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EXECUTIVE SUMMARY

HIV Vulnerabilities Faced by Women Migrants: from Asia to the Arab States

From silence, stigma and shame to safe mobility with dignity, equity and justice



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Acknowledgements

This publication is the Executive Summary of a qualitative research study undertaken by UNDP Regional HIV and Development Programme - in partnership with UNAIDS, the International Organization for Migration (IOM), the United Nations Development Fund for Women (UNIFEM), Coordination of Action Research for AIDS and Mobility in Asia (CARAM Asia), and the Caritas Lebanon Migrant Center (CLMC) - on the HIV vulnerabilities of Asian migrant women in Arab states. The study covered four countries of origin: Bangladesh, Pakistan, Philippines, and Sri Lanka; and three host countries: Bahrain, Lebanon, and the United Arab Emirates (UAE).

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It is our collective hope that this study will contribute to generating more responsive policies and programmes that will ensure the safe movement of Asian migrant women to HIV prevention, care, and support services throughout the full cycle of migration.

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Contents

Executive Summary

Background	5
Objectives	5
Methodology	6
Key Findings	6
Recommendations	13

Initial Country Findings

Overview	15
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Countries of Origin

Bangladesh	15
Pakistan	21
Philippines	25
Sri Lanka	30

Host Countries

Bahrain	34
United Arab Emirates	38
Lebanon	41

Boxes

Box 1	United Arab Emirates and migrant workers	7
Box 2	Philippines - Legal and institutional framework for migration management	8
Box 3	Lebanon - Law governing recruiting agents	11
Box 4	Migrant domestic workers and contracts: Good practices	16

Tables

Table1	Breakdown of Responses	6
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Acronyms

ACHIEVE	Action for Health Initiatives, Inc.	MoEWOE	Ministry of Expatriate Welfare and Overseas Employment
ARV	Anti-Retro Viral	MoHFW	Ministry of Health and Family Welfare
ASEAN	Association of South East Asian Nations	MoPH	Ministry of Public Health
BEOE	Bureau of Emigration and Overseas Employment (Pakistan)	NACP	National AIDS Control Program
BMET	Bureau of Manpower, Employment and Training (Bangladesh)	NAP	National AIDS Control Program (Lebanon)
CFO	Commission on Filipinos Overseas	OUMWA	Office of the Undersecretary for Migrant Workers Affairs
CLMC	Caritas Lebanon Migrant Center	OEP	Overseas Employment Promoters (Pakistan)
CWA	Community Welfare Attaché	OFWS	Overseas Filipino Workers
CARAM-Asia	Coordination of Action Research for AIDS and Mobility in Asia	OWWA	Overseas Workers Welfare Administration
DFA	Department of Foreign Affairs	OKUP	Ovibashi Karmi Unnayan Program
DSWD	Department of Social Welfare and Development	PLHIV	people living with HIV
FGD	focus group discussions	PNAC	Philippine National AIDS Council
GAMCA	GCC Approved Medical Centres Association	POEA	Philippine Overseas Employment Agency
GCC	Gulf Cooperation Council	POLO	Philippine Overseas Labor Office
HASAB	HIV/AIDS and STD Alliance Bangladesh	PDOS	pre-departure orientation seminar
IDI	in-depth interviews	RCC	Regional Consultative Processes
IDU	injecting drug users	STI	sexually transmitted infections
ILO	International Labor Organization	SAARC	South Asia Association for Regional Cooperation
IOM	International Organization for Migration	SLBFE	Sri Lankan Bureau of Foreign Employment
KABP	Knowledge, Attitude, Behaviors, and Practices	UAE	United Arab Emirates
KII	Key informant interviews	UFDWRS	United for Foreign Domestic Workers' Rights
LMRA	Labor Market Regulatory Authority (Bahrain)	UNAIDS	Joint UN Programme on HIV/AIDS
MOA	Memorandum of Agreement	UNIFEM	United Nations Development Fund for Women
MOU	Memorandum of Understanding	UNDP	RCC United Nations Development Programme-Regional Center in Colombo
MSM	men who have sex with men	VCT	voluntary counseling and testing
MWPS	Migrant Workers Protection Society (Bahrain)	WHO	World Health Organization

Executive Summary

Background

The Arab States are the primary destinations for many migrant workers from various countries in Asia, including Bangladesh, Pakistan, the Philippines, and Sri Lanka. Of these migrants, many are women: in 2005, 59 percent of Sri Lankan migrant workers were women, of which 90 percent were domestic workers, largely in the Arab States. Since 2000, women have comprised 90 percent of yearly deployment of new hires¹ for service workers in the Philippines, of which 30 percent are employed as domestic help. A similar preference for the Arab States is observed in the case of Bangladesh, where between 1991 and 2007, 60 percent of female migrants left to find employment in the Arab States.

Female migrants from the region generate substantial economic benefits both to their countries of origin and their host countries. Remittances from Filipinos working in the Arab States in 2007 amounted to \$2.17 billion. In Bangladesh, migrant workers sent back close to \$1.4 billion from Saudi Arabia and \$637 million from the UAE. Current remittances by migrant workers from Sri Lanka amount to \$3 billion. In terms of benefits to the host countries, female migrant workers supply much needed assistance in the domestic help sector while contributing to the countries' wealth generation process.

Despite this substantial contribution, migrant workers, especially women, often migrate under unsafe conditions, live in very difficult circumstances, and are targets of sexual exploitation and violence. In addition, in all host countries studied domestic workers are formally discriminated against, falling outside the ambit of local labor laws that protect the rights of migrant workers in other sectors. Hence, legislation and enforcement governing the scope of work, number of working hours, minimum wages, and leave and other entitlements of these domestic workers are practically non-existent. Unsafe migration, duress in the workplace, sexual exploitation (both in the home and host country), lack of legal coverage, and limited or no access to health and social services tend to make female migrants, especially in the domestic sector, particularly vulnerable to HIV.

As it is often the case in countries with low HIV prevalence such as Bangladesh, Pakistan, Philippines and Sri Lanka, migrant workers

often figure in the national HIV registry, as a result of compulsory HIV testing. Cases of HIV among domestic workers have been recorded in a number of migrant-sending countries such as the Philippines, Sri Lanka, and Indonesia, among others.

The Commission on AIDS in Asia 2008 Report notes that migration and mobility are among the driving factors in several of Asia's HIV epidemics.² While migration is not a direct risk factor for HIV infection, there are economic, socio-cultural, and political factors in the migration process that make migrant workers particularly vulnerable.

In August 2007, the United Nations Development Programme (UNDP), in close partnership with the Coordination of Action Research for AIDS and Mobility in Asia (CARAM-Asia), the Caritas Lebanon Migrant Center, and development partners such as the Joint UN Programme on HIV and AIDS (UNAIDS), International Organization for Migration (IOM), and the United Nations Development Fund for Women (UNIFEM), conducted a qualitative study to deepen understanding on the nexus between migration and HIV. The specific focus of the study was on the vulnerabilities faced by women migrant workers in four countries of origin: Bangladesh, Pakistan, the Philippines, and Sri Lanka; and in three host countries: Bahrain, Lebanon, and the United Arab Emirates (UAE). For Pakistan, where women make up only 1 percent of migrant workers, the study focused on male migrant workers and the impact on their spouses upon their return.

By analyzing the economic, socio-cultural, and political factors that influence the HIV vulnerability of migrant workers - especially female migrant workers - the study aims to aid the design of appropriate rights-based HIV prevention programmes. It also is intended to identify emerging challenges and trends in the response to HIV and migration issues in host countries, particularly in the area of human rights and public health.

Objectives

- 1) Generate indicative data on migrant workers, including demographic and economic profiles and sexual and health-related behaviors of women migrant workers.

¹ "New hires" refer to Overseas Filipino Workers who have new employers.

² Commission on AIDS in Asia, "Redefining AIDS in Asia: Crafting an Effective Response" (Oxford University Press: India, 2008).

Table1: Breakdown of Responses

	In-country respondents	Dubai, UAE	Bahrain	Lebanon	PLHIV returnees	TOTAL
Bangladesh	125	22	28	20		195 (female)
		15	15	15		45 (all male respondents)
Philippines	34	18	21	16	4	93 (female)
Sri Lanka	100	15	15	15	15	160 (female)
Pakistan	48	25	24			97 (all male respondents)
TOTAL	307	95	103	66	19	590

- 2) Generate data on existing HIV responses, gaps, and challenges in the host countries.
- 3) Identify links between migration conditions and HIV vulnerability as well as gaps in current responses, in both origin and host countries, with regard to prevention, testing, and care.
- 4) Propose research, policy, and programme recommendations related to HIV prevention, testing of, and care for women migrant workers.

Methodology

This regional study utilized qualitative methods in data collection and analysis. Initial desk reviews were undertaken by the in-country research teams to compile existing literature on

agencies in both origin and host countries. The above table illustrates the breakdown of respondents.

The overall research included two technical meetings with the researchers and development partners to, first, develop the research design and tools, and, second, to discuss preliminary findings and themes for the analysis of the data.

The key challenge faced by the researchers was the limited access to women migrants in the host countries and countries of origin, as well as to officials and agents. Women migrants are not organized and do not necessarily hail from a common locality, making access difficult. The situation was even more difficult in host countries because migrants were largely confined to their

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