

WHY IS MIGRATION AND MOBILITY A CRITICAL ISSUE FOR KEY AFFECTED WOMEN AND GIRLS IN ASIA AND THE PACIFIC?

In Asia and the Pacific there are different types of female migrant occupations and these women and girls may be vulnerable to HIV at different stages of the mobility process. Studies from the region indicate that whether female migrants are moving within their countries or across borders, many lack access to practical information on HIV prevention or sexual and reproductive health before they travel.

FAST FACTS: FEMALE MIGRATION AND HIV VULNERABILITY IN ASIA AND THE PACIFIC

- In **Thailand**, the country's 2010 UNGASS report noted that two to three times higher HIV prevalence was found in pregnant migrant women as compared to Thai pregnant women in selected provinces.
- A 2011 study conducted in **Bangladesh** with 120 current migrant/returnee women and 80 prospective female migrant workers reported that a quarter of them knew nothing of HIV or AIDS and 86% of respondents had no knowledge of voluntary counselling and HIV services.
- In **Malaysia**, a 2008 report by the Ministry of Health and UNICEF noted that should any migrant woman be found to have tested positive for HIV or be pregnant, they are subject to deportation without treatment, medical assistance or post-test counseling.

Sources: Data cited from ASEAN Foundation/UNZIP the Lips/UNAIDS/UN Women (2013) *Malaysia, Philippines, Thailand Country Briefs: HIV and Key Affected Women and Girls*. Bangkok; International Organization for Migration (2012). *HIV and Bangladeshi Women Migrant Workers: An assessment of vulnerabilities and gaps in services*. Geneva.

Within their own countries, women and girls may move to urban areas in order to achieve economic and social independence. Many are employed in relatively unskilled jobs within the manufacturing, domestic service or entertainment sectors, often without legal status and little access to health services. They are often susceptible to exploitation and/or physical and sexual violence, in some cases by their employer, and have few alternative employment opportunities.

For those that migrate overseas, the majority of countries in the region require female migrants to be tested for pregnancy and HIV which can result in either denial of entry or deportation. These practices violate their human rights as set out in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and elaborated upon in the CEDAW Committee's General Recommendation No. 26 on women migrant workers. Such practices also undermine the pledge made by Member States in the 2011 UN General Assembly Political Declaration on HIV and AIDS to ensure that women can exercise their right to have control over their sexual and reproductive health free of coercion, discrimination and violence.

Women left behind by their spouses, faced with the same economic challenges, and other challenges (e.g. food insecurity) that contributed to their husband's migration, may be driven to exchange sex for food or money, increasing their vulnerability to HIV. They may also be at risk of intimate partner transmission of HIV if their migrant husband returns HIV-positive.

Sources: APCASO/CARAM Asia (2012), *Migrant Workers and the 2011 Political Declaration on HIV/AIDS*. Kuala Lumpur; International Organisation for Migration: see <http://www.iom.int/cms/en/sites/iom/home/what-we-do/migration-health-2/hiv-and-population-mobility.html>.