



MIGRATION AND HIV

IN SOUTH ASIA



WHEN MILLIONS ARE ON THE MOVE

South Asia, which is burdened with one of the lowest human development indicators and increasing socio-economic inequalities, is home to the world's second largest number of people on the move. Annually more than 200 million people are estimated to migrate within and between countries in the region, in desperate search for a better life. This intense movement of people is accentuated by the growing mismatch between pockets of economic activity and deprivation brought about by the new global economic order.



What is Migration?

Migration is the crossing of the boundary of a political or administrative unit for a certain minimum period of time. It includes the movement of refugees, displaced persons, uprooted people as well as economic migrants. Internal migration refers to a move from one area (a province, district or municipality) to another within one country. International migration is a territorial relocation of people between nation-states. (UNESCO)

To a large extent, migration is a beneficial process, not only for individuals, but also for communities and nations. While new economic opportunities meet the livelihood needs of migrating individuals and their families, their remittances play a crucial role in strengthening the economy of their countries and host communities. Migrant remittances are indeed a major source of national income for the countries of the region.

Obvious Benefits, but Challenges Too

According to IOM (International Organisation for Migration), worker remittances represent the second largest monetary trade flows globally, exceeded only by the petroleum industry. For instance, in 2002 alone India received \$ 11.5 billion as remittances. In Bangladesh, foreign employment is the second largest source of foreign earnings and in Sri Lanka, remittances, mostly from women migrants, are the highest foreign exchange earner. In Pakistan, remittances equal 44 percent of total merchandise exports.

Various factors such as economic distress, violence, oppression, different forms of discrimination and conflicts force people to move, often with little or no knowledge of the complex mix of vulnerabilities that await them on the way. Reports from the region

Mobile people can be described broadly as people who move from one place to another temporarily or permanently for a host of voluntary and/or involuntary reasons. - (International Organisation for Migration)



Afghanistan: Over 1,500,000 refugees living in Pakistan and Iran
Bangladesh: 200,000 documented migrants per year moving from the country
India: 200,000,000 persons not living in their place of birth
Nepal: More than 250,000 migrants living in India
Pakistan: 2,790,221 persons in 1999 registered as living abroad
Sri Lanka: 788,000 persons living overseas; 60 percent of them women

indicate that a large number of migrants face an acute risk of exploitation, physical violence, sexual abuse and socio-political marginalisation. Added to these factors, the acute gender bias, that is widespread in the region, makes women especially vulnerable. HIV thrives in such situations.

The Push and Pull Factors

Migration is a process that is governed by various push and pull factors. In simple terms, push factors force people to move, while the pull factors lure them to seemingly greener pastures.

The Push Factors include:

- Low and variable agricultural productivity
- Lack of local employment or opportunities for advancement
- Landlessness
- Marginalisation
- Population pressure
- Domestic or community conflict
- War, political unrest, natural calamities

The Pull Factors include:

- Rapid urbanisation and industrialisation
- Consumerism and increased access to information
- Better opportunities for livelihood, education etc.
- Improved system of mobility
- Spirit of exploration

Migration and HIV: the Complex Link

South Asia is also home to the second largest number of people living with HIV/AIDS and a region with one of the fastest rates of HIV infection in the world. Though the HIV prevalence rates are still reportedly low, the huge population of the region translate them to large numbers. Out of the 7.2 million people living with HIV/AIDS in Asia Pacific more than 5 million are in South Asia. Within the region, India accounted for half a



million new infections in 2003. All over South Asia there are concentrated epidemics among the vulnerable groups such as sex workers, injecting drug users and MSM (Men having Sex with Men). The infection is steadily spreading to the general population, closing fast the window of opportunity for prevention. Experience from the region and other parts of the world clearly show that the apparent low prevalence does not offer any room for complacency.

As the epidemic spreads wider, the link between migration and HIV is emerging stronger than ever before. A recent study by UNDP, in partnership with PLWHA groups in the Asia Pacific region, irrefutably demonstrates this reality. Nearly 67 percent of the people living with HIV/AIDS, who participated in the study, said that migration was the main factor that led to their HIV-vulnerability and better access to information and services could have helped to protect them.

HIV and migration do not have a linear, cause and effect relationship, but are laterally linked. HIV is a manifestation of the inequalities and deprivation faced by migrants. Hostile and lonely environments, separation from families, lack of access to information and services and social support systems can lead to social and sexual practices that make them more susceptible to HIV exposure. However, it may be noted that migration in itself is not a vulnerability factor for HIV, but it is the unsafe process of migration that creates conditions of vulnerability (See Table).

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Implications of Migration

	Benefits	Challenges
Individual	Increased income, options, choices and "freedom"	Isolation, loneliness, exploitation, hardships, hostility from host societies.
Families	Better standard of living, education for children, access to health care and sense of financial security	Separation from partners, strains in relationships, challenges in the absence of remittances, extra burden on women who stay behind
Community	Increased remittances, exposure/ linkages with the outer world, flow of ideas/information, improved infrastructure	Increased single parent households, loss of social capital, inequalities between families and a sense of competition
Nation/Economy	Improved economic situation through remittances, better diplomatic/bilateral relations	Depletion of human resources, treatment of migrants as mere "economic tools", strained internal/bilateral relations

Migration and Impact of HIV: the Multiple Burden

HIV-positive migrants carry a double burden as the epidemic reinforces and deepens existing inequalities, further increasing their multitude of vulnerabilities. Besides affecting themselves severely, HIV infection also creates a huge impact on their families, host communities and countries.

Individuals

At the personal level, rising healthcare costs, loss of jobs and stigma and discrimination can cripple their lives. In addition, they are also burdened with the blame for spreading HIV- both for bringing HIV into the host countries and for taking it back to the countries of their origin. Studies in the region also illustrate that lack of legal rights in host countries leaves them extremely vulnerable to discriminatory practices such as forced testing, violence and deportation.



Families

Families of HIV-positive persons are often led to a life of impoverishment as household incomes diminish with a spurt in health care expenditure. Further, the stigma of having an HIV-positive person in the family leads to discrimination and ostracism by the community. It has also been observed that the lack of information creates a vicious cycle of transmission of the virus to partners back home. Many children in the region have been orphaned.

Women's Special Vulnerabilities

South Asia is not an exception to the increasing feminisation of the process of migration in the world witnessed over the last two decades. It is estimated that roughly 48 percent of all migrants in the world are women (IOM, 2000). Women migrants from Asia constitute the largest number of unskilled migrant workers in labour receiving countries. Rampant gender inequalities, low social status and lack of understanding of their sexuality and reproductive health, together with lack of access to information and services make migrant women specially vulnerable to HIV/AIDS. The problems are compounded for undocumented women workers and those who are trafficked. The situations of selective migration where women are usually not allowed free movement or granted permission to accompany their spouses create even greater vulnerabilities.

Communities and Nations

The effects are not limited to the individuals and the family alone. Communities experience a waning of income flows, affecting their development. National economic development also gets hampered in the wake of HIV as countries bear the increased burden of health care expenditure, coupled with a fall in migrant remittances. Moreover, as in the case of the community, it is a loss of valuable human resource and social capital.

What Needs to be Done?

Given the fact that millions of people migrate within and outside the region and that the HIV-vulnerability of migrants is high, containing the spread of the virus among them, their families and communities is extremely important while addressing the challenge of the epidemic in the region. Migrants also sustain many local economies and hence their health and well-being is critical to the development of the region. An area of special concern is the spread of the infection from high to low prevalence areas and also emergence of new pockets of high prevalence. In this context, migrants become the medium through which the virus transmits itself.

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Facilitating Safe mobility: a Rights Based Response

The critical elements of HIV-vulnerability of migrants result from unsafe mobility - mobility that results from unformed choices and that is fraught with the risks mentioned above. Therefore a response that makes migration processes safer in every respect is best suited to reduce their vulnerability to HIV. Given the complexity of the situation, it calls for the involvement of every sector of civil society, governments and other stakeholders.

The journey of the migrants usually traverses three stages: source, from where they originate; transit, where they stop over; and destination, where they finally reach in search of jobs. Therefore, responses that facilitate safe mobility have to be initiated at every stage and these responses have to be coordinated between these three areas.



Empowering Migrants through Informed Choices

Safe mobility, in essence, is migration of people based on informed choices and reducing the risks on their way. Informed choices begin with the basic ability of people to decide whether to migrate at all or not. To make this feasible, there should be increased avenues for livelihoods in their host societies, better social and gender equality, less distress situations, not to mention conflicts and various forms of discrimination. Efforts on this count will prepare the

ground for a sustainable, multisectoral response.

Another important step is to empower potential migrants with information and services that make migration safer, free from exploitation and situations that make them vulnerable to HIV at source, transit and destination areas. This includes providing them with information about the situation in destination areas, the opportunities, services and networks available. HIV Information and services specifically to prevent HIV infection should be an integral part of this effort. Studies and experience of working with migrants in the field have shown that faced with challenges for survival, migrants do not see HIV as a priority issue. Therefore, the information and services on HIV should be part of an integrated package that also addresses other vital needs such as livelihoods, shelter, banking and health care. Special emphasis has to be given to make the outreach efforts innovative and effective owing to the displaced status of migrants, particularly in the case of those who are undocumented.

Many migrants return to the source areas periodically and such visits can be considered as a possible route of HIV transmission to their spouses, partners and host community. In order to prevent this mode of transmission, initiatives are needed to equip the migrants, their spouses, partners and others on how to protect themselves against possible infection. More importantly, the special vulnerability of women needs to be addressed through concerted empowerment efforts.

Another challenge that calls for attention is the need for reintegration of returning migrants, both permanent and temporary, with a particular emphasis on the HIV context. Avenues for investment, jobs, socio-cultural reintegration, access to treatment and care and a stigma-free environment need to be seriously looked at.

In view of their vulnerability to HIV/AIDS, there is an increasing need for treatment and care at the destination and source areas. Voluntary counselling and testing services, treatment for opportunistic infections and referral for antiretroviral treatment are the elements that should form part of a comprehensive treatment and care plan.

UNDP's Role

UNDP Regional HIV and Development Programme, is working with governments and civil society partners across the region to strengthen the knowledge on migration and HIV and facilitate rights-based, multisectoral responses. The Programme also strives to facilitate a policy environment across the region that is favourable to safe mobility.

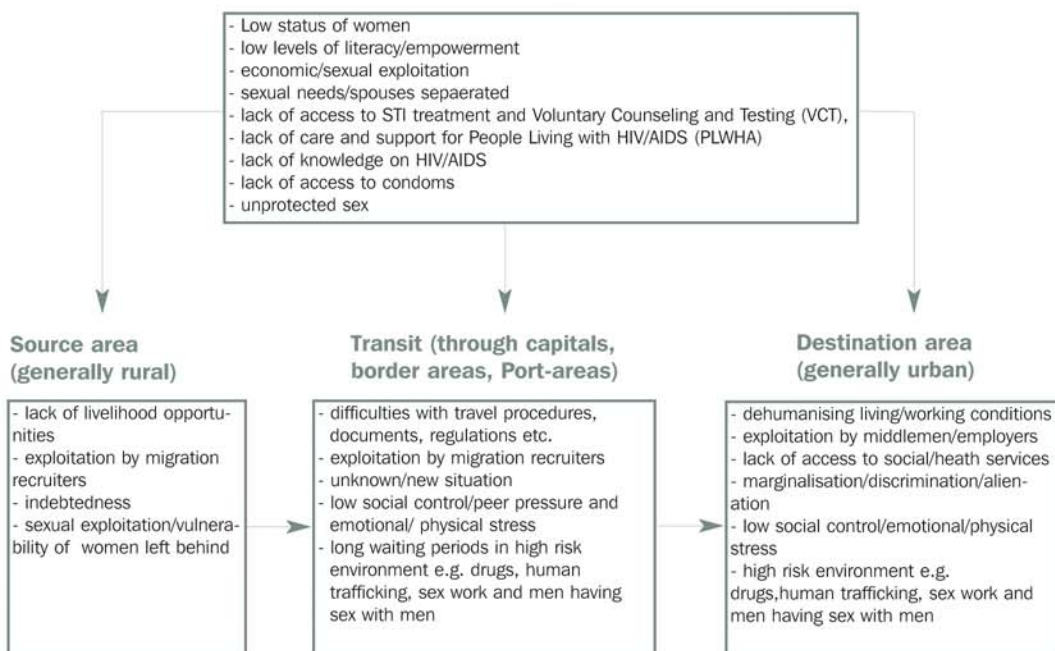
The focus of UNDP's response is coordinated action through networks of Civil Society Organisations (CSOs) that work with communities in the field covering the entire cycle of migration at the source, transit and destination areas. The main aim is to seamlessly provide information and services across the region.

In view of the non-availability of appropriate, disaggregated data, several tools have been developed to conduct rights-sensitive studies. Several comprehensive studies are now in progress. Development of replicable models for community action, interfacing migrants with PLWHA, linking up workplace interventions and outreach efforts also form part of UNDP's response.



Migration and HIV: the Vulnerability Factors

All stages



The right to mobility for employment is an important human right, especially where local economies offer limited livelihood alternatives. It is thus essential that HIV/AIDS prevention and intervention strategies should be directed at reducing the vulnerability of migrants, not at curtailing migration itself.

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