Unveiling HIV Vulnerabilities:
Filipino Women Migrant Workers in the Arab States
For Ellen, Rina, Sally and Jasmin
Thanks for letting us join your journey.
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Most importantly, all the women migrants who shared their lives with us. Without their courage and support, this book would not be possible.
"Unveiling HIV Vulnerabilities: Filipino Women Migrant Workers in the Arab States" is a product of the outstanding partnership of Action for Health Initiatives (ACHIEVE), Inc., the United Nations Development Programme (UNDP) Regional Center Colombo (RCC), and the Coordination of Action Research on AIDS and Mobility in Asia (CARAM-Asia).

This study demonstrates the link between migration and vulnerability to HIV and similar risk factors using the experiences of Filipino migrant women working in three Middle East destinations – Bahrain, Dubai, and Lebanon.

It depicts the oftentimes difficult situation faced by Filipino female migrant workers doing vulnerable jobs, particularly domestic services, and analyzes the economic, socio-cultural and political factors that impact on their HIV vulnerability.

More importantly, the research identifies the gaps in policy and program responses to HIV cases, and proposes concrete recommendations for governments and other concerned stakeholders.

The HIV vulnerability of Filipino migrants is one of the challenges confronting the Philippine government in managing Filipino migration, even as it continues to provide a
comprehensive system of protection that encompasses every stage of the migration “life-
cycle”. This is an unintended negative consequence of people moving across borders in
search of better opportunities.

The Department of Foreign Affairs appreciates the joint efforts of Achieve, UNDP-RCC,
and CARAM-Asia in unveiling this sad reality. The Department welcomes the findings
of their important study, with hope that similar work can be done in other areas with high
OFW concentration. As assistance-to-nationals is one of our foreign policy pillars, the
Department supports similar research initiatives that will aid in designing targeted policies
to address migrants’ concerns.

The Office of the Undersecretary for Migrant Workers’ Affairs (OUMWA), the Foreign
Service Posts, and our Regional Consular Offices, are the Department’s frontline offices
that respond to calls of distressed migrants and their families on a daily basis. We work
in partnership with other government agencies and non-government stakeholders in
protecting and promoting the rights of over 8 million migrants today.

Through these frontline offices, the Department is fully committed to working with other
partners in unveiling and responding to the other risk factors to which our Filipino migrants
are exposed in various parts of the world.

ESTEBAN B. CONEJOS, JR.
Undersecretary for Migrant Workers’ Affairs
Migrant workers all over the world provide significant contributions to their country’s economies through their remittances that now represent the fastest growing and most stable form of capital flow to developing countries, estimated at US $200 billion annually.

The Philippines is one of the countries deploying some of the largest numbers of people to work overseas. In 2007 alone, more than a million Overseas Filipino Workers (OFWs) were sent abroad of which 60% were women. An estimated 10% of the Philippine population or 8.7 M are working overseas and it is estimated that they contribute 5% of the country’s total Gross Domestic Product (GDP), sending US$14.4B back into the country annually.

Yet despite the economic contributions that women migrant workers make, the risks and vulnerabilities they face are numerous. These can range from abuse, and exploitation, to depression and separation anxieties, all of them translating in very high social and psychological costs calling for specific interventions that will mitigate the risks and vulnerabilities they face, including the vulnerability to HIV.

While migration is not a risk factor for HIV, the conditions under which migrants move make them vulnerable to HIV infection. Recent data in the Philippines shows that among all registered HIV cases, over 33% are OFWs and 17 percent of them are domestic workers (while 8 percent are entertainers) based on the National HIV Registry of the Department of Health in December 2007. The study entitled, “Unveiling HIV Vulnerabilities: Filipino Women Migrant Workers in the Arab States” developed by Action for Health Initiatives (ACHIEVE), Inc. and funded by the United Nations Development Programme (UNDP) highlights the complex relationship between migration and HIV vulnerability of Filipino women domestic migrant workers in the Arab States.
This study is part of a UNDP regional research initiative on HIV vulnerability faced by Asian women migrant workers of deploying countries - Bangladesh, Pakistan, Philippines, and Sri Lanka working in three destination countries in the Arab States, namely, Bahrain, Lebanon, and the United Arab Emirates (UAE). By analyzing in depth the economic, socio-cultural and political factors that determine the vulnerability to HIV of women migrant workers overseas, the study intends to provide better data to design sound and holistic programmes that will address the vulnerabilities of these women throughout the migration cycle, especially in the areas of human rights and public health.

UNDP is fully committed to address the risks and vulnerabilities of migrant populations and to contribute to addressing the emerging challenges that HIV and AIDS pose at all levels. There are empirical evidences showing the complex linkages between HIV and AIDS and development, such as the fact that poverty increases people’s susceptibility to HIV transmission and their vulnerability to the impact of the epidemic. The study presents important recommendations, offering a useful guide for effective policy and programmatic responses to HIV/AIDS to both deploying and receiving countries. UNDP believes that it is high time that the phenomenon of global labor migration and HIV vulnerability be seen from the larger perspective of development in both sending and receiving countries.

I wish to extend my sincerest appreciation to ACHIEVE for their dedication and commitment to complete this research work, to the UNDP Regional Centre in Colombo for providing their generous support, and lastly, to the key respondents of this research work that took part in providing substantive discussion on these important issues related to HIV vulnerability and migration. I look forward to taking these recommendations forward in the spirit of a strong partnership in the Philippines to contribute to achieving the Millennium Development Goal of reversing the spread of HIV and AIDS by 2015.

RENAUD MEYER
UNDP Country Director
List of Acronyms

ACHIEVE – Action for Health Initiatives, Inc.
AIDS – acquired immune deficiency syndrome
AMTP – AIDS Medium Term Plan
BATELCO – Bahrain Telecommunications Company
BCC – behavior change communication
BD – Bahraini dinar
BSP – Bangko Sentral ng Pilipinas (Central Bank of the Philippines)
CARAM Asia – Coordination of Action Research on AIDS and Mobility in Asia
CBO – community-based organization
CFO – Commission on Filipinos Overseas
DFA – Department of Foreign Affairs
DOH – Department of Health
DSWD – Department of Social Welfare and Development
ECG – electrocardiogram
FGD – focus group discussion
FSI – Foreign Service Institute
GCC – Gulf Cooperating Countries
GDP – gross domestic product
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV – human immunodeficiency virus
ICPD – International Conference on Population and Development
IDU – injecting drug user
IEC – information, education, communication
ILO – International Labor Organization
KRA – key result area
NEC – National Epidemiology Center
NGO – non-government organization
OFWs – overseas Filipino workers
OWWA – Overseas Workers Welfare Administration
OUMWA – Office of the Undersecretary for Migrant Workers Affairs
PAFPI – Positive Action Foundation Philippines, Inc.
PDOS – pre-departure orientation seminar
PhP – Philippine peso
PNAC – Philippine National AIDS Council
POEA – Philippine Overseas Employment Administration
POLO – Philippine Overseas Labor Office
RA – Republic Act
RH – reproductive health
SACCL – STD/AIDS Cooperative Central Laboratory
SARS – severe acute respiratory syndrome
STIs – sexually transmitted infections
TFC – The Filipino Channel
UAE – United Arab Emirates
UK – United Kingdom
UN – United Nations
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNDP – United Nations Development Programme
UNDP-RCC – United Nations Development Programme-Regional Center Colombo
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNGASS – United Nations General Assembly Special Session
US – United States
USD – United States dollar
WHO – World Health Organization
WIDF – Women In Development Foundation, Inc.
YAFSS – Young Adult Fertility and Sexuality Survey
ZOTO – Zone One Tondo Organization
CHAPTER 1:
Introduction
Overview

The Commission on Filipinos Overseas (CFO)\(^1\) reports that the estimated number of Filipinos outside the country reached 8,726,520 in December 2007. Of this figure, 42 percent (3,692,527) are immigrants or legal permanent residents abroad; 48 percent (4,133,970) are contract workers; and 10 percent (900,023) are irregularly documented migrants.\(^2\)

In 2007, the total number of contracts processed for Overseas Filipino Workers (OFWs) reached 1,306,078, of which 70 percent were land-based (916,471) and 30 percent (389,607) were sea-based. Of the land-based contracts, 88 percent or a total of 811,070 workers were successfully deployed.\(^3\) In the same year, the Bangko Sentral ng Pilipinas reported that OFWs remitted a total of US$14.44 billion, with land-based workers remitting 85 percent or US$12.2 billion.\(^4\) These contributions make up about five percent of the country’s total gross domestic product (GDP).

A total of 146,337 women migrated to work as newly-hired workers in 2007, constituting about 48 percent of all newly-hired migrant workers in the Philippines. Around 15% of these were domestic workers and household related workers. Such figures do not represent the total stock of female migrants abroad, as these exclude rehires, those who still have ongoing work contracts, and those who are undocumented.

Among its labor-sending neighbors, the Philippines is a pioneer in organized labor migration. As early as the 1970s, the country has been sending women domestic workers abroad. Since then, the demand for women migrant workers has never abated, with countries in the Middle East and Asia being the major markets. Today, the migration of women seeking work in the Middle East is a main feature in the migration patterns in several Asian countries, including the Philippines. In 2007, four out of the top five destination countries for Filipino women domestic workers were in the Arab States.

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1. A government commission mandated to uphold and promote the interests and well-being of overseas Filipinos.
Despite the overseas migration management systems set up by government and the establishment of institutions that specifically address the country’s labor migration concerns, the working and living conditions of migrant contract workers, particularly women domestic workers, leave much to be desired. Women domestic workers experience discrimination thrice over, resulting from their gender, race and class. Many are still subjected to exploitation, physical abuse, sexual violence, maltreatment and labor rights violations such as contract substitution and non-payment of wages. They also experience a host of health-related problems such as reproductive track infections (RTIs), work-related accidents, mental health problems, unwanted pregnancies and STIs, including HIV.

In September 2008, the National HIV Registry of the Department of Health reported a total of 3,456 total cases of HIV infections. This number reflects the cumulative total number of cases in the Philippines since the first HIV case was detected in 1984. A total of 799 (24 percent) are classified as AIDS cases and of these, 310 (39 percent) have already died. As of December 2007, OFWs comprised 34 percent of all registered HIV cases. Of this number, women domestic workers comprised 17 percent. These figures are compelling mainly because of the pre-employment and pre-departure mandatory HIV-testing most OFWs go through.

The rising number of HIV cases among migrant workers has become a significant area of concern and focus of the national HIV and AIDS response in the Philippines. Various stakeholders, from government and non-government institutions, have contributed to the response, not just locally and nationally, but also regionally. While there have been a few in-country studies undertaken on women migrants and HIV and AIDS, none has been done on a regional level and with particular focus on the Arab States.

In 2007, Action for Health Initiatives (ACHIEVE) Inc. began the conduct of a qualitative research on HIV vulnerability of women migrant workers in the Arab States. This study is a component of a seven-country regional research on women migrant workers and HIV vulnerability in the Arab States supported by the United Nations Development Programme (UNDP) Regional Center Colombo (RCC). It was implemented in four migrant worker-origin countries, namely, Bangladesh, Pakistan, the Philippines, and Sri Lanka, and three destination countries, namely, Bahrain, Lebanon, and the United Arab Emirates (UAE), with particular focus on Dubai. The research in Bangladesh, Pakistan and the Philippines was coordinated by the Coordination of Action Research on AIDS and Mobility in Asia (CARAM-Asia), a regional network of NGOs and community-based organizations working specifically for HIV prevention and rights protection of migrant workers in Asia. Currently present in 14 countries, including Bangladesh, Pakistan, Philippines and Sri Lanka,
CARAM-Asia has conducted various studies on HIV vulnerability of migrant workers, developed and implemented community-based HIV prevention programs for migrant workers and undertaken significant policy advocacy initiatives at the country and regional level.

Rationale and Concept

“Risk” and “vulnerability” are two terms that need to be understood in the acquisition of HIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has defined risk as the probability that an individual may acquire HIV infection.\(^5\) There are specific behaviors that define risk and these include multiple unprotected sexual partnerships, unprotected sexual contact with a partner whose HIV status is unknown, and injecting drug use with contaminated needles and syringes. UNAIDS also identified groups that are considered to be at risk for HIV: commercial sex workers, men who have sex with men, children of HIV+ mothers, and injecting drug users. Sexual partners of people who belong to these groups, including sexual partners of HIV positive people are also “at risk.”

Vulnerability is defined as a variety of factors that decrease the ability of a person or community to avoid HIV infection.\(^6\) The three factors that have been identified by UNAIDS to individually or in combination create or exacerbate vulnerability include: personal factors such as the lack of knowledge and skills required to protect oneself and others; factors that are related to the quality and coverage of services, such as the inaccessibility of services due to distance, cost, and other factors; societal factors like social and cultural norms, practices, beliefs. The final factor includes the laws that stigmatize and disempower some groups of people, which also act as barriers to fundamental HIV prevention messages.\(^7\) The known groups who are vulnerable to HIV are the youth, migrants, and mobile people. The latter two groups include the refugees, truckers, miners, itinerant traders, seafarers, or transport workers.

The linkage between migration and HIV needs to be looked at from the macro-societal context affecting migration patterns and HIV vulnerability. These include the restructuring of economies which influence demand and supply and movement of international and local labor, e.g., the feminization of migration; socio-cultural norms that set standards

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6. Ibid.
7. Ibid.
and define how men and women should think, act and “behave” sexually across cultures and social spaces; and, political systems that create enabling or disabling conditions for people to freely exercise their rights, including sexual rights. At the micro-level, it is also important to look at specific risk-taking behaviors of migrant workers and examine how and why these occur within the context of migration.

Migrant workers are currently not classified as a high-risk population because there is no identifying behavior that directly puts them at risk of HIV infection. Migration in itself is not a risk factor for HIV infection. Thus, it is important to examine the conditions and factors in the migration process that render migrant workers vulnerable to HIV. As migrants, they are away from their families and support networks, are often alone and lonely in a foreign country, get subjected to peer influence or pressure to socialize, are pressured to earn extra income, and lack access to HIV information and services. The above situations may render them vulnerable to possibly engage in various kinds of risky behaviors, including unsafe sexual behaviors.

Migrant workers are not a homogeneous group. While a number of studies have been done on migrant workers and HIV vulnerability in various countries including the Philippines, there are very few that look at women migrant workers, specifically those working in the Arab States. There is a need to generate evidence on what makes women migrant workers in these specific destination countries vulnerable to HIV. It is important to examine their conditions within the full migration cycle, covering pre-departure, employment period in the jobsite, and reintegration in the country of origin.

Apart from looking at the conditions of migrant workers, it is important to document existing responses and interventions that address HIV vulnerability of women migrant workers in both origin and destination countries. These responses cover a wide range, from those that positively move towards integration and implementation of HIV prevention strategies among migrant workers to those that move towards tighter restrictions on their movement and mobility, e.g., HIV testing of migrant workers.

It is envisaged that the generation of data on HIV vulnerability of migrant workers, with specific focus on lower income women migrants, and subsequent responses in both origin and destination countries will provide the evidence for the development and/or scaling up of appropriate HIV programmatic responses.
Objectives

The regional study has the following general objectives:

1. To build evidence on HIV vulnerability of migrant workers, especially women migrant workers,\(^8\) for purposes of designing appropriate rights-based HIV prevention.

2. To strengthen the assessment and analysis of economic, socio-cultural and political factors that impact on HIV vulnerability of migrant workers, particularly women migrant workers.\(^9\)

3. To identify emerging challenges and trends in the response to HIV and migration issues in receiving countries, particularly in the area of human rights and public health across countries.

For the Philippine study, the specific objectives are:

1. To generate indicative data on migrant workers, including demographic and economic profile and sexual and health-seeking behaviors, particularly of women migrant workers currently working onsite.

2. To generate data on existing HIV responses, gaps and challenges in the countries of destination.

3. To propose research, policy and program recommendations related to HIV prevention, testing and care issues for migrant workers, particularly women migrant workers.

Methodology

The research team undertook preliminary data gathering through a desk review of existing literature covering the topics related to migration, gender and HIV and AIDS. Substantial data was sourced from the Internet, as well as from published reports and publications.

\(^8\) In the case of Pakistan, the vulnerabilities of male migrants and their female partners and spouses will be attended to.

\(^9\) In the case of Pakistan, the vulnerabilities of male migrants and their female partners and spouses will be attended to.
Apart from the desk reviews, in-depth interviews were conducted with six women OFWs who had worked in the Arab States, four of whom are now living with HIV; two of the women were returnees from Lebanon while three women worked in Dubai and one worked in Abu Dhabi.

Such first hand information was deemed crucial in helping the research team to determine its focus and research topics, as well as in understanding the context of women migrants in the Arab States. ACHIEVE also conducted meetings with the Office of the Undersecretary for Migrant Workers Affairs (OUMWA) of the Department of Foreign Affairs (DFA) and met with specific focal persons/officers handling the countries identified as the research sites, i.e., Lebanon, Bahrain and UAE. The research team presented the research objectives and data gathering plan and asked for guidance and support from OUMWA/DFA in the conduct of the research. From the discussions, the research team learned about the continued standing ban on Filipino workers in Lebanon and the perceived volatility of the situation in Beirut. Thus, because of the concerns raised about security and safety, the research team made the decision to not undertake any data gathering activities in Lebanon. This potential data gap was filled in by a consultant from UNDP-RCC who stepped in to undertake data gathering activities with Filipino women migrants in Lebanon.

**Interview Guide**

An interview guide was prepared for both the FGDs and the one-on-one in-depth interviews (see Annex 1). This was a questionnaire jointly formulated and separately administered by the four origin country research teams. As the main research respondents were women, the team made sure that female researchers/interviewers would be involved in the data gathering. A separate interview guide for stakeholders and key informants was also developed.

**Data Collection**

In line with the thrust of UNDP-RCC to focus on populations that belong to the poorest of the poor, the regional study identified the main respondents as women migrant workers belonging to lower-income occupations. Specifically, these include domestic workers, factory workers, salesladies, and waitresses.
After the initial interviews with the women migrant workers were done, the research team was able to decide on which sub-population of women migrants to interview and come up with a plan on how to conduct the on-site interviews. It was decided that the team would interview domestic workers, as well as women working as salesladies and waitresses, especially those who were doing it on a part-time basis or those who had no regular contracts as a result of their undocumented status.

From November 30-December 14, 2007, the research team went to Bahrain, Dubai and Lebanon to conduct the data gathering activities. In Bahrain, a total of 21 female migrant workers were interviewed, with 10 participating in a focus group discussion (FGD) and nine in one-on-one interviews. Two migrants were interviewed together. In Dubai, a total of 18 women participated in the study. Fourteen were domestic workers and four were waitresses. Two group interviews were conducted with domestic workers, the first one had five participants and the second one had three participants. Six one-on-one interviews were conducted with domestic workers. A group interview was undertaken with three waitresses participating and an individual interview was conducted with one hotel waitress. Sixteen female domestic workers were interviewed in Lebanon. Eight of these women were interviewed individually, while the other eight were interviewed in pairs. The interviews took place in an office of a worker’s organization, in a shelter, and in the streets.
In the Philippines, a total of 32 female domestic workers participated in the FGDs, with the purpose of enhancing and validating the data gathered in the three destination countries. The women were identified through the local NGOs and migrant support organizations and came from various communities in Metro Manila.

ACHIEVE, as well the research consultant, conducted 14 key informant interviews with various stakeholders and individuals in Bahrain, Lebanon, Dubai and the Philippines (see Annex 2).

In Bahrain, key informant interviews were conducted with the Philippine Ambassador; the Overseas Workers Welfare Administration (OWWA) welfare officer; a Filipino journalist and reporter for The Filipino Channel (TFC), the vice president of the Bahrain Center for Human Rights, a human rights NGO in Bahrain; a nurse who works in a hospital in Bahrain; and, a female Bahraini employer.

In Dubai, the research team was able to conduct interviews with the following key informants: the Acting Consul General in the Philippine Consulate Office; the Labor Attaché; and, a Filipino physician licensed to practice in Dubai.

In the Philippines, the key informants interviewed were from: the Philippine National AIDS Council (PNAC) Secretariat; OUMWA, the Department of Social Welfare and Development (DSWD); Pinoy Plus Association, an organization of people living with HIV; and the Kanlungan Center Foundation, an NGO working with women migrant workers.

Data Analysis

The interviews and FGDs were transcribed and coded according to the major themes and issues that surfaced. Not all the questions in the prepared questionnaire were answered by or were relevant to the experience of the respondents. The themes were written up as major sections of the findings, with separate discussions related to pre-departure and on-site experiences. The team identified the factors that made the women migrant workers incur the possibility of HIV infection, using the concept of HIV risks and vulnerabilities as defined by UNAIDS. This meant identifying economic, political, and socio-cultural factors as well as individual risky behaviors that directly put them at risk.
Limitations of the Study

The conduct of a research on women migrants in the Middle East presented several limitations. While places like Dubai and Bahrain are adjudged as “open” cities, the general environment was not very conducive to conducting fast-tracked data gathering activities. Too, resource considerations meant that the research could only be undertaken for a limited number of days.

Before undertaking the trip, ACHIEVE contacted the Philippine Embassy in Bahrain, the Philippine Consulate in Dubai and the offices of the Overseas Workers Welfare Administration (OWWA) to ask advice on the possible venues for the conduct of the interviews. ACHIEVE relied on the information from the foreign posts, as there were no other institutions or NGOs that could provide such assistance in these countries.

The initial challenge that the team faced was the difficulty in getting access to women migrants. In both Bahrain and Dubai, domestic workers are rarely given a day-off, unless they are employed by expatriates or non-nationals in those countries. The team had initially planned to conduct the interviews in places where women migrants would gather, e.g., shopping malls, the church, and at the Philippine Embassy/Consulate.

The team went to the Catholic church in Dubai and Bahrain but many of those who had free time for an interview did not belong to the category of preferred respondents. Similar efforts to reach out to respondents were done in the malls, i.e., with salesladies or waitresses in fast food establishments, but they were being strictly supervised by their superiors and had very little time during the breaks, which would only last for 15 minutes on the average. Thus, majority of the respondents were comprised of women being assisted at the Philippine Overseas Labor Office (POLO) in both Bahrain and Dubai.

In order to facilitate the conduct of the interviews, the respondents from Bahrain were referred by the OWWA welfare officer, while the respondents from Dubai were referred by the labor attaché. The research team tried to select women who had been working in the country for at least one year to ensure that they had enough experience to share about working and living abroad. However, there were a number of respondents who had stayed in the country for only 9-10 months but were forced to leave or escape because of maltreatment and non-payment of wages.
CHAPTER 2:
Migration and HIV: Situation and Response
The Migration Situation

The increasing number of Filipinos leaving the country to work abroad is welcomed by the government. Not only does overseas employment lift some of the burden of local unemployment, it also generates substantial local revenues and billions of dollars in remittances, which enable families left behind to survive or live a relatively more comfortable life.

In its 2007 Annual Report, the POEA claims to be one of the top income generating agencies of the government. This income comes from the processing fees, license fees of recruitment agencies and others. As of December of that year, the POEA collected an income of more than 408 million pesos or approximately nine million US dollars.

In 2007, remittances from overseas Filipinos reached a total of USD14.44 billion. Contribution from sea-based workers amounted to USD2.23 billion while land-based workers remitted USD12.21 billion.¹ The bulk of these remittances originate from the Americas although this does not necessarily mean that Filipinos in that part of the world contribute the highest actual amount. Many remittance centers in various cities around the world course remittances through correspondent banks that are mostly located in the US, thus records would reflect it as the source of the remittances.

The top 10 source countries of OFW remittances are shown in the following table. It shows a comparison between 2006 and 2007 figures.

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>2007</th>
<th>2006</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. United States of America</td>
<td>7,564,887</td>
<td>6,526,429</td>
<td>15.9%</td>
</tr>
<tr>
<td>2. Saudi Arabia</td>
<td>1,141,319</td>
<td>1,117,915</td>
<td>2.1%</td>
</tr>
<tr>
<td>3. United Kingdom</td>
<td>684,007</td>
<td>561,670</td>
<td>21.8%</td>
</tr>
<tr>
<td>4. Italy</td>
<td>635,939</td>
<td>574,662</td>
<td>10.7%</td>
</tr>
<tr>
<td>5. Canada</td>
<td>595,079</td>
<td>590,627</td>
<td>0.8%</td>
</tr>
<tr>
<td>6. United Arab Emirates</td>
<td>529,963</td>
<td>427,246</td>
<td>24.0%</td>
</tr>
<tr>
<td>7. Japan</td>
<td>401,612</td>
<td>453,398</td>
<td>-11.4%</td>
</tr>
</tbody>
</table>

Land-based OFWs are found in 197 countries worldwide. However, they are concentrated in certain regions such as the Middle East and other parts of Asia. The top ten destinations of OFWs, both rehires and new hires are reflected in the following table.

Table 2: Top 10 Destinations of OFWs in 2007

<table>
<thead>
<tr>
<th></th>
<th>New HIRES</th>
<th>REHIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi Arabia</td>
<td>97,496</td>
<td>140,923</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>44,417</td>
<td>76,240</td>
</tr>
<tr>
<td>Qatar</td>
<td>30,868</td>
<td>45,552</td>
</tr>
<tr>
<td>Taiwan</td>
<td>28,434</td>
<td>36,832</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>22,337</td>
<td>25,409</td>
</tr>
<tr>
<td>Kuwait</td>
<td>17,398</td>
<td>19,682</td>
</tr>
<tr>
<td>Canada</td>
<td>8,612</td>
<td>12,559</td>
</tr>
<tr>
<td>Korea</td>
<td>6,452</td>
<td>12,142</td>
</tr>
<tr>
<td>United States</td>
<td>5,721</td>
<td>8,702</td>
</tr>
<tr>
<td>Italy</td>
<td>5,296</td>
<td>8,254</td>
</tr>
<tr>
<td>Other Destinations</td>
<td>46,229</td>
<td>111,515</td>
</tr>
<tr>
<td>TOTAL</td>
<td>313,260</td>
<td>497,810</td>
</tr>
</tbody>
</table>

Source: Philippine Overseas Employment Administration

Of the total number of newly-hired land-based OFWs deployed in 2007, the highest portion in terms of occupational group was composed of domestic helpers and related household workers (15 percent), of which a great majority (80%) were women.
Table 3: Top 10 Skills of Deployed OFWs (New Hires), by Sex in 2007

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic helpers and related household workers</td>
<td>44,919</td>
<td>2,959</td>
<td>47,878</td>
</tr>
<tr>
<td>2. Production and related workers</td>
<td>10,640</td>
<td>15,277</td>
<td>25,917</td>
</tr>
<tr>
<td>3. Caregivers and caretakers</td>
<td>13,329</td>
<td>1,070</td>
<td>14,399</td>
</tr>
<tr>
<td>4. Service workers</td>
<td>5,294</td>
<td>5,026</td>
<td>10,320</td>
</tr>
<tr>
<td>5. Waiters, bartenders and related workers</td>
<td>5,599</td>
<td>3,677</td>
<td>9,276</td>
</tr>
<tr>
<td>6. Plumbers and pipe fitters</td>
<td>19</td>
<td>9,168</td>
<td>9,187</td>
</tr>
<tr>
<td>7. Nurses professional</td>
<td>8,041</td>
<td>1,137</td>
<td>9,178</td>
</tr>
<tr>
<td>8. Laborers/helpers General</td>
<td>1,172</td>
<td>6,145</td>
<td>7,317</td>
</tr>
<tr>
<td>9. Wiremen Electrical</td>
<td>38</td>
<td>6,942</td>
<td>6,980</td>
</tr>
<tr>
<td>10. Charworkers, cleaners and related workers</td>
<td>5,373</td>
<td>927</td>
<td>6,300</td>
</tr>
<tr>
<td><strong>Total Number of Deployed New Hires</strong>*</td>
<td><strong>146,337</strong></td>
<td><strong>160,046</strong></td>
<td><strong>306,383</strong></td>
</tr>
</tbody>
</table>

Source: Philippine Overseas Employment Administration

* Total number refers to total number of deployed new hires for 2007 but the table does not include other skill categories that are not in the Top 10.

According to the POEA, 2006 saw an increase in the demand for more technical, high-end jobs among land-based workers. The past five years registered this steadily increasing trend. In fact, 60 percent of the total number of OFWs deployed in that year were highly skilled and professional workers. Also, destinations like the United States (US) and the United Kingdom (UK) figured prominently as top destinations for newly-hired workers. On the other hand, Filipino seafarers remain to be one of the most in-demand, filling up almost 28 percent of the total maritime workforce worldwide.  

A significant reduction in the deployment of migrant domestic workers was noted in 2007. From a total of 91,412 in 2006, only 47,877 were deployed in 2007, indicating a 47% decrease.

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deployment reduction. The POEA attributes this decline to the issuance of a new reform package for domestic workers, aimed at reducing conditions of vulnerabilities and abuses. However, there are also possibilities of increased undocumented migration, which often result when stricter regulations and measures are enforced. The following table shows the top destination countries for domestic workers in 2007.

### Table 4: Top 10 Destinations of Filipino Domestic Workers (New Hires) in 2007

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number of Domestic Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hong Kong</td>
<td>22,127</td>
</tr>
<tr>
<td>2. Italy</td>
<td>4,951</td>
</tr>
<tr>
<td>3. Kuwait</td>
<td>4,806</td>
</tr>
<tr>
<td>4. United Arab Emirates</td>
<td>3,149</td>
</tr>
<tr>
<td>5. Saudi Arabia</td>
<td>2,581</td>
</tr>
<tr>
<td>6. Qatar</td>
<td>1,912</td>
</tr>
<tr>
<td>7. Cyprus</td>
<td>1,763</td>
</tr>
<tr>
<td>8. Singapore</td>
<td>1,568</td>
</tr>
<tr>
<td>9. Spain</td>
<td>1,542</td>
</tr>
<tr>
<td>10. Jordan</td>
<td>1,285</td>
</tr>
<tr>
<td>Other destinations</td>
<td>2,193</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>47,877</strong></td>
</tr>
</tbody>
</table>

Source: Philippine Overseas Employment Administration

The history of Philippine labor migration has been marred by a number of grim experiences of women migrant domestic workers. The death of Flor Contemplacion, a domestic worker who was sentenced to death in Singapore, prompted the immediate passing of Republic Act (RA) 8042, or the Migrant Workers Act of 1995. The story of Sarah Balabagan, an under-aged domestic worker in the Middle East who killed her employer while defending herself from his sexual advances, caught the attention of the international community. But even after the passing of RA 8042, stories of abuse among this group of women migrants are still prevalent. Attempts of the government to “professionalize” domestic work, i.e., requiring skills training, has not drastically reduced the number of cases of abuses and maltreatment. Having a standard work contract also comes short of protecting the interests of the domestic worker since contracts are easily replaced at the destination countries. Also, many destination countries do not yet recognize domestic work in their labor laws, hence the difficulty in resolving the issues faced by these women migrants.
Migration and HIV and AIDS: the Philippine Situation

In recent years, the country has seen the steady increase in the number of OFWs getting infected with HIV. This has also prompted the Philippine National AIDS Council (PNAC), a multi-sectoral coordinating body for the national AIDS response, to include OFWs as a priority vulnerable group in the 4th AIDS Medium Term Plan (AMTP) covering the period 2005-2010.

The HIV surveillance of the National Epidemiology Center (NEC) of the DOH began after the first case was detected in the country in 1984. However, active government surveillance is done only in areas with high concentrations of so-called most-at-risk populations like commercial sex workers, men who have sex with men, and injecting drug users. The situation of OFWs is different. Since more and more destination countries have come to require an HIV test prior to deployment, OFWs are routinely checked for HIV during their pre-departure medical testing. Reactive results from the screening tests are automatically forwarded to the government-run STD/AIDS Central Cooperative Laboratory (SACCL) for confirmation. Confirmed HIV positive results are then submitted to the NEC and are recorded in the HIV Registry. HIV cases among OFWs are captured through this passive surveillance system.

As of September 2008, the total cumulative number of HIV Ab seropositive cases reported in the National HIV Registry were 3,456. Sixty-nine percent (2,323) of these cases were males and the leading mode of transmission was sexual intercourse (88%). Majority of these cases (59 percent) were between the ages of 25 to 39. While the current figure still classifies the Philippines as a low prevalence country for HIV, the sharp increase in the last three years has raised alarm among stakeholders monitoring the HIV and AIDS situation in the country. The following table presents the number of new cases of yearly infections since 2003.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of New HIV/AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>193</td>
</tr>
<tr>
<td>2004</td>
<td>199</td>
</tr>
<tr>
<td>2005</td>
<td>210</td>
</tr>
</tbody>
</table>
Of the total number of HIV cases recorded since 1984, OFWs make up 34 percent (1,162). Over the years, the HIV Registry has tracked the growing number of HIV cases among OFWs. The figures since 2001 are summarized in the following table.

Table 6: Share of OFWs in the HIV Registry for the Period Reported

<table>
<thead>
<tr>
<th>DATE</th>
<th>Total Reported No. of Cases</th>
<th>Total OFW</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2001</td>
<td>1,611</td>
<td>442</td>
<td>28%</td>
</tr>
<tr>
<td>December 2002</td>
<td>1,796</td>
<td>546</td>
<td>30%</td>
</tr>
<tr>
<td>December 2003</td>
<td>1,965</td>
<td>634</td>
<td>32%</td>
</tr>
<tr>
<td>December 2004</td>
<td>2,200</td>
<td>725</td>
<td>33%</td>
</tr>
<tr>
<td>December 2005</td>
<td>2,410</td>
<td>821</td>
<td>34%</td>
</tr>
<tr>
<td>December 2006</td>
<td>2,719</td>
<td>954</td>
<td>35%</td>
</tr>
<tr>
<td>December 2007</td>
<td>3,061</td>
<td>1,061</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: National Epidemiology Center, DOH

According to the last available breakdown of OFW data in the HIV Registry, out of the 1,061 OFWs who were tested positive in December 2007, 33 percent (347) were seafarers, 17 percent (179) were domestic workers, nine percent (97) were employees, eight percent (81) were entertainers, and six percent (65) were health workers. Sexual intercourse remained to be the leading mode of transmission (94 percent) among OFWs.

**Policies and Laws**

The Philippines leads its Asian neighbors in having legislation that addresses migration and HIV and AIDS. The country is also a signatory to key international instruments such as the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.
Republic Act (RA) 8042: Migrant Worker and Overseas Filipinos Act of 1995

In 1995, the Philippines enacted RA 8042, a law envisaged to protect and promote the rights and welfare of OFWs. The law makes explicit its aim to “uphold the dignity of Filipino migrant workers” and “afford full protection to labor, local and overseas, organized and unorganized, and promote full employment and equality of employment opportunities for all and provide adequate and timely social, economic, and legal services to Filipino migrant workers.”

Certain provisions of the law have been repealed by RA 9422, including the provision on deregulation of labor migration. In RA 8042, the law provided for a five-year phase out period of the government’s regulatory functions in order to make labor migration “strictly a matter between the worker and his foreign employer.” But because of persistent abuses and exploitation that OFWs experienced even during the period when migration was regulated, migrant support NGOs and migrant associations lobbied successfully to have this provision repealed. RA 8042 also made explicit that deployment of OFWs should only be made in countries where the rights of Filipino migrant workers are protected (Section 4). However, the law also stated that it would recognize ANY of the following as guarantee that Filipino migrant workers rights are protected in the receiving country:

a) It has existing labor and social laws protecting the rights of migrant workers;
b) It is a signatory to multilateral conventions, declaration or resolutions relating to the protection of migrant workers;
c) It has concluded a bilateral agreement or arrangement with the government protecting the rights of overseas Filipino workers; and,
d) It is taking positive, concrete measures to protect the rights of migrant workers.

The above provision has also been repealed by RA 9422 with the following provision: “The administration shall deploy only to countries where the Philippines has concluded bilateral labor agreements or arrangements: Provided, that such countries shall guarantee to protect the rights of Filipino migrant workers; Provided, further, That such countries shall observe and/or comply with international laws and standards for migrant workers.” (Section 1)

RA 8042 has no specific provision that relates to HIV and AIDS. The only provision in RA 8042 that mentions health pertains to “welfare assistance including the procurement of medical and hospitalization services” onsite (Section 19, b).
In 2007, the POEA Governing Board took steps to try to reduce the abuses and maltreatment experienced by female domestic workers through the issuance of a reform package for domestic workers. This package consists of the following: a minimum age requirement of 25; an entry-level minimum wage of USD 400; prohibition of collection of placement fees; pre-qualification of recruitment agencies under the POLO, and securing pre-qualification certificate from employers; and mandatory verification by POLO of individual contracts and subsequent job orders for Filipino domestic workers. It remains to be seen though, if such steps would alleviate the vulnerability of domestic workers rather than fuel the proliferation of illegal recruitment agencies that have become resourceful in subverting government restrictions and regulations on labor migration.

In August 2007, the Philippine government entered into a memorandum of agreement (MOA) with the government of the United Arab Emirates. The MOA refers to the setting up of standards for the “recruitment or placement of Filipino manpower in the UAE”. The agreement states: the worker “shall perform work for the employer and shall be recruited through selection according to the needs of the UAE, and shall be given protection pursuant to the labor laws and regulations in force in both countries.” It does not specify job categories but for its purposes, it defines the term “manpower” to include “all temporary contractual expatriate workers employed in the UAE for a certain period of time.” This document does not specify the terms and conditions of the employment, however, it provides for the drafting of standard labor contracts that should clearly state the rights and obligations of the worker.

As of April 2007, an employment agreement between UAE-bound domestic workers and their sponsors has been in force. The employment agreement or contract states the salary, the duration of the contract, the scope of work, the rights of the domestic worker, and the obligations of the employer. Under the terms of the contract, the domestic worker is obliged to perform her/ his duties faithfully and efficiently and in accordance with the customs and traditions of the employer’s country. In return, the employer is expected to treat the domestic worker humanely, provide for “suitable, safe and hygienic accommodations,” cover treatment and healthcare services, provide one month paid vacation leave after contract completion. If the worker chooses to work on his/her month off, then the employer should pay the equivalent salary. Plane tickets should also be provided by the employer after the domestic worker has completed her contract. In case of death of the domestic worker within the duration of the contract, the employer is obliged to pay for repatriation costs and to pay the domestic worker’s family “compensation due through the end of the month on which the death occurred.”
Republic Act 8504: 
Philippine HIV/AIDS Prevention and Control Act

In 1998, Republic Act 8504 or the Philippine HIV/AIDS Prevention and Control Act, also known as the Philippine AIDS Law, was passed. This law provides the policy backdrop for the country’s national HIV and AIDS response, as well as protection for people living with and affected by HIV.

A provision that applies specifically to OFWs is Article 1, Section 7 which reads, “All Overseas Filipino Workers, diplomatic, military, trade, and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention, and consequences of HIV/AIDS before certification for overseas assignment.” Because of this, all departing OFWs, as well as foreign service personnel, are required to undergo HIV orientation seminars in the pre-departure orientation seminar (PDOS).

Another important provision in the AIDS Law is the prohibition of compulsory testing for HIV. The law states:

Article III. Sec. 16: Prohibitions on Compulsory HIV Testing – Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service, of the continued enjoyment of said undertakings shall be deemed unlawful.

As mentioned earlier, OFWs are required to undergo HIV testing, along with other health tests, as part of their application process for overseas work. Employers, sponsors and the immigration policies of the countries where they work require this test before granting them work permits. This impacts on the HIV surveillance of the DOH, making the figures biased against OFWs, given that they are routinely tested while the general population is not. More importantly, this practice of mandatory HIV testing of OFWs creates an unfair impression that OFWs are “carriers” of HIV. But even with this bias in the available statistics, HIV prevention still needs to be intensified because the NEC continues to register newly diagnosed HIV-positive cases among OFWs on a monthly basis. Such prevention programs need to be informed by studies that look into the factors that contribute to the vulnerability of OFWs. Since the range of experiences of OFWs vary greatly, researches that study the vulnerability of specific groups of OFWs are important. This study hopes to add to the body of literature that can provide insight into the situation faced by female migrant domestic workers and in turn, contribute to the enhancement or development of appropriate HIV responses in the country.
Current HIV-Related Programs for Migrant Domestic Workers

The 4th AIDS Medium Term Plan (AMTP) of the Philippines lays down the foundation for the implementation of the national response to HIV and AIDS in the Philippines. The Plan’s Strategic Area 1 calls for a “scaling up and quality improvement of preventive interventions targeted at population segments with risk behaviors and those identified as highly vulnerable.” Under this, Key Result Area (KRA) 1 specifies that, “all migrant workers are to be provided with preventive information and services.” While there is a specific emphasis on addressing the concerns of OFWs, the implementation and operationalization of the plan needs to be further assessed, especially in light of various initiatives that have been initiated by various sectors, including the Joint UN Programme on Migration and HIV.

In recent years, programs addressing HIV vulnerability of OFWs have been developed and implemented, mostly by non-government organizations (NGOs) and community-based organizations (CBOs). These programs are diverse in terms of target OFW populations and geographical scope. However, while HIV prevention programs for OFWs have gained momentum in recent years, very few are targeted at female migrant domestic workers. It must also be mentioned that there are numerous initiatives by various NGOs, CBOs and migration networks on the rights of migrant domestic workers.

HIV Awareness in the PDOS for OFWs

One of the key and legally mandated HIV prevention programmes among OFWs is the integration of HIV orientation in the PDOS. Although it took some years after the promulgation of the AIDS Law to be implemented, various interventions on the inclusion of HIV awareness in the PDOS have been done, such as the development of a standard module, training of trainers, review and revisions of the module, etc. In various assessments conducted, it has been recognized that there are many limitations in the PDOS, including the absence of a sustained monitoring mechanism with regards to the implementation of the HIV module. Some of the PDOS providers who have conducted reproductive health or HIV awareness for women migrant domestic workers include the Women in Development Foundation, Inc. (WIDFI) and the Positive Action Foundation Inc. (PAFPI).
HIV Awareness in the PDOS for Foreign Service Personnel

Apart from mandating HIV awareness for OFWs, RA 8504 also makes HIV orientation mandatory for all departing foreign service personnel for posting in Philippine embassies and consulates abroad. In 2004, UNAIDS supported an initiative of ACHIEVE, Inc. to conduct trainings on HIV and Migration issues for the Department of Foreign Affairs (DFA), through its training arm, the Foreign Service Institute (FSI). Since 2005, DFA and FSI have integrated HIV awareness in the pre-departure orientation seminar curriculum for all foreign service personnel. This seminar is implemented on a quarterly basis by ACHIEVE, together with former OFWs who are now living with HIV.

Community-based Interventions

From 2005 to 2007, ACHIEVE, Inc., with support from the UNFPA, implemented a project specifically on reducing the vulnerability of female migrant domestic workers to HIV. The project was implemented in the capital city of the country and in two northern provinces. It had several components: (1) community-based education among domestic workers on gender, reproductive health, HIV and migration; (2) capacity-building of peer educators on gender, reproductive health, HIV and migration; (3) capacity-building of healthcare personnel in the government hospitals located in the project areas; (4) capacity-building of migrant NGOs on HIV and migration; (5) publication of a peer educator’s manual; and (6) publication of a guidebook for healthcare providers. A number of the peer educators who were trained under this project are now involved in the reproductive health and HIV-related programs of their local governments and their community organizations.

One of the most significant outcomes of the project was the establishment of a reproductive health and HIV desk in the provincial health offices in the project areas. ACHIEVE’s advocacy also helped in pushing for the establishment of an HIV committee in the Provincial Health Boards of the provinces where the project was implemented. Through the creation of these mechanisms and structures, the activities at the community and the local government level had potential for sustainability even after the project was concluded.

Another community-based initiative involved the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) HIV prevention projects of local NGOs and CBOs targeting OFWs. The GFATM Round 3 and Round 5 covered a total of 26 sites. Migrant domestic workers were among the OFWs in these sites provided with information on HIV prevention. The GFATM funds also included a care and support component which benefited people living with HIV, including former OFWs and their spouses, especially with regards to access to treatment.
CHAPTER 3: Review of Related Literature
Studies on the situation and experiences of migrant workers have increased in recent years. Various cases of abuses have been covered by the media and have helped in highlighting the many issues that migrant workers encounter, especially those faced by women migrant workers. Internationally and particularly in the Philippines, common areas of study in relation to Filipino migrant workers are focused mainly on the human rights violations they experience, their economic contribution to the country, and the social costs of migration. However, relatively fewer studies have been published on the issues related to health of migrant workers, and fewer still on the vulnerability faced by migrant workers to HIV.

Domestic Work

The various studies reviewed for this report present almost exactly the same situations of female migrant domestic workers in the destination countries. Most of these situations are associated with abuse and maltreatment, particularly among domestic workers in the Arab States and several Asian destination countries. This can be best explained by the observation of the United Nations (UN): “Most domestic workers are women who remain excluded from the very scope of labor legislation in almost all Arab League States since their work is done in households (not considered as workplace) of private persons (not considered employers) that cannot be supervised by labor inspectors.”

Domestic work is considered one of the most vulnerable job categories because it is socially and economically invisible, and because of its low status. Women domestic workers often suffer from abuses and exploitation because their relationship with their employers is one of submission and isolation. They work within the premises of the homes or residences of their employers.

The available body of literature corroborates the above statement of the UN. In Lebanon, a report by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 2004 stated that Filipino migrant workers and their living conditions “are

always synonymous with abuse, violence and maltreatment.” According to results of a field survey conducted by the International Labor Organization (ILO) in 2001, domestic workers in Kuwait are isolated and the work they do is not covered by existing labor laws, thus, they remain unrecognized and undervalued. This lack of legal recognition may be traced back in history as societies evolved from slavery to legal labor codes. In the 18th and 19th centuries, domestic work was considered to be within the realm of the familial sphere and was, therefore, governed solely by family laws. In the 20th century, although there was a move to regulate domestic work, its traditional configuration remained as shown by the fact that labor laws either grant domestic work with lower levels of protection (i.e., lacking in recognition of certain labor rights and benefits) or exclude it completely from their scope.

Several studies revolve around the vulnerability of women migrant domestic workers. Most of these studies analyze such vulnerability by looking at the situations of the women prior to migration and the conditions they face in their destination countries.

**Reasons for Migrating**

There are various reasons why women go overseas to work in households. In the GCC countries, for instance, there is a growing demand for foreign domestic workers because living standards have increased and more and more families are able to afford them. Also, the wages of domestic workers are relatively low.

In other industrialized countries, including in Asia, women have become more active in the professional sphere, thereby creating a vacuum on who fulfills the traditional role they previously performed inside the home. This domestic realm is still expected to be occupied by women, thus it provided the entry point for female migrant domestic workers.

A report documenting the life stories of Filipino migrant workers living with HIV, points to economic need as the main reason many women migrate for work. Many overseas labor migrants from other developing countries likewise leave their countries for the

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same main reason. Such an economic motivation takes into account the search for better opportunities to provide for their families’ needs, which could include children’s education, putting up a house or buying back lost properties. The opportunities for attaining these have become elusive in the women’s countries of origin because of the poor state of their national economies. However, migration has also become a way for women to escape from the confines of their houses, to be free from the abuses they experience in the home or to be free from being a burden to their families.

Remittances from migrant workers have become vital in the economic survival of many sending countries in South and Southeast Asia. In 2000, the World Bank reported that migrant workers in the Arab League States sent remittances amounting to more than USD 6 billion to the Philippines; almost USD 2 billion to Bangladesh and about a billion US dollars each to Indonesia and Sri Lanka.8

Indeed, the Philippine economy depends highly on the remittances of Filipinos outside the country. In 2005, the remittances of overseas Filipinos reached a total of USD 10.7 billion. It is no wonder why the government actively promotes overseas migration as a lucrative

employment option for its people. Because of this, Filipino migrant workers are considered “new heroes” not only for the sacrifice they do for their families, but also for the macro-economic impact of their contribution to the country.9

In fact, the late Secretary of Foreign Affairs, Blas F. Ople, has lauded this contribution early on: “[OFWs] build more low-cost houses than all the housing projects of the Government put together; they send more children to college than all our scholarship programs combined; and, they provide the mass purchasing power that delivers a large market to the products of our industries.” 10

Migration Process

In a survey conducted by the ILO among domestic workers in Bahrain, foreign domestic workers shared that they usually go through private recruitment agencies or through the help of friends and relatives. These women apply through agencies in their home countries. These recruitment agencies also have counterpart agencies in the receiving countries.11 In the Philippines, documented migrant workers apply through accredited agencies that are regulated by the POEA.

Majority of the women do not have enough money to pay their recruitment agents so they resort to installment salary deductions. In the case of recruitment agencies in the Philippines, the government allows them to receive payments from the sponsors in Bahrain on the condition that the worker will not receive her salary for her first three months of employment.12

Apart from the fees paid to the recruitment agents, migrant workers also pay for the cost of their health testing requirement. A medical certificate is needed to determine whether a migrant worker is fit to work. They go through various testing procedures, depending on the requirement of their employer or their country of destination. Almost all countries of destination require HIV testing and all women migrant workers are required to undergo

12. Ibid.
a pregnancy test. The cost of health testing fee vary from PhP 1,500 (USD 37) to PhP 35,000 (USD 875), depending on the country of destination, the testing requirement and the number of times a migrant worker is asked to undergo a test within one application process.

In the Philippines, the pre-departure orientation seminar, conducted by 365 private agencies and 20 non-government organizations, is a requirement for all departing migrant workers. The PDOS is subject to regulation by OWWA. It is a one-day seminar that is supposed to help migrant workers have a basic understanding of their employment contracts, their countries of destination, including, laws, climate and culture, and how to remit money home. However, there are reports of non-compliance by these accredited PDOS-providers, which result to missed opportunities in providing relevant information to outgoing OFWs.

Working and Living Conditions

Typically, domestic workers live with their employers. This being the case, it is difficult to observe formal work hours, which means that they are virtually on call for 24 hours. In fact, many domestic workers work for more than 12 hours straight on a daily basis. Their scope of work is also difficult to define. In reality, they are made to perform any household-related task like cleaning, cooking, washing clothes, care-giving for children and elderly members of the family, shopping, sewing, washing cars and gardening. Sometimes, one domestic worker is expected to work, not only for the employer stipulated in her contract, but also for this employer’s relatives.

According to a domestic worker in Lebanon, some of them practically do almost everything but are paid lower salaries than that received by domestic workers in other parts of the Arab region like Saudi Arabia. The prevailing salary rate for domestic workers in Saudi Arabia, according to the POEA, is not lower than USD 200 per month; in Lebanon, monthly wage ranges from USD 100 to USD 250. Yet, this salary range given to Filipino domestic workers is higher than that given to other nationalities. In Lebanon, the reason cited for this is because Filipinos are perceived by employers to be more intelligent, better educated

13. A. Quesada, p. 16.
and are better at speaking in English. This disparity in wages based on nationality is also experienced in the UAE, where Filipino domestic workers also receive higher salaries than Sri Lankans or Ethiopians. In Kuwait, Filipinos and Indians receive higher wages than Bangladeshis.

Overtime pay is an alien concept among domestic workers and in the study conducted by the ILO in Bahrain, Kuwait, Lebanon and the UAE, days-off or leaves are almost non-existent. For those who do get a leave, the average is one to two days a month in Lebanon, Kuwait and Bahrain. Some mentioned that they were only allowed to leave the house on Sundays for about an hour or two to attend mass. Other than that, majority of the participants in the study said they did not have a day-off.

Studies show that domestic workers frequently experience physical, psychological and verbal abuse. They also mention “vulnerability to sexual abuse by their male employers, who are often also their visa sponsors, as well as by the sponsors’ sons or other men visiting the home where they work. The situation in Bahrain and the UAE was also similar.”

Passports of domestic workers are often confiscated by their employers or sponsors, resulting to curtailment of their freedom of movement. They are also not allowed to visit friends and some even experience being locked up in the house when their employers leave.

Due to these harsh conditions, domestic workers resort to running away from their employers. Unfortunately, this is punishable in most destination countries. In many of these countries, domestic workers who run away from their employers are hunted down like criminals and even those who try to help these women or try to hide them can also get prosecuted. When caught, the women are imprisoned and then deported. Since their

23. Ibid.
passports are held by their employers or sponsors, they end up paying exorbitant amounts to retrieve them. Reports also show that while in custody, domestic workers are further subjected to inhumane treatment.  

Health Issues Faced by Migrant Workers

Of the many issues and concerns faced by migrant workers, not much is written about the impact of migration on their health. Yet, with the experiences of abuse that many migrant workers face in terms of work conditions and especially in the case of migrant domestic workers who are vulnerable to physical and sexual abuses, it is logical to conclude that the health of migrant workers also suffers.

The emergence of global health emergencies like the outbreak of the avian flu and severe acute respiratory syndrome (SARS) has caused panic worldwide and has negatively affected migrant workers. In the Philippines, at least nine overseas migrant workers were reported to have died from SARS within the first few months of the outbreak. Filipino migrant workers were advised not to go home to the Philippines due to fears that they may be bringing home the SARS pathogen. Entire villages were quarantined after news of a migrant worker had reached home bearing the symptoms of the disease. Fortunately, government response was swift, thus the disease was contained. However, other health concerns of migrant workers, i.e., those that they more commonly experience have not yet received even a fraction of the attention that the government has put into the SARS response.

The preamble of the Constitution of the World Health Organization (WHO) defines health as “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The enjoyment of the right to the highest attainable standard of health is recognized in international instruments as a fundamental right of every human being. However, the experiences of migrant workers show how much this right is curtailed and compromised when they move from their homeland to their countries of destination.

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Health Problems Encountered by Female Migrant Domestic Workers

Migrant domestic workers experience a variety of ailments while they are abroad. The most common complaints include: headache, stomachache, irritable bowel movement, sleeping problem, anxiety, and loneliness or a feeling of isolation. In surveys conducted in Hong Kong and Malaysia, the common problems noted were sleeping problem and headache.\(^\text{26}\)

It is interesting to note that the above-mentioned ailments, including cold, cough, fever, flu and body pains, are frequently taken lightly by domestic workers. In fact, as long as they can endure the pain or discomfort, they continue working. They also fear that getting sick might compromise their job security and may result to non-renewal of contracts or termination. In some cases, they resort to self-medication rather than seek medical attention because they fear losing their jobs.\(^\text{27}\)

The mental health of domestic workers also suffers due to stress, loneliness, and experiences of abuse. Among the common psychiatric diagnoses among domestic workers in Kuwait are acute stress reaction, adjustment disorder, manic and depressive episodes, and acute and transient psychotic episodes. The Philippine Embassy in Singapore reported six suicides within a six-month period in 1990.\(^\text{28}\)

An unpublished survey conducted by university students among 400 domestic workers showed that 25.5 percent of their participants said they felt loneliest while working on their last contract abroad, and 78.3 percent felt homesick. The same study concluded that emotional factors such as loneliness and homesickness was ranked third highest factor of HIV vulnerability.\(^\text{29}\)

These women also experience a range of health problems related to the tasks they perform. These include body pains such as on the back, shoulder and arms and injuries caused by falls or burns. A survey conducted among Filipino domestic workers in Malaysia, for


\(^{27}\) A. Quesada, pp. 21-23.

\(^{28}\) CARAM Asia in C. Sobritchea and O. de Guzman, p. 27.

instance, show that frequent twisting, bending, and heavy lifting while performing their
duties result in chronic pains in the lower back, neck and shoulders.\textsuperscript{10}

Reproductive health is an important concern among domestic workers. Statistics show
that women who migrate as domestic workers are of reproductive age, yet there is a lack
of programs that address reproductive health concerns. The International Conference on
Population and Development (ICPD) defines reproductive health as “a state of complete
physical, mental and social well-being in all matters relating to the reproductive system
and its functions.” This definition includes matters related to sex, sexuality, reproduction
as well as the freedom to decide on these matters and the right to information and access
to safe, effective, affordable and quality services.

Table 7: Reproductive Health Problems Reported by Migrant Workers in Hong Kong

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline
\textbf{DISEASE PROBLEM} & \textbf{PERCENT} \\
\hline
RTI/UTI & 42.3 & 0 & 0 & 0 & 0 & 57.7 \\
Pelvic Inflammatory Disease & 13.5 & 0 & 0 & 0 & 0 & 86.5 \\
Unplanned Pregnancy & 20.0 & 0 & 0 & 0 & 0 & 80.0 \\
Abortion & 12.5 & 0 & 0 & 0 & 0 & 87.5 \\
STIs & 5.0 & 0 & 0 & 0 & 0 & 95.0 \\
Cyst/Cancer & 2.5 & 0 & 0 & 0 & 0 & 97.5 \\
BodyPain/Headache & 2.5 & 0 & 0 & 0 & 0 & 97.5 \\
Do not know & 0 & 0 & 0 & 0 & 0 & 100.0 \\
None & 0 & 0 & 0 & 0 & 0 & 100.0 \\
No Answer & 0 & 0 & 0 & 0 & 0 & 100.0 \\
\hline
\end{tabular}
\end{table}

In a survey conducted among domestic workers in Hong Kong, the participants shared
various reproductive health problems that they encountered. Some of these are listed in
Table 7.\textsuperscript{31}

\begin{itemize}
\item \textsuperscript{30} CARAM Asia cited in C. Sobritchea and O. de Guzman, \textit{Life and Health on the Move: The Sexual and Reproductive Health Status and Needs of Filipino Women Migrant Domestic Workers} (Quezon City: Action for Health Initiatives (ACHIEVE), Inc., 2006), 30.
\item \textsuperscript{31} G. Itchon, cited in C. Sobritchea and O. de Guzman, p. 38..
\end{itemize}
The following table shows the range of health problems, frequency and health practices, such as consulting a doctor, of a group of 302 domestic workers who participated in a survey conducted by ACHIEVE, Inc. in the Philippines.

### Table 8: Frequency of RH Problems and Related Health Practices of Domestic Workers

<table>
<thead>
<tr>
<th>RH Problem</th>
<th>Frequency</th>
<th>Consulted a Doctor/ Health Service Provider</th>
<th>Did not Consult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysmenorrhea</td>
<td>77</td>
<td>4</td>
<td>73</td>
</tr>
<tr>
<td>Irregular menstrual period</td>
<td>53</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>Abnormal vaginal discharge</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Painful urination</td>
<td>15</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Induced abortion</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lump in the breast</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>169</strong></td>
<td><strong>20 (11.8%)</strong></td>
<td><strong>149 (88.2%)</strong></td>
</tr>
</tbody>
</table>

### Vulnerability to HIV

In 2006, 34 percent of all reported cases of HIV in the Philippines were Filipino migrant workers. Although statistics may be biased against migrant workers since they are required to undergo testing while the general population is not, this figure has steadily increased since 2000.\(^{33}\) The situation is worse in Pakistan where out of the total number of known HIV cases, 80 percent were migrant workers who have been deported from the Gulf countries.\(^{34}\)

Epidemiological studies have shown the link between mobility and the spread of HIV. Monitoring programs in certain regions in the world have shown that early cases of HIV infection can be traced to different groups of mobile populations, such as truck drivers,

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32. A. Quesada, p. 22.
33. Ibid., p. 10.
refugees, and migrant workers.\textsuperscript{35} Mobility has emerged as a crucial factor in the spread of HIV, and migrants have become vulnerable to infection. In the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS convened in 2001, the Declaration of Commitment specifically provides: “By 2005, [states parties should have] developed and [began] to implement national, regional and international strategies and facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services.”

Available literature that studied the HIV vulnerability of Filipino migrant workers present the following pre-disposing factors:

**Level of knowledge on HIV and AIDS.** In the ACHIEVE survey conducted among female migrant domestic workers, majority stated that they were aware of reproductive tract infections, including HIV. However, when asked about how HIV can be prevented, a considerable number of the women gave answers like “being clean,” “having only one partner,” “having intercourse without penetration” and “having sexual relations only with the opposite sex.” This shows that although the respondents are aware of HIV, they also have many misconceptions about it.\textsuperscript{36} These findings reflect an earlier survey on knowledge, attitudes and practices of Filipino migrant workers to HIV and AIDS, which was also conducted by ACHIEVE in 2000.\textsuperscript{37} Some examples of myths about HIV that were generated in this survey include, poor sanitation as a way to get infected with HIV; belief that there is a cure for HIV, which includes young coconut water and bitter gourd. The respondents were also quick to blame certain groups (men and women in prostitution, foreign tourists, gays, lesbians and bisexuals) as the reason for the spread of HIV.\textsuperscript{38} And while the studies show that even though there is an adequate knowledge of HIV and how it can be transmitted, this does not necessarily translate to changes in behavior that reduces vulnerability to infection.\textsuperscript{39}

**Attitude of Invincibility.** Stemming from the belief that only certain groups of people are at risk of getting infected with HIV, the migrant workers surveyed strongly believe that they

\begin{thebibliography}{99}
\bibitem{footnote36} C. Sobritchea and O. de Guzman, p. 73.
\bibitem{footnote37} R. F. Ybañez et. al., *Labor Migration & HIV/AIDS: Vulnerability of Filipino Migrant Workers* (Quezon City: Kalayaan, Inc. and CARAM Asia, 2000).
\bibitem{footnote38} Ibid., p.9.
\end{thebibliography}
are invincible to HIV infection.\textsuperscript{40} About 78 percent of respondents in the ACHIEVE survey with domestic workers believe that they had no chance of getting infected with HIV.\textsuperscript{41}

**Low Condom Use.** Generally condom use in the Philippines is low, as shown in the results of the Young Adult Fertility and Sexuality Survey (YAFSS) in 2002 where only 20 percent of male youth respondents used a condom in the first and last sexual encounter. In the same survey, 40 percent of the respondents identified withdrawal as a contraceptive method.\textsuperscript{42}

When migrant workers are in the destination countries, the conditions they face heighten their vulnerability to HIV infection. Already bearing the predisposing factors that make them vulnerable to HIV, they may find themselves at greater risk once abroad.

**Loneliness, homesickness and social isolation.** Being in a new environment and away from their families intensify the need of migrant workers to seek warmth and a sense of belongingness. For many migrant workers, this could mean engaging in sex, paid or unpaid, or engaging in romantic relationships.\textsuperscript{43}

**Economic pressures.** The most common reason why migrant workers look for employment abroad is economic. Families left behind, who are also not aware of the realities of migration, have high expectations from their relatives abroad.

Unfortunately, there are many instances where the economic needs of the families far exceed the actual earnings of the migrant workers, in addition to debts incurred in the process of migration. As a result, migrant workers find different means of earning extra income. Some may engage in sex work; others engage in romantic relationships with people who can provide for their needs abroad so they can send all their salaries back home.\textsuperscript{44} Others give in to sexual advances of their employers in exchange for money.

**Vulnerability to sexual abuse.** Migrant workers, both men and women, experience sexual abuse, although women are by far more vulnerable. In a study conducted among domestic workers in Bahrain, sexual abuse is perpetrated not only by the employers or

\textsuperscript{40} R. F.Ybañez et. al., p. 13.
\textsuperscript{41} C. Sobritchea and O. de Guzman, p. 74.
\textsuperscript{43} M. Apilado, p. 10.
\textsuperscript{44} M. Marin et al., *For Good: Life Stories of Filipino Migrant Workers Living with HIV/AIDS*, p. 165.
sponsors but also by their sons and other male friends and relatives visiting the house, or by other male migrant workers.\textsuperscript{45}

**Gender dimensions of vulnerability.** Given the above conditions or situations, societal norms on gender roles and sexuality add to the vulnerability of migrant workers. In the case of male migrant workers, the expectation to be knowledgeable about sex and sexual relations prevents them from seeking information related to these matters. They also subscribe to a macho culture that men’s virility is measured by the number of sexual encounters they engage in. This is highly visible in the experience of seafarers, whose culture of rest and recreation involves drinking, gambling and casual, unprotected sex. Women migrant workers, on the other hand, are still confined to traditional notions of sexual submissiveness. This also acts as a barrier in accessing sexual and reproductive health information and services. Furthermore, this greatly diminishes their capacity to negotiate for safer sex with their partners.\textsuperscript{46}

**Mandatory HIV testing.** By its very nature, mandatory testing for HIV not only violates the rights of migrant workers, but also contributes to their vulnerability. It is conducted solely for the purpose of screening migrant workers without benefit of proper information and counseling. Negative results given without the post-test counseling can lead to attitudes of invincibility among migrant workers, especially those who have been tested repeatedly in the course of their overseas work.\textsuperscript{47}

In receiving countries that require HIV testing, an HIV-positive result leads to immediate deportation. This may cause migrant workers to avoid getting tested, making it more difficult for them to access information and services, which is problematic especially if they are HIV positive. Not knowing their status may also cause them to unknowingly transmit the virus to others.\textsuperscript{48}


\textsuperscript{46} M. Marin et al., pp. 167-170.


Access to Health Information, Care and Services

Health-related information is generally not present in the orientation programs required of migrant workers, mainly because of a lack of government policy mandating it. Such is the case in sending countries like Bangladesh, Nepal, Pakistan, Cambodia, and Vietnam, for example. In the case of the Philippines, the only health-related information that is included in the PDOS is a basic HIV and AIDS orientation. In Sri Lanka, a pre-departure training is provided but only for female domestic workers; and in Indonesia, although there is health-related information included in the pre-departure orientation for female domestic workers, the accuracy of the information is questionable.49

In the Philippines, one NGO PDOS provider, the Women in Development Foundation, offers orientation on reproductive health but this is given only to their female domestic worker attendees. The number of domestic workers reached by the organization is also relatively smaller compared to that reached by more private PDOS providers who may not include health or HIV-related information.50

Even in countries with policies requiring PDOS for migrant workers, there is a lack of monitoring to ensure the quality of the orientation programs. This leads to migrants receiving incorrect information or not receiving any health information. In some countries, migrant workers who prefer not to attend the PDOS are able to purchase PDOS certificates with the help of the PDOS provider, thus, losing the opportunity to access information altogether.51

When they reach their countries of destination, migrant workers’ access to health care and services depend on factors like type of work, destination country and its policies, employers, language, legal status, costs, availability of services, and quality of services. Some of these factors greatly limit or facilitate the capacity of migrant workers to seek health care and services.52

52. A. Quesada, p. 21.
CHAPTER 4:
FINDINGS
The Participants

Fifty-two of the women interviewed onsite were domestic workers. The remaining three were waitresses. Majority of these women were married and most of them were in the 21-40 age group. A brief demographic description of the research participants onsite is reflected in the following table. However, this numbers only reflect those who were interviewed in Dubai and Bahrain. The women who were interviewed in Lebanon did not fill out profile sheets. It should be noted that the information in the following table was not used as a variable in the analysis of the findings. It only describes the research participants.

Table 9. Demographic Profile of Research Participants in Dubai and Bahrain

<table>
<thead>
<tr>
<th>Age of Participants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>15</td>
</tr>
<tr>
<td>31-40</td>
<td>19</td>
</tr>
<tr>
<td>41-50</td>
<td>4</td>
</tr>
<tr>
<td>51-above</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Civil Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>16</td>
</tr>
<tr>
<td>Married</td>
<td>18</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>21</td>
</tr>
<tr>
<td>Islam</td>
<td>8</td>
</tr>
<tr>
<td>Born Again</td>
<td>5</td>
</tr>
<tr>
<td>Church of Christ</td>
<td>2</td>
</tr>
<tr>
<td>Methodist</td>
<td>1</td>
</tr>
<tr>
<td>El Shaddai</td>
<td>1</td>
</tr>
<tr>
<td>7th Day Adventist</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>College Graduate</td>
<td>9</td>
</tr>
<tr>
<td>College Level</td>
<td>6</td>
</tr>
<tr>
<td>Vocational School Graduate</td>
<td>11</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>3</td>
</tr>
<tr>
<td>High School Level</td>
<td>6</td>
</tr>
<tr>
<td>Elementary School Graduate</td>
<td>2</td>
</tr>
<tr>
<td>Elementary School Level</td>
<td>2</td>
</tr>
</tbody>
</table>
Reasons for Migrating

“I decided to come here because I wanted to help my family rise from poverty. I thought the work would be good here.” (Amy, domestic worker in Dubai)

Like many Filipinos who decide to work overseas, the participants in this research opted to work abroad mainly to alleviate their families’ financial condition. Three of the women were separated from their husbands and were left to care for their children. Others needed to help their families because the income of their parents was not enough to send all the children to school. There are those who needed money to finance the medical expenses of a member of the family.

From the stories shared by the participants, some reasons stood out because they were not too common. One domestic worker who went to Dubai said that she was envious of her neighbors who were also OFWs. She wanted to be like them so she decided to apply for overseas work. Another overseas worker, Lena, gave the following reason, which is not so conventional.

“My boyfriend of 11 years worked in Dubai. I wanted to go to Dubai to be with him because I wanted so much to have a child with him. I didn’t care what other people said. My officemates here were telling me, ‘What’s wrong with you? You want to go to Dubai to get pregnant?’ Actually, that’s the truth.” (Lena, customer service representative in Dubai)

The participants gave two main reasons why they opted to work in households and why they agreed to work in the Middle East countries: it was the easiest way to find work abroad because the application process for domestic workers bound for these countries was faster, and that the salary would be big. For some of the participants, the process was quite fast. Within a month’s time, they were on a plane en route to the country of destination. Some of them had concerns about the speed with which their papers were processed by their agents, especially those who had prior experience of working abroad. But the usual excuse of their agents was that they were being hired directly or that they were being handled by a private agency. Since these women wanted to work abroad, they went along with the agents even though they had nagging questions at the back of their minds. Unfortunately, many of them found out later that the salary was not big and that the situation was not what they had in mind.
Many of the migrants interviewed for the study were recruited from rural areas in the southern part of the Philippines. Most of them had no awareness or prior knowledge of their country of destination. Some of the respondents said that they had never heard of Bahrain and did not know where it was located.

It is also important to note that a number of the participants admitted that they agreed to apply as domestic workers to Bahrain after being offered a salary of only 50 or 60 Bahraini dinars (BD), which is roughly PhP5,000 (USD125) or PhP6,000 (USD150). When asked whether they knew how much a Bahraini dinar was when converted to peso, they answered that they didn’t. Some said they did not know what ‘BD’ was. One also said that she asked her agent how much BD50 was in peso and she was told that it was equivalent to 10,000 pesos (USD250). By the time they learned the truth, they were already in Bahrain and had already incurred debts so they were forced to stay there and work.

**The Application Process**

All the domestic workers in the three countries of destination had agents, although six of them were undocumented. Some of the participants applied through agencies in Manila. Many were recruited by relatives, friends or neighbors. But they all had to go through an agency in the country of destination. In fact, many of the participants in this study were handled by the same agency in Bahrain and Dubai.

According to the stories of the domestic workers, after they decided to apply for domestic work abroad, they submitted their papers to their agents and then waited to be called for further instructions. The processing of the documents usually happens in Manila so those who lived in the provinces had to travel to Manila when they needed to undergo the required process for their application. Some of them had relatives in the city where they could stay. The others said that they were allowed to stay in the house or office of their agents while they were in Manila.

The domestic workers who were irregularly documented said that their agents simply called them up when it was time for them to fly. They met their agents at the airport, where they were given their passports and plane tickets. Only 15 of the 55 women interviewed onsite shared that they signed a contract before leaving the Philippines. Some of them mentioned that it was at the airport where they first saw their employment contracts. Nine
mentioned that they did not sign any contract before leaving the Philippines. Because they did not have proper documentation, their agents instructed them where to go, which queue to follow and which immigration or airport official to approach. They were also instructed to give this official a certain amount of money for facilitating their departure. One participant shared that when her agent handed her passport at the airport, she saw that it was not hers.

“When I got to the airport, the secretary from the agency gave me my passport and told me to go in. When I opened the passport, I saw that it wasn’t mine, it had a different name. I started to pray that nothing bad would happen to me. [I decided to go on with it] because I already had too many debts.” (Mary, domestic worker in Bahrain)

The waitresses who were interviewed in this study went to Dubai with visit visas that they bought from Filipino brokers who were residents there. There were no jobs waiting for them and since the visit visa allowed them to stay in Dubai for two months, they planned to find a job within those two months.

Those who went through legal channels had to undergo the required medical examinations and pre-departure orientation seminar (PDOS).

The Medical Testing Requirements

Thirty-four out of the 55 research participants interviewed onsite underwent a medical examination before departure. They were asked whether they knew if they had been tested for HIV. Many were unsure. Only 10 said that they knew they were tested for everything, including HIV based on the medical referral form that their agencies gave them when they were directed to take the medical examinations. However, 38 of the participants went through medical testing when they arrived in their destination countries. The domestic workers were sent for medical testing by their agencies or by their employers. Those who had no proper documentation, like the waitresses, also needed to undergo the required medical examination in Dubai before they were given work permits.
The Pre-Departure Orientation Seminar

Thirty-nine of the participants who were interviewed onsite went through the PDOS. Eleven said that they did not attend the PDOS. The waitresses who were interviewed for this study entered Dubai with visit visas. They did not apply through accredited agencies in the Philippines. One participant said that she had an agency but still did not undergo the PDOS.

“I was recruited by an uncle who worked for a recruitment agency. I trusted him because he was my mother’s relative. I paid them PhP8,500, PhP3,500 for my medical tests and PhP5,000 for training. But they did not send me for PDOS or any other training. Suddenly, they were telling me that my flight had been scheduled. I asked them why I was flying off so soon without having gone through PDOS. They told me not to make a fuss about it because my flight was already set. If I backed out, I had to pay them again. I had no more money.” (Ana, domestic worker in Bahrain)

Most of those who did undergo PDOS remember that they were told about the rules in their country of work, how to behave towards their employers, and how to do their job well. According to one of the domestic workers who were interviewed in Dubai,

“[The PDOS] teaches that you have to learn how to get along with Muslims, learn their language, how to take care of their house… You have to know how to get along with your employers. You have to show them that you are friendly but you shouldn’t make eye contact with your male employer. The PDOS teaches you that, you should never look at the men.” (Gina, domestic worker in Dubai)

A number of the participants also mentioned that they were shown a video on self-defense, in case they were attacked by their employer. When asked whether they thought this video was helpful, the response of one domestic worker who participated in an FGD in Dubai was: “No, [it’s not helpful] because when your employer abuses you, there’s nothing you can do.” When asked which part of the PDOS proved to be helpful, a domestic worker from Bahrain responded,

“The part where [they] discussed the policies about working abroad and the contract that we signed. They also told us how much salary and benefits
to expect for skilled and unskilled workers. They told us that employers are supposed to provide for our personal needs.” (Alice, domestic worker in Bahrain)

“In the PDOS, they told us that if we encounter problems, we should go to OWWA. They said OWWA will take care of us. They gave us the number of OWWA in Dubai.” (Lani, domestic worker in Dubai)

The domestic workers interviewed in Lebanon said they had PDOS, including HIV information, before they were deployed. They said they were clear about how HIV can be transmitted. Only five of the women interviewed in Bahrain and Dubai remember having heard of HIV and AIDS in the PDOS. One participant was struck by a discussion on sex during the PDOS she attended.

“[They told us] that when you’re abroad and you couldn’t avoid [having sex], you have to find ways to be safe. You have to use protection.” (Jenny, former domestic worker in Bahrain)

Forty-six of the women said that they had knowledge about HIV and AIDS. However, many were uncertain about what HIV is. When AIDS was mentioned, some of the women said they had heard that AIDS was a disease of people who had many sexual partners. Some of them asked whether it’s true that AIDS is deadly. It was common knowledge among the women that HIV is transmitted sexually and that using condoms can prevent it. However, some of the participants also believed in a number of common misconceptions regarding HIV. For instance, they thought that HIV is transmitted through kissing and mosquito bites. While at the destination country, the participants did not acquire any information about HIV and AIDS, although some of them heard stories about other OFWs who were sent home “because they had AIDS.” Because of these stories, it was common knowledge that a migrant worker will be sent home immediately if s/he gets infected with HIV.

Other than the basic orientation on HIV and AIDS, the participants said that no other aspect of health was discussed in the PDOS. The concern for one’s health during the migration process is more closely linked to the medical test requirement that all documented OFWs need to undergo.
Placement Fees and other Costs

The participants paid differing amounts to their agents that supposedly covered placement fees, agent fees, payment for medical examinations and trainings, and payment for the airport official who accompanied them through Immigration. Some paid as low as 2,500 pesos (USD62.50) to as high as 15,000 pesos (USD375) to go to Bahrain. For those who went to Dubai, the range was from 2,000 pesos (USD50) to 20,000 pesos (USD500). Later on, some of the participants found out that their employers had already paid for the cost of their travel and employment.

The waitresses paid exorbitant fees to their brokers to be able to enter Dubai with visit visas. One paid 85,000 pesos (USD2,125) for her visa; another said she spent 113,000 pesos (USD2,825) to cover her visa and her pocket money. Sometimes, the brokers also offer to look for a bed-space for the migrant they are enticing to go to Dubai. One waitress shared that she paid about 182,000 pesos (USD4,500) for her visa and for two-months’ worth of bed-space rent. Some of them pay this amount outright, while others pay their brokers after they find a job in Dubai.

“I incurred a debt of 13,000 dirhams (USD4,000). The agency processed my papers to Dubai. Everything happened so fast. I didn’t even pay anything. When I got here, the agency told me I owed them that much. I didn’t have a job when I got here. I had to look for one on my own. I met this guy who became my boyfriend. He helped pay for my debts.” (Maila, waitress in Dubai)

Another waitress lamented that fellow Filipinos also take advantage of those who are desperate to find work abroad.

“Don’t they realize that we will eventually find out the truth about these fees when we get here? I learned that with only 2,000 dirhams (USD625), one can already procure a visit visa plus a plane ticket, and it can even include modest accommodation because bed-space was cheaper when I got here.” (Ella, waitress in Dubai)
Arrival in the Destination Country

Upon arrival in the country of destination, most of the domestic workers were fetched at the airport by the agency. They were brought to the office of the agency and 10 of them said that they were made to sign a contract. These women already signed contracts before leaving the Philippines. At the agency office onsite, nine said that they were made to sign a different contract. Some of them did not even get to read their contracts. And there were those who were made to sign contracts that were written in Arabic, which they did not understand.

“I didn’t see any contract [in Manila]. I only saw my contract when I got here. But I wasn’t able to read it. The manager of the agency, Norma, dictated it to me. She said I had a two-year contract.” (Mira, domestic worker in Bahrain)
"I signed a contract in the Philippines. I read it and it said I was to receive 800 dirhams. When I got here, they made me sign another contract. It was in Arabic so I couldn’t understand it. I was told that my salary was only 600 dirhams. There was nothing I could do. My employer was already there to pick me up from the agency." (Nina, domestic worker in Dubai)

What happened to Nina was experienced by several other domestic workers in Bahrain. They were told by their recruiters that they would be receiving a higher amount than the one stipulated in the contract that they were made to sign onsite. Others recalled that the content of the contracts they signed did not reflect the nature of the work they were given. It did not say the range of work they were expected to perform or the number of households they were supposed to serve. A number of them said that the contract did not specify the arrangements for their meals and accommodations. All were made to agree on a three-month salary deduction to cover the placement fees.

The waitresses who went to Dubai as tourists were able to sign contracts when they found employment. They were satisfied with the terms of their contract. However, finding a job was not easy for everyone. One applied through an agency as an entertainer. When she reached Dubai, there was no job waiting for her. She tried looking for a job but since she was holding a visit visa, she could only stay in Dubai for two months. She had to exit to Kish, an island in Iran, every time her visa expired. Her boyfriend paid for her re-entry visas. She finally found a job as a waitress after her third entry into Dubai.

Living Conditions Abroad

Only a handful of the domestic workers who worked in Lebanon were “live-outs,” meaning they rented a place of their own. The domestic workers in Dubai and Bahrain all lived in the homes of their employers. The waitresses had free accommodations. They lived with other hotel employees in small flats near their place of work.

Some of the participants expressed satisfaction over their accommodations. They were given air conditioned rooms or quarters with their own private toilet and bathroom. There were others who shared rooms with other domestic workers in the household. Others had to share rooms with their young wards.
Some respondents complained about their accommodations. Two said that their room had a busted air conditioning. When the weather became too hot, the heat inside the room became unbearable.

“I had my own room but it had no air conditioning. The heat was unbearable. There was a small window but the heat was worse if I opened it. It felt like being inside an oven. You have to take a bath four times before going to bed. I had to sleep with just my bra and panties and still I was drenched in sweat.” (Ana, domestic worker in Bahrain)

“I had a small shed outside the house for my sleeping quarters. During [the summer] it was really hot. I had nosebleeds from the heat. I told my Madame about it so she made me sleep in their living room. But they slept at 1:00 or 2:00 in the morning. So I couldn’t get enough rest because I had to get up at 5:00 to prepare their breakfast.” (Anita, domestic worker in Bahrain)

Three respondents shared that they had no private accommodations. They slept either in the stockroom or on the floor.

“I sleep on the floor, near the toilet. My employer had three houses but they wouldn’t give me and other maids our own rooms. I just had a mat to sleep on right next to the door of the toilet.” (Joyce, domestic worker in Dubai)

The food was another source of great dissatisfaction among many of the domestic workers. Ten respondents onsite told similar stories of being fed only with leftovers or being given very little food and drink throughout the day.

“You really cannot eat the food. I had to find a way to buy food from a nearby store. Imagine being given only one piece of roll and one cup of tea at dawn, before we start working. The next meal would be 5:00 in the afternoon. So while they’re praying, I sneak out to buy food. Good thing the other domestic worker in the house had money.” (Tina, domestic worker in Bahrain)

“We only eat left-overs. If we don’t steal from them, we will be left with chicken bones and skin. It’s a good thing chicken have wings. They don’t like that part… they count the number of eggs in the fridge so they know.
But what else can we do, we have to eat because we work all day. Even water, we’re only given one glass of water. Once, I had to beg my Madame for another glass. I told her that the water is not hers. It comes from Allah. That shut her up.” (Nina, Domestic worker in Dubai)

Other difficulties experienced by some domestic workers were the restrictions imposed by their employers in maintaining communication with their families back home or with friends and relatives who were also onsite. Three women shared that they were expressly forbidden by their employers to use the phone or to talk to other domestic workers outside the household.

“I endured six months of not being able to communicate with my family. They wouldn’t let me use their phone. I told my Madame that I wanted to call my family. She said, ‘Why will you use our phone?’ I said I didn’t have my own cell phone. How else can I call them?” (Sonia, domestic worker in Bahrain)

Anticipating the need to be able to call their families in the Philippines, some of the domestic workers brought their own cell phones. There are those who were fortunate to have employers who allowed them to use their cell phones. Those who were not allowed hid their phones and used them only when the employers were out of the house or already asleep. However, there were a few who had their cell phones confiscated upon arrival at the agency office onsite.

“But from the airport, we were brought to the Agency, where we waited for our employers to pick us up. While we were there, they rummaged through our baggage. They took all our documents, anything that had phone numbers in them, even our cell phones. They just left us our clothes.” (Emily, domestic worker in Dubai)

The situation of the waitresses was slightly better than the domestic workers. They were given free food and accommodation. Those who worked in hotels got meals during their shifts. Different cuisines are served at different hours to accommodate the preferences of the different nationalities of the hotel employees. But if their shift ended after their preferred food had been cleared then they would have to eat whatever is served.

When asked about their accommodations, most of them said that they found it nice and clean. Seven people shared one flat but it was big and comfortable enough. One
however, complained that the place she shared with other hotel employees was smelly and cramped. They only had beds and air conditioning. They did not have a kitchen. But they still preferred to cook to save money so they kept an electric stove in their room even though it was against the rules. She joked that whenever they used the stove, the electricity in the whole building would go off. Generally, they liked the fact that food and lodging were taken care of by their employers as this meant they could send more money home to their families.

### Working Conditions

Majority of the domestic workers who were interviewed were runaways and were living in the shelters provided by the Philippine Embassies. The most common reasons for running away were the long working hours and the maltreatment they experienced from their employers. Twenty-nine respondents shared that they worked more than 20 hours a day and twenty-six said that they couldn’t keep up with the range of tasks that their employers expected them to finish in a day.

“There was too much work. There were 13 people in that house. We had to wash eight cars everyday. My employer would wipe the surface of the car with her fingers to see if there’s dust. It’s parked outside, of course it will be dusty. Then we have to clean, cook and do the laundry. We have to carry the carpets up three floors to the rooftop to dry. The carpets are very heavy. The work never gets done. They need to see that we’re always working. They won’t allow us to rest. They get angry when they see us sitting down.”

(Nina, domestic worker in Dubai)

Several of the participants also took care of children and older members of the family. One of them shared her ordeal in taking care of her 51-year old ward.

“I had to feed him. Then all of a sudden, he would throw things, glasses, slippers. He would throw them at me. Even a pot full of rice, he would just throw it on the floor. When I’m eating, he would come around and spit on me. When I’m working, he would suddenly appear in front of me completely naked. He masturbated in front of me. He was terrible. I was cooking once and he came at me, tried to strangle me. I grabbed a knife and brandished it at him. My employer came and told me to go the other room. After that
incident, I locked myself up in my room and refused to work. After four days, I left the house and came to the Embassy." (Sonia, domestic worker in Bahrain)

With the amount of work that these domestic workers need to accomplish, they hardly have any rest. They usually go to bed at 2:00 o’clock in the morning and by 5:00 a.m. they have to be up to prepare breakfast for children who need to go to school or for their employers who need to leave the house early.

Thirty-two domestic workers interviewed in Bahrain, Lebanon and Dubai did not have days off. They only go out of the house when they accompany their employers’ children to school, or when they accompany their employers on errands and family outings. But even on these occasions, they are forbidden to interact with other people.

Those who have days off, usually the employees of expatriates, could go out once a week or every other week. Usually, employers allowed them days off so they can go to church. In Lebanon, the day off was usually on a Sunday. In Bahrain and Dubai, it was on Fridays. Those who have days off usually spend this day to go to church, go shopping or visit friends’ houses and attend gatherings. A domestic worker who worked for a British national in Dubai was allowed weekends off to spend with her husband who was also a Filipino working in Dubai.

Although the situation described here is the most common among the experiences of those who were interviewed, there were a few domestic workers who found themselves in far better situations, like in the case of Celia, who has worked in Bahrain for more than 20 years.

“I just clean the house and take care of my employer’s dogs. When they leave for work, I can also rest in my quarters. I am free in the afternoons. In the evening, I just need to prepare their dinner and then I am free again. I have weekends off unless my employer requests me to work. They pay me BD150 a month plus I earn an extra BD50 a month, doing part-time housework for our neighbors. My life is good here. I can always send money home to my children.” (Celia, domestic worker in Bahrain.)

Most domestic workers are unable to make any demands or even requests to improve their working conditions. One participant from Bahrain recounted the story of how she was able to convince her Jordanian employer to give her a day off.
“I asked permission from my employer to allow me to have a day off. He said, ‘Why should you have a day-off?’ I told him, ‘I need to have a day-off because it’s in my contract. Didn’t you read the contract that we both signed? It says there that I get a day-off once a week.’ But he refused. He insisted that I do not have a day-off because this is an Arab country. I also insisted that Bahrain is an open country, unlike Saudi Arabia. I told him that even though I worked here, I am still a Filipino and that I needed my day-off. When he still refused, I told him to send me back to the agency. He called them but they took his side. I had to fight with the manager. I told them that they had to honor my contract. I also told them that I paid back all the expenses incurred when I came to this country. Eventually, my employer let me have my day-off.” (Jenny, domestic worker in Bahrain)

For the waitresses, the work generally lasted for nine hours a day. When the hotel hosted parties, they stayed for another five hours. This overtime is paid, however, so the waitresses accumulate enough hours that can be converted into days off. In the hotel where they worked, they did not have sick leaves or holidays. However, they said that they have heard of other establishments that allow regular days off.

The waitresses worked in shifts. Sometimes, the shifts run on broken time, meaning they are asked to work for four hours straight, after which they get off and then come back after three or four hours for another five-hour shift. This gets especially difficult when they are assigned on broken time that starts in the afternoon and ends at dawn. Although their contracts specified that their shift be only for nine hours, they were easily extended for another hour, without pay.

In their work, they also had to deal with different kinds of people. Some customers could get very rude and demanding. They also found it difficult when only one person would be assigned to oversee the lobby coffee shop, for instance. That meant that she couldn’t leave even when she badly needed to go to the toilet, unless the person for the next shift had arrived.
Salaries

The participants from Lebanon had salaries ranging from 200 to 400 US dollars. In Bahrain, the salary of the participants ranged from about USD125 to USD500. Only one participant earned USD500. The average for most of the participants was USD150. In Dubai, the salaries of the participants ranged from about USD187 to USD375. As in the case of the participants in Bahrain, only one domestic worker among those who were interviewed received the highest amount in the range. The usual salary is around USD200. The waitresses, on the other hand, were paid about USD315 a month. Their earnings could go higher, depending on the tips they got from hotel guests.

One of the most common problems expressed by most of the domestic workers was delayed salary. This also happened to the waitresses. Seven domestic workers said they never got their salaries. As a result, their families in the Philippines also received their remittances late, or not at all.

“I worked for them for 11 months. The first three months [salary] was deducted and was paid to the agency. I never got my salary for the next eight months. I didn’t even know what money in Bahrain looked like. I saw my first Bahraini coin when I was already here in the Embassy.” (Mira, domestic worker in Bahrain)

One participant shared that when her contract was finished, her employer offered to raise her salary from 700 to 1,200 dirhams so she would continue working in Dubai. However the promise did not materialize.

“It was my employer who offered to raise my salary to 1,200. It was a verbal agreement but I believed her because she was good to me. I agreed to stay in Dubai and work for her for another contract but I didn’t get the salary she promised. Later on, I found out that her friends were telling her not to increase my salary… that for the same amount she could already get two maids from Indonesia. That’s what employers do, they gossip about their maids. My employer was influenced by her friends.” (Tessa, domestic worker in Dubai)
Experiences of Abuse

A common thread running through the stories of the domestic workers who were in the shelters is the experience of verbal, physical and sexual abuse. Twenty-nine of them were overworked, going through the day without rest and adequate food. Sixteen of them did not get their salaries on time or did not get their salaries at all.

The women shared that verbal abuses from their employers were a part of their work. One said that whenever her employer was angry or dissatisfied with her work, she would call her names such as “idiot” or “useless.” She was often told that she was the “worst maid” they had ever had. She said that this made her feel very bad, especially because she always did her best in her work.

Physical abuse was a common experience among these women. They get slapped or hit by their employers when they commit even the slightest mistakes.

“My employer wanted me to go to her shop with her but I was sick. I told her I couldn’t open the shop for her and requested for her to take the other maid with her. She got mad and pushed me down the stairs. I was lucky that the other maid caught me. My employer is very hot tempered. When she asks for something, you have to be able to give it to her immediately. If not, she’ll hit you with anything she can grab around the house.” (Loida, domestic worker in Bahrain)

In some cases, the agencies onsite also inflict violence on the domestic workers. One participant in Dubai shared her experience with the agency when she complained that her employer refused to pay her salaries.

“At first, I complained because I had not gotten my salary for four months. I told my employer to return me to the agency. When they brought me there, I was beaten up with a stick. I was slapped and strangled by the staff at the agency. After that, they returned me to my employer. But I had to complain again because aside from my problem with my salary, I couldn’t handle the children of my employer. They bit and scratched me. Again, I was taken to the agency. This time, two of the staff beat me up so bad I lost consciousness. Another housemaid who was staying there told me later that when I was unconscious, they dragged me by the hair to one of
the rooms to lock me up. I was told later that my employer had to stop the agency staff from beating me to death. After that, they took me back to my employer. They even told my employer to watch me closely; not allow me to use the phone, talk to other Filipinos or go outside the house. They also tried to scare me saying that if I try to runaway, the police will arrest me. I tried to not show them that I was scared.” (Emily, domestic worker in Dubai)

Similar stories were shared by a number of participants in Bahrain, although not from personal experience but from what they have heard from other domestic workers. At times, the people at the agencies treat the workers far worse than the employers. In Bahrain and Dubai, the managers of some of these agencies are Filipinas, too, and they are the ones who beat up fellow Filipina domestic workers who run to them.

One Bahraini employer who was interviewed for this study shared that when she went to the agency to file her request for a domestic worker, she was told to give only BD60. Her domestic worker was made to sign the contract in front of her. She was also told not to allow her domestic worker to have days off. She also came to know of the abuses that her fellow Bahrainis inflicted on their domestic workers.

“They called me and told me, ‘Our maid ran away, went to the agency. We followed her there and told them, look what you gave us! So the agent beat her up in front of us and she came back!’ I said to them, ‘You beat the woman up and you want to bring her back to work for you? What sort of people are you?’ And they say, ‘Oh, you’ve become like a foreigner…’ and things like that because I lived outside Bahrain for 32 years.”

Running away from the houses of their employers is a last resort for women when they can no longer endure the abuses inflicted on them. In the process of finding solace, some of them encounter more trouble. A participant who escaped from her employer’s house nearly died in the process.

“My employers did not give me any food to eat. One time, I fought back when my male employer was harassing me. He ripped off my shirt. I was so scared that he might rape me so I jumped from the third floor window. I landed on my back three storeys down on the paved road. I couldn’t stand because my right ankle was fractured. I crawled to the road. I crawled
away from the house. A short distance away, I leaned on the pavement and waited for an approaching car. I planned to flag it down and ask help. At first the car just went by. Maybe the driver took pity on me because he came back and helped me get to the shelter of the Philippine Consulate.” (Estrelle, domestic worker in Dubai)

Eight women shared experiences of sexual abuse from their male employers. One domestic worker in Bahrain said she was raped by her male employer. She didn’t want to share the details of the incident but after it happened the first time, she decided to escape and seek help from the Philippine Embassy. A similar incident happened to a couple of participants who were interviewed in Lebanon. One domestic worker was being harassed by her employer’s 28-year old son. She complained to her Madame about these harassments but the latter didn’t do anything. Later on, the Madame’s sister made sure that the man was not allowed to be alone in the house with her.

Another participant shared how she dealt with the sexual advances coming from the father of her Madame.

“The old man was always touching and caressing my butt. It made me nervous because the Filipina maid who worked for our neighbor told me that the Filipina maids who used to work for my employers didn’t stay long. She said the old man raped them. I wanted to go back to the agency but I couldn’t tell my employers why. I was afraid that if they found out what their father was doing, the more they would refuse to let me go to avoid other people knowing about their father’s behavior. I knew that maids were not allowed to smoke there. So whenever my employers were home, I would smoke. They got mad at me but I kept smoking until they finally decided to return me to the agency.” (Milagros, domestic worker in Bahrain)

There were stories of domestic workers who were raped by their employers but after the incident, the employer would pay them. The Embassy also handled a case where a domestic worker went to them to complain that her employer had raped her repeatedly. She even had a notebook with the exact dates of when the abuses took place. The Embassy person noticed that there were amounts of money beside each of the dates in the woman’s notebook. When they asked what these figures were, the woman replied that those were the amounts promised to her as payment for “having sex” with her employer.
When asked about these cases, a number of participants expressed differing opinions. Some said that there are cases where the domestic worker really couldn’t do anything because her employer was more powerful. They don’t know where and how to seek help. But there were others who felt that the domestic worker consented to the sexual encounters.

“They take the offer of their employers. Their employer would offer them money in exchange for sex. They probably need the money. That’s the problem… So now these locals think that all Filipinas are like that and they take advantage.” (Nora, domestic worker in Dubai)

The participants who worked in hotels as waitresses also experience sexual harassment, although not predominantly from their employers or hotel guests. Usually, the sexual harassment and sexual assault are perpetrated by their boyfriends or strangers they meet.

“My friends and I were looking for a flat to rent. We met this man who ran a travel agency. He said he had a friend who rented out flats. He accompanied us to the place. When we got there, he told my friends to go inquire along a row of apartments while I go with him to inquire in another apartment. He led me to the second floor of the apartment building where we entered a room then he locked the door. He raped me there. I was brought up in a culture where the first man who I have sex with had to be my husband. So I agreed to go out with him. We had sex again. After that I insisted that we had to get married. It was just a simple wedding.” (Mira, waitress in Abu Dhabi)

Another waitress shared a similar incident that happened to her while she was looking for work. A Syrian national offered to give her a job if she agreed to have sex with him. The participants had countless stories to tell about the sexual abuses endured by Filipinos working in the Middle East. When asked how they felt about these stories, they said that they felt sorry for the victims but prayed that it would never happen to them.
Health Concerns

Thirty-nine respondents mentioned having experienced a variety of health problems onsite. The waitresses shared that urinary tract infection was common among them because they were not allowed to go to the toilet while on shift. They also said that the water and the food in the Middle East were salty.

Since most of the domestic workers did not have enough food and water throughout the day, they had stomachaches and headaches. They felt weak and dizzy from hunger. Many of the participants said they lost weight drastically. One developed an ulcer and started to vomit blood. Cough, colds and fever were also common. Others had to deal with skin rashes and blisters as a result of handling detergents or when the weather became too cold. When the weather was too hot, many of the domestic workers had nosebleeds almost everyday, especially those whose rooms had no air conditioning.

Accessing medical services when they were sick was not easy for most domestic workers. Some could have access to these services only because their employers allowed it. There were those who had employers who took them to the hospital when they needed treatment.

“I had ulcer last year. I started to vomit blood so I told my employer. His people brought me to the hospital. I was confined for two days. My employer paid for the expenses in the hospital and the medicines were free. When I was discharged, I immediately had to go back to work. They gave me medicines but I was not given a chance to rest. (Amy, domestic worker in Bahrain.)

“I had a tooth extracted because the filling came off. My employers took me to the dentist and they let me use my employer’s health insurance because they didn’t give me one. After that they let me rest for 24 hours and then I was back to work. They made me carry heavy boxes of water even though they knew I just had a tooth removed.” (Sandra, Domestic worker in Bahrain)

“I had a heart condition. I started to feel chest pains because they made me work so hard and wouldn’t let me rest. I had brought my own medicines but my employer took it when I first arrived at their house. I wanted to go...
home to the Philippines. I had to scare them. I told them that I would die from a heart attack if they wouldn’t let me go. My employer got scared and took me to the doctor who confirmed my heart condition. My employer brought me back to agency. After that, they let me go home.” (Michelle, domestic worker in Lebanon)

In Dubai, two participants shared that they complained to their employers about their ailments but were ignored. One was forced to take medicines without being allowed to consult a doctor. One was taken to the hospital when she got sick but she had to pay back her employer through salary deduction.

“I got sick but my employer didn’t care. I had a fever and aches all over my body. Maybe it was the flu. I told my employer that I was sick and that I wanted to rest. She said I couldn’t have a rest. She forced me to work in that condition. I even lost my voice at some point but they still wouldn’t take me to the doctor. They just told me to take lemon.” (Amelia, domestic worker in Dubai)

Another problem in accessing health services is the attitude of the healthcare personnel. Language can also be a barrier. One of the waitresses shared her experience accessing healthcare services in Dubai.

“I had an infection. I suspect it was a sexually transmitted infection that I got from my boyfriend. My lower abdomen was very painful. I went to a public clinic. The doctor said, ‘It’s a good thing that you came because you’re pregnant.’ I was shocked. I told him I wasn’t pregnant. He laughed at me and said that I was carrying a big ball of pus, that my child was pus. He kept laughing at me. They had to suck it out. There was blood and pus. Maybe he cleaned it. He didn’t really explain the procedure to me. Besides, it’s very hard to communicate with them. The doctor didn’t even know what ovary is.” (Maila, waitress in Dubai)

The waitresses said that they were given a health card along with the work permit. But they can only seek medical attention from one hospital using the health card and the services were not free. They still had to pay, although they were told that the health card allowed them a discounted rate.
Sexual Relationships

“*You know, in this foreign country, it is easy to get involved. If I had a day off, even at my age, there will be men who will pursue me. Why? What else do men go after if not to have sex with you? They offer to give you money… the highest is 10 dinars. Most of the women here have boyfriends.*” (Mira, domestic worker in Bahrain)

The 32 domestic workers who did not have days off expressed that not having days off made it difficult for them to engage in relationships. But they also shared that there are possibilities to engage in sexual relations with men and these include men who do odd jobs for their employers like electricians, drivers and gardeners. Some women say that when they go out to throw the garbage, a man passing by would immediately engage them in a conversation. If they had cell phones, then phone numbers would be exchanged. If they didn’t have phones, then these men would offer to give them cell phones.

One participant said that she was fortunate because her employer allowed her to have days off after she asked her Madame to let her go to church. It was during one of her days off that she met another Filipino migrant who became her boyfriend. They started engaging in sex and although she was afraid of getting pregnant, they didn’t use condoms. She refused to take pills because friends had told her that she would never have children if took pills without having given birth first. Instead, she told her boyfriend to withdraw before ejaculation so that she wouldn’t get pregnant. As a result, she did get pregnant after their third sexual encounter.

“When I got pregnant, my contract was about to end. My employers didn’t know I had a boyfriend and I couldn’t tell them I was pregnant because that wasn’t allowed. That time, I was feeling sick so I sent my boyfriend a message to buy me some medicines. When he came over to give me the medicines, I just met him by the gate. He just slipped the bag between the railings but my employer saw us. They had him arrested. I was afraid of what they might do to me so I ran away and came here (POLO) to ask for help.” (Lanie, domestic worker in Dubai)
According to some of the participants in Bahrain, Filipinas were popular among the men of various nationalities like Indians, Pakistanis and Bahrainis. They also shared that many of the domestic workers in the shelter had boyfriends who gave them money and phone credits, and brought them food and drinks. One participant shared her experience.

“We need comfort. It’s nice to have someone to talk to, someone who will listen and give us advice. It is better if we have someone who loves us and someone we can also love. It feels good when they come here to bring us sweets, bread and beverages because we also need those.” (Alice, domestic worker in Bahrain)

In Dubai, the participants shared that the most common reason for engaging in a relationship is to have someone provide them with phone credits so they can call their families. When asked why they thought Filipinas engaged in relationships, one answered: “They use the men to earn extra income. And there are also those who just need to have sex.” (Perla, domestic worker in Dubai). Another response is, “They do it to get back at their husbands who are also involved with other women back home.” (Amelia, Domestic worker in Dubai).

The same situation can be observed in Lebanon. A domestic worker experienced having other Filipinas pressure her into having a boyfriend. They wanted to introduce her to men they knew were looking for a Filipina girlfriend.

“They all had their own boyfriends. It doesn’t matter how you look or how old you are. The woman who was telling me that she could give me a boyfriend was almost as old as my mother but she had a very young boyfriend. I told them I had a husband and children back in the Philippines and they said they too had families back home. That’s how it is there.” (Nenet, domestic worker in Lebanon)

Although most of the above stories show that engaging in relationships is beneficial to the women, there are also stories that tell of abuse.

“I was very new in Dubai. He saw me from the street as he was passing by and I was looking out the window. He said he loved me the moment he saw me. He became my boyfriend and I lived with him but he was cruel. He didn’t want me to work. He was so arrogant because he was earning big. He would beat me up whenever he got jealous. When my visa expired, he bought a
new one so I could re-enter Dubai. While I was in Kish, I met someone who helped me to look for a job. When I was hired, he stole my passport so that I couldn’t get a residence visa. I had to ask a common friend to go to the house and get my passport. I didn’t want to go home anymore. After my friend managed to get my passport, I left him for good. I stayed with him for six months. I realized that I didn’t really love him. I just stayed because he supported me financially.” (Maila, waitress in Dubai)

The participants expressed mixed feelings about engaging in sex. There were those who said that it was a natural need of every human being. But there were also those who said they didn’t need sex and never felt the need to engage in it. In fact, many of those who engaged in relationships onsite shared that sex is almost always a part of the relationship. Those who did admit to engaging in sex while abroad were asked whether they used condoms. Most of them said they didn’t. Some said they didn’t like the feel of it. Others said their partners didn’t want to use condoms. To prevent pregnancy, they took pills instead.

Reflecting on these relationships, one participant said, “There are no real relationships here. All of them are temporary. The men here only want your body. The women engage in these relationships because they need the money. That’s really what it is.” (Cynthia, waitress in Dubai)

**Embassies and Consulates**

“If you have a problem, go to the Philippine Embassy. That’s what the other Filipinos told me. But I was scared to run away. So first, I tried calling BATELCO (Bahrain Telecommunications Company) to find out how I can get in touch with the Embassy. Fortunately, they gave the number so I called the Embassy to ask them about what to do with my situation. They told me that if I couldn’t handle it anymore, I should leave my employer’s house.” (Cristy, domestic worker in Bahrain)

Although departing OFWs should be given the contact number of the Philippine embassies and offices of labor consulate onsite, some of the domestic workers in this study said that their agencies refused to give them this information. They were told that the number of the Embassy would be given to them only after they had finished paying off their placement fees. As mentioned earlier, some of the participants had their bags searched and their
personal things confiscated, including their phones and documents that contained contact numbers. As a result, almost all those who sought refuge at the Embassy in Bahrain or the Consulate in Dubai were able to do so only because other Filipinos helped them. In Lebanon, all those who were interviewed were aware of the Philippine Embassy in that country.

Majority of the domestic workers who participated in the study were wards of the POLO shelter in Bahrain and Dubai. They had escaped from their employers after experiencing abuse and sought refuge in the Philippine Embassy or Consulate. Here, the runaways were interviewed and were made to fill out in-take forms before they were referred to the POLO shelter if they had nowhere else to go. They could stay at the shelter until their cases were resolved or until they were able to go back to the Philippines. Many of the domestic workers in the shelter were just waiting for plane tickets so they could go home. In the shelters, they were provided with food and lodging. Many of those who ran away from their employers were
unable to bring clothes so they had to borrow from other wards. They also benefited from the donations and gifts of NGOs, civic organizations and religious groups. These donations included clothing, food, toiletries and plane tickets back to the Philippines.

A number of participants who had abusive employers shared that initially, they called their agencies for help. Unfortunately, their agencies just told them that they had to stay where they were and finish their contracts. Another agency wanted to make sure that the employer agreed to let the domestic worker go back to the agency. In both cases, the participants opted to just escape and ask for help from other Filipinos until they reached the Embassy.

“The servant’s quarters, which was like a shed, was outside the main house. I had a small window facing the narrow street at the back of the house. I met another Filipina domestic worker and we would talk through my window. After my employer raped me, I knew I had to run away. First, I called up my agency and told them that my employer raped me and I didn’t want to wait for it to happen again. The agency told me to ask my employer to drive me to the agency. Isn’t that strange? I have to ask my employer to help me go to the agency when he was the one I wanted to run away from?

“I told my friend what happened and asked for her help. She told me to go to the Embassy. I told her that I didn’t know where the Embassy was and I didn’t even know how to get out of our street because my employers never took me along with them when they went out. My friend sketched a map for me to follow and gave me some money because my employers didn’t give me my salary. My friend also told me to be careful when choosing a taxi because there were drivers who had taken runaways to the police instead of the Embassy. She told me not to bring any of my things with me because that would make it obvious that I was a runaway.

“Three days after talking to my friend, I decided to escape. I took the garbage out and when I was outside, I made sure the people at the building in front of my employer’s house were not paying attention or looking my way. When I was sure that nobody noticed me, I just kept going. I was going around the corner when I met my employer’s car. I turned away from the street so they wouldn’t see my face. When the car went past, I ran as fast as I could to the other direction. I managed to get a taxi but the driver didn’t know where the Embassy was. I gave him the address that my friend gave me. He asked for
directions along the way until finally, I got here. I was trembling the whole way. Ever since I met my employer’s car at the corner from their house, I couldn’t stop shaking.” (Anita, domestic worker in Bahrain)

When asked about their situation in the shelter, the women had both gratitude and frustration to share. They were generally happy about having food that they could eat. They were thankful for the donations of clothes and personal toiletries. They were also safe from the abuses of their employers. However, one of their immediate complaints, though, was the confiscation of their cell phones.

“They took all our cell phones only because a number of the women here were using theirs to set up meetings with their boyfriends. Now, the boyfriends are outside the gates waiting for them. Some bring food and some give them money. There are women who tell the case worker that they want to go out to meet their cousins but the truth is they just meet with their boyfriends. The people in POLO found out and now we all had our cell phones taken. It’s not fair. Now, we can’t contact our families in the Philippines to tell them how we are.” (Lourdes, domestic worker in Bahrain)

There were also incidents where a number of wards chose to leave the shelter to be with their boyfriends. According to the participants, the boyfriends promised to take care of them, to find work for them or to help them get their passports back. As a consequence of leaving the shelter, however, these women were no longer allowed to return.

Many of those who participated in this study have been living in the shelter for many months. They said that some of the women there have been in the shelter longer than they have been in the houses of their employers. The hardest thing about living in the shelter, according to the women, is being unable to earn money. Most of them cannot go out of the shelter because the police could arrest them.

The cases of the women in the shelters vary. Some have filed complaints against their employers for non-payment of salaries. Others were being sued by their employers for alleged theft, which all the participants agreed was just the ploy of the employers to make sure the domestic workers were arrested and imprisoned for abandoning their work. There were some participants who just wanted to get their passports back from their employers or their agencies. However, these women were being asked to pay their employers or their agencies exorbitant amounts in return. In Bahrain, the usual amount being asked by the employers was BD 500 (USD1,250) to BD 1000 (USD2,500). In Dubai, it was 5,000
dirhams or about USD1,600. Other than the problem of raising this huge amount of money to get their passports back, the wards also had to wait for plane tickets so they could return to the Philippines. Meanwhile, they had no choice but to stay in the shelters.

Returning Home

About a third of the participants were interviewed after they had returned to the Philippines. They had different reasons for coming home. Some of the participants came home after their contracts ended. They were also offered by their employers to renew their work contracts but a number of them refused for various reasons.

“I was lucky with my employers. They were good to me. I wanted to go back to them for another contract but I had problems with my family here. My husband had another woman. My children did not finish school. They got married early. They got pregnant before they could finish school.” (Alma, domestic worker in Lebanon)

A participant shared that she had gotten married when she came home. When her employer offered to give her another contract she turned him down. She decided to stay with her husband to start a family.

The decision to come home is not always voluntary. In some cases, the migrant has no choice. For instance, those who came home from Lebanon were repatriated because of the war. One participant shared that her employers refused to let her go even when the bombings affected the area where they lived.

“I heard my employers talking. They didn’t realize that I could understand them. They planned to leave the country because of the war. But they wanted to lock me in the house. They refused to take me to the Philippine Embassy even when I pleaded with them to let me go. So, when I had to go out to throw the garbage, I kept going and continued to run until I was able to get help. That’s how I was able to come home.” (Anette, domestic worker in Lebanon)

Three of the participants in this study were repatriated because they tested positive for HIV when they underwent the mandatory health testing that was a pre-requisite for the issuance of their work permits.
“The doctor told me that there was a problem with my test result. I was referred to another hospital and was detained there. The hospital wing where we were detained was guarded by the police. I didn’t fully understand what was happening. They just told me that because there was a problem with my medical exam, I had to stay there while they inform my employer of my condition. I suppose they told my employer that I was HIV positive. They processed my papers and then I was accompanied to the airport. Because my employer was informed, the other Filipinas working in the restaurant also found out about my condition. I got text messages from some of my friends asking me whether it’s true that I have AIDS. I denied it.” (Lena, customer service representative in Dubai)

Migrant workers who are found positive for HIV find it almost impossible to find another job abroad because most destination countries require HIV testing. Those who participated in this research have gone home to their families. Two have found jobs and are coping with their condition.

When asked whether they still wanted to work as domestic workers abroad, most of the participants said yes. Even those who had experiences of abuse and maltreatment still want to try again.

“I turned down my employer’s offer and decided to stay here to start a family with my husband. But now I wish I hadn’t. My husband doesn’t have a stable job. I do what I can selling snacks in the afternoon, but most of my time is devoted to taking care of my children. I regret not going back abroad when I had a chance. Now, it’s difficult to leave my children behind. But if there’s an opportunity, I will definitely take it.” (Carmen, domestic worker in Bahrain)

“I’m still undergoing therapy for my fractured ankle but I already applied for another job in Dubai – domestic helper, what else? If I had money to cover placement fees, of course I would prefer to go to Italy or Canada. But I don’t have any money. And if I want to go sooner, the Middle East is the fastest way. What can I do? I have four children to feed; my ex-husband is not supporting them in any way. I just want my children to finish school so they can have a better life.” (Estrelle, domestic worker in Dubai)
Chapter 5: Discussion and Analysis of Findings
Pre-departure Issues

Limitations of the PDOS

Ideally, before OFWs leave the Philippines, they need to be fully prepared to deal with the work and the life that await them abroad. Thus, all departing OFWs are required to undergo the PDOS. This seminar is conducted by the government through OWWA and OWWA-accredited private PDOS providers. The POEA Rules and Regulations that govern recruitment and employment for land-based workers require that orientation seminars be country specific. In line with the full disclosure policy of the government, Memorandum Circular No. 06, issued in 1997, requires that “all parties to an overseas contract shall declare the real terms and conditions in all aspects of the workers’ employment prior to his engagement.” The terms and conditions of employment that should be made known to OFWs are the following:

1. Wages and salaries
2. Job position, nature and expectation
3. Qualification required
4. Worksite condition
5. Employer profile
6. Contract duration
7. Hours of work
8. Overtime
9. Board and lodging
10. Transportation
11. Leaves, holidays and days-off
12. Medical and dental benefits
13. Insurance coverage
14. Grievance machinery
15. Assistance in remittance
16. Repatriation
17. Taxes and other legal deductions
18. Placement fee
19. Documentation and processing costs
20. Visa category

Aside from the information listed above, OFWs are also required to have a basic orientation on HIV and AIDS, as stipulated in RA 8504. Part of this orientation should be knowing how HIV is transmitted and how they can protect themselves from infection.

Unfortunately, not all the participants went through the required PDOS. Those who left through irregular channels did not have access to all the information they needed to be fully aware of what’s in store for them in the destination countries. Those who did undergo the PDOS only remember being told about the rules and regulations in the country of destination. They were not told where and how to access grievance mechanisms if and when they get abused. Some said they were shown a video on self-defense but they also admitted that this video obviously did not take into consideration the actual situation faced by women domestic workers in the Middle East where physical and sexual abuses are
still commonly experienced. The participants themselves declared that self-defense was almost impossible when they were already being abused by their employers.

A number of the participants recalled having been told to seek help from the embassy or the POLO if they get in trouble. However, they were not aware of how hard it would be to access the embassy or the POLO because they were not allowed access to phones nor were they allowed to leave the house. Some did not have the contact numbers of the embassy or the consulate. In fact, in most of the stories of the domestic workers who escaped, they were able to reach the embassy, the consulate or the POLO only with the help of other OFWs. Thus, a lot more needs to be improved in terms of the quality and kind of information that is provided to domestic workers during the PDOS.

With regards to HIV and AIDS information for OFWs, the basic module in the PDOS runs for only 30-45 minutes. In this study, most of the participants in Lebanon remember having been given HIV-related information in their PDOS, while only a few of those who went to Bahrain and Dubai remember having had this orientation. This can mean two things: that the HIV module was not included in the PDOS they underwent, or that they were not interested in the PDOS, in general, to listen attentively to all the topics that were being discussed.

Without a comprehensive and realistic orientation about overseas work, it would be very difficult to deal with the situation when the OFWs finally get to their destination. It is
even more difficult in the case of women domestic workers in the Middle East countries, where they find that the culture is far more restrictive than the life they are used to in the Philippines.

Such is also the case with HIV-related information, where its modes of transmission and prevention are discussed in a general way, i.e., not contextualized in the lives of women migrants in the Middle East. As a result, even those who were aware of HIV and AIDS did not use condoms when they engaged in sex abroad. The reasons given by the participants for not using condoms – that they didn’t like the feel of it or that they trusted their partners – reflect that these women probably never considered the possibility they may be vulnerable to HIV infection, regardless of whether they were aware of how one could be infected with HIV. It is as if they never had any awareness of HIV and AIDS at all.

Thus, despite the guidelines related to full disclosure and the mandatory HIV orientation that needs to be provided to OFWs, there are a lot of gaps in the implementation of these policies. Clearly, a lot of women migrant workers are unprepared to deal with the conditions of their employment because they were not given a realistic picture of domestic work in the Middle East. In fact, the POLO has had cases of women escaping from their employers just three days or one week after their arrival in the destination country, because their expectations in terms of working and living conditions were not met.

**Mandatory Testing for HIV**

Documented OFWs need to undergo a medical examination as part of the requirements of the jobs they are applying for abroad. The standard pre-employment medical examination includes the following tests:

- Complete physical examination and history
- Chest x-ray
- Optical check-up
- Complete blood count
- Blood typing
- Routine urinalysis
- Psychometric evaluation
- Routine fecalysis
- Dental check-up

All women OFWs also have to submit to a pregnancy test. An electrocardiogram (ECG) is required for all applicants who are 40 years old and above. Depending on the type of job, and the policies of the country of destination, additional tests may also be required. HIV screening is compulsory for most OFWs, since more and more labor receiving countries are requiring it. This is the case for OFWs bound for Lebanon, Bahrain and the UAE. Although a number of the participants did not go through the required pre-employment
medical testing, such as those who came on a visit visa to Dubai, they eventually had to submit to it in order to procure their employment visa.

None of the participants recalled having been given HIV-related information during their pre-departure medical examinations. This means that none of the participants had pre-test or post-test counseling related to their HIV screening. This violates the provision in RA 8504, which requires that all those who undergo HIV-testing should also undergo counseling. The post-test counseling is particularly important in terms of making OFWs realize that having an HIV-negative result does not mean they are invincible to it. However, this opportunity for HIV education is wasted in the nature of a mandatory test. Testing centers find it more expensive and “less efficient” to conduct counseling given the bulk of tests they have to accomplish everyday. On the other hand, the OFWs also do not see the importance of having pre-test and post-test counseling until they get a HIV-positive result. And because they didn’t have a pre-test counseling, which should have prepared them for the possible results of the test, being told that they are HIV-positive becomes harder to cope with.

Medical testing is a gateway for prevention and should be for the benefit of those taking the tests if the proper procedures and protocols are met. But being mandatory, HIV testing of migrant workers becomes counter-productive as it is treated as just one of the requirements that OFWs have to go through. It reinforces the laxity of HIV prevention programs among OFWs, at the same time, it fosters a feeling of invincibility for those who get negative results. Its reliability is also open to contention given the possibility that those who are taking the test are still within the window period.

**Placement Fees**

This study found that some of the participants were forced to go through with their migration even after they found out that they were holding fake documents or that their agents were illegal recruiters. The reason given was that they had already incurred so much debt or that they had already paid their agents. When they reached their destination and started working, they did not get any salary for the first three months as payment for their processing fee. Thus, they had no means to support their own expenses and no money to send home.

The story of the waitress who had to stay with her abusive boyfriend for six months reflects the vulnerability of women migrants to various abuses in order to pay off the exorbitant fees they incurred during their migration process. Likewise, the stories shared by domestic workers on how some of those who were abused by their employers endured their situations by taking the money their employers gave them in exchange for the sexual
abuse, show how the sexual and economic vulnerability of these women easily translate to their vulnerability to HIV infection.

This dependence on the finances given by these abusers leaves these women incapable of protecting themselves both from the abuses and from the infection. It also manifests the inability of domestic workers to easily get out of situations that render them vulnerable to HIV infection.

On-site Issues

It is at the destination countries that OFWs are most vulnerable to HIV infection and this is due to a variety of factors that directly affect their behavior.

Economic Factor

The rate according to the standard employment contract for Filipino domestic workers is USD200. In 2007, a new policy was issued by the Philippine Government, raising the minimum entry-level salary for domestic workers at USD400. This applies only to first time domestic workers who were hired after the new policy was issued. Those who already have existing contracts were still covered by the old salary rate.

But the stories of majority of the domestic workers in this study show that in reality, they were paid less than USD200. Several participants were not even paid at all. The embassies, consulate and POLOs in Lebanon, Bahrain and Dubai confirmed the stories of the participants regarding the low salaries or the non-payment of wages. The Philippine Ambassador to Bahrain shared that among the Filipinos working in that country, the domestic workers had the lowest salary. The OWWA welfare officer in Bahrain and the Philippine labor attaché in Dubai also added that non-payment of wages is one of the most common reasons why the domestic workers escape from their employers to seek assistance from the embassies or consulates.

This problem with the wages is a direct result of contract substitution and contract violations that happen once the domestic workers reach the destination country. As some of them shared, they were made to sign a different contract at the agency upon their arrival. They also noticed that their salaries were reduced in this new contract. Worse, some of them were made to sign contracts that were written in Arabic. According to the domestic workers, they had no choice but to sign the new contract because they were already in the destination country and going back was not a practical option at that point. When they
complained about their salaries to the embassy or the consulate, the officials admitted that
they could not do much since the domestic workers had signed these contracts and were
bound to them under the law of the destination country.

“In their PDOS, they are told not to sign [these contracts]. Don’t sign. But
they still sign these contracts when they get here. Then they complain that
they are receiving only 60 BD… Under the Bahraini Law, the contracts are
legitimate.” (Ambassador Eduardo Pablo Maglaya, Manama, Bahrain)

This observation manifests the need to intensify efforts to protect migrant workers’
rights, beginning at the pre-departure phase, where full disclosure of the actual working
conditions to migrant workers often does not happen. It also implies that there are gaps
in the monitoring of recruitment practices of local recruitment agencies and their foreign
counterparts. Such problems continue onsite when the foreign posts are unable to
intervene in cases of contract substitution, even as some of these happen immediately
upon arrival at the destination countries. Because there are far too many players in the
overseas employment process, it is sometimes difficult to put just one agency directly to
task for the violations and abuses that OFWs experience. What further complicates the
situation is that there are also cases where OFWs are well aware of the risks and the
irregular nature of their deployment, but still decide to push through with their plan to work
abroad.

What needs to be recognized is that there are many women recruited to work overseas
who come from rural areas. Many recruitment agencies who send workers to countries
which are known for abusive working and living conditions for domestic workers such
as Kuwait, Lebanon and Bahrain, recruit women who do not necessarily have access to
proper information or education about the migration processes and countries of destination.
Thus, these women are often completely clueless about where they are going and what
they are getting into. Apart from being driven by the need to earn a living and improve
their economic conditions, many OFWs are also guided by an almost fatalistic approach.
Thus, their migration experience gets understood as a function of either luck or misfortune.
Unfortunately, such attribution exonerates those responsible for their “misfortune” and
misses out on the opportunity to improve or develop regulatory policies, systems and
processes.

Many of them are also lacking in knowledge of their human rights as migrants, as well as
the necessary skills to communicate and negotiate on the terms of their employment.

With the debts that need to be paid and the need to meet the economic expectations of
their families back home, some of these women had to resort to other means in order
to earn. For instance, the participants attested that many domestic workers engage in relationships in exchange for monetary benefits or other material considerations. Such benefits are experienced and enjoyed not only by the domestic workers, but their families as well. However, within the dynamics of such relationships, it is doubtful that the domestic workers have the power to steer the course of the interaction. For example, a number of the domestic workers in Lebanon stated that they did not use condoms in their sexual relationships because their male partners did not want to. Even if they were aware of the consequences of unprotected sex, they were hard-pressed to assert protection with their partners in the context of such relationships. Unprotected sexual intercourse happens to be the leading mode of transmission among OFWs.

**Work and Living Conditions**

The experiences of the participants in this study show that domestic workers probably have one of the most difficult jobs among OFWs. The long work hours, the range of tasks they are expected to perform, the lack of rest and days off, and the vulnerability to various forms of abuses give evidence on the difficulty of domestic work. Recognizing this vulnerability, the Philippine Government issued several policies in 2007 with the aim of improving the situation of domestic workers. However, such policies have yet to be tested for effectiveness. For instance, the age limit was raised to 23 years old for domestic workers bound for the Middle East. However, a more mature age has not always been a deterrent to abuse, i.e., having older domestic workers does not mean the abuses will stop or will be reduced. It just means that the abuses will be among older domestic workers. Almost all of the domestic workers in this study were older than 23 years old, yet they still experienced maltreatment. They still experienced harsh working and living conditions. In the same vein, having older domestic workers does not mean they will be less inclined to engage in relationships when there is an opportunity. Nor does it make them more capable of protecting themselves from sexually transmitted infections like HIV.

Domestic workers face multiple layers of risk inside the homes of their employers. And it is the very nature of domestic work that reinforces these risks. Firstly, domestic work, being one of the lowest paid jobs in Bahrain, Dubai and Lebanon, is considered a lowly job. This is evidenced by the inhumane treatment that domestic workers get from their employers. The culture in the Middle East also draws a very definite line between the status of men and women in society. Domestic workers, being mostly women, and foreigners working in lowly jobs are considered even lower in status.

Many of the domestic workers shared that they were not allowed to leave the house unless they were with their employers. Some of them were not allowed to use the phones to call their friends and families. Although several domestic workers had their own cell phones,
these were confiscated by the employers or agent so only a few were able to keep theirs but they had to hide them from their employers. In these situations, the workers did not only get isolated from their families, they also lost access to support systems that may have been available to them onsite like the Philippine Embassy or Consulate.

It is mainly because of the abuses that domestic workers are forced to escape from the homes of their employers. The cases handled by the POLOs in Bahrain, Dubai and Lebanon attest to this. For instance, at the time of the interviews, the POLO in Dubai had more than 40 wards in their shelter. These were all women and most of them were domestic workers. The POLO in Bahrain was hosting more than 80 OFWs who were mostly female domestic workers.

“Most of our wards in the shelter, they were overworked. They were made to work long hours and the houses are big, sometimes four floors. There are those who had been verbally and physically abused. There are more cases of verbal abuse. Even with minor mistakes, the employers’ anger is disproportionate and leads to physical abuse. We also have a rape case. So most of them run away because of maltreatment and being overworked, and unpaid salaries.” (Ms. Alice Lim, Welfare Officer, POLO in Bahrain)
Once outside, the transit to the embassy renders them vulnerable to further abuses. Given that many of the domestic workers do not know how to get to the embassy, running away from their employers poses another risk for them. Although not from personal experiences, the participants told stories of other runaways who had their bags stolen while waiting for transportation. There were those who took taxis that brought them to the police station instead of the embassy. There were also stories of Sri Lankan domestic workers who were raped by their cab drivers as they were trying to reach their embassies.

It is also not possible for the embassy, consulate or the POLO to fetch the domestic worker from the house of her employer. In Bahrain, the welfare officer said that once a worker phones them asking for help, they instruct the worker to leave her employer’s house as soon as she can and go to a designated meeting place where a POLO personnel can pick her up. Or she can go straight to the Embassy if she knew how. It is the same situation in Dubai. Additionally, there is a rule in the POLO where a runaway has to reach the shelter within 24 hours from the time she escaped from her employer.

“When they escape, they need to go to the Consulate or the POLO immediately. They cannot go to friends’ houses or anyone else’s and stay out there for more than 24 hours before coming here. If they do not go to the Consulate within 24 hours from the time they escaped from their sponsors’ houses, they are considered long-time runaways and are not eligible for shelter. If it has been established that they are eligible for shelter, we will take care of them and we will inform their agencies that they are in our custody.” (Atty. Virginia Calvez, Labor Attache, POLO in Dubai)

In Lebanon, the Embassy used to be able to visit domestic workers in the houses of their employers. When they receive complaints, a representative from the Embassy could check on the worker immediately. However, complaints from Lebanese employers resulted to a policy change. Now, when the Embassy receives complaints from domestic workers regarding their employers, the former has to inform the General Services Office about it and the latter will act accordingly.

Runaways are treated like criminals. The Labor Attaché in Dubai shares the experience of the POLO with the cases of domestic workers.

“For instance, the worker was not paid for two or four or six or eight months so she escapes and comes here to file a complaint. The employers get angry or refuse to pay the worker so what they do is they file an absconding case against the worker. This now becomes a police case. The worker is usually charged with theft. The employer makes up a story that the worker
stole whatever… Then we assist the worker in this case.” (Labor Attache Virginia Calvez)

When a domestic worker has a case like the one illustrated above, she is not allowed to leave the premises of the POLO shelter unless she goes out for case hearings. According to the welfare officer in Bahrain, some wards in their shelter escaped from the POLO grounds to meet up with men, or with their boyfriends. Apparently, the boyfriends promised to “take care” of them, pay for their visa and look for better jobs for them. The domestic workers who were interviewed in this study had different opinions about why these other wards escaped. Some said that the women needed money so they risked violating the policies of the shelter and getting caught by the police; some said these women believed their boyfriends and were hoping for the better jobs that were promised to them; and others said that those women just wanted to be free to do what they wanted, which included being with their boyfriends. Again, this illustrates how the need for finances and comfort or companionship can contribute to the HIV vulnerability of these women.

Days-off

“Most of the employers here do not allow their domestic workers to go out. They do not give them days off. There are those who are given days-off but then they’re the ones who have problems. When they go out, they meet men and start having boyfriends.” (Ambassador Maglaya, Manama, Bahrain)

“It’s a clash of cultures between the employers and the maids. The employers here are afraid to give day-off to their maids because they are thinking that their maids will have boyfriends and probably get pregnant. But the Filipina is used to the freedom in the Philippines and so they have a problem.” (Bahraini employer)

It is interesting to note that several domestic workers share the opinion of the Ambassador and the employer cited above that having days off increases vulnerability to STIs. When asked whether they thought domestic workers were vulnerable to HIV, several participants said, “Maybe those who are able to go out… they’re the ones who can have boyfriends.” This assessment is reflected in the stories shared by the waitresses in Dubai. Having time off from work allows them to socialize with other people. In fact, almost all the waitresses who participated in this study had boyfriends. One shared candidly about her sexual experiences and the fact that she got infected with STI once. A domestic worker who was allowed to have a day off so she can go to church, got pregnant, which meant she and her partner did not use any kind of protection when they had sexual contact.
Having rest and days-off is any worker’s right. With the stresses that come with the harshness of the work conditions faced by the domestic workers, they deserve to get off from work at least once a week to unwind or to rest. But the observation of the participants in this study is pointing to the fact that having a bit of freedom can lead to a lot of problems. However, it is not as simple as saying that these workers are better off not having days off. Vulnerability to HIV is a direct consequence of unsafe practices, like unprotected sex or sharing injecting equipment, and it is aggravated by the lack of information on HIV and AIDS and socio-cultural factors that does not allow these women migrant workers to assert protection in their relationships. These factors are discussed further in the next section.

Sexuality and Sexual Relationships

The participants agreed that it is easy to get into relationships abroad. Even those who do not have opportunities to go out and socialize are able to have certain levels of interactions or relations with the men they meet in the house of their employers. Thus, while it may be difficult to engage in sexual relationships, it is not totally impossible. It must also be noted that the women themselves have observed that the few local men they are able to interact with, e.g., repair men, electricians, drivers, etc., are aware of their isolated existence. In some cases, it is the men who initiate and facilitate such interaction. One domestic worker revealed that the telephone repairman who came to her employer’s house instructed her to deliberately mess up the phone line so that he could come back the following week to see her again. They eventually became phone pals until she found out that he was also seeing other Filipina women through the same modus operandi.

Some women also have random meetings with men who offer them cell phones and other material things. Even those who are already married in the Philippines get into relationships abroad. Although it is not true for everyone, those who have days off are usually the ones who have a higher possibility to engage in sex.

Sexual relationships between men and women who are not married to each other are prohibited by law in most Middle East countries. In Bahrain, Lebanon and Dubai, it is common for the Embassy or the Consulate to provide assistance to OFWs who are charged with ‘love’ or ‘boyfriend’ cases. In these cases, the guilty OFWs have to spend two months in jail before they are deported back to their countries.

Filipino women migrant workers who engage in relationships, get involved with fellow OFWs, other migrant nationalities or locals. In Dubai, the Acting Consul General said that it is very common among migrant workers to get into relationships and since Dubai is an
open country, some get caught only because someone else told the police about them. In the case of domestic workers, it is usually the employer who files the charges.

As mentioned earlier, the most common motivation for engaging in relationships, especially for domestic workers, is financial and other material considerations. But there are also those who seek comfort, care or companionship. Most of those who need extra income decide to enter into relationships with other nationalities. It is a common joke among the Filipinas that it is not financially beneficial to have relationships with fellow Filipinos since in most cases, the women end up usually supporting the men financially. Another popular reason is that Filipina women migrant workers don’t want to deprive the wives of these male OFWs of the latter’s remittances.

Although not a general trend in the findings of this research, it is important to note that cultural beliefs and practices also influence how women react to specific situations and experiences. This is illustrated by the story of Mira, a domestic worker in Abu Dhabi who chose to marry the man who raped her because according the culture of her people, the only man who can ‘touch’ her is her husband.

According to most of the women OFWs who were interviewed, sex is almost always part of the relationship. And according to those who did have sexual experiences, sexual encounters are mostly unprotected. But the Labor Attaché in Dubai has another take on the issue: “This is still a very Islamic country. So sexual activities are very discreet. Here, unless you are married, you cannot get pregnant. So if there are sexual activities it’s really protected… because they cannot get pregnant.” What needs to be determined then are the safer sex methods that the OFWs practice. At the moment, there is no concrete data on safer sex practices of OFWs in the Middle East. However, if the concern is more to reduce the risk of getting pregnant than getting infected with STIs or HIV, it may be more likely that OFWs are using oral contraceptives and not necessarily condoms.

The experience of Dr. Rosario Tigno, a practicing Filipino physician in Dubai suggests that OFWs experience a host of sexual and reproductive-related problems brought about by their sexual experiences and/or activities.

“I have not yet encountered an OFW with HIV but there are many cases of Hepa B and Hepa C among men and women OFWs. I advise them to go home before they need to undergo the required medical exam for their visa. This way, they wouldn’t have a record. It’s not a problem with other STIs that are curable; they don’t get deported for those.
There also a lot of cases of pregnancy and because it is not allowed here, they get an abortion, which is also illegal. So it’s unsafe. They get abortifacient drugs from fellow Filipinos.

Some of them say they were raped so how can they continue the pregnancy. Others who are raped, accept the money if they are given money because the alternative is to go hungry. I ask them what would happen if they get pregnant from these rapes and they say, ‘Then he will support my child.’ We also have those cases.

I had a patient once. I knew she was pregnant but she insisted that she never had sex. I had her undergo an ultrasound and the baby was already six months along. They don’t use condoms or pills. There are those who use pills but they don’t follow the correct dosage. That’s the problem.”

All these cases of STIs and pregnancies clearly suggest that OFWs are engaging in unprotected sex, which could put them directly at risk to HIV infection.

Other HIV-related risks

In Bahrain, there is tacit recognition that injecting drug use is a practice among local men, given their proximity to countries in the Middle East and Central Asia where injecting drug use is an existing practice. While there is no data about Filipino women or men migrant workers directly involved in injecting drug use, their proximate risk lies in their associations and relationships with the male population in the country who may be injecting drug users (IDUs).
CHAPTER 6:
Conclusions and Recommendations

Philippine Overseas Labor Office in Dubai
Conclusions

This study shows different aspects of vulnerability to HIV infection. At the individual level, the low level of knowledge on HIV and AIDS, its modes of transmission and how it can be prevented can lead to unsafe sexual practices that brings the participants closer to HIV infection. This is evidenced by the stories of unsafe sexual encounters. On the other hand, even those who were aware of HIV prevention did not necessarily practice safer sex. This may be due to the fact that it never occurred to these participants that they may get infected with HIV. Then there is the case of the participant who wanted to get pregnant and therefore did not even consider protection. But these individual risk behaviors are perpetuated and even reinforced by various other factors.

The PDOS was not adequate in preparing the domestic workers for the actual situations they would encounter abroad. This included information about migration realities as well as HIV and AIDS, which are both mandated by the law. Having a module on HIV and AIDS which is not uniformly implemented by various PDOS providers does not contribute to increased knowledge about HIV or attitude/behavior change. Because the PDOS is just another requirement, many of the participants seem to have ignored most of it, thus the lack of clear recollection on the topics discussed.

Medical testing facilities have also failed to utilize the mandatory medical testing process to educate the migrant workers about HIV. The fact that many of the participants were unsure of whether they were tested for HIV or that HIV screening is being conducted without consent and without pre-test and post-test counseling.

This issue on the PDOS and the HIV screening reflects a bigger flaw that is the inability of the government to monitor implementation of the relevant provisions in the Migrant Workers Act and the Philippine HIV/AIDS Prevention and Control Act.

The high cost of migration, plus the need to provide the needs of their families, have pushed some of the participants to engage in relationships, within which safer sex may have been difficult to assert. In many cases, the participants themselves did not take proactive steps to protect themselves. But the worst consequence of the economic vulnerability of these women migrants is shown in the stories of the domestic workers who have opted to endure rape in exchange for money.
Onsite, the harshness of the work and living conditions force domestic workers to escape from their employers and in the process, they may be vulnerable to sexual abuses en route to the embassy or consulate.

Their situations also aggravate feelings of loneliness and isolation and this becomes a reason or rationale to engage in intimate relationships with men they encounter who show them care and concern, and who are able to provide for their material needs. However, those who have boyfriends but are confined in the homes of their employers or in the POLO shelters may not be as vulnerable to HIV infection because they do not have the chance to engage in sex. The only potential threat comes from male members of their employers’ households, who can also get sexually abusive.

The stories of the participants point to the fact that given the lack of knowledge on HIV and AIDS, and the low level of condom use among them, vulnerability to HIV may be directly related to freedom and mobility. This means that having more freedom--having days off
and having money may unwittingly cause them to be more vulnerable to HIV infection as compared to those who are not allowed to go out of the homes of their employers or the shelters.

Although there is no data on actual prevalence of HIV infection among Filipino domestic workers from Lebanon, Bahrain and Dubai, the findings of this study show that the vulnerability of these workers to HIV infection is very real. It must also be noted that compared to other countries in the Middle East, there are more known cases of OFWs deported from Dubai due to HIV. While the majority of known cases have been among men, there have also been women who had gone to Dubai but were forced to return after being diagnosed.

A strong recommendation coming from the domestic workers is for the Philippine Government to stop sending Filipinas to work as domestic workers in the Middle East. This is not because of the possible risks and vulnerability to HIV infection. The participants felt that the difficulties they endured should not be experienced by other Filipinas. However, during the times when the government banned deployment of OFWs to certain countries, its impact was a proliferation of illegal recruitment by agents who promised availability of jobs to these countries. This happened when the government banned the deployment of domestic workers to Singapore after the death of Flor Contemplacion in 1995. It is also happening now that there is a ban on deployment to Lebanon, Iraq and more recently, Jordan. There are always those who are willing to risk their lives to find better economic options for their families than endure untenable economic hardships in the country. Since irregular migration renders migrant workers more vulnerable to abuses, maltreatment and HIV infection, the solution may have to be more thought out than simply banning the deployment of domestic workers to the Middle East.
Recommendations

1. The government, particularly the POEA needs to exert more vigilance in regulating private recruitment agencies to ensure that domestic workers are properly recruited, documented and protected once deployed. Corollary to this, there should be stiffer penalties for recruitment agencies who fail to diligently follow procedures set forth in the recruitment guidelines of the POEA.

2. The Department of Health (DOH) needs to develop implementing guidelines for the proper conduct of HIV screening among OFWs, one that includes signed consent, and pre-test and post-test counseling. The DOH needs to enforce these guidelines on the private testing centers that conduct medical testing for OFWs and it needs to strictly monitor their compliance.

3. The government, through the Department of Foreign Affairs and the Department of Labor and Employment, should step up efforts in initiating and engaging in bilateral dialogues with host countries in the Middle East for the protection of migrant workers, particularly women domestic workers.

4. Efforts should also be undertaken by various stakeholders to engage international organizations such as the International Labor Organization for a global campaign that would result to a recognition of domestic work as work. This should be accompanied with the development of appropriate labor standards.

5. Another proactive measure to monitor the human rights of migrant workers is the maintenance of an updated database of recruitment agencies, brokers and agents from the destination countries by the POEA and OWWA. Any incidence of violation should be recorded in their profiles so that they will be blacklisted from engaging in any recruitment activities with their local counterparts. Likewise, there should also be a database for employers, especially those who have cases of abuse or violations filed against them.

6. HIV preventive education should be intensified. Since the PDOS is inadequate as an avenue for HIV awareness-raising, it should be supplemented by more IEC and BCC materials in strategic locations where OFWs congregate, for example, in medical testing facilities, airports, recruitment agencies, training centers and the like.
7. The Philippine Posts abroad should reinforce HIV awareness by having regular outreach HIV prevention activities among OFWs. This can be integrated in ongoing outreach activities undertaken by the embassy or consulate or by Filipino organizations abroad.

8. The Philippines should also pursue negotiations with the Immigration Department or the Ministry of Health of destination countries to ensure that HIV-related deportation is coursed through the embassy or the consulate. This way, the Posts can assist the OFW in the repatriation process and can refer him or her to appropriate agencies and NGOs in the Philippines.

9. Community-based education on migration realities, HIV and AIDS and gender and sexuality issues needs to be undertaken to intensify awareness of prospective women migrants, especially those coming from rural areas.
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http://www.dfa.gov.ph
Department of Foreign Affairs, Republic of the Philippines

Primers:

Republic Act 8042: Migrant Workers and Overseas Filipinos Act of 1995
Republic Act 9422: Strengthening the Regulatory Functions of the POEA, amending RA 8042
4th AIDS Medium Term Plan, Department of Health
ANNEX 1: Interview Guides

Guide for Focus Group Discussions

1. Preparation for Migration
   1. How did you prepare for working abroad? (Note for interviewer: do they get information about working abroad; do they know the job they were getting into; do they tell their family (and how); do they spend for it and how much)
   2. Did you go through an orientation before you left?
   3. What topics were discussed (probe if there is discussion on health/HIV, work, country of destination)?
   4. Did you go through an HIV test? Describe the process. (Note to interviewer: Focus on observance of pre- and post-test counseling or information given prior to and after testing; consent and confidentiality)

2. Migration Process
   Describe the migration process you went through, from your application period until you reached your country of destination.

3. Work conditions
   1. How much do you earn? Is this the amount specified in your contract? Would you know the salary of other women migrants? (Note to interviewer: Give examples of other job categories of women.)
   2. Do you have your own bedroom? If not, where do you sleep? Describe your accommodations.
   3. Do you have a day off? (Note to interviewer: Probe how often and how long.)
   4. Describe your work. Note to interviewer: Probe into work hours, nature of job, work conditions.
   5. How is your communication with your family like? (Note to interviewer: Probe into how often, mode of communication; who they communicate with most and why.)

4. Health Situation
   1. How was your health when you worked abroad? (Probe whether they experience any illnesses; if they have access to treatment; if yes, who paid for the treatment; if none: how did they deal with their illness)
   2. What are the common illnesses, ailments experienced by domestic workers? Is it easy to seek treatment in the destination country? Where and how much?
   3. How do they keep themselves healthy?
5. Knowledge and attitudes towards HIV before they left, and in destination countries
1. What do you know about HIV and AIDS? STIs?
2. Have you heard about HIV/AIDS before you left?
3. Where did you get the information?
4. Do women/men migrant workers know about HIV and AIDS? What do they know about HIV and AIDS? Is this something being spoken among women/men migrant workers?
5. Do you think domestic workers can get infected with HIV? Why or why not?
6. Do you know where to get treatment for STI?

6. Condoms
1. What do you know about condoms and condom use?
2. Is it something women /men migrant workers will use? Why or why not?
3. How accessible are condoms (probe where to get it, how much, etc)

7. Recreation and social activities during time off
1. Do women migrant workers usually have a day off? What do they do? Where do they go? Who do they go out with?
2. What do you do during your free time?
3. Who do you go out with?
4. Where do you go?

8. Support groups
1. Do you know of any support groups in the country of destination? What do they do?
2. What is your personal experience with these groups (probe if they have joined and which groups)?

9. Contact with the embassy/consulate
1. Do you know where your embassy/consulate is?
2. Are most domestic workers aware of where the embassy/consulate is?
3. Are you aware of their services?
4. Have you gone to the embassy? Why? (For those who experienced abuse or violations, probe if the embassy was helpful)

10. Sexual harassment/Violations
Have you heard of stories of sexual molestation or rape among your peers?

11. Sexual relationships
1. Do you think it’s easy for women/men migrant workers to engage in relationships while abroad? Please explain.
2. What you think are the reasons that push women/men migrant workers to engage in relationships while abroad?
3. Do you think the sexual behavior and practices of male migrants differ from those of female migrant workers?
12. Hopes and aspirations
1. What do you hope for in the future?
2. Will you migrate again?
3. What are the reasons why domestic workers will migrate again?
4. If you had a daughter, would you like her to migrate?

Guide for In-depth Interviews with Women Migrant Workers

The sexual practices of migrant workers:
1. Do women/men migrant workers engage in sexual relationships while abroad? How do these relationships start? Who are their partners? What is the duration of these relationships?
2. What conditions make it easy or difficult for women/men migrant workers to get involved in relationships?
3. Do these relationships include sex? What kind of sex do they engage in?
4. Do these relationship/s include having sex? What is it like? How often do they engage in sex? What kind of sex do they engage in?

If yes, continue with the following:

5. Do they have sex with a regular partner (boyfriend, partner) or with a non-regular partner (anyone other than boyfriend, partner)?
6. Do women/men migrant workers engage in commercial sex (money or items exchanged for sex)?

Safe Sex
1. Have women/men migrant workers heard of safe sex? What is their concept of safe sex?
2. When women/men migrant workers engage in sex, do they use any kind of protection? Why? Why not?
3. What kind of protection do they use? How often do they use protection?
4. Do you know of instances where female migrant workers became pregnant or had abortions?
5. Do they have safe-sex with a regular partner (boyfriend, partner) or with a non-regular partner (anyone other than boyfriend, partner)?
6. Do the women/men migrant workers who engage in commercial sex practice safe sex?
7. For rape cases you’ve known or heard about, are you aware if the perpetrator used a condom?

For married or previously partnered migrants:
1. Before leaving for abroad, do women/men migrant workers and their spouse/partner talk about how to address sexual health issues while they are separated?
2. When they go home for vacations, do they and their spouse/partner talk about sex, sexuality, safer sex and their relationship? How? Who initiates discussions about these?
3. What do you know about their sex life with their partners?
Sexuality and self-concept
1. Are there changes in the personality of women/men migrant workers when they go abroad?
2. What do women/men migrant workers think about sex?
3. What do you observe about the sexual behavior of women/men migrant workers abroad? (Are they sexually active? Are they happy and satisfied? Are they generally safe? Are they able to abstain from sexual activities?) Can you relate to such behavior?

Guide for Key Informant Interviews
1. Please describe the nature of your organization and the programs and services that you have for migrant workers.
2. Do you or your organization have services related to HIV prevention or treatment, care and support for HIV positive migrant workers.
3. In your personal or organization’s experience, what are the most common problems faced by women migrant workers, particularly domestic workers?
4. What kind of assistance do they usually seek from your organization?
5. What challenges do you or your organization face in providing services for migrant domestic workers?
6. How do you or your organization deal with these challenges?
7. What recommendations can you offer to improve the situation faced by migrant domestic workers?
8. What recommendations can you offer to alleviate their vulnerability to HIV infection?
ANNEX 2: List of Key Informants

Bahrain

**Philippine Embassy**
Honorable Eduardo Pablo Maglaya, Ambassador

**Philippine Overseas Labor Office**
Ms. Alice Lim, Welfare Officer

**Bahrain Center for Human Rights**
Mr. Nabeel Rajab, Vice President

**The Filipino Channel**
Mr. Titus Filio, reporter and writer

**Salmania Hospital**
Ms. Nilda Hidalgo, Senior Researcher
Ms. Shahla Bushehri, Bahraini employer

Dubai, UAE

**Philippine Consulate General**
Mr. Vicente Vivencio Bandillo, Consul and Acting Head of Post

**Philippine Overseas Labor Office**
Atty. Virginia Calvez, Labor Attaché

**Filipino Medical Clinic**
Dr. Rosario Tigno, Owner

Lebanon

**Philippine Embassy**
Ms. Tala Baldia

**Filipino Workers Association**
Riza Galvez, Head

**Afro-Asian Migrant Center**
Father Martin

**Caritas Migrant Center**
Sylvia Eid

**Caritas Safe House**
Mirasol Gacasan
Joselita Bahia
Marifel Valerio

Efrain Bahia, recruitment agent

Philippines

**Department of Foreign Affairs-Office of the Undersecretary for Migrant Workers Affairs**
Atty. Paul Saret
Mr. Edwin Batallones

**Philippine National AIDS Council**
Dr. Jesse Fantone, Officer-In-Charge

**Department of Social Welfare and Development**
Ms. Helen Suzarra, Social Welfare Officer IV

**Pinoy Plus Association**
Mr. Edu Razon, President

**Kanlungan Center Foundation**
Ms. Violeta de Guzman, Executive Director