

HIV & MIGRATION

COUNTRY PROFILE 2009: INDIA

India is one of the major sending countries of migrant laborers in Asia.¹ It is estimated that around 15 million Indians live abroad, and hundreds of thousands migrate each year for work.¹ There are two different classes of migrant workers: the highly technically skilled, and the unskilled.¹ The Indian professionals and technical workers tend to migrate permanently to the USA, Canada, United Kingdom and Australia.¹ In 2001, 23,000 Indians received US immigration visas, and 17,000 received Canadian immigration visas.¹

There are also large numbers of unskilled or low-skilled migrant workers leaving for contractual employment.¹ In 2004 alone, some 500,000 Indians left their country for contractual work abroad.² The unskilled migrant workers overwhelmingly migrate to the Gulf region.¹ In fact, 90% migrate to the Middle East, with Saudi Arabia as the country of highest intake.² As of 2005, there were some 3.7 million Indians working in various countries in the Middle East region.² Other countries, like Malaysia and Singapore, are also emerging as destination countries.²

India receives the highest amount of remittances from migrant workers than any other country.³ In 2007, Indian migrant workers sent back an estimated USD 27 billion.³

Summary

Estimated no. of Indian migrants	3.7 million in Gulf region ²
Estimated no. of undocumented migrants	Not available
Net migration rate, per 1,000 population	-0.05 migrants/1,000 population ⁴
Primary destination countries	Unskilled labor: Gulf countries, Malaysia, Singapore. ² Skilled labor: US, Canada, UK, and Australia. ¹
Sending countries	-
Estimated number of Indian overseas	15 million ¹
Percentage of women among migrants	Not available
Involvement in human trafficking	Yes – source, destination and transit country ⁵
Estimated number of displaced people	26,445 originating from India ⁶
HIV prevalence among migrants	Not available

INDIA



HIV situation overview

The first cases of HIV in India were diagnosed among sex workers in Chennai in 1986.⁷ Since then, the national HIV prevalence has steadily grown, spreading among high-risk populations, and also affecting the general population.⁷

Today, the HIV prevalence rate among adults is 0.36%, with 2.47 million people living with HIV.⁸ This puts India third, after South Africa and Nigeria, in terms of number of people living with HIV.⁷ Women account for 39% of the infections.¹² The predominant mode of transmission is sexual (87.4%), followed by perinatal (4.7%), unsafe blood & blood products (1.7%) and infected needles and syringes (1.8%).⁸



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HIV and STIs among migrants

There are no mechanisms to test the HIV status of returning migrant workers, or to register those migrant workers deported for being HIV positive, so an HIV prevalence rate among migrants is not available.¹¹ However, studies show a higher incidence of disease among returning migrants. According to a study conducted by the State Management Agency, more than 80% of the HIV positive people in Kerala were infected abroad while visiting sex workers.¹¹

Women now account for 39% of all HIV infections in India, and, in most cases, married men have acted as a 'bridge' between high-risk populations and the general population.¹² However, there is no data on how many of the spouses/intimate partners were migrant workers.

Governance and policies

- **Emigration Act, 1983:** recruiting agents must be registered with the Ministry of Labor in order to conduct recruitment for overseas employment.¹
- **No policy/legislation on 'mandatory testing' of HIV among migrant workers.**²
- **National AIDS Policy, 2002:** denied public rationale for mandatory HIV testing of citizens, in particular for employment and/or for treatment during employment.²
- **Bilateral agreements to prevent illegal recruitment of India workers and to eradicate mistreatment:** signed with the United Arab Emirates, Kuwait, Qatar, Jordan, Bahrain, Oman and Malaysia.⁹
- **Ban on deployment of low-skilled women below 30 years of age, 2007:** to prevent exploitation and to curb sex trafficking.⁹

Healthcare and HIV-related services

Pre-departure

Recruitment occurs through private agencies, which are licensed and regulated by the Ministry of Labor.¹ Mandatory HIV testing occurs in destination-country-approved testing centers.² The most common destination area is the Gulf Region, and there are 200 Gulf Approved Medical Testing Center Associations (GAMCA) in India.² Malaysia, Singapore, and South Korea also have their own approved testing centers.²

Although Article 9 (4) of the GAMCA Rule Book mentions '*...medical examinations will be carried out only upon request*', in practice, migrants are tested without proper consent.² In some cases, they are presented with consent forms in a foreign language, with no explanation.² Government testing centers are subsidized, but their lack of accessibility – together with the fact that recruiters often re-route their clients – often result in migrants visiting private centers where they tend to be grossly overcharged. Despite policies to encourage counseling, in practice there is usually little pre- or post-test counseling.²

While article 5.8.2 of the National AIDS policy protects the individual's right to confidentiality regarding their HIV status, in reality there is no mechanism to ensure confidential disclosure of test results, with most centers delivering results to recruiters.² There are no referral mechanisms for people who test positive for HIV. In fact, they often receive their results after already having had departed for their new jobs. At that time, they are only notified that they are 'fit' or 'unfit', without further elaboration.²

On-site

Migrants may have to undergo re-testing upon arrival in their destination country.² Language barriers pose a problem during this testing, further compounding the lack of informed consent and the lack of pre- and post test counseling.²

Test results are then delivered to employers, who do not inform the migrant.² In the Gulf countries, an 'unfit' result leads to the automatic deportation of migrants, with little regard for basic human rights. Instead, the migrant is informed only hours before deportation, and is not paid any outstanding salary. Employers hold on to all documents, including passports, until the migrant is about to board the flight home.²

Reintegration

There is no support system or referral system for migrants returning or being deported home.² The strong stigma associated with HIV often leads migrants to hide their status, if they are even aware of it, and to neglect seeking medical help.² There are government departments working for the welfare of migrants, but the lack of information and referral given to migrants means that very few actually access these services.²

Vulnerabilities:

- **Lack of official health policies:** Lack of official policies continue to be a problem throughout the process, from the recruiting stage, to medical testing and referral services. There are no official policies for referral of migrants found to be HIV positive during the application process, or for those deported from destination countries. Even though some government departments exist to provide care for HIV positive people, lack of official policies lead to an underutilization of these services.
- **Undocumented/irregular migrants:** India is also a major source of undocumented migrants who make use of social networks to find employment abroad.² These migrants are at an even greater risk than regular migrants as they do not have access to even the most basic of medical services, including HIV testing on departure and routinely throughout employment. Studies also show that HIV prevalence is higher among undocumented migrants, since they tend to live away from their families for longer periods of time.¹¹
- **Human trafficking:** India is a source, destination, and transit country for men, women, and children trafficked for the purposes of forced labor and commercial sexual exploitation.⁵ It is a destination for women and girls from Nepal and Bangladesh trafficked for the purpose of commercial sexual exploitation.⁵ There are also victims of labor trafficking among the thousands of Indians who migrate willingly every year to the Middle East, Europe, and the United States to work as domestic servants and low-skilled laborers.⁵ In some cases, such workers are the victims of fraudulent recruitment practices committed in India that lead them directly into situations of forced labor, including debt bondage; in other cases, high debts incurred to pay recruitment fees leave them vulnerable to exploitation by unscrupulous employers in the destination countries, where some are subjected to conditions of involuntary servitude, including non-payment of wages, restrictions on movement, unlawful withholding of passports, and physical or sexual abuse.⁵
- **Mistreatment and abuse:** In many instances, Indian women who migrate for employment are held in situations of forced labor or are sexually exploited.⁵ In fact, in some cases, recruiting agents who bring housemaids to the Gulf region force the women to unknowingly take contraceptives before they start working with Arab families.¹³

- **Separation from spouse and family:** Long working hours, isolation from their family and movement between areas may increase the likelihood that an individual will become involved in casual sexual relationships, which in turn may increase the risk of HIV transmission.¹² Undocumented workers face even longer separations from their families as normal channels of travel are not open to them.¹¹

Notes

- Map from www.worldatlas.com

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