HIV & MIGRATION

COUNTRY PROFILE 2009: NEPAL

Nepal is one of the major source countries of migrant laborers, helping fulfill the demand in rapidly industrializing countries in Asia and the Gulf.[1] Foreign employment provides an alternative livelihood for many young Nepalese.[2] Top destination countries are India, Malaysia, Qatar, Saudi Arabia, United Arab Emirates, Kuwait, South Korea and Bahrain.[1] The high degree of economic hardship in the country is even leading young Nepalese to migrate to places, like Iraq, which are prohibited by the government for foreign employment.[3] This is resulting in a rise in undocumented migrants - a group that faces many vulnerabilities, including to their health.[3]

Remittances from expatriates grew from less than 3% of the GDP in 1995 to 18% by the end of 2005,[4] and hit USD 1.7 billion in 2007.[9] As a result, remittances exceed the combined total share from tourism, foreign aid, and exports, and inflow from private or unofficial channels could make this contribution even higher.[4]

Summary

Estimated no. of Nepalese migrants	800,000 – 1,000,000 [4&5]
Estimated no. of undocumented migrants	530,000 – 540,000[3] 500,000 males[3]; 30,000-40,000 females[3]
Net migration rate, per 1,000 population	-0.8 migrants/1,000 population[6]
Primary destination countries	India, Malaysia, Qatar, Saudi Arabia, U.A.E, Kuwait, South Korea and Bahrain [2&7]
Primary sending countries	-
Estimated number of Nepalese overseas	7,612,181 (2001) [3]
Percentage of women among migrants	69.1%[5]
Involvement in human trafficking	Yes[8]
Estimated number of displaced people	125 563[5]
HIV prevalence among migrants	1.9% among returned migrants, 2007 [10]

NEPAL

HIV situation overview

The first reported case of AIDS in Nepal was in 1988.[11] By mid-2008, the official numbers were 1,750 cases of AIDS and 11,000 cases of HIV, with twice as many men infected as women.[11] However, because of a poor public health surveillance system, the actual number of HIV infections estimated by UNAIDS is much higher, at around 70,000 by the end of 2007.[11] It is estimated that a quarter of HIV positive cases are among women aged 15-49 years.[12] In 2006, 2,500 children aged 0-14 were estimated to be infected.[12] The overall adult prevalence is 0.5%.[6]

Over the last few years, Nepal has progressed from a low prevalence country to one with a concentrated epidemic within sub-groups of the population, including migrant workers, sex workers and injecting drug users.[13]

HIV and STIs among migrants

An Integrated Biological and Behavioural Surveillance Survey (IBBS) was conducted in 2008 among male labor migrant workers in the Western development and the Mid to far Western development regions of Nepal.[18] HIV prevalence was 1.4% in the Western region and 0.8% in the Mid to Far Western region, with a sample size of 360 per region.

Many labor migrants from both regions had gone to the state of Maharastra (36.9% in the Western and 34.2% in the Mid to Far Western samples) and to Delhi (43.9% in the Western and 11.1% in the Mid to Far Western samples) for work.[18]

Among respondents, 2.5% in the Western region and 6.4% in the Mid to Far Western region reported ever having sex with a FSW in Nepal. On the other hand, about 10% in the Western region and 22% in the Mid to Far Western region reported ever having sex with a FSW in India. Approximately 1.4% from the Western region and 5% from the Mid to Far Western region reported having sex with a FSW in the past year in India. Among men from the Mid to Far Western region, sex with a female sex worker (FSW) in India was found to have significant association with HIV infection (to at least a 5% significance level).[18]

Seventy-five percent of respondents from the Western region and 50% of those from Mid to Far Western region who had sex with a FSW in Nepal had used condoms in Nepal in their last sexual encounter with a FSW. The same figures (75% from the Western region and 50% from the Mid to Far Western region) were documented for consistent condom use with FSWs in Nepal in the last year.[18]

Among those who had sex with a FSW in India, 80% in the Western and 67% in the Mid to Far Western samples had used a condom at last sex with a FSW. Moreover, 80% in the Western sample and 67% in the Mid to Far Western sample had used a condom every time they had sex with a FSW in India in the past year.[18]

Condom use among migrants and their wives was low: 5.1% in the Western and 7.6% in the Mid to Far Western samples reported using condoms every time they had sex with their wife in the past year. Eleven percent and 15% of respondents respectively in the Western and Mid to Far Western regions reported the use of a condom during the last sex act with their wives.[18]

Nearly all respondents form both regions had heard about HIV/AIDS (95.8% in the Western sample; 98.6% in the Mid to Far Western sample). Only 2% in the Western region and 15% in the Mid to Far Western region had met, had discussion with, or interacted with peer educators or outreach educators in the last 12 months.[18]

Less than half of all migrants surveyed were aware of the availability of confidential HIV testing facilities in the community (47.5% in the Western region; 31.1% in the Mid to Far Western region). Eight percent of migrant men in the Western sample and 12% in the Mid to Far Western sample had ever undergone HIV testing.[18]

Comprehensive knowledge about HIV/AIDS – that is, the ability to correctly identify the two major ways of preventing sexual transmission of HIV and rejecting the two most common local misconceptions about HIV transmission and knowing that a health-looking person can transmit HIV – was low among migrants sampled in the IBBS. Specifically, only 17.2% in the Western and 15.8% in the Mid to Far Western samples had comprehensive knowledge.[18]

The 2008 IBBS also sampled the wives of migrant laborers (who temporarily migrate or had migrated to India) in the West to Far-Western regions of Nepal.[19] The study found that HIV prevalence among the wives of migrant laborers is estimated to be 3.3% and varies across four districts, with 4.5% in Achham, 3% in Dot, 2.5% in Kailali and 1.1% in Kachanpur. Nearly all (98.5%) of the wives denied having had sex outside marriage.

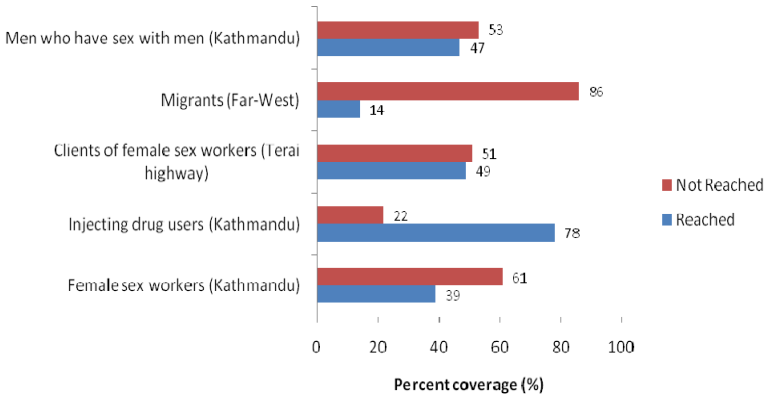
Only 27.2% of migrants' wives had ever used a condom. Among those respondents who had sex with their husbands during their last home visit (n=395 out of a total of 400), 5.8% had ever used condoms, while only 4.6% of them used condoms consistently. These findings are similar to the reported condom use among migrant men with their wives, above.[19]

In terms of knowledge about HIV/AIDS, only 18% of respondent wives had comprehensive knowledge. Furthermore, 27.5% had been reached by a peer/outreach educator – a figure far higher than the 2% and 15% of migrant men reached in Western and Mid to Far Western samples, as aforementioned. About 7.3% of the wives had been to a voluntary counseling and testing center.[19]

An earlier study reported a 10% HIV prevalence rate among migrant returnees from Mumbai, India.[17] In 2005, 46% of the estimated infections in Nepal were among seasonal labor migrants to India.[10] A 2006 study among Nepali migrants to India showed that more than a quarter engaged in high-risk sexual behaviour while in India.[10] Spouses or female partners of migrant workers and clients of sex workers now account for a fourth of all adult infections in Nepal.[10] In addition, a large number of women are trafficked to India for sex work, and a 2007 study showed a 22% to 38% HIV prevalence among those trafficked women returning from India to Nepal.[8]

Moreover, according to Nepal's 2008 UNGASS report, migrant workers receive less coverage by HIV prevention programs than other high-risk groups, with a coverage of just 14% (Figure 1).[10]

Figure 1: Most-at-risk populations reached with prevention programmes, 2007



Governance and policies

- **Rule 11 of the *Federal Employment Regulation, 2004*:** Applicants applying for foreign employment must submit a health certificate recognized by the government of Nepal.[2] The Regulation includes a list of mandatory medical tests, although HIV/AIDS testing is not mandatory by virtue of Section 2 of the *Infectious Disease Act, 2020 B.S*).[2]

- **Section 2 of the *Infectious Disease Act, 2020 B.S*:** Mandatory testing for HIV/AIDS is not allowed in Nepal, unless required in order to access a particular benefit or service, including employment visas.[3] The individual has the option of refusing the benefit, thus avoiding the test.[3]

- **Rules 9 and 14 of the *Federal Employment Regulation, 2004*:** Employers must provide migrant workers with health insurance.[3]

- **Rule 13 of the *Federal Employment Regulation, 2004*:** states that a foreign employment contract must provide for health care of sick migrant workers.[3] The contract agreement between worker and employer must also contain the following: job designation, job description, salary and salary structure, facilities, working hours, overtime remuneration, probation period, condition of breach of contract, remuneration in case of accidental death, medical facilities, arrangement to bring the corpse to Nepal in case of death, process of settlement of dispute with the worker and employer agency, holidays and insurance schemes.[3]

- ***Foreign Employment Regulation, 2004*:**
    - Preparation of migrants during recruitment process: Pre-departure training is to be imparted to migrant workers, under the jurisdiction of the Labour and Transport Department (Rule 27 of the *Foreign Employment Regulation 2060 B.S*).[3]
    - Medical testing: Nepalese national policy supports a mandatory health test before approving foreign employment.[2] There are 51 government-approved and five Gulf Approved Medical Center Association (GAMCA) affiliated medical testing centres.[2] Tests are conducted as per the demand of the receiving country, and include psychiatric and physiological tests.[2] GAMCA centres also perform infectious disease tests (including HIV) as well as pregnancy tests on all female applicants.[2] Certain (but not all) government-approved medical testing centres are monitored once or twice a year by a monitoring committee from the Ministry of Health, following guidelines prepared by the Government of Nepal. [2]
    - HIV testing on departure: According to the *National Guidelines for Voluntary HIV/AIDS Counselling and Testing (VCT)* and the *National Guidelines for Antiretroviral Therapy*, HIV testing is not mandatory in Nepal.[2] However, compulsory testing can be done when it is required to receive a specific benefit, such as in the case for employment placement abroad. [2] The guidelines also state that all those who undergo compulsory HIV testing should be informed that they are being tested for HIV.[2]
    - For returning migrants: no policies for migrant reintegration, including for sick migrant returnees.[3]

Healthcare and HIV-related services

Pre-departure

In 2004, the Labour and Transport Department of the Government of Nepal implemented pre-departure orientation as a mandatory component for migrant workers traveling for foreign employment (Rule 27 of the *Foreign Employment Regulation 2060 B.S*).[3] The training curricula, duration, fees and qualification of trainers are decided by the government.[3] Training is held by private companies, working with recruiting agencies.[3]

Migrants are generally informed about medical testing by recruiting agencies.[2] All 51 government-approved and 5 GAMCA-affiliated medical sites are in the capital city, Kathmandu.[2] The medical test costs normally range from US$20-28, but can be as high as US$116 (e.g. for those intending to work in Israel).[2] All costs of tests, as well as travel and lodging costs in Kathmandu, are borne by the migrant worker.[2] Medical tests are usually exclusive of the amount paid by the migrant workers to recruiting agencies.[2]

According to the *National Policy on AIDS and STD Control 2052 B.S (1995) policy no.7*, the results of HIV and sexually transmitted diseases (STD) tests must be confidential.[3] In practice, however, the results are released to the recruiting agencies. Reports are provided to the recruiting agencies a day after the test, by which time many rural migrants have left.[2] Migrants are informed if they are 'fit' or 'unfit'.[2] There is no pre-test counseling, but there are some provisions for post-test counseling in 'unfit' or HIV positive cases.[3] However, post-test counseling is usually only done if the person makes further inquiry about their health, and most migrants are only interested in their 'fit/unfit' status.[2] Referral services are very weak,

with some STD or HIV positive cases being referred to hospitals and others simply being told to return home.[2]

On site

Depending on the requirement of the destination country, migrant workers may undergo medical examination upon arrival and then again over the following 1-3 year period.[2] There is no informed consent for the medical tests, results are given to the employer, and there is no pre- or post-test counseling.[2] Unfit migrant workers are deported, especially in cases of HIV or TB, and pregnancy in females.[2]

Reintegration

There are no policies or guidelines for the reintegration of migrants returning to Nepal, including those who have been deported for being unfit.[3] However, there are 18 information and counseling services that provide support services for migrants.[2]

Vulnerabilities:

- **Lack of official health policies:** There is no official health policy for migrant workers leaving for foreign employment.[3] Despite remittances playing a major role in Nepal's economy, there is no healthcare budget allocation for migrant workers or their families, even though they have been identified as a high-risk group. [3] Moreover, in cases where there are health-related guidelines, there is poor compliance. [3] For instance, while there are pre-departure orientation sessions, these do not involve the mandatory provision of HIV or other health information. [3] Since they are often held hours before the flight, attendance is also poor.[3] In addition, there is no informed consent for the medical tests, including the HIV test, with no pre- or post-counselling, and despite official policies regarding client confidentiality, results are routinely released to recruiting agencies. [3] Meanwhile, follow-up referral services are weak.[3]

- **Undocumented/irregular migrants:** Undocumented workers are an especially vulnerable group, with no legal recourse if employers refuse to pay them or fire them.[10] Health-seeking behaviour among undocumented migrants is especially poor as many fear being arrested and deported while seeking health care.[3] Recent economic hardship in the country is driving migrants to seek work in dangerous areas like Iraq, which are prohibited for foreign employment, compounding the issues faced by undocumented workers in other countries. [3]

- **Human trafficking:** 150,000 girls and women are trafficked into sex work each year across South Asia, with India being the primary recipient in the region.[8] There are between 30,000 and 40,000 undocumented female migrants from Nepal each year, all of whom are highly vulnerable to trafficking. [3] The return of sex trafficking victims to Nepal is a critical factor in the increase in HIV/AIDS rates in the country (a 2007 study found 38% of repatriated Nepalese sex-trafficked girls were HIV positive) [8]. However, the social stigma associated with the returning victims - in conjunction with limited health knowledge and resources - leads to poor health-seeking behaviour. [8] This social stigma also leads to a higher risk of being retrafficked or engaging in prostitution or other high-risk sexual practices. [8] Despite these factors, there is very little research and follow-up of returning sex trafficking victims. [8]

- **Internal migration:** There is a large amount of internal migration within Nepal. Internal migrants face similar health and exploitation risks, and they are even less regulated than international migrants.

- **Displacement:** The United Nations High Commissioner for Refugees reported that there were 925,873 displaced people residing in Nepal as of January 2009.[14] Among these, 124,832 were refugees, 981 were asylum seekers and 800,000 were stateless persons.[14]

- **Mistreatment and abuse:** Lack of adequate and reliable information regarding labour contracts can lead to situations in which migrants workers can be taken advantage of.[3] After taking loans to pay recruiting agencies, heavily indebted migrant workers can find themselves fired from their jobs for even mild, curable illnesses.[3] Many labour-receiving countries link migrant workers to their employers in such a way that it is impossible for the migrant worker to look for employment elsewhere, even if facing abuse.[15]

  In some cases, passports are confiscated, and migrant workers are not paid within months or even years after commencing work.[16] Recruitment-related deception remains widespread, with migrant workers liable to signing one contract before departure only to find another contract with lower wages and worse terms on arrival in the destination country.[15] Living conditions are often very poor, with little-to-no access to health care.[3]

  Women are especially vulnerable since they often enter domestic service, which is an informal sector and far less regulated.[15] Many countries exclude domestic workers from labor laws, leaving these workers especially vulnerable to abuse, with little-to-no legal recourse.[15] These women are often vulnerable to sexual or physical abuse.[15] Women can sometimes be trafficked after arrival in destination countries.[8] Once sex trafficking victims are repatriated, they face further stigmatisation and discrimination.[8]

Notes

- Map from www.worldatlas.com

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