oxford University Press, 1997.

Reviews the relationship between changes in sexual practices, migration patterns, and the spread of HIV/AIDS and sexually transmitted diseases (STDs). All chapters are premised on the view that as people migrate, the rules of sex culture change.

The Impact of the Crisis on Migration in Asia
A special issue of the Asian and Pacific Migration Journal with comprehensive reviews of the impact of the Asian crisis on migration in Taiwan, Singapore, Korea, Japan, Malaysia, Thailand, Indonesia, the Philippines and Bangladesh.
Available from the Scalabrini Migration Center (see address below) at US$20 each.

The Vulnerability of Migrants to HIV/AIDS by CARAM-Asia
A pamphlet that gives an overview on migration and HIV/AIDS situation in seven countries in Asia: Malaysia, Bangladesh, Philippines, Vietnam, Cambodia, Thailand and Indonesia. Shows how the economic crisis in Asia affected the migration policies of some countries in the region. Available from CARAM Asia (Please see address below)

ORGANISATIONS:

SCALABRINI MIGRATION CENTER
PO Box 10541 Broadway Centrum, Quezon City 1113, Philippines
Email: smc@mni.sequel.net

CARAM (Coordination of Action Research on AIDS and Migration)
A non-exclusive open network of NGOs concerned with the vulnerability of migrants to HIV/AIDS. It combines the development of grassroot interventions with advocacy work and uses action research to help to improve the lives of migrants.
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If you have a specific information request, please contact:
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