HIV vulnerabilities faced by women migrants

From Bangladesh to the Arab States
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This Bangladesh Country Report is the result of a regional qualitative research study undertaken by the UNDP Regional HIV and Development Programme – in close partnership with CARAM Asia and other development partners including UNAIDS, IOM, UNIFEM, and Caritas Lebanon Migrant Centre. The regional study was conducted in four countries of migrant origin – Bangladesh, Sri Lanka, Philippines and Pakistan; and in three destination countries – Bahrain, Lebanon and the United Arab Emirates (UAE).

As a partner of CARAM Asia, OKUP covered the part of the study relating to the research on Bangladeshi women migrant workers. OKUP has covered migrant populations both in country and onsite – particularly in Bahrain, Lebanon and the UAE. Therefore there are many people who were involved in this research, from development partners to migrant workers, government officials including Embassy personnel, NGOs, CSOs, self-help groups of people living with HIV, and above all the migrant workers.

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I am pleased to extend my gratitude to those who helped validating the report, particularly the higher authority of NASP including Dr. Md. Ishaque Khan, Line Director; Dr. Ferdous Alam Shibib, Programme Manager; Dr. Md. Hanif Uddin, Deputy Programme Manager; and others. Mr. Dan Odallo, former UNAIDS Country Coordinator, Bangladesh, and the UN Joint Team on HIV/AIDS must be thanked for helping validate the report. I am grateful to Dr. Nurul Islam of BMET, Naheed Ahmed of UNIFEM Bangladesh, Dr. Amzad Ali of IOM, Dr. Rumana Saifi of ICDDR,B, Dr. Khandakar Ezazul Haque of UNFPA who have given significant feedback and suggestions relating to this report.

Last, but not the least, my colleagues and research team members including Omar Faruque Chowdhury, Executive Director, OKUP; Hassan Imam Shaon, consultant; and all migrant workers who helped greatly to complete the research in country and destinations.

Shakirul Islam
Chief Investigator & Chairman
OKUP (Ovibashi Karmi Unnayon Program)
Foreword

Like many developing countries in Asia, a large part of the gross domestic product of Bangladesh comes from remittances. In fact, remittances sent by migrants through official channels in the 2007 fiscal year represented 9.4% of the GDP, reaching a record high level of $6.5 billion. In the 2008 fiscal year, they are expected to exceed $7 billion.¹

Migration is a livelihood option and a factor of development in Bangladesh. According to an estimate of the state-run Bureau of Manpower, Employment and Training, the cumulative number of migrant workers leaving the country legally for overseas jobs from 1976 to 2008 stood at 6,265,909. In 2007 alone, 832,609 migrants left Bangladesh for alternative livelihoods abroad.

According to official data, most Bangladeshi migrants are men. Significantly lower migration by women is due largely to restrictions the government has placed on overseas employment of female workers in an effort to protect them from the hardships and vulnerabilities of migration. However, as often happens in such circumstances, restrictions on the mobility of female workers have only encouraged undocumented migration. In contrast to official statistics, a large number of women migrate from Bangladesh to work abroad, but estimates on the actual number vary from 10 times to as much as 50 times the official figures.²

The UNDP Human Development Report 2009 Overcoming Barriers: Human Mobility and Development highlights that human mobility is now a core component of the human development agenda. While global labour markets are now inter-dependant on skilled and low-skilled people from countries like Bangladesh, there remains a gap in addressing the impacts that migration has on those leaving behind their families and communities, their social structure and culture.

That gap can leave people vulnerable. And it is undocumented women migrants engaged in low skilled jobs that face the most risks, have the least support networks available, and often have the most to lose if they return home with empty pockets. During their migratory journey, the risks and vulnerabilities women face are enormous, ranging from abuse and exploitation to depression and separation anxieties.

Although the benefit of migration to the national economy is both enormous and essential as Bangladesh works its way out of poverty, there are considerable and preventable concerns that

are important to consider and address.

Migrants’ access to health, and their vulnerability to HIV, are among the most pressing considerations. In Bangladesh, migrant workers account for a significant number of people living with HIV. In 2004, for example, data from the NASP showed that 57 of the 102 newly reported HIV cases were returning migrants. Even though the results are biased because migrants are subject to mandatory HIV testing while the general population is not, the risks and vulnerabilities that migrants often face increases their risk of HIV infection, and this calls for urgent attention.

The financial cost of seeking an overseas job for a prospective Bangladeshi migrant is very large, and is one of the main factors that can contribute to a migrant’s helplessness during the migration process. On average, it costs over five years of income for a Bangladeshi to seek a job in Saudi Arabia. This cost is either met at a considerable expense to families by selling assets and taking high interest loans or, for many, forces them into unofficial migration through informal sources.

This study found that 60% of research participants migrated using individual contacts. It also found that in addition to the known recruiting agencies, there are a large and unknown number of agents, sub agents and middle men engaged in recruiting prospective domestic workers, and that there is no mechanism to effectively monitor them or the fees they charge. Moreover, there is no minimum standard wage for Bangladeshis working as domestic workers in the Arab States. The study also finds that, for Bangladeshis, the average monthly wage for work in Bahrain is less than $100, and in Dubai is about $USD. In Lebanon, domestic workers are typically paid $125, as stipulated in their contracts.

This study is part of a UNDP regional research initiative on HIV vulnerability faced by Asian women migrant workers of deploying countries – Bangladesh, Pakistan, the Philippines and Sri Lanka – working in three destination countries in the Arab States, Bahrain, Lebanon, and the United Arab Emirates (UAE). By analyzing in depth the economic, socio-cultural and political factors that determine 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 human rights and public health.

The UN is fully committed to addressing the risks and vulnerabilities of Bangladeshi migrants and to help address the challenges they face, such as the risk of HIV infection. The linkages between development, migration and HIV are complex and need to be analyzed in depth to develop programmatic interventions that will have a meaningful impact on people’s lives. The study presents important recommendations, offering a useful guide for effective policy and programmatic responses to HIV/AIDS to both deploying and receiving countries.

I would like to extend my gratitude to OKUP for their commitment to HIV and migration and their determination to complete and publish this key research work in Bangladesh, to the UNDP
Regional Centre in Colombo for all their support throughout this process, and lastly, to all the migrants and respondents of this research work that spend time in providing their stories, or their perspectives and which allowed to uncover the risks and vulnerabilities of migrant women during their journey.

Stefan Priesner
Country Director
UNDP Bangladesh
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## Acronyms

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<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
</tr>
<tr>
<td>BMET</td>
<td>Bureau of Manpower Employment and Training</td>
</tr>
<tr>
<td>BAIRA</td>
<td>Bangladesh Association of International Recruiting Agencies</td>
</tr>
<tr>
<td>BAP</td>
<td>Bangladesh AIDS Programme</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CARAM</td>
<td>Coordination of Action Research on AIDS and Mobility</td>
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<tr>
<td>CEDAW</td>
<td>Convention on Elimination of Discrimination Against Women</td>
</tr>
<tr>
<td>GCC</td>
<td>Gulf Cooperative Countries (Gulf Coordination Council)</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HASAB</td>
<td>HIV/AIDS and SDT Alliance Bangladesh</td>
</tr>
<tr>
<td>HAIF</td>
<td>HIV AIDS Initiative Fund</td>
</tr>
<tr>
<td>ICDDR,B</td>
<td>International Centre for Diarrhoeal Diseases Research, Bangladesh</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>INSTRAW</td>
<td>International Research and Training Institute for the Advancement of Women</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug User</td>
</tr>
<tr>
<td>JHU</td>
<td>Johns Hopkins University</td>
</tr>
<tr>
<td>MoEWOE</td>
<td>Ministry of Expatriate Welfare and Overseas Employment</td>
</tr>
<tr>
<td>MoHFA</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MSM</td>
<td>Men having Sex with Men</td>
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<tr>
<td>NASP</td>
<td>National AIDS/STD Program</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NSP</td>
<td>National Strategic Plan</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Committee</td>
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<tr>
<td>OKUP</td>
<td>Ovibashi Karmi Unnayan Program</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SAARC</td>
<td>South Asian Association of Regional Cooperation</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UAE</td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td>VCCT</td>
<td>Voluntary and Confidential HIV Counselling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
Summary

Data from the Bureau of Manpower, Employment, and Training (BMET) show that from 1976 to January 2007 the total number of Bangladeshis working abroad as short-term migrants stood at 5,613,752. In the year 2007 alone, 832,609 migrants left Bangladesh and sent back $6.5 billion in remittances. Between 2006 and 2007, an estimated 18,000 women migrated from Bangladesh, compared to approximately 14,000 in 2005-2006. Between 1991 and May 2007, BMET listed a total of only 69,967 women who migrated to Asian and Arab State countries. Of these, 22,826 went to Saudi Arabia, while 20,482 went to Dubai. Other major destinations, by number of Bangladeshi women migrants, include Kuwait, Jordan, Malaysia, and Bahrain.

From 1981 to 1998, the Government of Bangladesh repeatedly banned or restricted the outflow of unskilled women which resulted in women migrants making up just one per cent of the total flow of registered migration up to 2003. With the lifting of the bans and restrictions in 2003, the official flow of female migration increased and rose to six per cent of the total flow in 2006. This official figure might be lower than the actual number as it is estimated that only 40 per cent of women migrant workers migrate through recruitment agencies, while the remaining 60 per cent leave with the help of relatives and friends who reside in the destination countries.

According to the Ministry of Health and Family Welfare (MOHFW), there were a total of 1,207 registered HIV cases in December 2007. This was a sharp increase from the 363 registered cases in 2003. Overall, the (official) prevalence of HIV in the general population is low, at under 0.1 per cent.\(^3\)

In Bangladesh, migrant workers account for a significant number of HIV cases, primarily because they are subjected to mandatory HIV testing. It has been estimated that 51 per cent of the 219 confirmed HIV cases in 2002 were from among returning migrant workers.\(^4\) According to the International Centre for Diarrhoeal Disease Research (ICDDR,B), 47 of the 259 cases of people living with HIV during the period 2002-2004 were infected during migration. Of these, 29 were males returning from abroad, seven were wives of migrant workers, and four were children of HIV-positive migrant workers. In 2004, data from the National AIDS/STD Programme of the Ministry of Health and Family Welfare showed that 57 of the 102 newly reported HIV cases were among returning migrants.

The links between migration and HIV/AIDS is an area that needs further investigation in Bangladesh, especially since statistical data hardly reflects or provides a deeper insight into these complex connections.

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\(^3\) Bangladesh UNGASS report 2008

\(^4\) Bangabandhu Sheikh Mujib Medical University (BSMMU)
Research Methodology

The qualitative research in Bangladesh included interviews with 125 women returning migrant workers. In the destination countries, a total of 53 domestic workers were involved in the study: 18 in Bahrain, 15 in Dubai, and 20 in Lebanon. An additional 17 women migrants including garment workers, hotel based sex workers, waitresses in bars and nightclubs and around 45 male migrants who were either boyfriends or customers of the sex providers, were also interviewed.

The ‘One to One’ method was followed to identify participants for the focus group discussions. Migrant women peer educators, trained by OKUP, were engaged to identify and interview the returning women migrants based on a set of criteria, for example, country of employment, period of employment, employment category, income, and geographic origin.

In Bangladesh, the research team conducted key informant interviews with stakeholders from government agencies such as the Ministry of Expatriate Welfare and Overseas Employment (MoEWOE), the Bureau of Manpower Employment and Training, and Immigration. Other key informants included recruitment agents; international organizations such as UNIFEM and the International Organization for Migration (IOM); local NGOs, such as HASAB (HIV/AIDS and STD Alliance Bangladesh); and HIV self-help groups - especially Mukto Akash Bangladesh and Ashar Alo Society. In the destination countries, the team conducted interviews with the consular officers in Bangladesh missions and with migrant support organizations in the three research sites.

Policies and Laws

External migration in Bangladesh is regulated by the Emigration Ordinance 1982, which allows only persons with valid travel documents to emigrate. It also empowers the government to disallow emigration of persons of a particular occupation, profession, vocation, or qualification, in the public interest.

In 2002, this ordinance was revised and became Emigration Rules 2002. Section 4 (clause r) of this policy states the need to provide briefings to the outgoing overseas employees before issuance of emigration clearance. Moreover, the Code of Conduct of Recruiting Agencies and License Rules (2002) require recruiting agents to ensure that migrant workers attend pre-departure briefings. In these same Rules, the requirement that recruitment agents must arrange the medical examination properly is outlined in section 7 (clause f).
The Government of Bangladesh adopted the “Bangladesh Overseas Employment Policy” in October 2006, but the policy was yet to come into force at the time of writing this report.

Since 1981, the Government of Bangladesh repeatedly banned or restricted the out-migration of “unskilled” women. In early 1981, a Presidential Order stated that professional and skilled women could migrate as principal workers. Semi-skilled and unskilled women could also migrate as principal workers, but they could not go overseas without a male guardian.

In 1988, the government withdrew the ban but imposed a restriction on the migration of unskilled and semi-skilled women5.

In 2003, an announcement was made that the employment of Bangladeshi women as domestic workers in Saudi Arabia will be permitted, provided they were above 35 years old, preferably married and, if so, accompanied by their husband.

In September 2007, a Gazette Notification was issued by the Government of Bangladesh concerning the migration of women (No. Prokaboikomo- 5/ a-2/ 2005/1628). It is applicable only to female domestic workers bound for Saudi Arabia and other Middle Eastern countries. This notification provided for particular rules regarding the issuance of a work permit, visa processing, and mandatory training and briefing at the pre-departure stage. It also stated that a database had to be maintained and/or controlled by recruitment agencies, embassies and Bangladesh missions. It also set the minimum permitted age for outgoing domestic women migrants at 25.

The National Policy for HIV/AIDS was promulgated in 1998, and provides that HIV testing should be confidential or anonymous and that counseling services will be made available at all the locations where individuals are notified of test results. The policy also states that screening for HIV infection or other STDs will not be mandatory for travelers or migrants into or out of the country. However, this is not the case for Bangladeshi migrant workers going to many countries in Asia and the Arab States, as they need to undergo mandatory HIV testing as an employment requirement.

5 Siddiqui, T. 2001. Transcending Boundaries: labour migration of women

In 2006, the Government of Bangladesh developed the “National HIV/AIDS Communication Strategy 2005-2010”, involving all relevant government ministries, NGOs, the UN, and other development agencies. The Communication Strategy identified high-risk populations – sex workers, drug users, men having sex with men (MSM) and mobile populations (external migrants, border crossing people, transport workers, factory and other mobile workers, prisoners, uniformed forces, and street children) - as priority groups for HIV prevention, and also recognized the need to involve these vulnerable groups in policy dialogues and formulation.

Research Findings

Sixty per cent of respondents interviewed onsite (in destination countries), and in Bangladesh, migrated through an ‘individual contract’ facilitated by their relatives and/or middlemen. In these cases, travel agents are usually hired for document processing, including BMET clearance and ticketing. There is no mechanism for identifying and regulating middlemen who recruit domestic workers.

At the time of this study, there were 762 known recruitment agencies in Bangladesh, but an unknown number of agents, sub-agents, and middlemen throughout the country are also engaged in recruiting prospective domestic workers. There is no specific list of agencies that recruit for a particular country of destination. There is, therefore, no mechanism to efficiently monitor them.

There is no minimum wage for Bangladeshi domestic workers either in Bahrain or in Dubai. Domestic workers in Bahrain are paid less than $100 a month, and earn around $100 per month in Dubai. In Lebanon the domestic workers are usually paid $125 per month, as stipulated in their job contract.

Only nine per cent of those interviewed in Bangladesh attended the official pre-departure briefing. The BMET runs one pre-departure briefing centre for the whole country, and there are also a few accredited private pre-departure briefing centres run by the recruitment agencies. The weak monitoring mechanisms, the inability to reprimand defaulting recruitment agents, and loopholes in existing laws all contribute to continued violations of the compulsory pre-departure briefing policy.
The ‘Pre-departure Briefing Module’ includes the rules and regulations that migrant workers are supposed to abide by in their respective destination countries, and domestic workers are taught how to perform their household tasks. Relevant health information is not adequately provided, and women receive only limited orientation on sexually transmitted infections and HIV. Ninety-six per cent of Bangladeshi domestic workers interviewed onsite did not receive training on HIV before they left Bangladesh. Half of them had heard of HIV from the media or from co-workers, but none had in-depth knowledge of HIV prevention and safe sex practices.

Onsite, women face numerous hardships, including irregular payment of salaries, long working hours, physical and sexual abuse. Even for some of the more common illnesses, they seldom have the time, knowledge or resources to visit a physician, and thus tend to treat themselves for maladies such as back pains, colds, headache, fever, gastric pain and menstrual cramp. Pregnancy is a major concern as it is considered a crime for unmarried women in the UAE and Bahrain. Since abortion is officially prohibited in many countries in the Arab States, unmarried domestic workers are sent to a detention camp, or even jail, if they are discovered to be pregnant. To avoid this, some take the risk of undergoing unsafe, clandestine abortions.

Sexual relationships between women domestic workers and male co-workers take place. The study learned, however, that female domestic workers are taken advantage of by their male co-workers, who sometimes promise marriage, but then abandon the woman once their sexual relationship is consummated.

Domestic workers are also victims of sexual exploitation by abusive employers and their relatives. Incidents of rape and group rape, either by local nationals or by male migrant workers from other countries, have been reported in the destination countries. Domestic workers do not typically disclose incidents of sexual exploitation for fear of losing their jobs, or in order to avoid the associated stigma and discrimination.

There is no mechanism in place to address sexual abuse and exploitation of domestic workers in many of the destination countries. Where domestic work is not covered under labour laws in the destination countries, domestic workers are unprotected when their rights are violated. In the face of abusive situations, domestic workers sometimes resort to running away, which increases their vulnerability to other forms of exploitation, including forced prostitution.

Women engage in sexual relations for a variety of reasons, including physical need, and for economic and material benefits. All domestic workers interviewed in Dubai stated when asked that sexual activity is easier for those women migrant workers who do not live in the home of their employer. They can enjoy full freedom once they are off-duty. They also have days off and are able to own and use mobile phones, which facilitates easier contact.

In contrast, live-in domestic workers are kept under strict control. Usually, they are not allowed days off and are forbidden contact with other men. Despite these restrictions, some women still find the opportunity to get involved with a male migrant worker with whom she might
come in to contact such as a driver, electrician or plumber. Occasionally, they may have a sexual relationship with their broker, or even enter into a fake marriage in order to maintain a relationship.

Home-based and hotel-based sex workers, as well as women working as waitresses in bars and nightclubs, also get involved in sexual relations. In these situations, respondents reported a low rate of condom use and a lack of knowledge of HIV and safer sex practices. Among Bangladeshi male migrant workers interviewed onsite, 80 per cent said they experienced sexual intercourse and, of these, only five per cent used condoms.

The research revealed three points relating to HIV knowledge and safer sex practice among domestic workers. First, they know little of the importance of safe-sex practices. Second, they have little scope to purchase condoms as they are not allowed to go out. And third, the use of condoms is usually dependent on the willingness and consent of male partners. The research also found that hotel-based sex workers in Dubai are strict about using condoms with their clients while home based sex workers in Bahrain were lax about condom use. The incidence of condom use is also low among those domestic workers in Lebanon who live with a boyfriend on a temporary basis.

All the research participants in the three destination countries said that they had no knowledge about any support services provided either by the Bangladesh Embassy or other agencies. Very few domestic workers approach the embassy for support, even when they need it.

**Key Recommendations**

Women migrant workers must be given access to accurate and relevant information on migration and HIV prevention during the pre-departure and post-arrival stages of their journeys.

Treatment and care services must be made available for deported migrant workers living with HIV. In addition, legal support and social and economic reintegration programmes should be established.

There is a need to establish:

- collaboration methods among NGOs, self-help groups, and people living with HIV networks within the country
- systems that link support providers and generate referrals between origin and host countries
- comprehensive policies that protect women migrants, including policies that provide safeguards and protection during the recruitment process
- bilateral agreements and/or MOUs with all host countries for the protection of domestic workers.

Policy advocacy at national and international level needs to be strengthened to include mainstream HIV issues among migrant workers.
Chapter 1

Introduction to the research

Scope of the study

Migration itself is not a risk factor for HIV infection. There are many underlying push and pull factors that force people away from their homes in search of a better life. Separation from families, communities and social support systems makes migrants vulnerable to exploitation and increases their propensities to engage in more risky behaviours that can result in HIV infection. Moreover, gender relations and cultural norms of masculinity and femininity greatly influence individual sexual attitudes and behaviours, often placing women at greater risk of HIV infection than men.

With the HIV epidemic showing no signs of slowing down (especially when looking at the number of new infections) and with the growing tendency of people on the move (within the region as well as those travelling to the Middle East), it is imperative to generate more information on the nexus of migration and HIV and AIDS.

In particular, there is a need to:

• strengthen the evidence on the relationship between the individual risk behaviours of migrant workers and the structural factors and conditions in the migration process

• look at specific conditions that migrant women workers face, not just during the employment period but also during their pre-departure and return stages

• document the impact of HIV infection on the economic lives of migrant workers and their families document current developments in how the countries of origin and destination respond to the HIV epidemic, and

• Examine the increased demand for HIV mandatory testing of migrant workers by countries in the Middle East, not just as a pre-departure requirement but also as a post-arrival procedure. In recent years, there have been reported incidents of the continued deportation of migrant workers from the Middle East due to their HIV status.

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

This study, conducted jointly in four labour sending countries (Bangladesh, Pakistan, the Philippines and Sri Lanka) as well as three destinations (Dubai, UAE; Manama, Bahrain; and Beirut, Lebanon) provides a regional perspective to identify common issues, patterns, trends and developments regarding future regional responses to the issues of migration and HIV.

The study in Bangladesh, Pakistan and the Philippines was undertaken by CARAM-Asia, with support from UNDP RCC, and other development partners.

Objectives

General Objectives
To build evidence relating to the HIV vulnerability of migrant workers, especially women migrant workers, for the purpose of designing appropriate rights-based HIV prevention.
To strengthen the assessment and analysis of economic, socio-cultural and political factors that have an impact on the vulnerability of migrant workers to HIV, particularly women migrant workers.
To assess the economic and social impact of HIV infection among migrant workers, and their families and communities, for the purpose of designing appropriate rights-based HIV prevention and care models.
To identify emerging challenges and trends in the responses to HIV and migration issues in receiving countries, particularly relating to human rights and public health across these countries.

Specific Objectives for the Bangladesh study
With a particular focus on women migrant workers, to generate indicative data relating to demographic and economic profiles, and sexual and health-seeking behaviors.
To generate data through research conducted within the countries of destination on existing HIV responses, gaps and challenges.
To identify current responses and gaps in the whole region covered by this study relating to prevention, testing and care in the nexus between migration and HIV.
To make research, policy and programme recommendations relating to HIV prevention, testing, and care for migrant workers, particularly women migrant workers.
Methodology

Qualitative research methods are effective to assess the connection between sexual behaviours and HIV\(^6\). The research has employed a variety of qualitative methods including focus group discussions, in-depth interviews and on-the-ground assessments.

Mainly female migrant workers in the countries of origin as well as destination countries have been the primary respondents of the study and their emotions, and thoughts are captured in this study.

In Bangladesh, 125 returning migrant workers, particularly domestic workers, were involved in the focus group discussions.

In addition, interviews were held with women migrant workers:

- whose migration was undocumented and who faced situations where they were vulnerable and
- who experienced deportation on the grounds of HIV testing were interviewed in the research.

Interviews were also held in three destination countries in the Middle East: the UAE, Bahrain and Lebanon with 75 migrant workers, including:

- domestic workers
- garment workers
- part-time domestic workers
- entertainment workers in different bars and night clubs
- women working in retail.

Additionally, 45 informal interviews were done with male migrant workers in three destination countries in the Middle East in order to triangulate information.

---

6. Obermeyer 2005
**Figure 1** Research Participants in Country

| Number of returning women migrant workers participating in Focus Group Discussions | 120 |
| Number of returning male and female migrant workers who are living with HIV who participated in interviews | 5 |
| Number of stakeholders interviewed | 7 |
| **Total** | **132** |

**Figure 2** Research Participants in Destination Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Domestic Workers</th>
<th>SW/Hotel Entertainers/Garments workers</th>
<th>Male Migrants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAE (Dubai, Al-Ain, Sarjah, Al-Fujira)</td>
<td>15</td>
<td>7</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Bahrain</td>
<td>18</td>
<td>10</td>
<td>20</td>
<td>48</td>
</tr>
<tr>
<td>Lebanon</td>
<td>20</td>
<td>-</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>17</strong></td>
<td><strong>45</strong></td>
<td><strong>115</strong></td>
</tr>
</tbody>
</table>

In addition, interviews were held with a range of stakeholders, including:
- Ministry of Expatriate Welfare & Overseas Employment (MoEWOE)
- Bureau of Manpower Employment & Training (BMET)
- Immigration
- UNIFEM
- IOM
- HASAB (HIV/AIDS and STD Alliance Bangladesh)
• Mukto Akash Bangladesh
• Ashar Alo Socieity
• recruitment agents as secondary and tertiary research participants to incorporate their perspectives of, and recommendations concerning, the vulnerability of the migrant population in general, and of women migrant workers in particular to HIV
• representatives from the Bangladesh Foreign Missions and/or consulate offices in Dubai, Bahrain and Lebanon
• Bahrain Centre for Human Rights (BCHR)
• Migrant Workers Protection Society (MWPS) in Bahrain
• Caritas Lebanon in Lebanon.

An initial desk review was undertaken to generate basic demographic profiles of migrant workers, e.g. gender, age, occupation, income, employment history, length of stay abroad, legal status. In addition, existing research on migration and HIV, and relevant policies and laws and existing programs addressing HIV and migration, were reviewed.

Sampling Process of Research Participants

The migrant workers located in the origin and destination countries are the primary respondents in this research. Key policy players, non-government organizations, private agencies, embassies or consulate offices, and different support groups are considered secondary and tertiary sources of first-hand information to enrich the perspective and analyses and to cross-reference and validate data generated by the migrants.

The snow ball (one-to-one) method was used to identify participants for focus group discussion. Trained “peer educators”7 were engaged to identify the returning women migrants based on country of employment, period of employment, employment category and income. Focus group discussions took place both in and outside Dhaka.

In-depth interviews were undertaken from a sub-sample of those participating in the focus group discussions to probe more deeply into specific research variables. In addition, in-depth interviews were conducted where focus groups were not feasible, for example, due to a lack of access.

In the countries of destination, women migrants, in particular domestic workers, were identified with the assistance of relatives and friends of the members of OKUP through the “one to one” approach. In addition, various call centres, shopping malls, night clubs, pubs and bars were visited to identify and interview women migrant workers on the spot, because that is where they were most accessible.

7 64 returnee women migrant workers were trained by OKUP during the project “Piloting Reintegration Program for Women Migrant Workers in Bangladesh through the ‘Peer Approach’ for Community Based Intervention,” with the project was supported by the UNIFEM Bangladesh Programme.
Research Process and Data Analysis

The research was undertaken by CARAM-Asia with support from the UNDP Regional Programme on HIV based in the Regional Centre in Colombo, Sri Lanka, IOM and UNAIDS. The research methodology, guidelines, and content of the country research report were defined in the first consultation workshop in Colombo, Sri Lanka in early October 2007. The primary data (focus group discussions and in-depth interviews with migrants and key informants such as policymakers) and secondary data (desk research/literature review) were gathered from November 2007 to March 2008. A follow-up meeting was held in Kuala Lumpur, Malaysia in February 2008 to provide updates and progress reports on the research for each country and to outline the research findings to be presented in the country reports. A final consultation meeting was held in Bangkok at the end of May 2008, which discussed and reviewed the country findings, identified the common trends, gaps, and recommendations both at the national and regional level.

The raw data from the interviews were categorized based on the research guidelines developed in the first consultation meeting. Recorded data from the interviews were transcribed, translated and coded. The categorized data were analyzed and a first draft report was submitted in accordance with the research outline developed jointly in the second consultation meeting.

The key findings of the first draft, incorporating the feedback from CARAM on the first draft of the report, were presented in the third consultation workshop.

The final draft of the report was made based on the feedback from the consultation workshop. Moreover, the final draft was shared with the research participants (returning women migrant workers) through a focus group discussion, and the key policy players individually for validation. The research also incorporates findings and analyses from the desk research / literature review and interviews with key informants to identify gaps, challenges and scope of existing, in place, policies and the practices.

Limitations

Getting access to women migrant workers, especially domestic workers in the destination countries, was difficult. The movement of domestic workers is very restricted - they have no days off and they were not allowed to give interviews. Only three domestic workers in Ajman in the United Arab Emirates were allowed to attend the focus group discussion. The remaining interviews in Dubai, Al-Ain, Fujira and Sharjah in the UAE were done over cell phones with the assistance of their recruiters. It was also difficult to reach out to the hotel-based sex workers in Dubai, because they remain also under strict supervision.
In Bahrain, most interviews with domestic workers were done at public phone centres from where they call home. The scope of one-to-one interviews was limited since they were only allowed to be out for a short period, and the telephone centres were crowded. The part-time domestic workers avoided interviews for fear that they may be exposed to the media. On the other hand, fulltime domestic workers in Lebanon were difficult to reach, but part-time domestic workers were keen to be interviewed. The relatives of OKUP members and the Bangladeshi male migrant workers in all the three countries provided all-out support to identify and reach the domestic workers.

Bangladesh foreign missions, in Dubai particularly, were not very cooperative. They provided no information, reasoning that they needed permission from the Ministry of Foreign Affairs. Likewise, it was also very difficult to get permission from the Ministry of Foreign Affairs in Bangladesh. The bureaucracy proved a major hindrance in this regard.
Chapter 2

Overview of Bangladeshi migration and the HIV situation

The migration situation in Bangladesh

Migration Flows and Patterns

Bangladesh is one of the foremost labour exporting countries in Asia. Overseas migration started a long time ago, but the present form of overseas labour migration can be traced back to the 1970s. The government officially approved sending workers abroad in 1976 when the demand of labour increased in Arab countries, including Saudi Arabia and the UAE. The labour migration subsequently expanded to other parts of Asia, particularly Southeast Asia. The official number of deployed workers remained under 300,000 annually until 2006. This figure more than doubled in 2007, largely because of the construction boom in the UAE and the lifting of the freeze on recruitment of Bangladeshi workers in Malaysia following the MOU signed in late 2006. However, there are a number of people who leave illegally and some of these are trafficked, either against their will or without full disclosure of the conditions of employment they will face abroad.8

Bangladeshi migrants are employed in over 100 countries, but over 90 per cent are located in eight countries, mainly in the Gulf States and in Malaysia. Other than those, in recent years, significant numbers of Bangladeshi migrants are being deployed in Singapore (over 56,000 in 2008), Lebanon (almost 8,500), Italy (around 7,000), Libya and Sudan (about 5,000 each), Mauritius (3,000), and Egypt (almost 2,000).9 Many Bangladeshis aspire to go to high-wage Asian countries such as South Korea and Japan, which accepted 1,500 and 135

8. Johns Hopkins University – Centre for Communication Program, BCCP, HIV/AIDS Situation Analysis, 2004
9. Some of these newer destinations for Bangladeshi migrants, including Libya, Syria, and Iraq, reportedly allow foreign worker contracts that require migrant earnings to be deposited in specified banks that deduct pre-departure costs from earnings before the balance is allocated as the migrant specifies.
Bangladeshi migrants respectively in 2008.

Available statistics show that women’s participation in overseas work-related migration only became significant in the 1990s. Bangladeshi women’s destinations are predominantly in the temporary labour markets of Asia, and a good number of them migrated to Western Asia or to Middle Eastern countries. It remains difficult to obtain gender-segregated data on migration flows. Official data on female migration before 1991 is scarce. According to the BMET, between 1991 to December 2008, a total of 92,097 women migrated to various countries, with a majority of them going to Asian countries. BMET data shows that from 1991 to 2008, a total of 26,733 women migrated to Saudi Arabia – the most popular destination (Fig 3). During the same period, 23,633 women migrated to the UAE, which is the second top destination. The other major destinations of Bangladeshi women migrants are Kuwait, Jordan, Malaysia and Bahrain, while Lebanon is a comparatively new destination. It is important to note that the official figure might underestimate the actual number of women migrants. Over the years, migration of women from Bangladesh is mainly irregular. Various factors have contributed to this. Chief among these are different governments’ bans and restrictions, and the difficult legal migration procedures, which have led to the development of less time-consuming parallel channels.

**Figure 3 Women’s migration, by country of destination, 1991-2008**

![Pie chart showing women's migration by country of destination, 1991-2008.](image)
Most Bangladeshi migrants are young men. Official data shows that 96 per cent of migrants are men, most of whom are married and under 30 years old. The BMET classifies short-term migrants in four categories including professional, skilled, semi-skilled and less-skilled.

1. Professionals are those with university degrees, including doctors, college teachers, accountants and nurses.

2. Skilled workers are those with certificates and/or on-the-job experience, including construction trades such as carpenters and electricians, cooks, drivers and nurses.

3. Semi-skilled workers include farm workers, gardeners, and assistants for construction trades workers.

4. Less-skilled workers are cleaners, labourers, and domestic workers.

Most Bangladeshi migrants deployed between 1976 and 2008 are less skilled. The share of less skilled migrants stood at 52 per cent in 2008, falling to 39 per cent in 1988, and rising to a peak of 61 per cent in 2006.

Government mechanisms to regulate migration
The government has three major agencies to deal with recruitment, remittances and returns:
- the Ministry of Expatriates' Welfare and Overseas Employment (MEWOE)
  - www.probashi.gov.bd
- the Bureau of Manpower Employment and Training (BMET)
  - www.bmet.org.bd
- the Bangladesh Overseas Employment and Services (BOESL)
  - www.boesl.org.bd

The MEWOE has authority over all government agencies dealing with labour migration, as well as private recruiters and migrants, the labour attaches in Bangladeshi missions abroad, and the Wage Earners' Welfare Fund.

BMET, a government agency established in 1976 with 17 offices throughout Bangladesh, is charged with promoting the employment of Bangladeshis abroad and encouraging them to send remittances home, providing employment counseling, regulating private recruiters, and training and conducting research on migration and its effects on development. All Bangladeshis migrating abroad legally must be registered with BMET, although in most cases recruiters register migrants with BMET as one of the final steps before their departure.\(^\text{10}\) BMET reported

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\(^{10}\) In an effort to avoid BMET registration as a last rather than a first step in migration abroad, BMET is supposed to operate a lottery, so that a recruiter seeking 100 workers is provided with the names of 100 workers with the requisite qualifications who are registered with BMET. This apparently does not...
that some three million Bangladeshis have registered since registration began in June 2004, and 2.6 million have left Bangladesh. Registered job seekers receive a photo ID with a registration ID and personal information.

BMET operates three, one-hour, pre-departure training programs a day, and issues the certificates of attendance (emigration clearance cards) required to leave Bangladesh—the cards are bar coded to be read when departing the country. It should be noted that there is capacity for only approximately 200 participants to attend the pre-departure training daily at BMET while the BMET has to release clearance for more than six thousands migrants in a day. Other than the pre-departure training, BMET runs 38 Technical Training Centres throughout the country.

BOESL is a government agency with 38 employees and a 2009 budget of 20 million taka\(^1\) ($290,000) that publicizes the availability of Bangladeshi workers in foreign countries via its own offices and in collaboration with local partners. BOESL specializes in providing skilled and professional migrants for large civil engineering projects abroad, screening Bangladeshis interested in these foreign jobs, inviting foreign employers to Bangladesh to interview potential employees, and arranging for selected Bangladeshis to obtain the necessary documents to go abroad. In most cases, foreign employers cover the pre-departure costs of BOESL-deployed workers, although migrants going to Korea must pay for Korean language training.\(^2\)

Apart from BOESL, licensed recruiters have a monopoly on helping Bangladeshis leave for overseas work. In June 2009, there were 801 licensed recruiters in Bangladesh under the Association of International Recruiting Agencies (BAIRA). Most of the recruiters are Dhaka-based, and have their offices in one of the most expensive parts of Dhaka, Gulshan. These recruitment agencies depend on foreign recruiters to provide job offers, and layers of sub-agents, known as Dalals, to find migrants to fill them. The dalals who deal with migrants in villages are generally older returned migrants living in the same, or an adjacent, village. The subagents received commissions from the recruitment agencies of 10,000 to 60,000 taka ($145 to $870) per migrant. The sub-agent system increases the migration cost to, as well as vulnerabilities of, migrant workers.

\(^1\) Six million taka, 30 per cent, represents BOESL salary costs.
\(^2\) BOESL noted that it must often cover at least the local costs of foreign employers who come to Dhaka to interview Bangladeshi workers.
The HIV Situation in Bangladesh

Since the first HIV case was detected in Bangladesh in 1989, the number of identified cases stood at 363 at the end of 2003. By December 2007, there were 1,207 confirmed HIV cases reported – a more than three-fold increase in four years. In December 2008, the number of reported cases of HIV stood at 1,495 and the reported cases of AIDS numbered 476, among whom 165 had died.13 The last surveillance conducted in 2007 found national prevalence of HIV at less than 1%. By definition, therefore, Bangladesh is considered as a low prevalence country. But there are significant levels of risky behaviour in Bangladesh. According to Bangladesh Government estimates, the total number of HIV cases in Bangladesh is around 7,500. By comparison, the UNAIDS estimates 12,000 HIV cases in Bangladesh.

The limited facilities for voluntary counselling and testing, as well as the social stigma and discrimination attached to HIV, remain among the largest challenges.

There is no official data on overseas migrants living with HIV. Data from different sources indicate that the HIV infection rate of the overseas migrant workers and their spouses is much higher than in Bangladesh.

1 Among the 219 confirmed HIV cases in 2002, returning emigrant workers comprised 50.68 per cent of the total.14

2 In the period 2002 to 2004, 47 of the 259 people who tested positive for HIV were either returnees or relatives of migrants. 29 were male returnees, seven were wives of migrant workers, and four were children of HIV positive migrant workers.15

3 Of the new 102 reported HIV/AIDS cases in 2004, 57 were identified as external migrants.16

There are no statistics available relating to the prevalence of STIs among the migrants as there has been no such study. Some studies said that many male migrants report having sexual health problems, or STI symptoms, abroad. According to these studies, if migrants are found to be HIV positive, they are deported from most of the labour receiving countries. Sometimes, sick migrants return home without any money or other social support. In Bangladesh, too, there is no specific health support system for these migrants. Diagnostic centres conduct pre-migration check-ups for potential migrants, but generally none of them provide any treatment or services for them.17 At the same time, some of the women migrants report having symptoms of STIs. As husbands of the female migrants do not like to use condoms, condoms are rarely used in family planning.18 However, according to the NGOs working in Bangladesh, among the 1,207 identified HIV cases in the country as of 2007, the majority are either migrants or members of their families.

13. (NASP)
14. Source: Bangabandhu Sheikh Mujib Medical University (BSMMU) documents
15. (Periodical journal, ICDDR,B)
16. (NASP, MOHFW, December 2004)
17. JHU-CCP and BCCP, Training Need Assessment Report on Peer Education Program for Migrant Workers, 2005
18. JHU-CCP and BCCP, Training Need Assessment Report on Peer Education Program for Migrant Workers, 2005
Policies, laws and guidelines on migration and HIV

Health is a holistic concept, but it is ignored in every stage of migration: pre-departure, post-arrival and re-integration. Most host countries ‘demand’ healthy workers, but they do not take responsibility in providing an environment for healthy living. Policies in most of the host countries do not favour migrants and migrants have few choices for treatment of illnesses or for remaining healthy.

Migrants are often portrayed as draining the receiving country’s resources, including burdening the health care systems. There is also a gap between the provisions offered by the few appropriate policies and laws in favour of the migrants, in both the home and host countries, and their implementation. Indeed, sometimes, there are contradictions between laws and policies of countries that export labour, such as Bangladesh, and labour receiving countries.

In Bangladesh, labour migration is regulated by the Emigration Ordinance 1982. The Emigration Ordinance was revised into the Emigration Rules in 2002 with all its prevailing shortcomings. Among these are:

- the present context of labour migration and the rights of migrant workers have hardly been taken into account
- health concerns, particularly cases of migrants with HIV, are not covered
  - Only clause f of section 7 of the Code of Conduct of Recruiting Agencies and License Rules (2002) states that the recruitment agents must “arrange the medical examination properly”. But there is no clause section regarding the procedure of medical testing, particularly of contagious diseases including HIV
  - welfare concerns of migrants are covered only in Article 20 (2) that stipulates that a fixed amount of money should be deposited in a Welfare Fund for migrant workers. The Wage Earners Welfare Rule (2002) also states in clause e under article 7, that there is an obligation “to help the ailing or retarded wage earners.” Both rules suggest that a safety net for migrant workers should be put in place, but they are insufficient as they do not outline a provision for a comprehensive health insurance for migrant workers.

The government adopted the “Bangladesh Overseas Employment Policy” in October 2006. The policy has no particular focus on the health rights of migrants. But it has provisions that relate to the protection of the rights, dignity, and security of all migrant workers inside and outside the country.

19. CARAM Asia, The Forgotten Space, 2002
20. Ibid.
It should be noted that one of the main prerequisites set by receiving countries for employment is that the migrant worker should be medically fit. Hence mandatory medical examination is a necessity for the overseas employment of Bangladeshi migrant workers, and the standards and requirement of medical examinations are governed by the receiving countries. Neither Bangladesh Overseas Employment Policy nor the National Policy on Health mentions particular rules for mandatory medical testing/check-up for migrants. However, the National Policy on HIV/AIDS and STD has directive guidelines on HIV testing.

The National HIV Policy of Bangladesh said that screening for HIV infection or other STDs will not be mandatory for travellers or migrants in to, or out of, the country. It will not be mandatory for those seeking employment in any public or private organization or enterprise. HIV testing should be confidential or anonymous. Anyone who reveals the HIV status of a person or patient without his/her informed consent will be punished according to the law. Counselling services will be made available at all places where individuals are to be notified of test results, and counselling will also be confidential. The National HIV Policy clearly stated that this test when demanded by a third party using undue coercion is not ethically acceptable. Mandatory testing, and other testing without informed consent, has no place in an AIDS/STD prevention and control programme. The policy also referred to the 45th World Health Assembly, which noted no public health rationale for any measures that limit the rights of the individual, notably measures establishing mandatory screening.\(^21\) HIV testing should not be included as part of a normal medical examination without the knowledge and consent of the person undergoing medical examination. Once consent has been obtained the procedure to be followed is the same as that for voluntary testing.\(^22\)

However, the National HIV and AIDS Communication Strategy 2005-2010 identified high risk populations – sex workers, drug users, MSM, and mobile populations (cross border migrants, transport workers, factory and other mobile workers, prisoners, uniformed forces and street children) - as priority groups for HIV prevention, and recognized the need to also involve these vulnerable groups in policy dialogue and formulation.

**Existing Programs Addressing HIV and Migration**

In recent years, the government has mobilized and secured credit funds through the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other development partners to implement these policies and plans, and to support interventions aimed at preventing the spread of HIV among the most vulnerable groups - sex workers, IDU, men who have sex with men and mobile populations.

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\(^21\) Resolution 45. 35. 14 May 1992

\(^22\) Ibid.
Since 2004, in partnership with NGOs and donor organizations, the Government has implemented two national HIV prevention projects:

1. **HIV Prevention Project – HAPP**\(^{23}\) which is jointly funded by the World Bank, and DFID, and executed by UNICEF, UNFPA and WHO

2. “**Project of Prevention of HIV among Youths and Adolescents,**” funded by the GFATM and executed by the Save the Children (USA). The first phase, covering the period 2004-2007, had a budget of USD19 million. Under Round 6 of the GFATM, USD40 million was allocated for 2007-2012 for interventions targeted at a wider range of high-risk populations.\(^{24}\)

In addition to these projects, the USAID and Family Health International support the Bangladesh AIDS Programme, 2005-2008, with a budget of USD13 million. This project provides a series of tailored initiatives focused on behaviour change interventions and clinical services aiming to:

- increase accurate knowledge of STI/HIV transmission
- promote risk reduction behaviour
- reduce stigma and discrimination
- establish an enabling environment for behavioural change
- create demand for STI screening, VCCT, and care, support and treatment services.\(^{25}\)

*Figure 4* Estimated AIDS spending in Bangladesh 2006-2007

<table>
<thead>
<tr>
<th>Source</th>
<th>Expenditure in US$ (million)</th>
<th>Total US$ (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006</td>
<td>2007</td>
</tr>
<tr>
<td>GFATM (Round 2)</td>
<td>4.7</td>
<td>7.9</td>
</tr>
<tr>
<td>WB/DFID in HAPP</td>
<td>9.1</td>
<td>4.1</td>
</tr>
<tr>
<td>GoB contribution in HAPP</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>USAID/FHI</td>
<td>4.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Others (UN, GTZ and other donors)</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21.9</strong></td>
<td><strong>19.2</strong></td>
</tr>
</tbody>
</table>

*Sources: Collected from various agencies as part of UNGASS reporting process*

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23. (In 2008, HAPP was included under HNPSP- Health, Nutrition and Population Sector Program and the project was renamed HATI- HIV AIDS Targeted Intervention)
In addition to international NGOs, some 400 local NGOs are working on HIV. There is an even larger body of small community-based organizations, self-help HIV-positive groups, faith-based organizations, private organizations and media involved in HIV prevention. Most NGO programs address the needs of specific groups for HIV prevention, treatment, care or support. These groups might be young people, female or male sex workers, MSM, injecting drug users, or internal migrants. A small number of NGOs are extending legal services to some at-risk groups to help them to avoid problems such as harassment, but this is happening on an ad-hoc basis.  

26 The National Communication Strategy identified external and cross border migrants as high-risk groups and even identified communication objectives and illustrative indicators in three categories (pre-departure, post arrival and re-integration). It does not have a specific plan or intervention at the national level to address external migrant communities.

During the 1990s, some NGOs initiated addressing external migrant workers with the support of International HIV/AIDS Alliance funded programs through HASAB (HIV AIDS and STD Alliance Bangladesh), Action AIDS Bangladesh, etc., but they could not continue.

Currently none of the mainstream programs in Bangladesh is providing support or addressing Migration and HIV/AIDS.

Ovibashi Karmi Unnayan Program (OKUP), a community-based self-help group of migrant workers has been working for the promotion of health rights, particularly HIV/AIDS of Bangladeshi labour migrants. At present, OKUP is providing HIV education to the prospective and departing migrant workers through its 64 trained peer educators in 10 districts and in three destination countries – Lebanon, Dubai and Bahrain. There are a few NGOs which are also providing HIV orientation to migrant workers in Bangladesh.

Other than this the self-help organizations of people living with HIV are mainly indirectly providing treatment, care and support to the migrant workers living with HIV since most of the identified HIV infected persons are overseas migrant workers.

Still, migrant workers lack direct and comprehensive official action relating to HIV vulnerability, treatment, care, and support in all stages of migration.

Chapter 3

Findings

This section describes the facts and realities experienced by women migrant workers in their overseas life. The data presented has been triangulated and validated with various migrant groups that include returnee women migrant workers (e.g. domestic workers, garment workers, saleswomen, entertainers, and women involved in sex work in the countries of destination), deported migrant workers living with HIV, and the women who have been exploited and deceived by unscrupulous agents. Key stakeholders, such as representatives of relevant bodies including the Ministry of Expatriate Welfare and Overseas Employment, Bureau of Manpower Employment and Training, Bangladesh foreign missions, civil society organizations, and support groups in the destination countries, were also part of the validation process.

Pre-departure Situation

The majority of the research participants mentioned economic gain as the main motivation for their decision to work overseas. Many said that their husbands were sick or that they could not earn enough because they still had to take care of their families. Others shared that their husbands left them to marry other women, leaving them alone to take care of the children; and then they had to go overseas to earn enough to safeguard the future of their children. Some said that brokers sent them in lieu of their husbands, whose attempts at migrating had failed.

My reason for going abroad was financial hardship. I wanted to provide for my two sons’ and four daughters’ education and marriage.

I was unemployed. My husband deserted me leaving behind a child. Considering the child’s future I decided on going abroad. Borrowing some money from relatives and taking a loan with interest payable I went abroad in the hope that it would help me build a brighter future for my child.
### Quantitative Findings: at a glance

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of research respondents</td>
<td>247</td>
</tr>
<tr>
<td>Regular migrants (documented)</td>
<td>91% of 53 interviewed onsite</td>
</tr>
<tr>
<td>Under documented</td>
<td>9% of 53 interviewed onsite</td>
</tr>
<tr>
<td>Migration through private channels (private agents, etc)</td>
<td>60%</td>
</tr>
<tr>
<td>Migration through government channel</td>
<td>40%</td>
</tr>
<tr>
<td>Pre-departure</td>
<td></td>
</tr>
<tr>
<td>Attended generic Pre-departure Orientation (PDO)</td>
<td>9%</td>
</tr>
<tr>
<td>Does Pre-Departure Orientation include HIV?</td>
<td>Generally no</td>
</tr>
<tr>
<td>Reported good understanding of HIV after PDO</td>
<td>0%</td>
</tr>
<tr>
<td>Migrants tested for HIV before leaving</td>
<td>100%</td>
</tr>
<tr>
<td>HIV Pre- and Post-test counselling provided</td>
<td>0%</td>
</tr>
<tr>
<td>Charged higher fee by recruiting agencies</td>
<td>100%</td>
</tr>
<tr>
<td>Average fee charged by recruiting agencies (in USD)</td>
<td>1,000 (approx 4 times than legal fee)</td>
</tr>
<tr>
<td>On site</td>
<td></td>
</tr>
<tr>
<td>Average monthly salary (in USD)</td>
<td>Dubai 100; Bahrain 100; Lebanon 125</td>
</tr>
<tr>
<td>Accommodation: live in</td>
<td>62%</td>
</tr>
<tr>
<td>Accommodation: live out</td>
<td>38%</td>
</tr>
<tr>
<td>Days off per month (average)</td>
<td>No</td>
</tr>
<tr>
<td>Working hours (average)</td>
<td>14-18 hours</td>
</tr>
<tr>
<td>Reported verbal abuse</td>
<td>85%</td>
</tr>
<tr>
<td>Reported physical abuse</td>
<td>85%</td>
</tr>
<tr>
<td>Reported sexual abuse</td>
<td>20%*</td>
</tr>
<tr>
<td>Tested for HIV once arrived</td>
<td>100%</td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Experienced illness while working abroad</td>
<td>72% of onsite respondents</td>
</tr>
<tr>
<td>Paid themselves for medical fees</td>
<td>96% of onsite respondents</td>
</tr>
<tr>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td>Know main modes of transmission for HIV</td>
<td>0%</td>
</tr>
<tr>
<td>Use of condom in sexual relationships back home</td>
<td>none use regularly</td>
</tr>
<tr>
<td>Use of condom during sexual relationships onsite</td>
<td>5% of 45 male MW interviewed onsite</td>
</tr>
<tr>
<td>Sexual Relationships</td>
<td></td>
</tr>
<tr>
<td>Engaging in sexual relationships while working abroad</td>
<td>20%</td>
</tr>
<tr>
<td>Having partners / boyfriends while working abroad</td>
<td>20%</td>
</tr>
<tr>
<td>Contact with embassies</td>
<td></td>
</tr>
<tr>
<td>Knowledge where their embassies / consulates are?</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Percentage calculated on the number of respondents who reported sexual abuse. Numbers of sexual abuse which are reported by other respondents, as references, were not taken into account in this regard.
Process of Migration

Individual Contracts

An individual contract, in most cases, is processed by close relatives who are already in the destination country. In many cases, the relatives collect the visas from their employers, or relatives of their employers, at no cost. The applicant domestic worker would then only need to process the other requisite papers, including clearance documents from the BMET. It was also revealed that some domestic workers contract ‘travel agents’ to process all the necessary papers, even though applying through ‘close relatives’ is comparatively easier since the relatives take care of the potential overseas workers.

The study found a good number of individual agents (fellow countrymen of the migrant workers) who are active in all the three destination countries and work to recruit women to be domestic workers for local employers. In these instances, these overseas agents usually nominate the travel agents/recruitment agents to process the workers’ papers in collaboration with local agents in Bangladesh.

Recruitment through agencies

The recruitment of domestic workers through an agency is facilitated by a contract between a recruitment agency in the countries of origin and one in the destination country. Both recruitment agencies are authorized by the Bangladesh Consulate office in Beirut. Expenses for the recruitment, which include the cost of the domestic worker’s travel, are all charged to the employer. This can cost up to $1,500-2,000.

Visas are attached by the Bangladesh Consulate Office. In these cases, the employment contract is signed between the employer and the domestic worker in the presence of representatives of the Bangladesh Consulate Office. The contract accordingly stipulates the basic conditions of employment:

- duration of contract
- monthly salary
- working hours, and
- the responsibilities of employers towards employees, such as:
  - procuring work permits /resident visas, and life insurance
  - provision of
    - suitable and sanitary living quarters
    - adequate food
    - travel costs from Bangladesh for first-time arrivals, and
    - return travel on expiry of a contract or upon termination by the employer.
Though domestic work is the main job category for women migrant workers, the recruitment agencies also recruit women for other job categories: garment workers, hospital cleaners, nurses and others skilled and semi-skilled jobs. In both recruitment routes - through recruitment agencies or individual agents - women migrant workers face difficulties and / or deception. In most cases, the women migrant workers are not given true information about the nature of the job, work hours, leave / vacations, salary and so on. Very few of the research participants said that they were given the work facilities agents had promised them.

*I wanted to live in a better way and [that’s] why I went abroad. Brokers have betrayed me two times. I finally landed abroad at the third time. Then, I fell into real situation. If I knew before, I had not been in such a misery.*

In Dubai, like other countries in the Gulf, visas for domestic workers are issued through the sponsor’s application, while the visas for other categories of workers are issued through companies. In other cases, a significant number of women are recruited by unscrupulous agents on a tourist visa. Lacking proper knowledge about visas, many women migrants fall into a trap and become vulnerable. The present research found many women migrant workers on tourist visas engaged in hotel-based sex work in the destination countries.

*I first came to Dubai two years ago through an agent. I was told to work in Arabian’s house. But when I came I found myself in another place. I found some other girls (Bangladeshi) in the same house. Within very few days, I came to know that those girls are engaged in sex work in a hotel. It was one month I was kept in that house and the girls were convincing me to accept my fortune. When I asked my 'Dalal' to send me back, he charged me more than $2000. There was nothing I could do. How would I give him that amount of money? What would happen if I go back?? That’s how I started.*

The present research also found a group of agents who recruited women as supposed ‘wives’ of migrant Bangladeshi males by presenting false marriage registration documentation. In Dubai, relationships between a man and a woman outside marriage are strictly prohibited and punishable under Islamic law. Thus, some unscrupulous agents bring in women as ‘wives’, promising these women good jobs but forcing them into the sex business instead. Many male migrants validated this information. One of them said:

*Agents say that they have brought wives. Actually it is a trap for the women. They are engaged in bad work (sex business).*
In Dubai, it was also found that a ring of unscrupulous agents recruit the women in the name of cultural activity, but usually the women are engaged in jobs like sex work.

The research revealed that, in Bahrain, many migrant workers - both men and women - enter the country on the so-called ‘Free Visa’, which means that migrant workers may work outside of their sponsor’s house. Additionally, it was said that many of these migrant workers do not renew their work permit for several years. Among the reasons for not renewing the work permit are that sponsors demand a considerable amount of money for the visa renewal – this ranges from BD 1,000-1,500,\(^{27}\) which is a little more than a worker’s annual salary. There are many cases where sponsors did not apply for the work permit renewal even after the payment had been received from the employee. Indeed, some migrant workers, especially male workers, claim that sponsors entrap migrants in this process and have them get caught by the police.

It was likewise found that many women migrant workers entered the country as domestic workers but also had employment outside of their sponsor’s house. Many unscrupulous agents in Bahrain, who work in collaboration with sponsors, recruit women on either a tourist or domestic worker visa and make them work in different categories of part-time work, including as entertainers in bars and night clubs.

In recent years, the high demand for domestic workers in Lebanon has made the country a destination for thousands of Bangladeshi women. In the absence of official labour recruitment agreements, recruitment usually takes place with the use of individual contracts.

In Lebanon, the research showed a strong recruitment trend using individual contracts. In this system, relatives of potential overseas workers bear all the migration-related expenses, as well as a bank deposit of $1,000 which is compulsory for domestic workers. The employer or the sponsor only ensures the procurement of a visa based on their demand for domestic workers.

It was found that some sponsors procure visas upon making an agreement of mutual interest. For example, domestic workers can work outside their sponsors’ house but the migrant workers have to pay some extra amount at the time of the annual renewal of the work permit and visa. In some cases, the domestic workers do free part-time work in the sponsor’s house throughout the contract period. It should be mentioned that in Lebanon, the overseas workers are only given a one-year visa and work permit at a time.

As the consulates of other labour-exporting countries have done, the Bangladesh Consulate in Lebanon established a system that requires newly-arrived domestic workers to be registered with the Consulate Office. Workers who have been contracted through agencies are registered, as agents and workers can only follow as their contract agreement was signed in the consular office. But workers who were recruited through individual contracts are rarely registered. There is no proper government support and recruitment process monitoring system, especially after

\(^{27}\) BD=Bahraini Diner; 1 USD=0.35BD
migrants have arrived when there are violations to migrants recruited in both ways.

Additionally, the present research found that many Bangladeshi domestic workers are brought to Lebanon via Jordan. Unscrupulous middlemen bring the women in and sell them to employers.

Medical Testing Requirements

\[ I \text{ had a medical test before going abroad. I didn’t know anything about AIDS before I left. } \]

The same answer is repeated by all the research participants interviewed both in Bangladesh and in the destination countries where the research was carried out. Although they all went for medical tests before their departure, and after arrival in the destination countries, they are also tested prior to the renewal of their visas. All the research participants in Bangladesh stated that they had not been given any information about HIV tests, let alone that they were provided with pre-or post-test counselling. They also related that they had not been even informed about other medical conditions or illnesses they would be tested for.

Their common understanding was that a medical test is a formality for going abroad and thus, they do it because they are told to by their local agent.

The majority of the women migrant workers, including domestic workers, have no understanding of the various medical tests they undergo. In reply to a question about whether the medical personnel sought their permission for the tests they would undergo, the common response of the interviewees was that the medical personnel took their blood and urine and checked their chest. Nothing more was explained to them in the testing centre.

The women migrant workers in the destination countries said they went for medical tests each time they renewed their visa. But nothing was ever said to them in the testing centres regarding HIV.

Pre-departure Orientation Seminar

Research data from 10 focus group discussions conducted in Dhaka, and in three other districts in Bangladesh, show that very few domestic workers attend pre-departure training organized by either the BMET or the recruiting agencies. In these cases, the agent processes all the official process and documentation requirements, including the BMET clearance without the workers needing to attend any training or briefings.
The participants explained that most of them were motivated to work overseas by their relatives, friends or agents involved in the recruitment business. If a person is not a close relative, he or she is provided with misleading information that is far from reality. Women recruited for other job categories are given prepared information that do not accurately convey the conditions laid down in the job contract. They are not given a contract or any written information until, in most of the cases, they are made to sign the contract just prior to their departure without knowing what is written in it.

_I wanted to live in a better way. So I sold the tiny piece of land that I got from my father to finance my going abroad. Brokers have betrayed me twice. I didn’t get my training before departure._

A returnee housemaid in Dhaka

All 30 research participants, particularly the domestic workers in Dubai, mentioned that they had not been given any training or orientation before leaving the country. This was echoed by 27 domestic workers in Bahrain.

The research also covered 43 Bangladeshi women migrant workers, including domestic workers, in Lebanon. The majority of them explained that they had received no training on HIV/AIDS before they migrated. Some of them visited Bangladesh and re-entered Lebanon with new documents but never asked to attend any training in Bangladesh. A Bangladeshi domestic worker, who is still working in Beirut with her sponsor, said

_My older sister gave my visa to come here as domestic worker. I didn’t need to visit the manpower office, nor attend any training before coming. My local agent in Bangladesh prepared all the necessary papers for me._

Many domestic workers covered by the study mentioned that they had to give a bribe to their case BMET officer in order to obtain their clearance. One girl from Sariatpur District in Bangladesh, who was newly arrived in Beirut and was assisted by her relative, said,

_I had to pay a bribe of BDT50,000 ($750) cash for my clearance from BMET. I was not asked for any training. I had no alternative but paid cash, because if I hadn’t get approval in time, my visa would have been expired. I had to count a loss of much money that had been spent for visa and other procedures._
On-site issues

Living conditions

Domestic workers are part of the family and are supposed to be provided with free accommodation and food. Most domestic workers covered in the study said that they were given poor accommodation. Many said that they were sent to the kitchen to sleep at night, while others were given the balcony. Some domestic workers said they were given a very small room, such as under the staircase of the house. In many cases, they had to endure either hot or cold temperatures.

A domestic worker in Bahrain said:

*I had problems with where to sleep. There used to be a room under the staircases meant for keeping their luggage, and often I went there to sleep. But as it was too hot, I could not sleep even there.*

Another domestic worker in Lebanon said:

*I was given a balcony for living. It was awful. I faced bitter cold, gusty weather and rain during the winter and had to suffer from scorching heat during the summer.*

Nutrition is also a problem for many domestic workers. They could not eat Arabian food when they first arrived. Many domestic workers admitted that they had not eaten any food during the first few days after their arrival in their destination country. They have become habituated gradually. Moreover, many domestic workers claimed that they were not allowed to cook their own food and suffered accordingly. A returnee domestic worker from Kuwait said:

*I suffered for food while in Kuwait. They didn’t provide enough if I wanted to cook food for myself. Sometimes they ate my food.*

Another domestic worker in Bahrain said:

*I was not given enough food. I had to work very hard. Once I had to live with little food for four days. I escaped from there to a relative of mine.*

Another story shared by a domestic worker in Lebanon:

*Once my employer went out for a travel of 11 days kept me inside the room. They gave me only eleven pieces of khubuj (bread made of flour) for eleven days. I had to eat those sipping into water as it got harder.*

One domestic worker in Bahrain said:

*It is very crude. We cook food, but cannot eat with any kind of pleasure.*
Communication with families in Bangladesh was another issue that the migrant workers found difficult. Most said that they were not allowed to use the employer's telephone to communicate with their families back home. They had to spend their own earnings to call their family. A domestic worker in Lebanon said:

*I was never allowed to call my parents. Madam wouldn’t give me the phone if my father called...even if I received calls, madam used to beat me. She warned me that she would vanish my dead body after killing if I called my father and told him my story.*

In contrast, there are also many employers who take care of their domestic workers. They provide separate rooms with necessary furniture and air conditioner. They also provide adequate facilities. Researchers found a pleasant, separate, room for one of the domestic workers in Ajman in the UAE. The employer was kind enough to allow the domestic workers to hold a focus group discussion inside the house.

**Working conditions**

Working conditions of domestic workers depends on their employer’s choices. There are employers who follow the employment contract strictly and treat their domestic workers accordingly. Two of the interviewed domestic workers in Lebanon said their employers were gentlemen and provided all facilities mentioned in the contract. One of them said:

*My madam has given me one day off. I come to my sister’s house every Saturday night and go back in the afternoon of following Sunday. It is a great relaxation for me as I can meet with all relatives here in Lebanon, can have my own food with them."* She also mentioned, “when I had come Lebanon 5 years back, my madam gave me $120 per month, now she increased my salary and giving me USD200.

Another domestic worker, who is staying with a Bangladeshi boyfriend and doing part-time work, said,

*I got serious sick, probably kidney infection. My employer admitted me in the hospital and paid all expenditures. It was huge amount. Even after treatment I was not able to work but she didn’t send me back home. She supported me to stay back here in Lebanon.*

In contrast, there are many stories of employers’ abusive and inhumane treatment of domestic workers. The majority of the returning domestic workers shared similar experiences; one example is the following:

*Once my slaving in their houses came to an end, they sent me to an open field to work. When I returned to their house, I sometimes found the carpet deliberately soiled with soft drinks and others litter by the children of my master. The carpets were too big. While cleaning them it seemed that my*
arms were falling off their joints. If I was a little late answering the doorbell, they used to beat me with sticks or waist-belts. They themselves enjoyed a lot while allowing us no time even for rest.

From the focus group discussions with the returning domestic workers, it was found that the domestic workers did not have a fixed working time or any particular list of daily work. As a rule, domestic workers have to work from dawn to midnight. They have to carry out every kind of household work including:

- cooking,
- ironing dresses,
- washing clothes and vehicles,
- cleaning rooms and toilets,
- taking care of children and elderly people, and
- a variety of other functions

The domestic workers have to follow every single order they are given by the family members of their employers. In a focus group meeting in Dhaka, most of the domestic workers said that they hardly get time to sleep during “Ramadan” as the Arabians used to stay up until the morning before having their fasting meal. They said that they were treated as slaves, in most of the cases, and were not allowed to sit when they temporarily had no work to do.

“The domestic workers are human beings, not machines; but unfortunately, we have to work like a machine,” said one domestic worker in Bahrain.

A “runaway” domestic worker who currently works in a ‘night club’ in Manama in Bahrain also said,

I fled away from the house because, there, I had to work more than 18 hours in a day that I could not bear”. She added, ’I was given only BD 30 in a month for that inhuman work. I didn't get salary for the last two months before I ran away.’

Another migrant worker said,

We do work since the moment we entered the house till the moment we are out off to back home. We have no rest, nothing. If they see me sitting a while, order something to do as if, for me, taking a rest is a sin'.
Another domestic worker in Lebanon described her ordeals by saying:

I used to work from 6 in the morning to 12 o'clock at night, sometimes much more. I used to do everything in the house including cleaning, washing, ironing clothes, cooking and so on. There was no water supply in the house. So I used to fetch buckets of water everyday from distance places. It was too difficult to bear the pain. If I tried to get a rest finishing my work, madam would untidy all the clothes and ask me to fold them again. Madam used to kick me if she found me sleeping. I got sick. My palms got skin diseases, but I was not given medicine.

She explained that she was not paid her salary every month. If he asked for her salary she was beaten by both her male and female employer. During the last five years of her employment with the family, the employer sent only $1,000 to her parents. She added:

I came here earning money to support my family, but I was undone. Finally, I decided to run away from the house after five years and took a shelter in a house of a Bangladeshi girl who lived with a boyfriend. She asked me to leave her house within a couple of days. I fell into a deep blue sea as I had no place to go in Lebanon. I had no passport, no documents even to leave Lebanon. In such a situation, I was forced to get married a Bangladeshi man on contract. Now I am working in a hospital as cleaner and earning $300 in a month.

Another finding from the discussions and interviews was that many domestic workers had to do additional work in the houses of their employers' relatives but they were not paid any extra money for their extra work. Many were sent to their employer’s relatives for months while the employer was travelling in other countries. There are cases when the domestic workers were brought with their employers while travelling to other countries and were paid their usual salary. But in most of the cases, the domestic workers who were kept in the relatives' house of their employers were not paid their salary. One returning domestic worker said:

'My employer sent me to a house for eight months during his travels to Saudi Arabia. I was not paid any salary for those (8) months. It was just food for work.'

Salaries

There is no minimum wage for Bangladeshi domestic workers either in Bahrain or in Dubai. The domestic workers in Bahrain are paid less than USD100 (BD 30) per month while in the United Arab Emirates, the Bangladeshi domestic workers are paid about USD100 (DR 400-500) only. In Lebanon, domestic workers are usually paid USD125 as set out in their job contracts.
A finding from the research was that most of the domestic workers experienced bitter situations when trying to obtain their salaries. The focus group discussions with returning domestic workers produced a view that most of the employers barely cared about paying the due salaries to their domestic workers, on time or at all. Most of the domestic workers interviewed in the countries of destination reported that they were not paid their due salary. The main criteria for whether they would get paid or not was their employer’s character. Still on the issue of salary, one of the domestic workers in Bahrain said in an interview:

*It is our luck. If the employer is an honest and good person, he pays the salary properly. Unfortunately, the majority of the domestic workers are unlucky in this regard.*

There are many cases when the domestic workers are not paid their salaries for several months. One of the domestic workers interviewed in Dubai said that she was not paid any money for the two years she worked in a house. Another domestic worker in Lebanon said,

*I came to Lebanon ten years back through an agent as a domestic worker. I used to work long hours at USD100 in a month. She didn’t give my salary every month. I couldn't tolerate this although I used to tolerate other pains since my children suffered a lot if I sent money late. Finally I changed my job.*

**Unfair deductions from salary** Apart from non- or irregular payment of salaries, many domestic workers in Bahrain complained during their interviews that the employers deducted money from their already meagre salaries for every small mistake they made, or cost they incurred. For example, if they used the telephone to call their family back home or if any household appliance broke or was damaged while washing or decorating, etc. the cost is also deducted from their salary.

One of the domestic workers who came to a telephone booth at Moharraq in Bahrain to call her family, said when asked if her employer cut her salary:

*It is really bad to deduct money from salary. We get only BD30 in a month after doing hard work almost all-day-long. If they cut money from that meagre salary how we will be able to feed our children and family back home! Moreover, I have to repay my loan that I borrowed before migration.*
Some incidents of suicide by domestic workers, mostly from other nationalities, were found in the course of this research. The stated cause was their inability to prevent salary deductions.

Experience of abuse

Although not all employers are abusive, the majority of the domestic workers interviewed said that they had been abused physically and verbally by their employers. Most of them said it is a common phenomenon in their daily life. One of the returning domestic workers showed a mark on her hand. It was a mark of a lit cigarette. She said:

*I was asked to bring water for my madam. As I was cooking, [I was] late to bring the water for her. But she got angry. She used abusive words to scold me. Once she took a letting cigarette from her relatives and pushed on my arm...*

Another returning domestic worker said:

*You can find many marks of beating on my body. The son of the employer broke the water tap and blamed on me. They beat me for that. I made a mistake while ironing clothes, they beat me for that. While washing clothes a garment lost some colours and they punished me for that. They even cut my salary for such loses.*

She also said that when she asked her employers to send her to another place, as they had not liked her, the employer replied to her saying that they has spent so much money to bring her there that she is obliged to do what she’s told.

The domestic worker added:

*The employer kept me without food or even water. Sometimes they kept me locked in the kitchen. They didn’t pay me regularly. Sometimes the broker took away some of my salary.*

A runaway domestic worker in Dubai described some of her ordeal:

*The wife of my employer was very bad. She used to scold me often. One day I told her if you pain me like this I wouldn’t stay here any more. She became angry and started beating me with the broom. Then I asked my salary and my passport so as to return to the country. The lady then punched me at my face leaving one of my eyes swollen. But I wasn’t taken to doctor for that.*
Many domestic workers grumbled during their interviews and focus group discussions that the bruises, and bites of the younger children, caused mental and physical trauma. They said that most of the children were out-of-control, mistreated their domestic workers and, in most cases without provocation, punched, kicked, or bit the domestic workers while never being reprimanded by their parents. One domestic worker in Bahrain said that she had received treatment for a bad bite inflicted upon her by the five year-old child only with the help of a voluntary organization.

In a discussion with a voluntary organization in Bahrain, it was learned that they received many cases of injury due to physical abuse and maltreatment both by the employers and their younger children.

**Health Concerns**

Domestic workers in a focus group discussion in Ajman in the United Arab Emirates reported that most of domestic workers suffer from back pain, colds, headaches, gastric pains and fever. Some explained that they suffered from abdominal pain every now and then. In reply to the question about the probable cause of this abdominal pain, they said that it was due to some sort of problem during their menstruation. They said that they usually did not go to the doctors for these illnesses but took self medication.

The researchers also found one case of snake bite. It happened while the domestic worker was looking after cattle as additional job. Unfortunately, she was made to pay heavily for this. She said, “Once I got recovered, my *Arbab* took me to the airport without telling me anything and sent me back my country forcefully.”

Pregnancy is a big health concern for many domestic workers. Unexpected pregnancy is a crime in the United Arab Emirates and Bahrain. Domestic workers are sent to jail if found to be pregnant and unmarried. In one focus group discussion, a returning domestic worker who had been in jail in Dubai shared a story of a pregnant Bangladeshi domestic worker:

> **While I was in jail in Dubai, I met a young girl who was made pregnant. She was sold immediately after reaching abroad. The broker also kept her three days with him. I saw another girl who got pregnant in her employer’s house. But the wife of the employer handed the girl to police who was later sentenced to five years’ imprisonment.**

As for medical costs, the majority of domestic workers covered in the study indicated that they pay for their treatment themselves. Very few employers provide medicine paid for from their own pockets. Some employers provide medicine or treatment cost, but deduct the cost from the monthly salary of the domestic workers. One of the domestic workers in Ajman in the United Arab Emirates said in a focus group discussion:
A couple of months back I got sick. When I went to the doctor, he asked me to do an endoscope of my abdomen. I had to send about DRH 800 (about $209) which is equivalent to two months' salary. My Arbab (employer) paid it but adjusted with my salary.

Treatment facilities in public health centres in Bahrain are comparatively good. Many migrant workers, including men, said during their interviews that they could take treatment from the government community hospital with minimal cost -but only those who had work permits. Private treatment is also available in Bahrain but the cost is higher. Discussions with both the domestic workers, and male migrant workers, in Bahrain also revealed that getting an abortion is not as difficult as in Dubai.

In Lebanon, researchers found varied ideas about, and experiences of, healthcare among the domestic workers. As health insurance is a compulsory requirement for the issuance of the work permit and visa, the domestic workers have access to treatment in public hospitals. One domestic worker in Beirut shared her experience of falling ill. She said that “her employer had rushed her to the hospital three times when she got kidney infection. It was a good amount but her employer paid all.” Another domestic worker shared her own experience:

I got sick several times. I got bad cough and fever. I also got itchiness in my fingers due to washing and cleaning, but I never brought to the doctors. Moreover, madam scolded me if I asked to bring me to the doctor.

Besides physical illness, domestic workers offer suffer from the mental and psychological stresses of homesickness and from the abusive behaviour of the employers.

Sexual Relationships

The interviews and the focus group discussions reveal that some women develop intimate relationships as a way of improving their financial status. In these relationships, they are able to gain some financial favours from their partners, allowing them to save money. In some cases, the women do so to enjoy their lives and to reduce mental stress. Others take on these relationships as opportunities to make more money for their families back home. Whatever the reason may be, these cases also show how the women who live far away from home seek friends whom they can turn to when the need arises. Unfortunately, this does not happen for free all the time.

The expatriate life is very difficult. Some women get engaged in relationship with man to get help from them. Nobody comes forward to helping without own interest. We have to accept many unexpected things.” said a domestic worker in Dubai.
The same sense is reflected in the answer of a male migrant worker (electrician) in Al-Ain:  
*The women make boyfriend not only greed of money, they make friend to find help and happiness. Unfortunately, the man throws away them after fulfilling their desire. Then the woman becomes desperate and get involved in sex in a sense that once she lost her purity, it's over.....and no problem if she does it further.*

Discussions in one focus group discussion in Ajman, UAE, say that engaging in sexual activity was easier for the women migrant workers who are not engaged in housework. These workers can enjoy full freedom during their off-duty time. They have days off and can carry mobile phones. One male migrant in Ajman said that he had relations with several women garment workers. He added that many of them had mobile phones that helped them keep in touch.

A female garment worker in Ajman said:  
*I myself have no friends here. Because I am married and I have children. But some of my co-workers have male friends that I know. They go out for recreation on weekend day, have fun and enjoy. Very often, they are given many gifts.*

In the United Arab Emirates, domestic workers are kept with strict restrictions. They are not usually allowed to go out, although there is some scope to have a relationship. Domestic workers have opportunities to get involved in relationships with male migrant workers, such as drivers, electricians and plumbers. The brokers who bring in domestic workers also have sexual relationships with them. A male migrant worker who works in a saloon in Al-Ain, near Abu Dhabi said:  
*I have brought three domestic workers. I have good terms with their employers and can visit their houses. I have sexual relation with them.*

He also said  
*The women have physical needs as we have. On the other hand, they are benefited by me. I do them many favours.*

A domestic worker in Ajman said:  
*I had good relationship with the man who brought me here. He had good terms with the Arbab. My Arbab didn't mind if I talked with him. He used to take care of me. I went out for sending money home. We were intimate with each other.*

Despite all the restrictions, there are some employers that give their employees leave once a week, and allow them to visit relatives. Domestic workers meet their close relatives on weekends. Sometimes they lie to their employers and spend their weekend with their boyfriends instead.

There is a case study in this research of a domestic worker who lived with her boyfriend every weekend. She said that she managed this by showing her employer a false marriage certificate. It was noted that she was deported from Oman 21 days following the mandatory medical test for her second migration.
In Bahrain, researchers found many domestic workers with a “Free Visa” and working outside their employers’ houses. They usually do part-time work in houses, clinics or small private offices. They can earn better money but have to pay their sponsors a significant amount of money when their work permit is renewed. The part-time domestic workers did not respond to questions on their sexual practices, although many male migrant workers shared that the women had gained a bad name for being widely involved in the sex business.

In Lebanon, many part-time domestic workers live together with boyfriends by mutual consent. In these cases, they get the benefit of free accommodation and food. It was found out that in many cases, Bangladeshi domestic workers prefer living with other nationals since Bangladeshi male migrant workers quickly break off their agreements.

Runaway domestic workers are forced to live together since they need shelter.

A domestic worker in Sarjah in the United Arab Emirates shared another story of a runaway domestic worker. She said that the girl escaped with the help of a Bangladeshi worker living nearby. The man brought her to his house and asked her to live with him. The girl said:

*I came abroad to earn money for my family needs. I have a husband. How can I live with him when I cannot earn money? The man allowed me to work to send money to my family. He would bear my expenses.*

**Sexual Exploitation and Abuse**

Researchers found various forms of sexual exploitation and abuse of women migrant workers, especially domestic workers. Most returning domestic workers said that they had experienced sexual exploitation and either psychological or physical abuse. Many employers – either themselves or their sons or relatives – sexually abuse their domestic workers. One returnee domestic worker shared by saying:

*How many times we can keep us safe! If we do not agree with the proposal they make trouble – telling lies about us, making unfair accusations and mistreating us physically. It’s hard to escape from that.*

Another said:

*My employer’s father is 60. He used to call me and hold his penis up. Once I told it to my madam. She replied ‘you are a miskin (poor person) - does a miskin have any prestige? What will you do with prestige! You need money, so take it!’ I was so ashamed.*
One returning migrant worked in a hospital in Kuwait. She described some of what she witnessed:

> When I worked in a hospital, I saw many cases of rape, most of which was committed by the sons of the employers. There I saw a case where the girl was raped by all ten sons along with the father himself. After every rape she was forced to take a bath. She stayed three years before she could leave.

Similar stories of sexual exploitation were heard during the onsite assessments in Dubai, Bahrain and Lebanon. Domestic workers said that sometimes they had to agree to the exploitation to keep their jobs. They said that teenage children are much more abusive and desperate in their sexual exploitation. They continue disturbing in various ways - knocking on the doors every night, offering money, telling lies against them, hitting them, and so on. This created mental and psychological stress for many domestic workers. A domestic worker in Al-Moharraqe in Bahrain said:

> Actually, I had no alternative. My employer threatened to cancel my visa and send me back home if I did not agree to what he wanted. I had to spend a lot of money to come here. How will I repay my debt if I go back?

It was reported during a discussion in Lebanon that there were more incidents of sexual exploitation occurring in the houses of non-Lebanese settlers, such as those from Sudan, Egypt and Iraq, than by local Lebanese people. A domestic worker shared described the experience of her Bangladeshi neighbour, who lived at Al-Monsuria in nearby central Beirut:

> A couple lived in a house. On one occasion, a settler entered the room and raped the women who did part-time domestic work. Then suddenly, her husband was back from his work and saw it. He couldn't control himself and hit the guy back with a piece of wood. The man did not survive. Finally, the man along with his wife was sent to jail. Now, nobody knows what was happened to their fate.

The domestic workers are much more vulnerable to sexual exploitation when, due to work-related circumstances, they run away from the houses of their employers. One worker
described the ordeals of Bangladeshi domestic workers when four boys kidnapped a Bangladeshi girl from the street in their car and then gang raped her. The girl reported what had happened to the police. Finally the police arrested all the boys. The narrator said that she, too, was close to falling victim to the same fate but she escaped with the help of her Pakistani boyfriend who was with her. She then described another experience:

I saw a Bangladeshi girl living with a Pakistani boy who promised to marry her and the girl was pregnant. When the girl insisted on marriage, the boy denied and threatened her. He also tortured her with other boys. The girl then managed to report to the police and the boy was finally arrested.

A part-time domestic worker in Lebanon said:

I know a girl who ran away from her employer's house. On the way, she met an Indian man who offered to stay with her. The man raped her over four days and then handed her to another Indian man. This man did the same and sent her to a Bangladeshi man who also did the same. Another Bangladeshi man somehow came to know of the ordeal of the girl, and rescued her on the condition of contract marriage (colloquially known as "boy friend"). She is still staying with that man.

Another part-time domestic worker in Lebanon said:

A runaway domestic worker lived with her boyfriend. The owner of the house where she was staying used to try and seduce her sexually. Once he entered the room and tried to force her to have sex, but failed as she managed to protect herself. The man got angry and kicked them out of the house telling lies against them.

Other similar cases were heard in the UAE, Bahrain and Lebanon. There are numerous active pimps and agents there who offered jobs with high salaries to domestic workers. Due to the heavy workload, low salary, and maltreatment in the houses of their employers, many domestic workers run away and fall into the sex business trap. Researchers found 17 women – of 80 respondents – who had run-away from their jobs as domestic workers and had become involved in hotel-based, and home-based, sex business in the UAE and Bahrain. Many male migrant workers also have sexual relations with home-based sex workers.

They said that most are run-away domestic workers who were forced to leave the house to escape maltreatment by their employers as well as to earn more money to meet their family demands.

A Bangladeshi male migrant worker, who has lived in Fujira in the UAE for the last 15 years, works as an individual agent recruiting domestic workers. He said that he had brought over 70 women from different parts of Bangladesh. About 45 of those women left their jobs and fled. Only 25 girls are still in their job. The man alleged that some Arabs do not honour their commitments or contracts.
Irregular recruitment and forced commercial sex

In the destination countries, local agents in collaboration with employers, as well as agents in the countries of origin, bring in women as domestic workers. Employers are given a handsome amount of money (ranging from $2,000- $3,000) for the visa as well as for the renewal of the work permit. One Bangladeshi migrant worker in Dubai who works as a pimp verified this:

*The girls are usually brought in three ways - Domestic Visa, Visit Visa and PC (picture changed in passport) Visa. There is a vicious cycle of agents who brought girls and forced them to be involved in sex business. They have good connections with the Dubai police. Even there are some Arabs who provide sponsorship for the domestic workers, taking money from the agents. They also take money when the work permit is renewed.*

A pretty 22-year old girl, involved in hotel-based commercial sex, said during her interview that she first came to Dubai two year previously through an agent. She was told she had work in an Arab’s house. But on arrival, she found herself in a different place together with some other Bangladeshi girls in the house. They learned that they were to engage in sex work in a hotel. She was kept in the house for one month as the girls convinced her to accept her fate. When she asked her Dalal to send her back, the Dalal charged her 200,000 taka (about $2,500). He claimed that was the amount spent to bring her over. She said:

*There was nothing to do. How could I give him that amount of money? What would happen if I go back? I came back again this time just two weeks ago. This time I came willingly to earn more money.*

The research found a group of seven sex workers in a hotel in Dubai. During the discussion, five of those women said that this was their second or third visit to Dubai and they had come with the help of the agents who knew everything.

One said that she had originally come more than a year ago as a domestic worker but she was forced to do this work.

Another one said that she had been working in a house where she met a fellow Bangladeshi guy. He nurtured her trust and soon offered her a better job and asked her to run away. The girl trusted him. But the man had locked her up and abused her for one month. Later, he sold her in the hotel.

One Bangladeshi pimp in that hotel said:

*The girls who come for the first time do not agree to sell sex. They are kept confined until they agree.*
The man shared one woman’s story:

I know a girl who was brought over for domestic work. When she was told to work in a hotel she started crying. She stopped eating and drinking. She said if the agent forced her in this work she would commit suicide. Finally the agent had no choice but to send her back.

In Bahrain, researchers found a group of agents (Bangladeshi migrant workers) who are engaged in home-based sex businesses using runaway domestic workers. Some women are also involved in supplying domestic workers to this business. Aside from this, there are many disco pubs and bars in Bahrain where many Bangladeshi girls are to be found working. It was alleged by some of the Bangladeshi girls that a clandestine but full scale sex business exists.

It was also learned from a discussion with a Bangladeshi pimp in Dubai that there are some agents who brought women in under the guise of some cultural activity but they usually run a sex business for those women. It is true that many women were not aware of the nature of the actual job before leaving their country but they eventually get involved in the sex business as they had no other alternatives.

Knowledge on HIV and Safer Sex

The majority of the research participants of the onsite assessment in the three destination countries said that they had not received any training on HIV before leaving their country. Some of them heard of HIV on the television, some from co-workers. Nobody has in-depth knowledge on preventing HIV, nor do they have any idea about safe sex practices.

A domestic worker in Ajman, the UAE said:

I heard about AIDS. I know how it spreads. I heard it on television when I was in Bangladesh. I did not get training on AIDS before coming here. I do not have any idea about other girls, but I know about condoms. My husband sometimes used condoms. It was his choice. You know, the women don’t understand many things.

A male Bangladeshi migrant worker in Al-Ain in the UAE said:

I’ve never heard about safe sex. What is it? How is it done?
In contrast, many migrant workers have learned incorrect information about HIV. One Bangladeshi sales girl in a store nearby Bub-Al-Bahrain in Manama City in Bahrain said:

Once I had HIV, I got treatment and cured.

Discussions with domestic workers in all three destination countries illustrated three points about their knowledge of HIV and safe sex practices:

- they knew very little about the importance of safe sex
- they have little opportunity to purchase condoms as they are not allowed to go out
- the negative attitude of their male partners towards using condoms.

It was also learned that the use of condoms is rare in the sex business. In regular sexual relationships between men and women, condom use is also low. One research participant in Dubai said:

In many cases, the women ask to use condom but the men won’t agree.
It is the man’s choice.

Opinions on the use of condoms vary. A male migrant in a bar in Manama City, Bahrain expressed the following:

If I want to, I can buy condom. But it is a burden. Who wants to buy condoms and carry them around all the time?

Another said:

I do it in exchange for money. I need satisfaction. So I do it how I want to.

And another said:

If I have to use a condom, why should I spend money for sex? Better, I masturbate.

One male migrant worker who was deported from Abu Dhabi some years ago, because he was HIV-positive emphasized points from his experiences:

I’ve never heard of any campaign on the use of condom in Dubai or Abu Dhabi as I heard in Bangladesh. I never even came to see any condoms anywhere in these countries. As for sexual harassment, the victims get virtually no chance to use condoms. These sorts of activities are usually performed in fear and anxiety and usually nobody carries condoms. On the other hand, sex workers hardly think about what may happen to others. They do this for money. So money is their prime concern.
During a discussion with male migrants in the UAE, researchers learned that many domestic workers are sent back home by their employers for an abortion if they get pregnant. They also indicated that there were many abortions taking place clandestinely in private clinics in Dubai, because abortion is prohibited in the UAE.

As for hotel-based sex work in Dubai, researchers found varied attitudes to condom use among Bangladeshi migrant workers. In some hotels, women migrant sex workers are strictly instructed to use condoms with each client. A hotel-based sex worker in Dubai said:

*I refuse to sell sex if customers do not agree to use a condom.*

She added that she had no training on AIDS, but came to know about condoms from her co-workers.

Many clients, in particular Bangladeshi migrant workers, do not agree to use a condom. Most are adamant that they want sex in a way that brings them full enjoyment, because they are buying it. One Bangladeshi client, a migrant worker, of a Bangladeshi hotel-based sex worker in Dubai explained why he wouldn’t use a condom:

*I know there are chances to get infection with diseases. But many people do not know it. There is no scope to know it.*

In Bahrain, researchers discussed the issue with Bangladeshi male migrant workers who had had sex with home-based sex workers. They said that the women had used ‘high-power medicine inside their vaginas that destroyed disease germs’.

Although none of the research participants admitted having a sexual disease, many said that they had heard of someone who had been infected. One male migrant in Al-Ain said that he knew a man who used to visit sex workers and got infected with sexual diseases and finally he returned back home. A male migrant worker who lives in Beirut for more than 25 years, said:

*I know a girl involved in the sex business in Beirut. She used to meet at least 10 persons a day. She got sexual diseases.*

Access to Support and Assistance

All research participants in the three destination countries said that they had no understanding or knowledge of support services provided either by the embassy or any other agency. Very few domestic workers approached the embassy for support. There was a general claim from Bangladeshi migrant workers in all three destination countries that they had not received proper support from the embassy or consulates. Most said that they had to go back repeatedly for a single purpose. This was time consuming for them and cost money. One male migrant
workers who has lived in Dubai for more than 15 years and is involved in domestic worker recruitment said:

“The embassy does not work properly. They do not support us. We to go to the embassy several times for a single thing. So we have to count more money for extra travelling, salary cut for extra leave taken.

When the researchers approached the First Secretary of Labour in Bangladesh’s Dubai Consulate, reports about the non-cooperation of the consulate office were substantiated. The official even refused to cooperate with the request to provide support services for the domestic workers and other migrants in Dubai. The consulate office only provides passport-related services, such as new passport delivery and passport renewals.

In Bahrain, the Labour Attaché claimed that they have ‘Open House Service’ for migrants. But the research participants said that they had little information about support services extended by the embassy. Rather, a frequently made claim was that the Embassy personnel were not cooperative.

One of the key tasks of the Bangladesh Consulate in Lebanon is the attachment of contract visas for the domestic workers. The consulate facilitates agreement contracts between the employer and the domestic worker in collaboration with the recruitment office. Apart from this, the consulate office registers newly arrived domestic workers, as acts as a centre for the receipt of complaints.

In practice, however, domestic workers who come with individual contracts rarely register themselves, mostly because of the high registration fees ($150), and are largely unaware of the importance of registration. A form written in Arabic is given to the migrant workers for their complaints, with the result that they require assistance to fill it in.

There are few support organizations in all three countries. In Bahrain, the Bahrain Centre for Human Rights (BCHR) and the Migrant Workers Protection Society (MWPS) are among those working directly to protect and promote the rights of migrant workers, including domestic workers.

In Lebanon, Caritas Lebanon Migrant Centre - one of the largest NGOs – has since 1994 provided a variety of services to migrant workers, refugees and the asylum-seekers from different countries of origin.
In Dubai, two shelter homes provide support especially to the local destitute women and children. The researchers found the Bangladeshi migrant workers had no information about the support organization nor had the Embassies or Consulate Office established any relations with those organizations. While interviewing the representatives of BCHR and MWPS in Bahrain, and Caritas Migrant Centre in Lebanon, they said that all the Embassies except Bangladesh had good connections with them. The Embassies referred to these cases as ‘victimized domestic workers’. It was noted that Caritas Migrant Centre has direct programs for domestic workers from Sri Lanka, Philippines and some other countries in Africa and the Middle East.

Recreation and social activities

Domestic workers are mostly confined within the four walls of their employer's house. They are not allowed to go out for recreation or socializing. They are hardly even allowed to talk with people outside of their employer’s family. An interviewee in Bahrain said:

It is like staying in a prison until the day you leave.

Some employers permit their domestic workers to go out for some hours per week if they are visiting relatives. There are some employers who allow the domestic workers to go out once a month so that they can send money to their families back home, or if they need to visit a doctor for treatment.

Part-time domestic workers enjoy weekends. In Lebanon many part-time domestic workers live together in a group. They usually rest, cook good food, and enjoy themselves inside their houses during their days off.

The majority of domestic workers in all three destination countries said that they had no day off. They are not given any leave even on religious festivals, such as Eid. Some domestic workers in Dubai said:

We bear pains in our mind in every Eid day. We cannot do anything as our hearts want. We cannot wish our children, our parents and family members. Even we are not allowed to meet friends and relatives here in Dubai.

Researchers uncovered the potential vulnerabilities of women migrant workers to HIV. At the pre-departure stage, prospective women migrant workers have little scope to access proper information on safe migration or HIV prevention. They are therefore travelling partly blind and must put much of their faith in luck. The absence of protective measures allows them to get into situations in which they are vulnerable, and multiplies their miseries and exploitation both in their originating country, and their destination country, increasing their risk of exposure to HIV. The mandatory HIV screening without proper counselling or confidentiality, as well as deportation without referral services, violates their rights to humane treatment, support and care.
In this part of the analysis, the key issues associated with HIV vulnerability have been discussed with a view to scrutinizing the gaps, challenges, and the future scope of work.

Analysis of major findings

Domestic work is not covered by labour law in the UAE, Bahrain, Lebanon or Bangladesh. That makes the regulation of domestic workers ‘informal’ and ‘private’ and makes domestic workers vulnerable to exploitative recruitment processes and violation of any workplace rights. They also have no access to legal redress. The result is that domestic workers are victims of non-payment of salary, overwork, and physical and psychological abuse and exploitation. This in turn leads to an increased incidence of domestic workers running away and getting entangled in new situations where they have an illegal status, are forced into prostitution, and are vulnerable to detention and jail. All of this increases the risk of their contracting HIV. Moreover, a lack of appropriate knowledge on HIV and safe sex methods means they indulge in unprotected sex that also contributes the vulnerability to HIV among the women migrant workers, including domestic workers.

In-country: Pre-Departure Stage

Existing Recruitment Practices

There are no bilateral agreements between Bangladesh and the UAE, Bahrain and Lebanon. Thus, there is no hard and fast rule for recruitment of workers, including women migrant workers. The Bureau of Manpower Employment and Training says that:

- 60 per cent of all migration is through individual approaches
- 39 per cent is through Recruitment Agents
- 1 per cent is through the Bangladesh Overseas Employment Services Limited (BOESL).

The Ministry of Expatriate Welfare and Overseas Employment has enacted a Policy to regulate the recruitment of domestic workers to Saudi Arabia and other Middle East Countries. The policy focuses on the importance of attestation of visas so as to curb the irregular migration of women domestic workers.

The research shows that the majority of domestic workers are recruited through the use of an ‘Individual Contract’ by their relatives. In fact, a lot of individual recruitment is carried out by middlemen in the name of relatives. In these cases, the travel agents are usually hired for paper processing including BMET clearance, ticketing and others functions.

There is no mechanism to identify the middlemen recruiting domestic workers through the use

28. Gazette Notification, Ministry of Expatriate Welfare and Overseas Employment, September 2007,
of individual contracts. Middlemen provide prospective migrants with false information and cheat them in that they arrange jobs different from those promised. Without access to alternative information, prospective workers depend on these middlemen and must ultimately face the consequences of that dependency.

Recruitment by Recruitment Agencies is not smooth either. At the time of this study, there were 762 known recruitment agencies in Bangladesh, but an unknown number of agents, sub-agents, and middlemen throughout the country are also engaged in recruiting prospective domestic workers. There is no specific list of agencies that recruit for a particular country of destination. There is therefore no mechanism to efficiently monitor them.

"The Bureau of Manpower, Employment and Training has formed seven monitoring teams comprised of the on-duty officers in the Bureau to follow up and monitor the activities of the recruiting agencies. There are 762 Recruiting Agents in the country. Seven teams are hardly enough to monitor all the agencies perfectly."

*Additional DG, Bureau of Manpower Employment & Training*

Due to loopholes in the recruitment process, women are sometimes sent on tourist visas or with fake passport where the picture has been changed. Researchers found cases where women were sent under the cover of a cultural group, and they identified 17 women who were sent overseas as domestic workers but were forced by their agents to engage in commercial sex work instead.

Though the domestic workers recruitment policy states that placement fees are only in the region of $300, the domestic workers are charged much higher placement fees of up to $1,500. The domestic workers have little financial freedom to return home if they face any unexpected situation since they have already spent a lot of money either selling livelihood belongings or taking out a loan that accrues interest.

**Unethical practices of mandatory HIV testing**

Although health status ultimately serves as one of the most objective indicators of migrants’ well-being, the mandatory medical testing, including an HIV test, is concerning and contentious. Testing the health of migrants in the Gulf Countries is administered under the rules and regulations set out by Gulf Approved Medical Centres’ Association (GAMCA). GAMCA-approved testing centres give priority to maintaining the quality of tests to avoid penalties from submitting reports with errors.

International standard for HIV tests set out by UNAIDS and WHO are completely violated by these medical testing centres both in the originating, and destination, countries, including the UAE, Bahrain and Lebanon. In practice, migrant workers are tested for HIV without their consent, and also without pre- and post-test counselling.
Without being referred or in anyway connected to treatment and other forms of support, migrant workers who are found to be HIV positive are deported inhumanely. Nor are the results kept confidential. Testing under these conditions is a violation of medical ethics and of the right to privacy and the right to health of migrant workers.  

In Bangladesh, there are 34 GAMCA approved medical testing centres – based mainly in the major cities – Dhaka, Chittagong and Sylhet. Additionally, an unknown number of non-GAMCA testing centres has been established solely targeting migrant workers and treating them as a commodity.  

These centres rarely follow standard procedures and testing protocols.

These centres run in close association with the recruitment agencies and middlemen who shift the centres’ focus from quality testing to marketing testing. In this way, HIV testing of migrant workers becomes another mode of exploitation.

Medical testing of migrant workers can be a way to prevent the spread of HIV if it follows proper procedures and includes:

- consent
- pre- and post-test counseling, and
- confidentiality

It should be noted that mandatory testing nurtures a false sense of security in those who have been screened and found free of HIV.

Limitations of Pre-departure Briefing

Very few domestic workers attend the official Pre-departure Briefing at the Bureau of Manpower Employment and Training. The BMET runs only one pre-departure Briefing Centre throughout the country. The number of accredited private pre-departure briefing centres is also small. The recruitment agents are also accountable to ensure training includes the pre-departure briefing for all outgoing domestic workers, but this hardly ever happens. The weak monitoring mechanism, the poor disciplinary measures for defaults and inaction by recruitment agents, and the loopholes within the existing laws all encourage them to violate the government’s proclamation of compulsory pre-departure briefings for all migrant workers.

The content of the existing pre-departure briefing module is also a concern. It contains the rules and regulations that the migrant workers are supposed to abide by in the destination countries.


31. CARAM Asia, State of Health of Migrants, 2005
The briefing manual also contains some information on the weather, culture and the employment context. The training manual for the domestic workers focuses mainly on how the domestic workers are to perform their household work. There is little information in these training manuals on health.

A comprehensive manual based on the realistic issues and concerns, including HIV orientation, would be much more useful in helping domestic workers to deal with their work and life in the destination countries. This is because domestic workers may face a different and more difficult situation when they arrive - far from the reality promised by the middlemen. They may meet difficulties with language, food, culture, and weather, and may encounter abusive attitudes and exploitation. It would be very difficult for them to survive if they are quite unaware of the potential concerns that are likely to come across, especially if they are also unacquainted with any grievance reporting mechanisms.

Similarly, domestic workers may be exposed to HIV if they are not given proper orientation in the context of the Middle East. The basic information on HIV and AIDS, in particular, the mode of transmission and protection, in many cases is not enough to get workers to refrain from risky behaviours. Comprehensive education packs are required. On a positive note, though, the Ministry of Expatriate Welfare and Overseas Employment has taken into consideration the necessity of comprehensive training on HIV and STDs. The Ministry has taken the initiative of fund raising to develop a Comprehensive Manual and facilitators are being trained. Among these are female facilitators for female migrant workers attending the BMET Pre-Departure Briefing sessions.

**On-Site: Post Arrival Stage**

**Sexual Abuses and Exploitation**

There is no mechanism in place to redress the sexual abuses and exploitation of domestic workers. The existing policy of the recruitment of domestic workers makes no mention of any remedy to protect domestic workers from such abuses and exploitation. Nor are there laws in the destination countries that protect the domestic workers from violation of their rights.

**Runaway Incidents and Forced Sex**

The incidence of domestic workers running away represents a huge problem in the destination countries and must be prioritized. Poor working conditions, non-standard salaries and non-payment of salaries, overwork and abusive and inhuman attitudes from sponsors cause mental trauma.

This situation, together with the promises made by unscrupulous agents for a good job and a higher salary, induce women migrants to run away from their employers’ houses, leaving their passport and other documents, and thus becoming an illegal worker in the host country. Most
women go abroad for better earning opportunities, to secure their future and build a better life for their children and family. Most of them retain the burden of repaying the loan that they took out to fund their migration. Therefore, when they are deprived of their expected salary, they get frustrated and often do not think through the consequences of what might happen in if they were to run away.

Running away is illegal according to government regulations. In the UAE, the government has a very strict law on this. A migrant worker, including a domestic worker, is not allowed to do any other job until he or she changes his or her work permit. The laws have provisions for punishment both of those leaving their jobs, and those who provide a new job without changing the work permit.

In August 2007, the Government of Bahrain called an amnesty for illegal migrant workers and allowed them to leave Bahrain. As their passports are kept by the employers, they are counted as being illegal as soon as they leave their employers’ houses. The first secretary of Bangladesh Embassy in Bahrain said:

*The dignity of these women is at stake. These women are not respected and not acknowledged for the work they do.*

The Migrant Workers Protection Society, a registered voluntary organization in Bahrain, claimed that:

*No action is taken against the sponsor nor is there any effort to understand or investigate why the worker has run away from the home of her abusive sponsor.*

In this situation, the domestic workers need protection by the law.
Gaps in HIV prevention, care and support for migrant workers

- There is no comprehensive policy for the overseas recruitment of women workers, in particular, domestic migrant workers. Domestic work falls outside the Labour Law in most destination countries.

- Migrants’ health, including their vulnerabilities to HIV, is not addressed in the existing policies, laws or MoUs related to migration or HIV.

- There is little if any research or documentation on overseas migrant workers’ HIV vulnerability. Studies have been sporadic and rarely led to appropriate interventions.

- There is lack of coordination among government ministries and departments (MoH, MoEWOE, NASP, BMET, embassies and consulates), NGOs, and private agencies including recruitment agents and diagnostic and testing centres in both the countries of origin and destination, to reduce migrant workers’ vulnerability to HIV.

- Many organizations work either on migration or on HIV. There are not enough links between organizations focused on migrants’ health and those working on HIV and AIDS prevention, care and support.

- There is an absence of policy level advocacy to create appropriate government intervention programmes for external migrants as a priority high-risk group.

- There is no ‘Access to Information’ for knowledge and awareness about migration, and HIV vulnerability for the migrant workers, especially for women.
In a globalized world of free trade, migration and the movement of labour is a common phenomenon. Migrant workers contribute substantially to the economies of both the countries of origin and destination.

Despite this contribution, migrants’ rights and access to health are not respected.

The legislative and policy environment in these countries does not provide the necessary mechanisms to ensure that migrant workers are adequately protected – that their human rights, and health rights – in particular, HIV and AIDS – are both recognized and ensured.

This research has focused on the HIV vulnerabilities faced by migrant workers, especially women domestic workers. It also documented the existing practices and policies. The research explored the gaps and challenges in existing responses. It has identified areas that can be addressed to reduce the HIV vulnerabilities of women migrant workers, in particular domestic workers.

In line with areas identified from the research findings, specific programmes and interventions are recommended for immediate action. The recommendations have been specified to address each stage of migration – Pre-Departure, Post-Arrival, and Re-integration. The principal agencies responsible for implementing each recommended programme and intervention have also been identified. In addition, some recommendations are made for long-term intervention at policy level both at national and regional level.

Scope for future interventions in response to HIV

Vulnerability of women migrant workers

- There is the opportunity to promote migrants’ health rights, in particular, relating to HIV and AIDS, through Bilateral Agreements and/or MoUs on labour and workplace rights with the destination countries. The respective national governments can take the initiative in this regard. NGOs, CSOs and MigrantAssociations can take a lead to advocate with governments in the countries of origin and destination as well as regionally.

- Migrant workers need to be brought under the umbrella of the national responses for HIV prevention, care and support services. There should be programmes both at pre-departure and post-arrival stages.

- There is scope for better joined-up-government between the concerned Ministries and government Departments (MoH, MoEWOE, NASP, and BMET) so their collaborative efforts to address migration and HIV, and joint work between government and NGOs, are more coordinated.

- There should be a media advocacy programme for creating massive awareness among the migrant communities. The media advocacy is also essential for creating ground for policy intervention.

- There is ample opportunity to push forward the issue at SAARC level for interregional advocacy with the GCC and ASEAN.
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<td><strong>Pre-Departure</strong></td>
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<tr>
<td>Potential women migrant workers need to have access to information on HIV transmission and prevention at pre-departure stage of migration</td>
<td>Government, Migrant Associations, NGOs, Civil Society organizations, Media</td>
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<tr>
<td>Pre- and Post-HIV test counseling with necessary referral services should be in place before and after Mandatory HIV testing in a way that allows women migrants to understand HIV transmission, prevention and specific vulnerabilities they may face due to HIV status</td>
<td>Medical Testing Centres in the Originating Countries. Government should have monitoring mechanisms.</td>
</tr>
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<td>Pre-departure orientation module should be revised to incorporate health information - in particular, sexual and reproductive health of women migrant workers, HIV transmission and the vulnerability of women migrants</td>
<td>Ministry of Expatriate Welfare and BMET</td>
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<tr>
<td>Pre-Departure Orientation should be easily accessible and available for women migrant workers throughout the country</td>
<td>District Manpower and Employment office (DEMO), Government Accredited Public and Private Training Centres, Recruiting Agencies</td>
</tr>
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<td>Initiatives should be taken to establish inter-ministerial collaboration between MoH, MoEWOE, NASP and BMET to address the nexus between migration and HIV</td>
<td>Government</td>
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<td>Initiative should be taken to mainstream overseas migrant workers in national HIV response as a priority high risk group</td>
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<td>Recommendations</td>
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<td><strong>Recommendations</strong></td>
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<tr>
<td>Gender sensitive care and necessary referral systems should be in place for treatment, care and support for women migrants who are deported on the grounds of being HIV</td>
<td>Medical Testing Centres at Destination</td>
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<td>Network and collaboration should be established among Bangladesh Embassy/Consulate office, support organizations, migrant associations and medical testing centres at destinations</td>
<td>Bangladesh Embassy and Consulate Office</td>
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<td>Shelter Homes should be established to take care of women migrant workers who have become victims of exploitation and sexual abuse and those who test HIV positive</td>
<td>Bangladesh Embassies and/or Consulate offices in destination countries</td>
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<td>Training for Embassy/Consulate Staff on how to deal with the HIV issues of migrant workers, particularly women migrants</td>
<td>Government, Donor organizations, UN agencies</td>
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<td><strong>Re-integration</strong></td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td>Gender responsive programs should be available to extend social and economic reintegration support in order to empower the deported women migrant workers living with HIV</td>
<td>Government, Migrant Associations, NGOs, Civil Societies</td>
</tr>
<tr>
<td>Collaboration should be increased between organizations working either on migration or HIV making use the expertise and existing facilities for migrants living with HIV</td>
<td>Migrant Associations, NGOs, Civil Society organizations, UN agencies</td>
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<tr>
<td>HIV/AIDS treatment should be included in the public health sector</td>
<td>Government and Ministry of Health</td>
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Long-term interventions at policy level in both countries of origin and destination

Comprehensive Recruitment Policy needs to be developed in line with international human rights instruments - in particular the Convention on Elimination of Discrimination Against Women (CEDAW) and its General Recommendation 26, that is focused on labour rights, workplace rights, standard wages, salary, and health rights including HIV and AIDS prevention, treatment, care and support for the overseas women migrant workers, especially domestic worker migrants.

Recognition of domestic work as labour should be given by formulation of necessary laws with conditions that protect the rights of Foreign worker

Bilateral Agreement and/or MoUs have to be developed with destination countries in line with the National Recruitment Policy of overseas women migrant workers in order to help protect them from health vulnerabilities, in particular, vulnerability to HIV, and ensure their treatment, care and support as workplace rights

Initiatives should be taken at regional level of SAARC, ASEAN and GCC to bring forth HIV as a development issue and put international instruments in place in order to ensure international standards of HIV testing and to ensure workplace rights of HIV-positive migrant workers
Annex

Case Study 1

I got married to a poor man. He worked in a small factory and earned very little money. We could hardly manage for four days of the week with that amount and had to take a loan. After marriage, there were so many difficulties. My brother-in-law had some money, so my husband sent me to him to ask for a loan. As there were no alternative, I used to go to my brother-in-law every now and then. He made a trap to abuse me. I was so shocked. Since adolescence, I held on to a dream of a married life—this was now broken into pieces. I decided to divorce my husband to get rid of that hardship and I became determined to go abroad to achieve self-reliance. My parents supported me, helping out, as I recovered from that trauma.

Very shortly afterwards, I got a flight to Bahrain. One of my relatives arranged everything through a travel agent. My parents provided Tk70,000 (around $1,000) that they borrowed with high interest. It was quite an adventure, as I knew nothing except that I was going to Bahrain to work as a maid in a house.

My illusion was broken once again when I started working in a Bahraini household. It was really horrible. I had to get up at 4 o’clock in the morning and had to work continuously till midnight. There was no day off and I had to work nonstop 30 days a month, 12 months a year. It was so difficult on my health. Sometimes, I could not manage to do all the orders they were giving simultaneously. They would beat me for the smallest mistake. In addition, I was constantly afraid of being sexually harassed. Baba (employer) was so roguish. He asked me to have sex with him. I refused. After that he started harasing me in many ways. Once he brutally beat me up for a lame excuse and my wrist got broken.

I helplessly tolerated all the tortures, as I had no way of going back to my country since I travelled on loan. So, I decided to leave the house with a hope of finding a new job. I told my story to a Bangladeshi woman who knew stories similar to my ordeal. She assured me of a better job. One day, I left the house with that woman. She brought me to her house. Within a couple of days, I realized that the woman was a pimp. She, along with one of her male relatives, managed clients and ran a sex business with a group of girls. I was shocked again and requested her not to force me to this. After 15 days of confinement in her house, another Bangladeshi person came and brought me with him saying he would give me a good job. Not long after, I realized that I had been sold again.

That person was a pimp and abused me. I had no way of getting out of this cycle of abuse. I requested him to send me only Arabians as I used to be afraid of Pakistani, Ethiopian and Egyptian people, as they are so brutal in sex. I had to entertain 10 persons a day. I was beaten if I refused to entertain.

One day, the police cordoned off the house. I, along with another girl, somehow managed to flee and took shelter in a nearby agro-farm. The gateman gave us shelter on the condition of
having sex with him. There was no alternative but to accept the proposal.

I ended up going back to the same house I had escaped from and continued in the same business for a year until I was rescued by a kind fellow, who later on married me. He was a driver in Bahrain. When he heard of my ordeal, he saved me and sent me back to Bangladesh. We had a long distance relationship as he was in Bahrain. I got married to him over the telephone. A year and a half later, he brought me to Bahrain and we lived there for two years before we finally returned home together.

A big “dalal group” is very much active in Bahrain. Like me, many girls fall into the trap, lose their chastity, and get involved in commercial sex against their will.

Case Study 2

“A dalal, or agent, in our village lived in Saudi Arabia for a long time. He convinced my husband to send me to Saudi Arabia as a housemaid. My husband agreed in the hopes that I would get a good salary and we could have a better life in which to bring up our children. My husband managed to put up the amount of Tk40,000 ($600) and gave this to the dalal before he left for Saudi Arabia. Within a couple of weeks, the younger brother of that dalal told my husband that my visa as housemaid was ready and we had to give the rest of the money. My husband sold a piece of land for Tk90,000 ($1,300) and took a loan to pay the rest of the migration cost.

My husband and I went to Dhaka with that man. The man sent me to a place where he said I had to do some training. My husband was sent to another place. I had to stay in the place over night. That night, the dalal forced me to do illegal work—to have sex with him. I refused and started crying. The dalal said that I would not be sent abroad and he would not give me back my money if I did not agree to what he wanted. I was so helpless.

Next evening, I was brought to the airport. My husband was also there. Dalal hurriedly sent me inside the airport. I saw my husband but I couldn’t talk with him. I didn’t know what sufferings were waiting for me. When I reached the Saudi airport, I found out that nobody was there to get me. I had to stay at the airport for more than 24 hours and was finally sent to jail by the airport police. The dalal bailed me out after 11 days and brought me to a house. I thought he would later send me to the house where I was to work. Dalal caught me at night. I started crying but he didn’t hear me at all.

After a couple of days, he brought an Arabian man and told me that this was the son of my malik (employer). The man raped me. There was nothing I could do.

After that, two to three persons would come to me daily. I was a mother of three children. I couldn’t tolerate their oppression. My body didn’t permit it. The dalal scolded me. He said that if I didn’t follow his orders, he would kill me. He would cut me into pieces. He sometimes beat me up severely. I would be in pain, attending to all those men. Nobody used condoms. Dalal gave me tablets. I didn’t know what they were for. I thought they were to keep me well
because one time, I fainted.

I could not communicate with my husband. I used to cry and requested the dalal to give my husband a call. He finally gave me a chance to talk to my husband for two minutes on the condition that I don’t tell him anything. I could not tell my sufferings but I started crying over the phone. The dalal grabbed the phone and told my husband lies to manage him.

Once, I managed to call one of my neighbours. I requested him to tell my husband that I was in serious trouble in Saudi. Dalal didn’t give me work. I wanted to go back home. Afterwards, my husband negotiated with a local dalal. The dalal agreed to send me back on the condition that we sign on a white stamp. My husband had to sign it to get me back alive. I was dropped off at the Saudi airport, and from there, I came back with the help of a Bangladeshi person.

Case Study 3

In 2002, Sila, a woman of about 24 years, went to Dubai in search of a better livelihood for herself and her poor family. She found work as a maid for an Arabian family. Within a few months of her arrival in Dubai, she met a Bangladeshi worker from her own village. She befriended the man and soon their friendship developed into love. The man prepared a fake marriage document. They showed this to Sila’s employer when Sila asked for permission for a weekly leave so that they could meet each other once a week. The employer was lenient enough and gave her consent.

They then started living together as husband and wife. Sila would go to her husband’s place every Thursday and went back to her employer’s house the following evening. Sila went home to Bangladesh when her contract expired two years later. The man went back with her and maintained their relationship as it was.

Two years later, Sila decided to once again go abroad for work. For this second migration, she found work in Oman as a hospital cleaner through the help of a middleman. On the second day of her arrival, she was sent to a clinic for her medical check up. She then started work at the hospital. And then, all of a sudden, on her 21st day at work, she was asked to leave Oman. Her employers only told her that she had to leave the country immediately because she had a dangerous disease. She was not even given a chance to sort out the problem. She was sent back on the same day.

Upon her return, Sila inquired about the reason for her deportation, the middleman said that she had AIDS. She went to a private clinic to have the report verified, and there she came to know of her medical exam that showed she was HIV-positive. The clinic referred her to a VCT centre in Dhaka.

The VCT centre tested her again and she was found positive for HIV. They also tested her husband, but his medical results showed a negative diagnosis. The VCT centre advised him to be tested once again after three months. Sila said: “I only had relations with my husband, but he is negative. I didn’t tell anyone of my status, even my parents do not know. Only my husband knows. I don’t know what will happen to me.”