

## Vulnerable groups: Mobile/migrant populations

Mobility and migration are not in itself a risk factor for HIV, but they can create conditions in which people are vulnerable for HIV infection. Separation from spouse, family, society and traditions together with isolation, loneliness and a sense of anonymity can lead to social and sexual practices that increase the likelihood of exposure to HIV. Although working abroad or in urban areas is intended to result in economic benefits for families at home, sometimes imported infection and disease is the result.

There has always been a great deal of migration in Asia and varying reasons for the migration. People may migrate from areas of conflict to areas of relative peace and stability, from poor to richer countries, from rural to urban areas and so on.

Migration may be temporarily, seasonally or permanent for a lot of reasons. Key employment groups involving mobility include truckers, fishermen, transport workers, cross border/itinerant traders. Migrant workers often take up unskilled labour jobs in construction, manufacturing, fishing, domestic duties and the sex and entertainment industries.

Illegal migrants find themselves outside of the law, without protection and often without a common language. They are a vulnerable group and at risk for HIV/AIDS

### Why is HIV/AIDS a problem for migrants?

**Sex work:** Women are trafficked from rural to urban areas to work as sex workers; other female migrants are unable to find work or their work is so lowly paid that they have little option but to take up sex work; others have no option but to work as a sex worker because they are supporting their family back in their villages (See fact sheet 9).

**Language:** Migrants may have no common language in the area where they live and therefore don't understand safer sex and safer using messages.

**Health Services:** Migrants often lack access to health services where they could get treatment for STIs and receive information on HIV/AIDS. They may be unwilling to visit hospitals for fear of being caught by the authorities or simply because they have no money.

**Law:** Illegal migrants often do not have any legal protection and so can easily be exploited through lower wages, forced into sex work etc.

**Traditional social environment:** Migrants are cut off from forms of control that would normally affect their behaviour (e.g. family and village pressure for sexual fidelity) and their anonymity and loneliness may mean they engage in behaviour they would not otherwise do (such as sex with sex workers and injecting drug use).

**Lack of knowledge:** Migrants may have little knowledge and information, or have misconceptions, about HIV/AIDS and how it is transmitted.

**Injecting drug use:** Migrants may come into contact with injecting drug use in the new country or they may already have been injecting and continue the behaviour in the new environment. They may come from areas where drugs, such as opium, are traditionally smoked, to areas where heroin is injected. If they share injecting equipment they are at risk of HIV/AIDS.

**Borders:** Migrants can often be found along border areas where trading towns and 'rest and recreation' facilities exist. HIV incidence is often higher in these places. Men often outnumber women in border towns and therefore there is a demand for sex work outlets. Border towns on drug trafficking routes also have easy and regular access to drugs.

**Local populations:** They can see migrants as a threat to local jobs and scarce resources. Migrants can feel stigmatised and discriminated against, emphasising their outsider status.

**Involuntary testing:** Migrants in some countries face the possibility of involuntary testing and deportation if found HIV positive. Their HIV status may be revealed to authorities in their own countries, to their communities and families. This may lead to stigma and discrimination and may not necessarily lead to needed health care.

## **A special group of mobile workers: truck drivers**

In many countries the spread of HIV follows major highways, where many trucks are passing and stopping at roadside petrol stations, restaurants, tea houses and border crossings. At all these truck stops male and female sex workers are active. The belief that truckers need to get regular sexual relief from the heat of their engines is widespread and these truckers therefore frequently have sex along the routes, either with sex workers, or with their younger truck assistants. Because they are so mobile, it is very difficult to carry out prevention activities.

Research shows that although most men have heard about HIV/AIDS, their knowledge on HIV and STIs transmission is very low, they do not feel themselves at risk and only a very low percentage uses condoms. Most people do not know that condoms can prevent HIV and other STIs, condoms are regarded as contraception. Although at this moment in Pakistan, even among truckers HIV prevalence is low, the level of STIs is very high, indicating sexual behaviour that facilitates transmission of HIV. At risk together with the truckers are the female and male sex workers, their families and the families of the truckers in their home.

## **What can programmes do to stop the spread of HIV/AIDS among migrants?**

- Programmes need to investigate *who* the migrants are, *why* they have

migrated and *what* their particular needs are.

- Information needs to be targeted to the migrant group to ensure the messages are culturally appropriate, relevant and in their own language. Involve migrants in the planning of projects. Provide information on how HIV/AIDS is transmitted through unprotected sex and the sharing of injecting equipment.
- Recruit migrants to work as peer educators as they are more likely to gain the trust of the community, especially given their outsider status in the general community.
- Work with the sex workers at the truck stops and border crossings, thus reaching both the truckers and the sex workers.
- Migrants need and have the right to access health services: provide links to health care for primary health needs, STI check-ups and HIV/AIDS information.
- Provide sterile equipment to make injecting safer: provide supplies of household bleach (or other disinfectant) and teach IDUs how to clean their needles and syringes and/or establish a needle and syringe programme.
- Provide condoms in sufficient quantity.
- Work with the general community for greater understanding and acceptance of the migrants.

(Adapted from Manual for reducing drug related harm in Asia, The Centre for Harm Reduction, Melbourne, Australia, 2003)